

**AMENDMENT I (03/17/11):**

- 1. Pages 1 and 41: Deadline date extended to April 27, 2011, 5:00pm Eastern Standard Time*

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

Centers for Disease Control and Prevention (CDC)

**Provision of HIV/AIDS Treatment Services by Local Indigenous Entities 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-GH11-1127

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

*Application Deadline Date: April 27, 2011, 5:00pm 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 continue the provision of HIV/AIDS Prevention, Care & Support and Treatment Services that have been initiated under the PEPFAR-funded HHS/CDC and HHS/HRSA HIV clinical services and antiretroviral treatment program. Also, to provide technical capacity development to Tanzanian entities, including Regional and Local Health teams, that will be responsible for implementing HIV care and treatment activities. Building, strengthening and sustaining institutional capacity of indigenous Tanzanian organizations is a key strategy for achieving the prevention, care and treatment goals of the Emergency Plan, as well as ensuring long-term sustainability of public health programs. Specifically, this announcement aims to establish a cadre of local/indigenous organizations as implementers of HIV care and treatment programs previously maintained and operated by international partner organizations funded by the United States government through HHS treatment mechanisms. This transition needs to occur while simultaneously sustaining and continuing the scale up of care and treatment services for people living with HIV (PLWH) without life-threatening disruptions of services. This Funding Opportunity Announcement (FOA) focuses on provision of HIV services and strengthening the capacity of local Tanzanian organizations which may

include, but are not limited to any of the following entities: regional and district government, local universities and non-governmental organizations (NGOs) in Tanzania. 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.

This funding announcement aims to increase the sustainability of quality HIV care and treatment services in Tanzania by continuing and strengthening the provision of HIV services. This announcement seeks to fund indigenous organizations as they are often more accepted by the target population because they are more culturally and linguistically in accordance. Local organizations would be best equipped to transition and continue the operations currently administered by international partners. While maintaining a facility-based clinical services focus, the grantee(s) will establish a long-term relationship with local government with the goal of building HIV clinical service capacity of the host country government. From this relationship, it is expected that the grantee will maintain current clinical HIV service outlets, as well as, leverage the expansion of other HIV services. To achieve this goal, this FOA covers a wide range of comprehensive activities within the spectrum of HIV services to strengthen capacity. The area of focus for this FOA are: **Primary HIV prevention; HIV care, support, and treatment, Tuberculosis**

**(TB)/ HIV; HIV Testing and Counseling; Treatment: Antiretroviral Drugs and Services; Laboratory Services; and Health System Strengthening (HSS).**

Applicants are expected to respond to one or more of the following program areas:

- 1. Primary HIV prevention;**
- 2. HIV care, support, and treatment (including TB);**
- 3. HIV Testing and Counseling;**
- 4. Treatment: Antiretroviral Drugs and Services;**
- 5. Laboratory Services; and**
- 6. Health System Strengthening (HSS)**

Applicants must submit a separate application for the program area they intend to implement or work in. In addition to the program narrative the applicant must include a separate budget for each proposed program area and in form SF 424 item number 14, the applicant should state the program area they are applying to work in. Failure to indicate the area of work will make the application non-responsive. Applicants should consider linkages between the various program areas within their application, either by proposing to provide linked services or by proposing to ensure linkages to existing services not specifically provided by the applicant.

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

- 1. Primary HIV Prevention:**

- Prevention with Positives (PwP): By the end of the project period, 50% of health facilities per district being served by the awardee will be providing PwP care package.

Prevention of Mother to Child Transmission (PMTCT) HIV Prevention: Number and Percentages required for reporting.

The grantee should work to:

- a. Initiate PMTCT programs in health facilities which currently do not have functioning programs (4,740);
- b. Strengthen care and treatment programs for pregnant women and their infants in the currently implementing health facilities (663);
- c. Increase by 65% the number of pregnant women in target regions who are tested for HIV and maximize their access to prophylactic interventions to prevent transmission of HIV to infants;
- d. Increase the uptake of combined prophylaxis by HIV infected women by 80%; and
- e. Strengthen tracking of HIV-positive pregnant women and exposed infants who are lost-to-follow-up. To increase HIV staging and access to ART for eligible pregnant women by 8.5%.

**2. HIV care, support, and treatment (including Tuberculosis/HIV):**

Palliative Care: Basic Care and Support:

- a. By the end of the project period, 600 HIV positive adults and children will be receiving a minimum of one clinical service;

- b. By the end of the project period, 50 health care workers will have successfully completed an in-service training program;
- c. By the end of the project period, 70% of HIV positive persons will be receiving cotrimoxazole prophylaxis;
- d. By the end of the project period, 50% HIV positive persons receiving ART and pre-ART services who were screened for TB in HIV care/treatment settings;
- e. By the end of the project period, 60% HIV positive patients in care and treatment (pre-ART or ART) who started TB treatment.
- f. 90% infants born to HIV positive women who received an HIV test within 12 months.
- g. 80% children <18 months born to HIV positive pregnant women who are started on cotrimoxazole prophylaxis within two months of birth.

**3. HIV Testing and Counseling:**

- 95% of individuals who received counseling and testing for HIV and received their results, disaggregated by sex.

**4. Treatment: Antiretroviral Drugs & Services:**

- a. 100% of service outlets previously supported by HHS Track One partners receiving support in the provision of antiretroviral therapy in region.
- b. 334 individuals newly initiating antiretroviral therapy during the reporting period per site.
- c. 1,000 individuals will have received antiretroviral therapy by the end of the reporting period.

- d. 600 of health workers trained to deliver ART services, according to national and/or international standards.
- e. 15 % of newly enrolled individuals less than 15 years of age enrolled in ART in a given region.
- f. 5% of newly enrolled individuals less than 1 year of age enrolled in ART in a given region.
- g. 90% individuals ever started on treatment receiving ART at the end of the reporting period in a given region.
- h. 12 trainings on pediatric ART for health care workers conducted each year in a given region.

**5. Laboratory Services:**

- At least one testing facility (laboratory) with capacity to perform clinical laboratory tests per district.

Other/Policy Analysis and System Strengthening:

**6. Health System Strengthening (HSS):**

- By the end of the project period, 20% of FY 2010 USG-provided funds that the entity is able to supplement or supplant in year one of this cooperative agreement by securing funding from a source outside of USG, increasing each year thereafter.

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 **Tanzania** population and must also coordinate with activities supported by **Tanzania**, 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:

To fulfill the scope and depth of HIV activities and service needs of HIV infected Tanzanians, the grantee will work in collaboration with the HHS/CDC Tanzania office and national and local health departments in Tanzania to improve the scale, and quality of HIV clinical services and prevention activities available throughout the country.

Additionally, the grantees will strive to ensure the sustainability of their program(s) through capacity building of their own organization. Local/indigenous grantees will demonstrate their ability to sustain the above comprehensive areas, in addition to 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, to provide quality comprehensive, sustainable prevention, care, and support services.
3. Build capacity to manage the acquisition and distribution of United States Government (USG) 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 systems of HIV/AIDS related commodities.

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. Individual applicants do not need to respond to all geographic areas. Applicants should consider linkages between the various program areas within their application, either by proposing to provide linked services or by proposing to ensure linkages to existing services not specifically provided by the applicant. Applicants should not try to address all program areas, however, (at minimum) they must address their capacity and

ability to provide for the provision of ART and PMTCT services and ability to take on additional program area activities within the duration of the project period.

The grantee will provide for a range of clinical services in the following geographic areas: Arusha, Pwani (Coast), Dar es Salaam, Kagera, Kigoma, Kilimanjaro, Lindi, Manyara, Mara, Mtwara, Mwanza, Pemba, Shinyanga, Tabora, Tanga, and Zanzibar.

The grantee must document how they will leverage the ART and PMTCT service platforms outlined below and above; and demonstrate how this is systematically instrumental in building all other HIV services reaching the target population. These activities include:

**1. Primary HIV Prevention:**

The Grantee is to address and implement critical HIV prevention interventions at health facilities where Care and Treatment services for PLHIV are provided; To be done through:

- a. Provision of a package of PwP services for HIV-infected patients in clinical care treatment settings which includes HIV prevention counseling, counseling on risk behaviors (sexual behaviors, condom use, and alcohol use). Ensure support for reduction of alcohol consumption, behavior change and promotion of consistent condom use;
- b. Counseling and information to HIV infected patients on disclosure of their HIV serostatus to partners as well as the importance of preventing new infections & prevention of further HIV transmission;
- c. Provide HIV testing for partners and children;
- d. Counseling on adherence with ART;

- e. Prompt STI screening and treatment; and
- f. Provide counseling on contraception and/or family planning services and safer pregnancy and delivery or develop a clear referral channel for HIV positive patients to access such services elsewhere

Prevention of Mother to Child Transmission (PMTCT):

- a. Provide accessible, high-quality, comprehensive PMTCT services for HIV-infected women and their families through RCH/HIV integrated care, or establish reliable, active referral networks for PMTCT services;
- b. Build the capacity of RHMT to mobilize women and their partners for PMTCT services via district health systems (rapid HIV counseling and testing in antenatal and maternity settings; combination short-course antiretroviral (ARV) prophylaxis for mother and infant and antiretroviral treatment (ART) for eligible mothers; counseling and support for infant feeding; link with wraparound services, such as nutrition, family planning services for women with HIV, and sustainable livelihood initiative); and strong links to care, treatment and support services;
- c. Provide HIV counseling and testing services, and test results in accordance with international standards and national guidelines;
- d. Provide training to care providers in PMTCT and Early Infant Diagnosis (EID) services;
- e. Provide ART to eligible HIV positive pregnant women and appropriate referral to care and treatment services; and

- f. Integration of PMTCT with reproductive & child health services and Early Infant Diagnosis and Treatment (EID/EIT) for children born to HIV positive women.

**2. HIV Care, Support, and Treatment (including Tuberculosis/HIV):**

Palliative Care: Basic Care and Support:

- a. Provide facility-based basic health care and support to alleviate clinical, psychosocial, physical, and spiritual distress for HIV-infected individuals and their families and caregivers; including OI management (such as Cryptococcal Meningitis/Pneumocystis Carinii Pneumonia) and provision of the basic care package;
- b. Provide care and support activities with active linkages to ARV, TB, PMTCT, HCT and Home-Based Care (HBC) programs;
- c. 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). Also, support for 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 strong linkages with home/community based care. Activities should include network referral services to treatment for HIV/AIDS or TB (if appropriate) and for care services not offered by the grantee;

- d. Support people living with HIV to reduce their risk of HIV transmission through positive prevention or “prevention with positives” interventions, particularly partner testing;
- e. Promotion of gender equity and positive role models, and addressing negative social norms. Gender based violence, stigma, and discrimination will be cross-cutting themes. Activities should target vulnerable persons and ensure networking with HBC/Community-Based Care; and
- f. Provision of clinical care services such as prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services), prevention of cervical cancer, pain and symptom relief and nutritional assessment and support including food as well as sustainable livelihood.

Pediatric Care and Support:

- a. Continuation of ongoing health facility-based and community based care for HIV-exposed and infected children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services.

- b. Provision of clinical care, which may include early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food.

**3. HIV Counseling and Testing:**

- a. Conduct HIV counseling and testing in high risk environments such as tuberculosis directly observed therapy sites, 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 Tanzania HIV/AIDS treatment sites regardless of presence of outside funding (i.e., PEPFAR or Global Fund) and regardless of funding agency.

**4. Treatment: Antiretroviral Drugs and Antiretroviral Services:**

- a. Expand the number of health care facilities/sites providing basic health care and ART to HIV-infected people;
- b. Increase the number of health care workers trained to deliver HIV-related clinical services and/or ART provision;

- c. Increase the numbers of individuals provided with HIV-related basic health care services (including improving the prevention, diagnosis, and clinical management services for HIV/AIDS, sexually transmitted diseases [STDs]) and related opportunistic infections [OI], e.g., TB);
- d. Increase the number of new patients initiating ART at supported health care facilities/sites;
- e. Increase the total number of patients currently receiving ART at each health facility/site;
- f. Increase the total number of HIV service points with active monitoring and evaluation and quality improvement programs;
- g. Ensure the availability of post exposure prophylaxis services for occupational and non-occupational exposure;
- h. Establish a logistics and commodity supplies system through harmonized procurement of HIV testing commodities, laboratory supplies, ARVs and OI drugs with National Medical Stores and/or using existing public and private sector procurement mechanisms;
- i. Support ARV treatment for HIV patients. This includes treatment costs and may include infrastructure, training clinicians and other providers, exams, clinical monitoring, 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;

- j. Provide infrastructure, maintenance, training clinicians and other providers, exams, clinical monitoring and management of opportunistic infections, related laboratory services, and community-adherence activities;
- k. Maintenance of facilities to provide ART services; and
- l. Provide community adherence programs.

**5. Laboratory Services:**

- a. 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 Services should be funded from within their specific program areas.

Other/Policy Analysis and System Strengthening:

**6. Health System Strengthening:**

a. Assess weaknesses in 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; and

b. Support for Performance-based Financing (PBF):

Governments and development partners are seeking innovative strategies to increase the impact of investments in health. Performance-based financing mechanisms are a promising strategy that is increasingly being used by national health programs in developing countries to accelerate progress towards the achievement of Millennium Development Goals (MDGs) related to health. PBF - the provision of cash or goods conditional on measurable actions being taken or a defined performance target achieved - holds considerable promise for increasing health service utilization, improving service quality, increasing efficiency and enhancing equity. It focuses attention on health results, rather than inputs, thereby more tightly linking budgets and financing to performance. Activities may improve staff performance and enhance access to quality care; help drive reforms that confer authority to enhance the flexibility of the local

service delivery level, thereby fostering problem-solving locally improve the accountability of health workers to patients.

**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 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.

18. CDC Tanzania will approve any infrastructure improvements including, renovation and alteration activities prior to submission to Procurement and Grants Office (PGO). Any construction activities will require substantial documentation review and approval by CDC Tanzania before submission to PGO.
19. The in-country CDC office will provide technical assistance to the awardee in preparing and submitting routine reporting requirements to CDC HQ by reviewing, critiquing, and providing concurrence with all reports and other required documents prior to submission.
20. The in-country CDC office will provide 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 in-country CDC office on the continuation of the award, its supported activities, and associated funding.
21. 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:** FY2011

**Approximate Current Fiscal Year Funding:** \$600,000

**Approximate Total Project Period Funding:** \$25,000,000.00 (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:** \$400,000.00 (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 30, 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 for this funding opportunity announcement are local indigenous public non-profit organizations, local indigenous private non-profit organizations, local indigenous universities, local indigenous colleges, local indigenous research institutions, local indigenous hospitals, local indigenous community-based organizations, and local indigenous faith based organizations fully registered in Tanzania.

#### **Justification:**

HHS/CDC supports sustainable public health programming through direct and collaborative assistance domestically with State and Local Health Departments and globally with Ministries of Health and other government entities. When appropriate and in the best interest of the U.S. Government, HHS/CDC also supports local, indigenous organizations to further sustainable, country-led global public health programming to support the effort of the Ministries of Health. A core principle of the President Obama's Global Health Initiative is the support of country ownership, and a majority priority of PEPFAR's second phase is to increase the capacity of countries at both the government and civil society level to manage, oversee, and operate their own health systems. Support for local, indigenous organizations in Tanzania will encourage the development of

sustainable capacity in the public health systems, and reduce the establishment of parallel capacity and systems by external US-based organizations.

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. Building, strengthening and sustaining institutional capacity of indigenous Tanzanian organizations is a key strategy for achieving the prevention, care and treatment goals of PEPFAR and to ensuring long-term sustainability of the program. Additionally, organizations indigenous organizations to Tanzania are more familiar with the target populations and culture.

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, sustainable, and cost effective care and services. In this case, indigenous, local district organizations from Tanzania would be best equipped to transition and continue the operations of currently operating PEPFAR programs and provide more cost efficient

service delivery. Building sustainable, local capacity is in alignment with the recently signed Partnership Framework agreement between the Government of Tanzania (GOT) and PEPFAR in Tanzania.

**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 pages (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 on 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 letters at least one from Regional and one District Health Management Teams (RHMT/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](http://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](http://www.Grants.gov). Please visit [www.Grants.gov](http://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](http://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](http://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](http://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](http://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](http://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](http://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](mailto: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](http://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](mailto: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**

Applicants are expected to respond to one or more of the following program areas:

- 1. Primary HIV prevention;**
- 2. HIV care, support, and treatment (including Tuberculosis/HIV);**
- 3. HIV Testing and Counseling;**
- 4. Treatment: Antiretroviral Drugs and Services;**
- 5. Laboratory Services; and**
- 6. Health System Strengthening (HSS)**

Applicants must submit a separate application for the program area they intend to implement or work in. In addition to the program narrative the applicant must include a separate budget for each proposed program area and in form SF 424 item number 14, the applicant should state the program area they are applying to work in. Failure to indicate the area of work will make the application non-responsive.

**Eligible applications will be evaluated against the following criteria:**

#### **Ability to Carry Out the Proposal (20 points):**

- Does the applicant demonstrate the District/local experience in Tanzania in supporting institutional capacity for government institutions and partners, such as the Ministry of Health and Social Welfare, Regional and Council Health Management Teams (RHMTs, CHMTs) and other local or faith-based organizations? (10 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? (5 points)
- Is there evidence of leadership support and evidence of current or past efforts to enhance to strengthen and implement HIV service delivery on the local level in Tanzania? Does the applicant have the capacity to reach rural and other underserved populations in Tanzania? Does the organization have the ability collaborate with and obtain buy in from officials from MOHSW, Regions, Districts, Hospital teams etc in various areas in Tanzania? Does applicant have support of Regional and district health management teams? If not, does the applicant outline how they will establish a partnership with current treatment providers to ensure no delay in service delivery or quality of HIV services delivered? To what extent does the applicant provide letters of support? (5 points)

**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? (7 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? (3 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? 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? 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? (5 points)
- Does the applicant have a prior experience in implementing HIV/AIDS interventions or services that had to be monitored following PEPFAR indicators and reporting requirements? 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. (5 points)

**Capacity Building (15 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 the local health system and of target beneficiaries to respond to the epidemic? (10 points)
- Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the

"3,12,12<sup>1</sup>" targets of the President's Emergency Plan? Is the applicant's organization well placed within Tanzania's health system to build the capacity of the regional/District health systems? (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<sup>2</sup>? "Applicants must define specific output and

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<sup>2</sup> 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

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)
- 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):**

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include

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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.

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? 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](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](http://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](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](http://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 every quarter of the calendar

year. The following will need to 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) 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. 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:

Matt Stockton, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

P.O. Box 9132, Dar es Salaam, Tanzania

Telephone: +255-2221-98400

E-mail: [StocktonM@tz.cdc.gov](mailto: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](mailto:pjernigan@cdc.gov)

For **assistance with submission difficulties**, contact Grants.gov (see page 40):

Phone: 1-800-518-4726

Email: [support@grants.gov](mailto: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](mailto: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>.