

AMENDMENT II (03/30/2011)

- 1. Pages 56-59 - Questions and Answers from pre-application workshop*

AMENDMENT I (03/11/2011):

- 1. Page 1 and 36 - Application Deadline Date has changed to April 27, 2011, 5:00pm U.S. Eastern Standard Time*

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

Centers for Disease Control and Prevention (CDC)

Accountable and Coordinated HIV/AIDS Services by Regional Health Management

Teams in the United Republic of Tanzania under the President's Emergency Plan

for AIDS Relief (PEPFAR)

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1126

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 27, 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 support the provision of HIV/AIDS Prevention, Care & Support and Treatment Services by Regional Health Management Teams (RHMT) and Regional Medical Offices (RMO) that have been initiated under the PEPFAR-funded HHS/CDC and HHS/HRSA HIV clinical services and antiretroviral treatment program; and, to support and strengthen technical capacity development to local Tanzanian entities that will be responsible for overseeing, coordinating, and supervision of implementing HIV care and treatment activities in targeted regions of Tanzania. Specifically, this announcement aims to establish and promote local leadership and ownership in the continued expansion of quality HIV/AIDS services in the United Republic of Tanzania (URT). This announcement aims to accomplish the following priorities:

- 1) Support RHMT by building their managerial, organizational, communication and technical capacity;

- 2) Support RHMT under the direction of the Regional Medical Officer (RMO), to provide for supportive supervision of HIV services and to coordinate HIV/AIDS treatment and related services within their regions; and
- 3) Support RMOs as a distributor of USG funds to district health systems as well as support activities to assist RMHT in identifying and leveraging funds in an effort to increase external donor resources.

In recent years, coordination and management of health services has been decentralized in Tanzania to the district level. The decentralized health delivery system has transferred powers, functions and decisions-making responsibilities. However, key shortages in human resources (i.e. staffing, training) and budgeting issues have produced challenges to provision of a seamless transition of care and treatment management. The lack of program management, budgeting, and trainings, specifically among RHMT members, significantly impacts the RHMTs' ability to effectively respond to the HIV/AIDS epidemic as the technical and managerial backstops to many local districts within the regions. RHMT's role in coordinating and providing supportive supervision for HIV service delivery also has faced challenges in recent years. More support to RHMTs to strengthen their role in the HIV response is needed. Lastly, when deemed feasible, this award may also make funds available to RHMT/RMOs to provide direct financial support to districts in order to carry out several activities under PEPFAR and other USG funded public health program initiatives.

Applicants are expected to respond to one of the following regions:

1. Arusha;
2. Pwani (Coast);
3. Dar es Salaam;
4. Kagera;
5. Kigoma;
6. Kilimanjaro;
7. Lindi;
8. Manyara;
9. Mara;
10. Mtwara;
11. Mwanza;
12. Pemba;
13. Shinyanga;
14. Tabora;
15. Tanga; and
16. Zanzibar.

On form SF 424 item number 14, the applicant should state the region they are applying to work in. Failure to indicate the region of work will make the application non-responsive.

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

Accountable and coordinated HIV/AIDS Services by Regional Health Management

Teams:

1. Train at least four RHMT members on program management skills per region;
2. Hire and/or train one regional staff to verse financial and program per region;
3. Hire and/or train one regional staff to perform management and oversight of program activities in the regions where the grantee is working;
4. Hire and/or train two data management staff in the regions where grantee is working;
5. Organize and conduct at least two consultative community level meetings every year per region;
6. Convene quarterly regional and district HIV/AIDS planning and coordination meetings;
7. Conduct two site visits per year to each district within the regions;
8. Produce one supervisory site visit report for each visit conducted and provide report to district medical team; and
9. Compile one annual report from the districts within the region to include regularly collected data according to national requirements. Also reported should be data used and communicated to districts regarding specific interpretation and guidance on program planning.

Years 2 and Beyond, in addition to above, the grantee will:

1. Show a measurable progressive reinforcement of the capacity of the districts to respond to the national HIV epidemic;
2. Show a measureable progressive improvement in facility operations including improving patient flow and waiting times; and
3. Demonstrated ability of RHMT to oversee financial and program management of district health system.

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 **Tanzanian** population and must also coordinate with activities supported by **Tanzanian**, 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) 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 **Tanzania**. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in **Tanzania** 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:

This funding announcement aims to increase the sustainability of quality HIV care and treatment services in Tanzania by strengthening the planning and oversight of the regional government to ensure coordination, reporting, and support that is provided to districts in their regions. In order for RHMT/RMO to provide technical and programmatic oversight of HIV and health services and to ensure district authorities have comprehensive health plans that address national priorities and are in compliance with national guidelines, this cooperative agreement will support activities to build the capacity of RHMT and Regional office members and staff. Ensuring accountable coordination and supportive supervision by Regional offices and teams will help support the provision of HIV/AIDS prevention, care & support and treatment services in Tanzania. The announcements also will assist in building an effective operational framework among RHMTs and will support capacity building that will engage the Regional Health Management Team (RHMT), the representative health authority of the Ministry of Health and Social Welfare (MOHSW). The capacity building will focus on program management skills including planning, financial supervision, HIV services supportive supervision, monitoring and evaluation, data recording, reporting, and utilization in an effort to maintain the following activities:

1. To maintain HIV prevention, care and support, treatment and counseling and testing services for persons at increased risk of HIV infection in Tanzania;

2. Strengthening the capacity of regional and district health care systems and providing quality comprehensive, sustainable prevention, care, and support services;
3. Build capacity to manage the acquisition and distribution of USG and other external funds to district health systems;
4. Provide technical assistance to districts regarding MOHSW policies and guidelines concerning HIV service delivery;
5. Continue to improve the use of relevant and comprehensive evidence provided in HIV-related planning and decision-making; and
6. Continue to strengthen the procurement and supply management system of HIV/AIDS related commodities.

This proposal will result in a more effective and sustainable response to HIV/AIDS in Tanzania in the hands of local partners and authorities.

The geographic focus will be the following: Arusha, Pwani (Coast), Dar es Salaam, Kagera, Kigoma, Kilimanjaro, Lindi, Manyara, Mara, Mtwara, Mwanza, Pemba, Shinyanga, Tabora, Tanga, and Zanzibar. In subsequent years, geographic focus will be reassessed as needed to maximize support of clinical service plans developed by the Tanzanian Ministry of Health and Social Welfare and to address interagency PEPFAR needs.

The recipient activities must develop and strengthen the direct implementation of HIV care and treatment services by the Regional government. Activities must lead to

accountable and coordinated HIV/AIDS Services by Regional Health Management Teams. Overall activities in this award must strengthen the capacity of the health care system in Tanzania to provide high-quality comprehensive health services to the Tanzanian population in line with government strategies and policies and the overarching United States Government (USG) global health goals outlined in the Presidents Emergency Plan for HIV/AIDS Relief and the Global Health Initiative (GHI). This FOA covers a wide range of activities primarily within the spectrum of HIV treatment services but also includes other services such as HIV prevention and care.

The recipient will implement activities both directly and, where applicable, through sub-grantees; the recipient 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 recipient 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.

Specific activities under this award may include:

Capacity Building and System Strengthening:

1. Development of assessment tools for measuring organization systems and levels of organization development in business management activities that include: organizational leadership development support, financial management, human resource management systems, grants management, sub grants and subcontracts, procurement of commodities, equipment logistics, and facilities management

systems. Also, grants-related property management systems, strategic resource development, and monitoring and evaluation;

2. Identify project staffing needs by hiring and supporting additional staff in the district units and within care and treatment sites to provide quality services. These include, but are not limited to, clinical, technical and administrative staff (e.g. accountants, financial managers and administrators);
3. Identify needs of the program including vehicles, furnishings, fittings, equipment, computers and other fixed assets;
4. Establish suitable administrative and financial management structures, including a project office. These financial management structures must include the capacity for reporting quarterly financial expenditure by budget line item if required by HHS/CDC or OGAC headquarters or country offices, as well as adequate accounting staff and capacity to produce detailed and coherent budgets and provide effective control and accountability for all funds, property and other assets which will be subject to close review by CDC Country Office;
5. Support for the development of human resource systems that allow for appropriate recruitment, retention, and training for all cadres of health professionals working in the program;
6. Development of long-term financial plans for self-sufficiency;
7. Hold community forums where members of communities can provide input on HIV and other health service delivery issues and can make recommendations;

8. Provision of in-service training in comprehensive HIV/AIDS services for health workers, in accordance with national HIV/AIDS policies, guidelines , and training materials;
9. Build a sustainable training model for provision of appropriate training in comprehensive HIV/AIDS service delivery, and serve as a model site for training and capacity building of health workers in HIV/AIDS community initiatives;
10. Build capacity at regional and district levels to plan, manage, and supervise quality HIV clinical services, as well as to manage USG funding awards; and
11. Conduct reviews of facility operations including space assessments to ensure appropriate patient flow and commodities management.

Monitoring and Evaluation:

1. As appropriate for this program, adequately budget for and construct a substantial, high quality Monitoring and Evaluation team. This should include the staffing ability to plan and conduct program evaluations, manage and clean data, analyze, coordinate and perform data collection, develop data systems, maintain human subjects' protections, interpret, disseminate and use data for program implementation and policy formulation, and perform the corresponding training of relevant staff for these functions;
2. Develop and implement a robust plan for conducting evaluations of this project's performance, and coordinate with CDC and PEPFAR Tanzania and other relevant

national institutions to implement this plan. Support the implementation of program performance evaluations by external organizations when possible;

3. Ensure and monitor HIV/AIDS program quality assurance, quality improvement, and quality of care standards;
4. Evaluate the effectiveness of national, regional and facility-based systems to select, procure, store, track, and distribute essential drugs; and
5. Support program evaluations using qualitative and quantitative techniques to assess the impact of programs and interventions on specific populations.

Commodities Management:

1. Procurement of health commodities, equipment and supplies through established local supply agents when available; and
2. Support to districts and lower level health facilities to forecast and requisition sufficient quantities as appropriate.

HIV Service Delivery:

1. Provision of on-site technical assistance and supportive supervision to health workers on delivery of comprehensive HIV/AIDS and community services; and
2. Provide direct financial support to districts in order to carry out several activities under PEPFAR and other USG funded public health program initiatives. Specific activities and monitoring tools will accompany financial support.

CDC Activities:

The selected applicant 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 as necessary 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. CDC Tanzania will work with the awardee to facilitate the coordination of services with other CDC-funded implementers, PEPFAR and development partners, and Federal, State, and Local government entities operating in the geographic and service-delivery areas identified in this award as necessary to ensure maximum programmatic efficiencies. This will include—but will not be limited to: assisting the awardee in selecting facility- and community-based sites; directing the awardee's focus, support, and activities to specific geographic areas and/or facilities with identified programmatic and/or strategic need; facilitating the re-organization and/or rationalization of service-provision activities on a

programmatic and/or geographic basis to better facilitate GoT coordination and ownership of PEPFAR-funded activities.

18. CDC Tanzania will provide relevant, appropriate guidance and technical assistance to the awardee in developing SoWs, subcontracts, and Terms of Reference for any trainings or interventions planned in response to audit or assessment findings.
19. CDC Tanzania will assist the awardee in accessing pooled procurement mechanisms for specific commodities and coordinate with the awardee to structure procurements in a way that supports linkages with national and central procurement.
20. CDC Tanzania will provide technical assistance to the awardee in preparing strategies related to the future expansion of service delivery activities (within the scope of this award) prior to their approval to ensure adequate collaboration with existing service-delivery organizations and avoid duplication of services.
21. CDC Tanzania will provide technical assistance to the awardee in preparing and submitting routine requirements to CDC HQ by reviewing, critiquing, and providing concurrence with all reports and other required documentation prior to submission.
22. CDC Tanzania will provide a designated in-country CDC point-of-contact (Activity Manager) responsible for liaising with the awardee on a regular basis on matters related to programmatic, financial, and administrative performance. The Activity Manager will regularly review the awardee's financial performance, provide oversight and approval for programmatic activities, and make

recommendations to the CDC Tanzania office on the continuation of the award, its supported activities, and associated funding.

23. Applicant will be required to participate in CDC's Grants Administration training provided by CDC Tanzania.
24. CDC Tanzania will be involved in the advanced review of all data analysis activities and protocols to comply with Institutional Review Board (IRB) regulations, CDC/HHS Human Subject Determinations (HSD); as well as, Ministry of Health and Social Work (MOHSW) guidelines.
25. CDC Tanzania will approve any renovation and alteration activities prior to submission to Procurement and Grants Office (PGO). Any minor alteration and renovation activities will require substantial documentation review and approval by CDC Tanzania before submission to PGO.

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: \$500,000

Approximate Total Project Period Funding: \$10,000,000 (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: One to Five

Approximate Average Award: \$100,000 (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 (This ceiling is for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

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 Tanzania's Regional Health Management Teams (RHMTs), under the direction of Ministry of Health and Social Welfare (MOHSW), serving the following geographic regions:

1. Arusha;
2. Pwani (Coast);
3. Dar es Salaam;
4. Kagera;
5. Kigoma;
6. Kilimanjaro;
7. Lindi;
8. Manyara;
9. Mara;
10. Mtwara;
11. Mwanza;
12. Pemba;
13. Shinyanga;
14. Tabora;
15. Tanga; and
16. Zanzibar.

Under PEPFAR legislation, HHS/CDC is authorized to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these

programs and services. The Limited Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services to local ownership of the Ministry of Health and governmental provision of appropriate activities and the long-term capacity and development of all aspects of the health system. Support to local organizations is appropriate, where applicable, when the Ministries of Health and other government entities do not have the full capacity to directly finance and perform these programs and services, and local organizations can be leveraged to ensure uninterrupted care and services. In this case, this announcement specifically seeks applicants from one or more of Tanzania's 30 regions to fulfill the goals outlined in the funding opportunity announcement.

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.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

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: 30 (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); and
- *Management of Project Funds and Reporting.*

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;
 - Principal Investigator and Senior Technical Staff (2 pages maximum per position)
- ***Job descriptions*** of proposed key positions to be created for the activity;
 - Please provide a brief paragraph for any new positions budgeted in the application must be submitted.
- ***Applicant's Corporate Capability Statement;***

- ***Letters of Support*** (5 letters maximum);
 - Ministry of Health and Social Welfare (MOHSW) including one from any of the following: Permanent Secretary, Chief Medical Officer (CMO), National AIDS Control Program Director (NACPD). Additionally, a letter from at least one from District Health Management Teams (DHMT) in the geographic areas that the applicant is applying for; and, any Non-governmental Organizations (NGOs) or Track 1 partners working in the targeted regions.
- ***Evidence of Legal Organizational Structure; and***
- ***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 00971 4 3695700 or sending an email to mail@dnbsame.com. 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 27, 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:

Ability to Carry Out the Proposal (20 points):

- Does the applicant demonstrate the ability to provide sustainable prevention, diagnostic, treatment, care, and support services in all districts of the expected covered region in Tanzania. Does the applicant demonstrate the regional management experience in Tanzania and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? *(10points)*
- 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? *(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 Tanzania? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? (5 points)
- To what extent does the applicant provide letters of support from at least one district in the region that they are applying for?

Technical and Programmatic Approach (20 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? (5 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 applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President’s Emergency Plan? (5 points)
- Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President’s Emergency Plan? (5 points)
- 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.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

Capacity Building (15 points):

- Does the applicant have a proven track record of building the capacity of district level organizations and individuals in the region? *(10 points)*
- Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? *(5 points)*

Monitoring and Evaluation (15 points):

- Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? *(5 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? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? 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? (10 points)

- Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"¹? Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

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)

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.

- Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? (5 points) To what extent does the applicant justify the need for this program within the target community?

Personnel (10 points):

Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS activities 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, as well as management of program resources, , preparation of reports, monitoring and evaluation of activities, auditing expenditures, and producing, collecting, and analyzing performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large budgets, running transparent and competitive procurement processes, supervising consultants and contractors, using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations, and providing technical

assistance in laboratory or pharmacy management? 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 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 Tanzania. 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.” Grantees must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the grantee in the usual course of its operations that relate to the organization’s compliance with this section.

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.

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

Pre-Application Workshops:

CDC Tanzania will host a pre-application workshop 10 business days following posting of this announcement on www.grants.gov. Applicants should contact the Project Officer regarding time, venue, and registration details.

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.

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-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
- AR-30 Section 508 Compliance

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. Project Narrative.
 - e. Activities and Objectives for the Current Budget Period;
 - f. Financial Progress for the Current Budget Period;

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

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

1. Quarterly progress report, due to CDC Tanzania each quarter of the calendar year. The following should be reported:
 - a. Executive Summary
 - b. Narrative (i.e. Accomplishments and achievements)
 - c. Summary of activities implemented and how these contribute to meeting objectives and targets
 - d. Planned Activities for Next Quarter
 - e. Challenges for Implementation and Way Forward
 - i. Challenged
 - ii. Way Forward
 - iii. Technical Assistance
 - f. Program Management
 - i. Modification of Planned Activities
 - ii. Administration
 - iii. Upcoming Procurement, Sub Contracts and Travel

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

2. Financial Status Report (SF 269) 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:

Matthew Stockton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
P.O. Box 9132, Dar es Salaam, Tanzania
Telephone: +255222198400
E-mail: StocktonM@tz.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 35):

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>.

Questions And Answers From Pre-Application Workshop

1. The FOA has contradictory information on research; you stated that research is not allowed yet the FOA promotes research

Response: it is true that this FOA is not intended for research. However, in the course of implementation if a grantee determines that there is a need for research/program evaluation they will need to request for research determination approval (RD) to CDC TZ.

2. This FOA is intended for RHMTs, on the list there are 16 regions. Are all 16 regions represented here (at this workshop).

Response: We advertised the pre- application workshop in local newspapers. It is beyond our control to make sure that every region is represented.

3. Please elaborate on who are eligible applicants.

Response: Refer to the front page of the FOA; “Regional Health Management Teams”. Please also refer to the eligibility criteria on page 21 of the FOA.

4. Shinyanga region has recently been divided into two regions. Can the two regions submit individual proposals?

Response: to date CDC has not received official communication from the MOHSW/NACP on the changes in geographic administrative areas. Once we receive such communications then both regions will be eligible.

5. Do you require a detailed budget only for year 1 or beyond year 1?

Response: This Cooperative Agreement is subject to availability of funding. Budget should be specific for year one however, activities can go beyond year one.

6. What is the budget ceiling for this award?

Response: this FOA is intended to be awarded to five recipients with a total funding of US\$ 500,000 for year one. Depending on the number of successful awards this amount will be distributed among them depending on their proposals.

7. Step 3 of the application process is missing in the power point presentation

Response: only the overview of the process has been presented so far. Once we finish the technical questions we will start a session on detailed step by step process for responding to the FOA.

8. The measurable outcomes are narrow compared the range of activities detailed in the FOA. Does one have to implement all listed activities or can one choose specific activities that will help in achieving the Measurable outcomes?

Response: there is no need to do all activities. Just choose the ones that are feasible for your purposes.

9. The FOA is intended to build the capacity of RHMTs to manage HIV/AIDS programs, yet RHMTs are the targeted recipients of the FOA. Can the RHMTs build their own capacity and support HIV/AIDS programs?

Response: Yes the FOA allows for capacity building of the RHMTs. It just depends on how the RHMT intend to go about it. They can partners with an organization that facilitates capacity building or they can hire a consultant to build their capacity so that they can do the work. It depends on the RHMTs choice.

10. Regions are not directly involved in HIV and AIDS service delivery, how can they be expected to provide services to the districts under this FOA.

Response: The FOA is intended for capacity building, Supportive supervision and Coordination of HIV&AIDS services in the region and hence districts. The FOA is not intended for direct HIV& AIDS service provision. In addition the FOA is not intended to change the PMO-RALG/MOHSW policy and responsibility of the regions but it aims to prepare the region in accordance to the ongoing regional health reforms.

11. Will the RHMT be allowed to hire staff?

Response: Yes, we do not expect the RHMTs to do all the proposed activities by themselves. They can hire staff, consultants depending on their needs.

12. Can we get assistance for application to the FOA from partners we work with in the regions?

Response: Yes, it depends on the RHMTs arrangements.

13. What are the Evaluation criteria for the FOA?

Response: please refer to page 36 of the FOA