

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention (CDC)

**Implementation of Programs for the Prevention, Care and Treatment of
HIV/AIDS in the Republic of Cote d'Ivoire under the President's Emergency
Plan for AIDS Relief (PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1116

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 8, 2011, 5:00pm U.S. Eastern Standard Time

Authority:

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective

combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the five year period, 2009 - 2014 is available at the following Internet address: <http://www.pepfar.gov>.

Purpose:

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management;

enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety;
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and

- Promote research, development and innovation.

The purpose of this program is to build upon previous PEPFAR support under the HHS/CDC HIV clinical services and antiretroviral treatment program to ensure continuity of comprehensive HIV/AIDS services to an existing pool of clients receiving HIV/AIDS care, support and treatment. Specifically, it serves to increase capacity and sustainability of the response to the HIV and AIDS crisis in Cote d'Ivoire by initially providing support for HIV service delivery and ultimately providing technical assistance to indigenous Ivorian organizations to enable them to continue and expand comprehensive HIV prevention, care and ART programs. Successful grantees will combine a facility and community-based strategy to support HIV/AIDS services.

Note: Applications are required to address all of the following program areas:

- A. HIV Prevention;**
- B. HIV Care, Support and Treatment; and**
- C. Health System Strengthening (HSS)**

In addition, applicants are required to respond to both “Part A: Service Delivery and Capacity Building” and “Part B: Transition Plan” of the FOA. Applications that fail to comply with these requirements will be considered non-responsive.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

Part A: Service Delivery and Capacity Building Outcomes:

A. Primary HIV Prevention

1. HIV Prevention: Condom Distribution and Promotion
 - a. By the end of the project period, 22 targeted condom service outlets will be established;
 - b. By the end of the project period, 5,000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; and
 - c. By the end of the project period, 225 individuals will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.
2. HIV Prevention for People Living with HIV/AIDS (PLHIV)
 - a. By the end of the project period, 7,500 PLHIV will be reached with a minimum package of positive prevention (prevention with positives) interventions: 7,500;
 - b. Number of care and treatment program sites providing Positive Prevention services (including partner and family counseling and testing, STI management, Prevention of Mother to Child Transmission (PMTCT), among others): 22;
 - c. As part of Positive Prevention services, number of eligible female clients of reproductive age under care and treatment provided Family Planning Services: 4,500; and
 - d. Number of individuals trained to promote evidence-based HIV/AIDS prevention through positive prevention programs: 180.

B. HIV Care, Support and Treatment:

1. Counseling and Testing (excluding PMTCT activities):
 - a. Number of service outlets providing counseling and testing according to national or international standards: 65;
 - b. Number of individuals who received counseling and testing for HIV and received their results, disaggregated by sex: 40,000; and
 - c. Number of individuals trained in counseling and testing according to national or international standards: 30.
2. Prevention of Mother to Child Transmission:
 - a. Number of service outlets that provide the minimum package of PMTCT services: 70 – The majority of the service outlets are expected to serve as part of a large network of PMTCT service sites that include sites with and without direct PEPFAR support;
 - b. Number of pregnant women who will be tested for HIV, provided counseling and receive their results through direct activities: 35,000;
 - c. Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission: 2,000; and
 - d. Number of individuals trained to provide the minimum package of PMTCT services according to national and international standards: 40 - To improve the reach of quality PMTCT service provision beyond sites that are supported directly by PEPFAR, a subset of these individuals will be PMTCT providers

at the sites that do not receive direct PEPFAR support for service delivery directly by PEPFAR.

3. Palliative Care:
 - a. Number of service outlets providing HIV-related clinical care (including TB/HIV): 40;
 - b. Number of HIV-infected adults and children receiving a minimum of one clinical care service: 20,000; and
 - c. Number of individuals trained to provide clinical care services (including TB/HIV): 30.
4. Tuberculosis/ HIV :
 - a. Number of service outlets providing treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards: 15;
 - b. Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease: 600;
 - c. Number of individuals trained to provide TB treatment to HIV-infected individuals (diagnosed or presumed) according to national or international standards: 30; and
 - d. Number of registered TB patients who received HIV counseling, testing, and their results: 2500.
5. Pediatric Care and Support & Orphans and Vulnerable Children (OVC):
 - a. Number of OVC served: 1,100; and
 - b. Number of providers/caretakers trained in caring for OVC: 40.

6. Treatment for HIV/AIDS through antiretroviral (ARV) Drugs, & Services:
 - a. Number of service outlets providing antiretroviral therapy (ART): 40
 - b. Number of adults and children with advanced HIV infection newly enrolled on ART: 3,500;
 - c. Number of adults and children with advanced HIV infection receiving ART: 8,000;
 - d. Number of adults and children with advanced HIV infection who ever started on ART: 15,000; and
 - e. Number of individuals trained to provide ART services, according to national and/or international standards: 50.

C. Health System Strengthening (HSS):

1. Strategic Information (SI):
 - a. Number of local organizations that will be provided with technical assistance for strategic information activities: Three (3); and
 - b. Number of individuals who will be trained in strategic information including monitoring and evaluation, surveillance, and/or health management information systems: 50 ;
2. Laboratory Services:
 - a. Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests: 10 ; and
 - b. Number of individuals trained in the provision of laboratory-related activities: 100.
3. Training, Human Resources Capacity:

- Number of service providers trained in prevention, diagnosis and treatment of STIs: 50.

Part B: Transition Plan Outcomes:

1. By the end of the project period, up to three Ivorian government and non-governmental agencies will be provided with technical assistance and support in order to build their capacity and ensure sustainability within these organizations to manage quality HIV programs;
2. Submission of an operational plan demonstrating full transition of organizational and technical functions/services in all program activities to local partners by year 4: one plan per year;
3. Demonstrate validated capacity improvement (pre and post capacity-building support) to indigenous organizations through for example, but not limited to, documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems): 100% of locally supported organizations;
4. Proportion of program activities or technical functions previously the responsibility of the international partner that are verifiably transitioned to sustainable implementation by a local partner: 25% per year during the first four years; and
5. Number of grants submitted by local NGO and government entities to conduct program activities previously implemented by international organization: At least one.

This announcement is only for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Ivorian population and must also coordinate with activities supported by Ivorian, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicant(s) (grantee) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive

reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for Cote d'Ivoire. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Cote d'Ivoire will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

Activities will include, but are not be limited to, service delivery and capacity building for indigenous organizations in the following areas:

- 1) Achieving primary prevention of HIV infection through comprehensive HIV facility-based prevention programs, confidential counseling and testing, and prevention of mother-to-child transmission (PMTCT);
- 2) Continuing provision of pediatric and adult care and treatment of HIV/AIDS; improving STI management; and enhancing care and treatment of opportunistic infections, including TB;
- 3) Strengthening national HIV/AIDS data management and monitoring and evaluation system by improving site-level data collection, analysis and use, as well as systems to transfer to districts, regional and central level; and
- 4) Strengthening district-level health systems to plan, manage, and support the provision of HIV services, including human resources, training, supervision, financial management, quality improvement, laboratory, commodities, and infrastructure, maintenance, and commodity support systems.

The grantee will work in collaboration with the HHS/CDC Cote d'Ivoire office, national, and local health departments in Cote d'Ivoire to improve the breadth, scale, and quality of HIV service and prevention activities available throughout the country and ensure the sustainability of HIV prevention, care and treatment program(s) by building the capacity of local indigenous Ivorian organizations. Capacity building will include the provision of information, technical assistance, training, and technology transfer for individuals and organizations to improve the delivery and effectiveness of HIV services. Capacity building might focus on host government health agencies, local non-governmental organizations, points of service delivery, or health care professionals working at facilities

not receiving direct support. To promote sustainability, grantees will have clearly defined capacity development plans with measurable outcomes.

Funds for this announcement are provided through PEPFAR, which is an interagency initiative. Efficiencies in PEPFAR implementation have been developed through coordination of implementing agencies, including reducing parallel funding to specific implementing partners by different agencies to do identical activities in the same population. The intent of this announcement is to maintain those efficiencies, and successful proposals will reflect an understanding of this coordination in country through their technical and programmatic approach

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Cote d'Ivoire population and must also coordinate with activities supported by Cote d'Ivoire, international or USG agencies to avoid duplication. The grantee(s) is responsible for activities in multiple program areas designed to target underserved populations in the Republic of Cote d'Ivoire. Either the grantee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the grantee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities. Applicants should describe activities in detail that reflect the policies and goals outlined in the Five-Year Strategy for the President's Emergency Plan.

Applicant must also demonstrate that activities will be culturally appropriate, and trainings and any materials will be done in the local language. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in the Republic of Cote d'Ivoire will review as part of the annual Emergency Plan for Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on service delivery activities listed below in the first two years to ensure the continuity of services but should progressively diminish direct service delivery and increase technical assistance to local organizations in subsequent years to achieve the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving the President's Emergency Plan goals, as part of the annual Emergency Plan for Country Operational Plan review and approval process. Proposed activities and the corresponding budget should reflect the approximate average award cited in section III. Award Information and Requirements.

Part A: Service Delivery and Capacity Building Activities:

A. Primary HIV Prevention

1. HIV Prevention: Abstinence and Being Faithful:
 - Support activities and training to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, partner reduction and related

social and community norms as part of a balanced prevention message approach, with elements of abstinence and be faithful programs done in tandem with condom social marketing where appropriate. Activities should also educate individuals on the availability of routine, confidential counseling and testing.

2. HIV Prevention for People living with HIV:

- Ensure service providers (physicians, nurses, and when appropriate counselors, midwives and community health agents) are trained and supervised to implement “prevention with positives” (PwP) activities in alignment with national positive prevention materials/strategy. Programs should strengthen referral network from facility based to community programs and improve coordination of positive prevention and palliative care services. Service delivery should be based on assessed need of individual People Living with HIV/AIDS (PLWHA) and whether the services compliment other locally available programs. Program strategies should support the promotion of condoms and availability of gel lubricant when possible, if under treatment provide ART adherence, STI diagnosis and treatment, clean water and nutrition support, psycho-social support activities, counseling for sero-discordant couples, healthy pregnancy support and PMTCT linkages, and messages/programs to reduce other health risks of persons living with HIV in tandem with secondary abstinence and partner fidelity behavior change interventions.

3. Prevention of Medical Transmission of HIV through Blood Safety

In order to contribute to a nationally coordinated safe blood program, ensure that all service providers are trained and sites are appropriately supervised to implement national blood safety guidelines with hemovigilance strategies in place that report data through national blood transfusion service CNTS and Ministry of Health and Public Hygiene (MHPH/MSHP) systems, Prevention of Medical Transmission of HIV through Injection Safety:

- Coordinate with MHPH (MSHP) and other actors to support training and behavior change interventions in reducing non-necessary injections, phlebotomy, practical use of single-use syringes and safety boxes, managing commodities, protocols for post-exposure prophylaxis, and infectious waste segregation-general waste management practices. Other interventions include implementing final infectious medical waste disposal strategies at all sites, and when appropriate, rehabilitation of laboratory or other site infrastructure that directly contributes to patient or service provider safety or infectious medical waste management program success. Implementer may conduct advocacy and other communication or mobilisation activities to promote medical injection safety, including contributing data, personnel time, equipment and/or coordinating with the MSHP, public health pharmacy (PSP) and other actors to reinforce local distribution/supply chain management, track cost and ensure appropriate disposal of injection equipment and other related equipment and supplies. Activity emphasis should be in settings where routine clinical work is with known HIV positive patients or routine, confidential counseling, and testing programs.

B. HIV Care, Support and Treatment

1. Counseling and Testing (excluding PMTCT activities):
 - Conduct HIV counseling and testing in high risk environments such as tuberculosis directly observed therapy sites (DOTS), mobile outreach to populations such as commercial sex workers, STI clinics, and inpatient wards in clinical settings. Activities must include participation in the national network of care, support, and treatment for HIV/AIDS and TB where appropriate. This includes referrals into all Government of Cote d'Ivoire HIV/AIDS treatment sites regardless of presence of outside funding (i.e., PEPFAR or Global Fund) and regardless of funding agency.
2. Prevention of Mother to Child Transmission (PMTCT):
 - a. Provide HIV counseling and testing services, and test results in accordance with international standards and national guidelines;
 - b. Provide training to care providers in PMTCT networks that consist of sites with or without direct PEPFAR support; and
 - c. Provide antiretroviral therapy, postnatal counseling, and appropriate referral to networks for care and treatment services in accordance with national guidelines.
3. Palliative Care:
 - Provide support to optimize the quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptom diagnosis and relief, psychological and spiritual support, clinical monitoring,

related laboratory services and management of opportunistic infections (excluding TB), other HIV/AIDS-related complications (including pharmaceuticals) and culturally-appropriate end-of-life care to adults or adolescent HIV positive individuals through clinic-based and home/community based care. Activities should include network referral services to treatment for HIV/AIDS or TB (if appropriate) and for care services possibly not offered by the grantee.

4. Tuberculosis/HIV (TB/HIV):

- Provide exams for TB, clinical monitoring and related laboratory services, treatment and prevention of TB in HIV basic health care settings including pharmaceuticals, screening and referral for HIV testing of active tuberculosis patients with unknown HIV status in settings such as directly observed therapy sites (DOTS) and clinical care related to TB clinical settings.

5. Pediatric Care and Support & Orphans and Vulnerable Children (OVC):

- a. Provide palliative care for HIV positive pediatric patients including basic health care and support and TB/HIV prevention, management and treatment, as well as their related laboratory services and pharmaceuticals to decrease the morbidity and mortality of OVC and improve the lives of OVC and families affected by HIV/AIDS.
- b. Train caregivers to provide appropriate care to OVC.
- c. Provide for increased access to education, economic support, targeted food and nutrition support and various legal aid services.

6. Treatment for HIV/AIDS through Antiretroviral (ARV) Drugs and Services:

- Support ARV treatment for HIV patients. Treatment costs, covered may include infrastructure, training clinicians and other providers, exams, clinical monitoring, and related laboratory services and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under basic care and support (palliative care), TB-HIV, or OVC for pediatric palliative care. Programs must address demand generation, participation in the national network of care and treatment, and address issues such as appropriate usage of second line drugs.

C. Health System Strengthening (HSS):

1. General

- Assess weaknesses in Cote d'Ivoire's health system and provide creative solutions to fill gaps in the system, particularly related to the areas of service delivery, workforce capacity and development, the medical product supply chain, health information systems, financing and leadership or governance. This may include, for example, supporting specific pre-service or in-service training sessions, human resource support, improvement to data systems, or supporting an integrated supply chain.

2. Strategic Information

- Support the development of improved tools and models for the following: collecting, analyzing and disseminating HIV/AIDS monitoring and evaluation information; facility surveys; other monitoring and health management information systems; assisting countries to establish and/or strengthen monitoring and evaluation, information and surveillance systems; targeted

program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS.

3. Laboratory Services

Facilitate the development and strengthening of laboratory facilities to support HIV/AIDS-related activities. This includes the purchase of equipment and commodities, provision of quality assurance, staff training and other technical assistance. Specific laboratory services and consumables supporting testing for PMTCT, counseling and testing, TB/HIV, Strategic Information, Basic Care or Treatment.

Part B: Transition Plan:

Overall activities in this award must strengthen the capacity of the health care system in Cote d'Ivoire to provide high-quality comprehensive health services to the Ivorian population in line with government strategies and policies and the overarching United States Government global health goals outlined in the Global Health Initiative (GHI). The grantee must demonstrate the ability to strengthen and transition capacity to local organizations that can provide sustainable prevention, diagnostic, treatment, care, and support services in all districts of Cote d'Ivoire. The recipients should develop the capacity of local organizations responsible for the delivery of facility-based HIV/AIDS interventions in the country, and also improve the scale and quality of these interventions.

Activities may include, but are not limited to, the following:

1. Needs Assessment

- Coordinate with HHS/CDC, MHPH (MSHP) and local partners in the respective region to develop a prioritized capacity needs assessment within the first 30 days of the award.
- Identify and create a customized response to on-going needs of the local NGO and/or government structures, using participatory approaches in order to create an environment for the long-term adoption of new skills that are tailored to the specific needs of the organization. The response should take into consideration the local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered.
- Develop an operational plan to implement transition of organizational and technical functions in all program activities under this agreement to local partners (including the MHPH (MSHP), its national, provincial, and district health departments as well as indigenous Ivorian organizations).

2. Technical and Programmatic Support

- Build the capacity of local partners to enable them to continue and expand comprehensive high quality HIV prevention, care and antiretroviral treatment (ART) programs to respond to the epidemic. Capacity building may include provision of technical assistance, training, and technology transfer, as needed, to improve the delivery and effectiveness of HIV service delivery with evidence-based strategies, program planning, and monitoring and evaluation. This may include, for example, strategic planning for HIV services,

supporting specific pre-service or in-service training sessions, quality improvement, and laboratory services. Technical assistance should support local organizations to build on and complement the current national response in Cote d'Ivoire as well as to build a sustainable training model for provision of ongoing support to district and regional health departments to ultimately transition all appropriate activities to the Ministries of Health.

3. Operational Support

- Provide operational support in administrative and financial management, human resource management (staff retention), and resource management (information and equipment) to ensure local partners and government entities are able to carry-out their own mission. This may include, but is not limited to: 1) providing support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program; 2) technology transfer and/or training to improve data management systems; 3) improving all organizational management and program systems; and 4) developing long-term financial plans for self-sufficiency including providing grants proposal writing training to local NGOs and government entities to allow them to directly compete for and be awarded funds to conduct comprehensive HIV program activities, and 5) strengthening organizational performance management and internal monitoring and evaluation systems.

4. Health System Strengthening

- Work collaboratively with the Ministry of Health, National PLHIV Support Program (PNPEC), and regional and district health authorities in Cote d’Ivoire to assess health system capacity development needs, prioritize areas for capacity-building support, develop performance measures for capacity-building support, and provide creative solutions to address priority development needs and gaps in the system to ensure long-term sustainability and local leadership of HIV services. Work with local partners to ensure adequate and sustainable systems within the Cote d’Ivoire national, regional, and local health authorities to plan, manage and support HIV service delivery, workforce capacity and development, the medical product supply chain, health information systems, financing, leadership and governance, and quality improvement systems. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, human resource support, improvement to data systems, quality improvement, supporting an integrated supply chain, equipment and infrastructure, laboratory services, and managing health service financing and other resources.
- Coordinate with existing partners currently charged with developing quality improvement (QI) programs, to ensure that continuous quality improvement (CQI) systems have been established at provincial, district and facility levels.

CDC Activities:

The selected applicant (grantee) of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.

4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the

presentation and possibly publication of program results and findings, and the management and tracking of finances.

11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
12. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.
17. In accordance with applicable federal law and regulations, provide grants or loan equipment or materials for use by public or non-profit institutions or agencies.
18. Review and establish, in collaboration with national health authorities, the geographic distribution and coordination of program activities (by regions, district, etc.)
19. Provide policy guidance on transition strategies under this award.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement

Award Mechanism: U2G – Global HIV/AIDS Non-Research Cooperative Agreements

Fiscal Year Funds: FY 2011

Approximate Current Fiscal Year Funding: \$10,000,000

Approximate Total Project Period Funding: \$60,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: 1-3

Approximate Average Award: \$3,333,333 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: None

Anticipated Award Date: September 2011

Budget Period Length: 12 Months

Project Period Length: Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient

(as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the

Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

- Non-domestic (non-U.S.) entity
- Other (specify)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via www.grants.gov.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Special Requirements:

1. PEPFAR Local Partner definition:

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country:

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity’s staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity’s senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

2. If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An *HIV/AIDS related funding matrix* must be submitted in order for the application to be considered for review. All applicants must indicate whether they are

receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:

- ✓ Funding mechanism (i.e. contract, CoAg, grant)
- ✓ Amount of award
- ✓ Period performance
- ✓ Funding agency
- ✓ Contact details for funding agency
- ✓ Brief description of program activities
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. APPLICATION CONTENT

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a

technically literate lay reader. This abstract must not include any proprietary/confidential information.

The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 40 in Part A-“Service Delivery and Capacity Building” and maximum number of pages: 20 in Part B-“Transition Plan” (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and

- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;
- *Project Outputs:* Be sure to address each of the program objectives listed in the "Purpose" Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this

announcement. Clearly identify specific assigned responsibilities for all key professional personnel;

- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart);
- *Management of Project Funds and Reporting;* and

A Transition Plan:

The Transition Plan must be submitted in a PDF format when submitting via www.Grants.gov. The Transition Plan should be formatted as described for the Project Narrative and be no longer than 20 pages. The Transition Plan must focus on increasing the potential for the transition of awardee service-provision activities to the Government of Cote d'Ivoire at the end of the project period and address the following issues:

- ✓ Knowledge sharing and capacity development in support of indigenous Ivorian institutions and MoH with a focus on increasing the ability of these Ivorian institutions to manage and coordinate the provision of HIV services. Awardees may facilitate this by, for example, directly engaging and/or closely coordinating with appropriate indigenous Ivorian institutions and MoH to support management, logistics, and coordination activities at the facility level.
- ✓ Support for the Cote d'Ivoire-led initiative to decentralize HIV services to Primary Health Centers.
- ✓ Strengthened referral and reporting networks with other communities

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- ***Project Budget Justification:***

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of

accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity;
 - Provide CVs for current staff that will spend more than 50% of their time on this activity.
- ***Job descriptions*** of proposed key positions to be created for the activity;
 - Provide job descriptions for any key staff positions to be created under this activity
- ***Applicant's Corporate Capability Statement;***
- ***Letters of Support*** (5 letters maximum); and
 - Letters of support from the Ministry of Health and Social Welfare will be given additional consideration.
- ***Evidence of Legal Organizational Structure.***
 - Any supporting registration documentation with the Republic of Cote d'Ivoire
- ***If applying as a Local Indigenous Partner,*** provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

APPLICATION SUBMISSION

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

International organizations also require a NATO CAGE Code (NCAGE). The NCAGE request may take from two business days to two weeks to complete. NCAGE is needed before registering with the Central Contractor Registry (CCR). After registering with CCR, the applicant can proceed to register with Grants.gov (See “Other Submission Requirements” session below for more information).

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the Dun and Bradstreet website or by calling 1-866-705-5711. This is a requirement for domestic and international organizations.

Central Contractor Registration (CCR)

The applicant is required to have a CCR registration to apply for grants or cooperative agreements from the Federal government. For more information on CCR and how to register go to www.ccr.gov.

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National Codification Bureau of the country where the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp. Please note that NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the

clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: April 8, 2011, 5:00pm U.S. Eastern Standard Time

VI. APPLICATION REVIEW INFORMATION

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

Part A: Service Delivery and Capacity Building Evaluation Criteria:

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate the local experience in Cote d'Ivoire and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (5 points) Does the applicant demonstrate the ability to achieve the goals of the project and quickly establish activities in order to avoid a gap in care and treatment services? (5 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (5 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in Cote d'Ivoire? (5 points)

Technical and Programmatic Approach (30 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the application include reasonable estimates of outcome targets (For example, the numbers of sites to be supported, number of clients the program will reach.)? (15 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points)

Does the application propose to build on and complement the current national response in Cote d'Ivoire with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (10 points)?

Monitoring and Evaluation (20 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project in line with the national monitoring and evaluation systems? (5 points) Is the monitoring and evaluation plan consistent with the principles of the: “Three Ones¹” and with the President’s Emergency Plan Indicator Guide? Does the plan include specific output and outcome indicators for each milestone and have realistic targets in line with the targets addressed in the measurable outcomes section of this announcement. Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? (10 points) Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? (5 points)

¹ The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the “**Three Ones**”: - **one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

Understanding of the Problem (10 points):

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? (5 points) Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community? (5 points)

Personnel (10 points):

Are the staff roles clearly defined? (3 points) As described, will the staff be sufficient to meet the goals of the proposed project? Does the organization employ staff fluent in local languages who will work on this project? Are staff involved in this project qualified to perform the tasks described? (7 points) Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? (4 points) Is the management structure for the project sufficient to ensure speedy

implementation of the project? (2 points) Does the applicant have a proven track record in managing HIV service project budgets; running transparent and competitive procurement processes; supervising consultants and contractors; and providing technical assistance to local partners and MOH units? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office. (2 points). Does the grantee include a financial plan, which includes movement toward long-term financial self-sufficiency? (2 points)

Budget (Reviewed, but not scored):

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

Part B: Transition Plan Evaluation Criteria:

Ability to Carry Out the Proposal (20 points):

Does the grantee demonstrate the ability to strengthen local organizations and host government's capacity to provide quality HIV/AIDS program services, manage its program more effectively and improve sustainability? Does the grantee have a proven track record of training regional/provincial health officials and local partner staff, and of strengthening the technical and institutional processes and systems of Ministry of Health and local partners? Are specific examples of sustainably transitioning of HIV/ART

program functions and funding by the grantee provided? Does the grantee demonstrate the capability to develop an operational plan to implement transition of organizational and technical functions in all program activities to local partners (including the MOH and its national, provincial, and district)? Does the grantee demonstrate experience in establishing formalized capacity-building relationships with local partners and Ministry of Health units with memorandums of understanding and sub-grant approaches that clearly define the partnership and plans for increased fiscal and programmatic responsibility?

Technical and Programmatic Approach (35 points):

Does the grantee provide a clear plan to transfer expertise into government structures and/or local NGOs by training, mentoring, building capacity, and ensuring improved technical and administrative program management systems of selected HIV/AIDS care, support and treatment organizations? Is clear priority given to supporting national health system governmental structures, where possible and appropriate, including national, provincial and district health systems? Does the plan seem adequate to progressively build the capacity of governmental structures and local organizations to independently plan, manage and implement HIV/AIDS care, support and treatment programs by the end of the project? Are the specific capacities needed to sustainably transition responsibility of HIV/AIDS programs defined? Do capacity building activities increase local NGOs ability to carry-out their own mission, as well as to strengthen the capacity of government structures in order to ultimately transition all appropriate activities to the Ministries of Health? Does this plan build operational, institutional and technical capacity

in a holistic and comprehensive nature in order to ensure successful transition of activities to local partners and governmental structures? Does the grantee propose to use a participatory approach to identify and create a customized response to on-going needs of the local NGO and/or government structures in order to create an environment for the long-term adoption of new skills? Does the applicant plan to tailor activities to local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered? Is the plan for progressive transition of fiscal and programmatic responsibility during the project period clearly defined with measurable benchmarks? Does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities?

Monitoring and Evaluation (25 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the transition activities? Does the plan include specific output and outcome indicators for each milestone and have realistic targets in line with the targets addressed in the transition measurable outcomes section of this announcement. Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Does the applicant describe a system for reviewing and adjusting transition activities based on monitoring information obtained by using innovative, participatory methods and standard approaches?

Administration and Management (20 points):

Does the applicant provide a clear plan for the administration and management of the proposed transition activities? As described, will the staff be sufficient to transition HIV service activities to local NGOs and/or government institutions by the end of the project? Are staff involved in this project qualified to perform the tasks described? Is the management structure for the project sufficient to ensure speedy implementation of the project? Does the applicant have a proven track record in providing technical assistance to local partners and MOH units? Are appropriate experienced program partners with the diverse program and managerial expertise needed to implement the program proposed in all program areas needed for transition? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Budget (Reviewed, but not scored):

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

Funding Preference (10 Points):

In addition to direct consideration of findings from the Objective Review Panel, funding under this award will be subject to a preference based on programmatic needs and in-country strategic priorities. Applicants meeting the criteria set forth in these funding preference will receive additional points beyond the possible total of 200 as follows:

- Grantees experienced working with the Ministry of Health and those that have established affiliations with indigenous Ivorian HIV service organizations. These relationships should be demonstrated through corresponding letters of support.
(10 points)

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including

program management and operations, and delivery of prevention services for which funds are required.)

- All requests for funds contained in the budget, shall be stated in U.S. dollars.
Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d).
A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

The 8% Rule

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2011, the limit is no more than 8 percent of the country's FY 2011 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are

made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single

partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has \$_____ in FY 2011 grants and cooperative agreements (for as many fiscal years as applicable) in Cote d'Ivoire. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“recipient”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in

connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite

to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'"") addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

Any enforcement of this clause is subject to Alliance for Open Society International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006 and August 8, 2008)(orders gaining preliminary injunction) for the term of the Orders.

The List of the members of GHC and InterAction is found at:

http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in the FOA apply.

The following factors may affect the funding decision:

- Preference will be given to grantees experienced working with the Ministry of Health and those that have established affiliations with indigenous Ivorian HIV service organizations. These relationships should be demonstrated through corresponding letters of support.
- Applicants must score a minimum of 70 points in Part A “Service Delivery and Capacity Building” and a minimum of 70 points in Part B “Transition Plan” of this FOA in order to be considered for funding.

CDC will provide justification for any decision to fund out of rank order.

VII. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

TERMS AND CONDITIONS

Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.
 - f. Activities and Objectives for the Current Budget Period;

- g. Financial Progress for the Current Budget Period;
- h. Proposed Activity and Objectives for the New Budget Period Program;
- i. Budget;
- j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Cote d'Ivoire; and
- k. Additional Requested Information;

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

- 2. Annual progress report, due 90 days after the end of the budget period. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
- 3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled "Agency Contacts".

VIII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Anna Likos, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention
2010 Abidjan Place, Washington DC 20521, USA
Telephone: +225-21-21-42-52
E-mail: likosa@ci.cdc.gov

For **financial, grants management, or budget assistance**, contact:

Percy Jernigan, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2811
E-mail: pjernigan@cdc.gov

For **assistance with submission difficulties**, contact Grants.gov (see page 42):

Phone: 1-800-518-4726
Email: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **application submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Web site,

Internet address: <http://www.grants.gov>.