

**AMENDMENT I (as of 2/24/11):**

1. Pages 2 and 36:

Application Deadline Date has changed from March 24, 2011 to **April 11, 2011**

2. Page 5:

This funding opportunity announcement covers the following six program areas and faith based-affiliated sites in Georgetown, Guyana:

1. Provider Initiated HIV Testing and Counseling (PITC)
2. Adult and Pediatric HIV Care and Support
3. Adult and Pediatric HIV Treatment
4. TB/HIV
5. Prevention of Mother-to Child Transmission (PMTCT)
6. Health System Strengthening (HSS)

Faith based-affiliated sites:

- A. St. Joseph Mercy Hospital
- B. Davis Memorial Hospital
- C. St. Vincent de Paul Hospice Center

Note: Applicants are required to address all six program areas and propose to work in all three sites in their application submission. Applications that fail to comply with these requirements will be considered non-responsive.

3. Page 28:

Maximum number of pages: 45 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);

4. Page 37:

Note: Applicants are required to address all six program areas and propose to work in all three sites identified in the "I. AUTHORIZATION AND INTENT" section of this FOA. Applications that fail to comply with these requirements will be considered non-responsive.

5. Page 54-55:

Questions and Answers from the Pre-Application Workshop

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

Centers for Disease Control and Prevention (CDC)

**Support to Local Indigenous Partners in the Implementation and Expansion of High**

**Quality HIV Care, Prevention and Treatment Activities in Faith Based-Affiliated**

**Sites in the Republic of Guyana under the President's Emergency Plan for AIDS  
Relief (PEPFAR)**

**I. AUTHORIZATION AND INTENT**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-GH11-1140

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

**Key Dates:**

**Application Deadline Date:** **April 11, 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.

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 provide technical assistance and funding to local indigenous Guyanese organizations to enable them to continue and expand comprehensive HIV prevention, care and antiretroviral treatment (ART) programs and

ensure sustainable service delivery within faith based-affiliated sites in the Republic of Guyana.

**This funding opportunity announcement covers the following six program areas and faith based-affiliated sites in Georgetown, Guyana:**

- 7. Provider Initiated HIV Testing and Counseling (PITC)**
- 8. Adult and Pediatric HIV Care and Support**
- 9. Adult and Pediatric HIV Treatment**
- 10. TB/HIV**
- 11. Prevention of Mother-to Child Transmission (PMTCT)**
- 12. Health System Strengthening (HSS)**

**Faith based-affiliated sites:**

- A. St. Joseph Mercy Hospital**
- B. Davis Memorial Hospital**
- C. St. Vincent de Paul Hospice Center**

**Note: Applicants are required to address all six program areas and propose to work in all three sites in their application submission. Applications that fail to comply with these requirements will be considered non-responsive.**

Measurable outcomes for Year 1 of the program will be in alignment with one (or more) of the following performance goal(s):

**1. Provider Initiated HIV Testing and Counseling (PITC):**

- Percentage of patients tested positive and referred for care and treatment services: 90

**2. Adult and Pediatric HIV Care and Support:**

- a. Number of health care workers trained to deliver HIV related adult and pediatric care and support;
  - 1) St. Joseph Mercy: 15
  - 2) Davis Memorial: 10
  - 3) St. Vincent de Paul 5
  
- b. Percentage of patients in care on cotrimoxazole (according to the most recent National HIV Care and Treatment Guidelines – NAPS/Guyana): 90;
  
- c. Percentage of patients in care screened for TB infection (at frequency recommended by the most recent National HIV Care and Treatment Guidelines- National AID Programme Secretariat NAPS/Guyana): 90; and
  
- d. Number of HIV infected adults and children provided with a minimum of one nonclinical related HIV care and support (psychological, social service, spiritual per site):
  - 1) St. Joseph Mercy: 966
  - 2) Davis Memorial: 455
  - 3) St. Vincent de Paul: 100

**3. Adult and Pediatric HIV Treatment:**

- a. Number of individuals newly initiating ART per site:
  - 1) St. Joseph Mercy: 138

- 2) Davis Memorial: 80
- b. Percentage of patients known to be alive and on treatment 12 months after initiation of ART: 85; and
- c. Number of individuals who ever received ART by the end of the reporting period per site:
  - 1) St. Joseph Mercy: 743
  - 2) Davis Memorial: 297
  - 3) St. Vincent de Paul: 100

**4. TB/HIV:**

- a. Percentage of HIV patients screened (symptomatic) for TB at each visit: 90;
- b. Percentage of HIV patients screened for TB with TST at frequency recommended in most recent version of the National HIV Care and Treatment Guidelines – NAPS/Guyana: 90;
- c. Percentage of TB suspect HIV patients referred to Georgetown Chest clinic for evaluation and treatment if appropriate: 100%; and
- d. Percentage of HIV patients screened for TB on enrollment in St. Vincent de Paul Hospice Center: 100

**5. Prevention of Mother-toChild Transmission (PMTCT):**

- a. Percentage of pregnant women receiving HIV counseling and testing and their test results per site:

- 1) St. Joseph Mercy: 85
  - 2) Davis Memorial: 85
- b. Percentage of HIV positive pregnant women who receive Highly Active Antiretroviral Therapy HAART in accordance with most recent National HIV Care and Treatment Guidelines – NAPS/Guyana: 90;
  - c. Percentage of HIV exposed infants provided with DNA PCR testing for early infant diagnosis by 2 months of life: 90;
  - d. Percentage of HIV infected infants who receive ART prior to 12 months of life in accordance with most recent National HIV Care and Treatment Guidelines –NAPS/Guyana: 90; and
  - e. Percentage of HIV exposed infants who receive clinical care and follow-up through 18 months of life: 90

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

- a. Percentage of clinical staff providing HIV services at each facility who have attended an initial or refresher training on clinical HIV care in the last 12 months: 90;
- b. Percentage of facilities that have convened quality improvement meetings that include HIV related care and treatment indicators in the last 12 months: 100; and
- c. Percentage of facilities that have active involvement of PLwHIV groups: 100

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 **Guyanese** population and must also coordinate with activities supported by Government of Guyana (GoG), international and 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 **Guyana**. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in **Guyana** 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 opportunity announcement (FOA) covers a wide range of activities within the spectrum of comprehensive HIV services to strengthen the capacity for service delivery and expand activities to maximize coverage. These activities include, but are

not limited to, prevention of mother to child transmission (PMTCT), TB/HIV testing and treatment, pediatric and adult care, pediatric and adult treatment, nutrition programs, prevention with positives (PWP), post exposure prophylaxis (PEP), behavior change interventions, and HIV counseling and testing activities, to include voluntary counseling and testing and provider-initiated testing and counseling (PITC).

All HIV prevention, care and treatment services must be consistent with the most recent versions of the National HIV Care and Treatment Guidelines; National HIV Prevention Standards and Guidelines, National TB Program Guidelines and any other applicable National guidelines, approved and available at the onset of the award. In addition, applicants may be required to put an emphasis on other medical conditions such as malaria, emerging and re-emerging infections, neglected tropical diseases, influenza, and other diseases with pandemic potential as well as environmental health issues, chronic diseases, maternal and child health, reproductive health, public health preparedness, bio-safety, and injury control and prevention.

Applicants will also be required to develop systems for quality assurance of these programs, and share experiences and lessons learned with the relevant Government of Guyana institutions, US Government (USG) organizations, and other agencies supporting HIV prevention, care, and treatment activities in the country.

All activities will be required to demonstrate strong community linkages to ensure a continuum of care and prevention initiatives. This FOA builds on PEPFAR-support provided through a centrally-funded mechanism and serves to ensure continuity of

comprehensive HIV/AIDS services to an existing pool of clients receiving HIV/AIDS prevention, care, support and treatment at two HIV/AIDS Care and Treatment sites in the Republic of Guyana and one hospice center. The successful applicant(s) will take up HIV prevention, care, and treatment programs at these existing sites.

The grantee will work closely with regional health offices and the Ministry of Health (MOH) so that community activities and monitoring and evaluation (M&E) systems align with national systems. Also, through coordination with both the Ministry of Health and the USG PEPFAR team, the grantee will identify other indigenous organizations with whom to work to build capacity in community-based approaches to HIV/AIDS service delivery and to strengthen the health systems to plan, manage, and support the continued provision of these services.

Grantee activities are as follows:

**1. Provider Initiated HIV Testing and Counseling (PITC):**

- Provision of Testing and Counseling to achieve prevention objectives through provider initiated HIV testing and counseling (PITC) in health facilities; couples HIV counseling and testing (CHCT); community-based services; and including mobile and home-based CT services, quality assurance and proficiency systems within CT program.

**2. Adult and Pediatric HIV Care and Support:**

- a. Provide facility-based and home/community-based activities through provision of clinical, psychological, spiritual, social, and prevention services.

- b. Provision of clinical care services such as prevention and treatment of Opportunistic Infections (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.
- c. Provision of psychological and spiritual support, which may include mental health issues, group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Provision of social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services may also include “prevention with positives” (PwP), behavioral counseling and testing of family members.
- d. 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.
- e. 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. Adult and Pediatric Treatment:**

- a. Provide infrastructure, maintenance, training clinicians and other providers, exams, clinical monitoring and management of opportunistic infections, related laboratory services, and community-adherence activities.
- b. Maintenance of facilities to provide ART services.
- c. Provide clinical monitoring of management of opportunistic infections.
- d. Provide laboratory services.
- e. Provide community adherence programs

**4. TB/HIV:**

- Provision of continued clinical monitoring, related laboratory services, treatment and prevention of tuberculosis (including medications), as well as screening and referral of TB clinic clients for HIV testing and clinical care. Current HIV/TB activities are provided in general medical settings, HIV/AIDS clinics, home-based care and traditional TB clinics and hospitals.

**5. Prevention of Mother and Child Transmission (PMTCT):**

- a. Provision of prevention of mother-to-child transmission of HIV (PMTCT) services aimed at preventing mother-to-child HIV transmission, through

confidential and routine counseling and testing; education and distribution of ARV prophylaxis; infant feeding; routine counseling, and nutritional support.

- b. Integration of PMTCT with maternal & child health services and early infant diagnosis (EID) for children born to HIV positive women.

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

- a. Provide annual training opportunities for health care workers at facility sites;  
and
- b. Implement HIV Qual on a quarterly basis as continuous quality improvement activities.

In addition:

1. The grantee(s) is expected to have Internet access and communicate all official correspondence via email with HHS/CDC as well as other collaborating partners.
2. Attend a post-award orientation meeting with technical advisors and staff from HHS/CDC and collaborating agencies to be briefed on applicable U.S. Government, HHS and Emergency Plan expectations, regulations and key management requirements along with required report formats and contents.
3. Select key personal and post-award subcontractors and/or subgrantees as necessary to be involved in activities performed under this agreement.
4. Develop annual workplans and detailed budget in conjunction with PEPFAR Country Operational Plan (COP) review and approval process.

5. Develop a plan to monitor and evaluate project activities in accordance with strategic information guidance provided by the Office of the Global AIDS Coordinator (OGAC).
6. Meet periodically with HHS/CDC GAP Guyana to review technical and financial progress and make adjustments as appropriate.

**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. The in-country CDC office 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 GoG coordination and ownership of PEPFAR-funded activities.

18. The in-country CDC office will provide relevant, appropriate guidance and technical assistance to the awardee when they develop Scopes of Works (SoWs), subcontracts, and Terms of Reference for all technical and financial audits and assessments for monitoring and capacity building purposes.
19. The in-country CDC office 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.
20. The in-country CDC office 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 systems.
21. The in-country CDC office 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.

22. 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.
23. The in-country CDC office 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 in-country CDC office on the continuation of the award, its supported activities, and associated funding.
24. The in-country CDC office will assist the awardee in the development of long-term capacity-development plans for the awardee and supported facilities.
25. HHS/CDC GAP Guyana will have substantial involvement in distribution of sites.

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:** \$650,000

**Approximate Total Project Period Funding:** \$3,150,000 (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:** Three

**Approximate Average Award:** \$216,667 (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 listed below:

Eligible applicants are those who are local indigenous Guyanese organizations fully registered in the country and comply with the PEPFAR Local Partner Definition. An indigenous organization is one that originated and is located in the geographic area to which it provides services, serves the population located in the geographic area and has a majority of key organizational staff (senior, mid-level, and support) comprised of persons from the Republic of Guyana, as set forth in this FOA. Organizations include: local public nonprofit organizations, local private nonprofit organizations, local universities, local colleges, local research institutions, local hospitals, local community-based organizations, and local faith-based organizations.

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 President Obama's Global Health Initiative is the support for country ownership, and a major 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 health systems.

During the first phase of PEPFAR, HHS/CDC supported ART treatment programs in Guyana by engaging international partners to build the capacity of the Guyana health system to provide sustainable ART treatment services, in collaboration with the Ministry of Health and local partners.

This Limited Eligibility Justification is to encourage a competitive environment among local Guyanese organizations in support of transitioning ART programs and services previously provided by US-based implementing partners to local ownership. This will support the USG policy to support long term capacity building and development of all aspects of the health system in Guyana under the PEPFAR II reauthorization. Limited competition to local Guyanese organizations is appropriate and in full support of the Ministry of Health in Guyana. As outlined in the Guyana National HIV/AIDS Strategy Plan 2007-2011, the Ministry of Health in Guyana proposes a multi-sector approach, with a continuing critical role of civil society and non-governmental organization, in the fight against HIV/AIDS in Guyana.

Limiting eligibility to local Guyanese organizations, will serve the policy and program interests of the USG by supporting the long term sustainability of services, the shift to more cost-effective program implementation, and the support of program partners with a greater understanding of the local culture and context when planning or implementing various programmatic initiatives. Following the Guyana National HIV/AIDS Strategy Plan 2007-2011, Grantees will work in partnership with the Guyana Ministry of Health. Limited competition for the cited activities is in line with PEPFAR legislation, which

authorizes HHS/CDC 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.

**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: 45 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);**
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current

infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;

- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;
- *Project Outputs:* Be sure to address each of the program objectives listed in the "Purpose" Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;

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

***An HIV/AIDS Related Funding Matrix:*** 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

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;
- ***Job descriptions*** of proposed key positions to be created for the activity;
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum);
  - Letters of support from CEOs of the relevant health care facilities and community organizations
- ***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 Requirements 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 11, 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**

**Note: Applicants are required to address all six program areas and propose to work in all three sites identified in the “I. AUTHORIZATION AND INTENT” section of this FOA. Applications that fail to comply with these requirements will be considered non-responsive.**

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

### **Ability to Carry Out the Proposal (25 points):**

- Does the applicant demonstrate the local experience in Guyana and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (15 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)
- To what extent does the applicant provide letters of support? (5 points)

### **Technical and Programmatic Approach (25 points):**

- Does the application include an overall design strategy includes measurable objectives and time lines, realistic and achievable activities and clear monitoring and evaluation procedures? (15 points)
- Does the applicant display knowledge of the strategy, principles and goals of the President’s Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (10 points)

**Monitoring and Evaluation (15 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? (5 points)
- Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? (5 points)

Are the indicators consistent with the President’s Emergency Plan Indicator Guide? (5 points)

**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? (10 points)

**Personnel (10 points):**

- Are the staff roles clearly defined? (3 points)

- As described, will the staff be sufficient to meet the goals of the proposed project? (2 points)
- Are key staff involved in this project qualified to perform the tasks described? (5 points)

**Administration and Management (15 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, produce, collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? (5 points)
- Does the applicant have a proven track record in managing grant funds and supervising consultants and contractors using subgrants or other systems of sharing resources with community-based organizations? (5 points)
- The grantee must demonstrate an ability to submit periodic reports in a timely manner to the local HHS/CDC office. (5 points)

**Budget (Reviewed, but not scored):**

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

## 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 Guyana. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

### **Prostitution and Related Activities**

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

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“recipient”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients

about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

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

The following definition applies for purposes of this clause:

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

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared

by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

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

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

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

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

[http://www.usaid.gov/business/business\\_opportunities/cib/pdf/GlobalHealthMemberlist.pdf](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.

The following factors may affect the funding decision:

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

### **Pre-Application Workshops**

CDC Guyana will host a pre-application workshop no later than 10 business days following posting of this announcement on [www.grants.gov](http://www.grants.gov). Applicants should contact Kathy Grooms ([groomsk@gy.cdc.gov](mailto:groomsk@gy.cdc.gov)) 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. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

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

### **Administrative and National Policy Requirements**

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

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-6            Patient Care
- AR-8            Public Health System Reporting Requirements
- AR-9            Paperwork Reduction Act Requirements
- AR-10          Smoke-Free Workplace Requirements

- AR-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 **Guyana**; and
  - j. Additional Requested Information;

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

1. Annual progress report, due 90 days after the end of the budget period.
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 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:

Kathy Grooms, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
100 Duke and Charles Street  
Georgetown, Guyana  
Telephone: +592 223 6502  
E-mail: [groomsk@gy.cdc.gov](mailto:groomsk@gy.cdc.gov)

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

Randolph Williams, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-8382

E-mail: [RBWilliams@cdc.gov](mailto:RBWilliams@cdc.gov)

For assistance with **submission difficulties (also see page 35)**, contact Grants.gov:

Contact Center Phone: 1-800-518-4726

E-mail: [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>.

## Questions and Answers from the Pre-Application Workshop

**Question:**

If an orphanage is providing HIV care to services to children and is affiliated with a hospital for antiretroviral therapy services and the orphanage is awarded the grant, should the orphanage now affiliate itself with one of the organizations covered by the FOA or could it be allowed to maintain its present affiliation?

**Answer:**

The orphanage may choose to maintain its present affiliation with the hospital that provides ART services to HIV infected children and collaborate with that hospital in applying for the FOA. Alternatively, if the orphanage is able to provide all of the services stipulated in the FOA it can make an independent application.

**Question:**

Please clarify the last two sentences on Pg. 4 (Pg. 5 in this amendment document) of the FOA.

**Answer:**

Applicants are required to address all six program areas and propose to work in all three sites identified in the “I. AUTHORIZATION AND INTENT” section of this FOA. Applications that fail to comply with these requirements will be considered non-responsive.

**Question:**

If one organization applies for all three sites do they have to follow the same criteria in the FOA or do they need a more detailed application.

**Answer:**

Yes, they must follow the same criteria. Please be reminded that organizations must apply for the three sites and the six program areas within the same application; otherwise, they will be considered non-responsive.

**Question:**

Our center is a care center and not a treatment center. Do we need to provide support in all six program areas as specified on Page 4 in the FOA?

**Answer:**

If your center is making an independent application, it would have to be able to provide all of the services listed in the FOA.

**Question:**

On Page 20 “Approximate Total Project Period Funding \$3,150,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations and direct and indirect costs for domestic grantees for all years.)” Can you clarify?

**Answer:**

This means that funds granted under this FOA to international organizations are to be used to cover direct costs for project activities. Indirect costs are not allowable costs to be cover by these grant funds.

**Question:**

**Do we need to get a DUNS number if we are collaborating with another organization as a sub-grantee**

**Answer:**

**A DUNS number is not a requirement, to be a sub-grantee.**

**Question:**

**What exact documents are you looking for in terms of supplying “Evidence of Legal Organization Structure”**

**Answer:**

**Legal documentation could mean documentation endorsing the registration that the Organization do exists**

**Question:**

**What does “key personnel to the Project” mean? Are we submitting individual CVs for each personnel on the project, given the 80 page limit?**

**Answer:**

**The applicant must provide evidence that they have the key technical and administrative staff to ensure that they can deliver on all of the components in the application. Key personnel are those technical and administrative that that are essential to the success of the project. CVs for these key technical and administrative staff directly attached to the project should be submitted.**

**Question:**

**Do local, indigenous organizations need TINs?**

**Answer:**

**No**

**Question:**

**Is there a local telephone number to contact for online submission support because toll-free numbers do not work from Guyana?**

**Answer:**

**No local phone number is available for the online submission support center. Applicants may call 1-800-518-4726 or email: [support@grants.gov](mailto:support@grants.gov)**