

AMENDMENT II (03/23/2011):

- 1. Pages 55-58 - Questions and Answers from the Pre-Application Workshop*

AMENDMENT I (03/01/2011):

- 1. Page 50: A change has been made to the date(s) of the pre-application workshops. CDC South Africa will host three pre-application workshops, as follows:*

- Johannesburg: March 9, 2011*
- Durban: March 10, 2011*
- Cape Town: March 11, 2011*

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

Centers for Disease Control and Prevention (CDC)

**Provision of Medical Male Circumcision (MMC) for HIV Prevention in the
Republic of South Africa under the President's Emergency Plan for AIDS Relief
(PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1150

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 19, 2011, 5:00pm U.S. Eastern Standard Time

Authority:

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

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the five year period, 2009 - 2014 is available at the following Internet address:

<http://www.pepfar.gov>.

Purpose:

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for

Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

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

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

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

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

The purpose of this program is to:

1. Support the Government of the Republic of South Africa in ensuring provision of medical male circumcision (MMC) services in selected provinces in South Africa.
2. Implement and scale up high quality and safe MMC services in South Africa as an HIV prevention intervention.
3. Ensure that MMC services are integrated and implemented as a package of comprehensive HIV prevention, care and treatment services.

HHS/CDC South Africa, in conjunction with other U.S. Government agencies, is supporting the Government of the Republic of South Africa and non-governmental agencies in the expansion of HIV prevention, care and treatment throughout the country, including behavioral, biomedical and structural HIV prevention interventions. Currently, these biomedical interventions include MMC, which is provided within a comprehensive HIV prevention package. The package of services, intended for adolescent and adult males and their partners, includes counseling about the risks and benefits of MMC, HIV and other STI counseling and testing, age-appropriate risk reduction counseling that addresses partial protection against HIV from MMC, partner reduction, correct and consistent condom use, provision of condoms, discussion of male norms that promote gender-sensitive and safer sexual behaviors, and safe surgical circumcision.

The recipient(s) will support the provision of MMC services according to National Department of Health (NDOH) guidelines in provinces identified as priorities because of relatively low baseline circumcision rates and substantial existing HIV risk. KwaZulu-Natal, Gauteng and Mpumalanga provinces will be important initial target areas, and the grant recipient(s) will work closely with NDOH and provincial governments to rapidly expand access to MMC services to these and other areas that may be prioritized over time.

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

1. Ensure the establishment of high-volume MMC sites to reach 22,000-25,000 men per year, per site. In areas with significant geographical and/or social barriers to MMC, medium-volume sites may be proposed (8,000-12,000 circumcisions per year, per site).
2. Throughout each year of the project, ensure that the majority of circumcisions occur in community settings through fixed and/or mobile high-volume sites, and include community outreach and mobilization. A variety of community settings could be proposed, including but not limited to low-level health facilities, stand-alone sites, and temporary or mobile clinics.
3. Increase MMC coverage in selected areas annually to reach 80% of the target population (older adolescents and sexually active adult males [15-49 years of age]) by the end of project period and/or in line with targets set by NDOH.
4. On an ongoing basis throughout each year of the project, equip all sites offering MMC to provide comprehensive prevention package of services (i.e., all commodities needed for MMC).
5. Within six months after the start of the award, establish an efficient referral system and linkages to other MMC services (as described in the Recipient Activities) and other HIV care and treatment services to and for each facility offering MMC.
6. Ensure the timeliness and completeness of at least 80% of monthly reports from MMC implementing facilities and 90% from all districts in South Africa by the end of year two, according to PEPFAR reporting guidelines.

7. Ensure 90% of HIV negative men referred from HIV counseling/testing sites, including those in serodiscordant relationships, are provided with MMC services by the end of the implementing period.
8. Ensure that 90% of HIV positive men are linked to HIV care and treatment services by the end of the implementing period.
9. Ensure that all staff involved in MMC services are trained per national guidelines.

Indicators will be identified and utilized to monitor program quality and specific service elements. Annual outcomes should be reasonably defined, and will be clarified with the South Africa GAP Technical Team upon award. However, partner(s) should demonstrate annual incremental progress in alignment with national targets to achieve the above overall outcomes by the end of the implementing period.

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 South African

population and must also coordinate with activities supported by South African, 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 South Africa. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in South Africa 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 United States Government (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:

The recipient(s) will support the provision of MMC services according to NDOH guidelines in provinces identified as priorities because of relatively low baseline circumcision rates and substantial existing HIV risk. KwaZulu-Natal, Gauteng and Mpumalanga provinces will be important initial target areas, and the grant recipient(s) will work closely with NDOH and provincial governments to rapidly expand access to MMC services to these and other areas that may be prioritized over time. Intensive efforts to rapidly expand access to circumcision services should be made in order to provide services to a large number of people within a short time. This ‘catch up’ strategy, which focuses on older adolescents and sexually active adult males (15-49 years of age), will have the greatest immediate impact on the HIV epidemic in South Africa. As the most effective HIV prevention intervention currently available, it is anticipated that reaching 70-80% of the target population with MMC will have the greatest impact on HIV incidence in the geographic areas targeted. Services for the “catch up” population will

initially be optimally delivered using a combination of facility-based and community-based approaches, consistent with national standards. Subsequently, MMC services will target successive cohorts of pre-adolescents and adolescents in the midterm, and if dictated by subsequently developed NDOH policy/guidelines, endeavor to normalize MMC as a routine service for neonates in the long term.

The recipient(s) will work in collaboration with NDOH, the U.S. Government (USG) in-country Emergency Plan team, and the HHS/CDC office in South Africa office to improve the breadth, scale, and quality of South African MMC and HIV/AIDS programs available throughout the country. The recipient(s) will work in collaboration with other stakeholders including USG implementing partners in KwaZulu-Natal, Gauteng and/or Mpumalanga provinces and other regions to avoid duplication of services and achieve program outcomes. All activities implemented under this program should follow appropriate provincial, national and international policies and guidelines for the delivery of HIV interventions.

The recipient(s) of this award must promote sustainability with continued, high-quality, evidence-based interventions through a well-defined engagement with the relevant government departments. The successful recipient(s) may participate in the process of developing the annual Country Operational Plan for South Africa, and work with other Emergency Plan partners to identify the most cost-effective method of providing sub-grantees with adequate management and financial controls and targeted technical assistance. Future funding is based on progress towards project goals, the availability of

PEPFAR funding, and the best interest of South Africa and the USG.

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

- A. KwaZulu-Natal and
- B. Gauteng
- C. Mpumalanga

Applicants may propose MMC activities in one or more province(s), however, applicants must submit a separate application for each province in which they propose to implement activities. In addition to the program narrative, the applicant must include a separate budget for each proposed province and in form SF 424 item number 14, the applicant should state the province they are applying to work in. Failure to indicate the area of work will make the application non-responsive.

Specific grantee activities are listed below:

1. Within the first 3 months of receiving funding, collaborate with HHS/CDC South Africa, the South African government and key stakeholders to develop a plan to provide MMC services as a minimum package alongside other known HIV prevention interventions in selected provinces in South Africa. In addition to safe surgical circumcision, the package of MMC services should include: pre-operative provider-initiated HIV testing and counseling provided on site; active exclusion of symptomatic STIs and syndromic treatment when indicated; provision and promotion of correct and consistent condom use; age-appropriate

risk reduction counseling that addresses the risks and benefits of MMC, partial protection against HIV from MMC, and safer sexual behaviors including reducing the number and concurrency of sexual partners; post-operative wound care and the need for abstinence from sexual activity during wound healing, and post-operative clinical assessments and care. The package of services may also include gender-specific activities including distribution of materials that address the implications of MMC for women, discussion of male norms and behaviors, and promotion of reduction in gender-based violence and coercion. Note that only surgical methods and/or devices recommended by WHO and approved by PEPFAR should be used in service delivery programs.

2. Support the rapid scale up of MMC services in KwaZulu-Natal, Gauteng and Mpumalanga provinces in a manner consistent with national standards for male circumcision. These services should be implemented using a high quality, high through-put approach to maximize cost-effectiveness of service delivery.

Grantees are encouraged to implement models for service delivery that optimize volume and efficiency (MOVE) of circumcision services. More information regarding MOVE can be found at:

http://www.malecircumcision.org/programs/documents/mc_MOVE_2010_web.pdf.

3. Support the provision of outreach (temporary or mobile) MMC services to increase access, particularly in remote areas. According to South African government guidelines, outreach services could include the provision of services in varied settings, such as low-level health facilities and a range of other community settings including temporary or mobile clinics, provided they meet criteria for MMC scale-up facilities.

4. Support the development of long-term sustainable and integrated MMC capacity in health facilities in priority areas, including capacity for provision of neo-natal and pediatric MMC services in Prevention of Mother to Child Transmission (PMTCT) and MCH settings in alignment with NDOH guidelines.
5. Undertake advocacy, community sensitization/mobilization, and education to create informed demand for MMC services, and closely collaborate with partners providing HIV counseling and testing to ensure linkage and referral of HIV negative males to MMC services. If additional evidence emerges demonstrating efficacy and safety of MMC for HIV-infected men, then these services should be expanded to reach them as well.
6. Ensure that all staff involved in MMC services are trained per national guidelines. Training of staff shall include clinical and support staff, and may involve coordination with other partners funded to deliver MMC training. Grantees will work with HHS\CDC to coordinate training.
7. Work with the relevant government departments and other stakeholders in all coordination activities including participating in national and provincial MMC taskforces.
8. Support and collaborate with NDOH towards the strengthening of an effective and efficient M&E system for the MMC program. In addition to monitoring MMC services, the M&E system should include information on referrals from HIV counseling/testing sites, and referrals to HIV care and treatment services for HIV-positive men.

9. Facilitate referrals and linkages of MMC services to other HIV/AIDS prevention, care and treatment services.
10. Integrate a minimum package of MMC services in adherence to national standards/guidelines.
11. Execute periodic quality assurance monitoring at all sites per national guidelines, reporting to HHS\CDC on a quarterly basis.
12. Participate in evaluation or research initiatives as appropriate.
13. Manage, care, and report intra-operative and post-operative adverse events on an ongoing basis, according to PEPFAR and national guidelines.

Applicants may propose MMC activities in one or more province(s), however, applicants must submit a separate application for each province in which they propose to implement activities. In addition to the program narrative, the applicant must include a separate budget for each proposed province and in form SF 424 item number 14, the applicant should state the province they are applying to work in. Failure to indicate the area of work will make the application non-responsive.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

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.

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 with grantee on a quarterly basis, and more frequently if needed, to assess expenditures as well as technical and financial progress reports in relation to approved work plan and modify plans, as necessary.
6. 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.
7. 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.
8. 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).
9. 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.

10. 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.
11. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
12. Facilitate in-country planning and review meetings for technical assistance activities.
13. Provide technical oversight for all activities under this award.
14. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
15. Supply the grantee with protocols for related evaluations.
16. Advise on design of service delivery models and review and approve new implementation strategies when need arises.
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 National, Provincial, and District 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 the South African Government 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 work, 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 scopes of work, 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 Headquarters 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.

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: 2011

Approximate Current Fiscal Year Funding: \$14,000,000

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

Approximate Number of Awards: 10-15

Approximate Average Award: \$750,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: \$100,000

Ceiling of Individual Award Range: \$3,000,000 (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:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities

- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Non-domestic (non-U.S.) entity
- Other (specify)

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

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

Cost Sharing or Matching

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

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: 25 (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;
- *Job descriptions* of proposed key positions to be created for the activity;
- *Applicant’s Corporate Capability Statement*;
- *Letters of Support* (5 letters maximum) Letters from department of health in province where activities are proposed are strongly encouraged;
- *Evidence of Legal Organizational Structure*; and
- *If applying as a Local Indigenous Partner*, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

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

APPLICATION SUBMISSION

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

you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

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

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

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

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee

that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

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

Other Submission Requirements

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

Dun and Bradstreet Universal Number (DUNS)

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

Central Contractor Registration (CCR)

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

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

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

Electronic Submission of Application:

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

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

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov

Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

Submission Dates and Times

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

Application Deadline Date: April 19, 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 CDC-RFA-GH11-1150. 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 provinces:

- A. KwaZulu-Natal
- B. Gauteng
- C. Mpumalanga

Applicants may propose MMC activities in one or more province(s), however, applicants must submit a separate application for each province in which they propose to implement activities. In addition to the program narrative, the applicant must include a separate budget for each proposed province and in form SF 424 item number 14, the applicant should state the province 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 (25 points):

Does the applicant demonstrate the local experience in South Africa and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? 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 Emergency Plan, including the U.S. Agency for International

Development? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in South Africa? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support?

Technical and Programmatic Approach (30 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant display knowledge of the strategy, principles and goals of the Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the Emergency Plan? Does the application propose to build on and complement the current national response in South Africa with evidence-based strategies designed to reach underserved populations and meet the goals of the 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? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

Capacity Building (5 points):

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12¹" targets of the Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response?

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? 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

¹ 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.

programmatic reports? Are the indicators consistent with the 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? 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 Ones²?" Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Applicants are required to provide specific 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 must be objective and quantitative, and must measure the intended outcome. Applicants must submit the measures of effectiveness with the application, and they will be an element of evaluation.

² The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the **"Three Ones": - one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

Understanding of the Problem (5 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? Does the applicant display an understanding of the *Five-Year Strategy* and goals of the Emergency Plan? 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 information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, 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 laboratory 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 Preferences (18 points):

In addition to direct consideration of findings from the Objective Review Panel, funding under this award will be subject to several preferences based on programmatic needs and in-country strategic priorities. **Applicants meeting the criteria set forth in these funding preferences will receive additional points beyond the possible total of 100 as follows:**

1. Local indigenous organizations with the institutional capacity to undertake the awardee's activities, including experience in the delivery of MMC, or other male reproductive and sexual health services, will receive an additional **8 points**.
2. Organizations with the ability to provide human capacity-development and training in local languages for the implementation and management of HIV prevention, care, and treatment programs in resource-constrained settings will receive an additional **2 points**.
3. Organizations that demonstrate the experience or ability to collaborate with the Government of the Republic of South Africa in project activities, as demonstrated through letters of support, MOUs, etc., will receive an additional **3 points**.
4. Organizations that have the ability to utilize relationships with local indigenous organizations and local communities to carry out advocacy and social mobilization activities, as demonstrated through letters of support, MOU's etc., will receive an additional **5 points**.

Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services. Recipients may purchase equipment and complete minor renovations if deemed necessary to accomplish program objectives in accordance with applicable federal law and HHS/CDC policy;

however, recipients must request prior approval by HHS/CDC officials in writing and conduct procurements in a transparent and competitive manner.

- 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 South Africa. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

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

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

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health

Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

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

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

All prime recipients that receive U.S. Government funds (“prime recipients”) in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., “[Prime recipient's name] certifies compliance with the section, ‘Prostitution and Related

Activities.’”) addressed to the agency’s grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

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

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

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

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

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete

applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

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

Applications Selection Process

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

The following “*Funding Preferences*” may affect the funding decision:

1. Preference will be given to local indigenous organizations with the institutional capacity to undertake the awardee’s activities, including experience in the delivery of MMC, or other male reproductive and sexual health services.
2. Preference will be given to organizations with the ability to provide human capacity-development and training in local languages for the implementation and management of HIV prevention, care, and treatment programs in resource-constrained settings.
3. Preference will be given to organizations that demonstrate the experience or ability to collaborate with the Government of the Republic of South Africa in project activities, as demonstrated through letters of support, MOUs, etc.

4. Preference will be given to organizations that have the ability to utilize relationships with local indigenous organizations and local communities to carry out advocacy and social mobilization activities, as demonstrated through letters of support, MOU's etc.

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

Pre-Application Workshops

CDC South Africa will host three pre-application workshops, as follows:

- Johannesburg: March 9, 2011
- Durban: March 10, 2011
- Cape Town: March 11, 2011

Applicants should contact Carlos Toledo (ToledoC@sa.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.

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

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

TERMS AND CONDITIONS

Reporting Requirements

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

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

- g. Financial Progress for the Current Budget Period;
- h. Proposed Activity and Objectives for the New Budget Period Program;
- i. Budget;
- j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for South Africa; and
- k. 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. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for South Africa.
2. Financial Status Report (SF 269), due no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports, due 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:

Carlos Toledo, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Global AIDS Program—South Africa
PO Box 9536
Pretoria 0001
Telephone: +27 (0) 12-424-9000 x9073
E-mail: ToledoC@sa.cdc.gov

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

Dionne Bounds, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
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For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

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

TTY 1-888-232-6348

Other Information

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

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

QUESTIONS AND ANSWERS FROM THE PRE-APPLICATION WORKSHOP:

QUESTIONS ABOUT FOA APPLICATION PROCESS

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1. The guidance on the project abstract says that it should be 2-3 paragraphs, single-spaced. Can those paragraphs take up more than one page?

ANSWER: No

2. The narrative is limited to 25 pages and the appendices are limited to 80 pages. Does that mean that the entire submission can be no longer than 105 pages, or are there other items not included in that tally? For example, the project abstract?
ANSWER: The total pages including all appendices cannot be more than 105 pages.
3. Can an organization already receiving funds from USG still apply to this FOA?
ANSWER: Yes, organizations that already receive USG funding can still apply for this FOA; however, the new award must be for a distinct scope of work from their existing funding.
4. Can an organization receiving funds from USAID apply to this FOA?
ANSWER: Yes, organizations that already receive USG funding can still apply for this FOA; however, the new award must be for a distinct scope of work from their existing funding.
5. Is there a limit on the number of FOAs to which one organization can apply?
ANSWER: There is no limit on the number of FOAs to which an organization can apply.
6. Can one organization, with offices in multiple geographic areas, apply to one FOA multiple times, each time on behalf of a different office?
ANSWER: If an organization meets the eligibility requirements, as stated in the FOA, they are encouraged to apply.
7. What are the definitions of research activities and non-research activities?
ANSWER: The CDC definition of research versus non-research can be found at the following link: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

The PEPFAR definition of evaluation and non-evaluation activities can be found at the following link: <http://www.pepfar.gov/strategy/ghi/134856.htm>
8. Is there a deadline by which applicants must ask questions about FOAs?
ANSWER: PGO can accept questions up to the last day before the submission deadline, but it will take 1-2 weeks before questions are posted online.
9. Do USG agencies coordinate their portfolios when they are funding organizations to perform similar activities?
ANSWER: USG agencies strive to coordinate their programs and projects to maximize impact and minimize duplication. There are several mechanisms and staff in place to encourage this coordination.
10. If an applicant has previously registered for DUNS, but address information and contacts have changed, do we need to reregister and get a new number?

ANSWER: For assistance with DUNS Numbers please go to: www.grants.gov or <http://fedgov.dnb.com/webform/displayHomePage.do>

11. Can we apply for an extension on the submission date?

ANSWER: CDC does not recommend applying for an extension.

12. Is preference given to any specific types of organizations?

ANSWER: Each FOA lists its specific eligibility criteria and funding preferences.

13. Can we use a South African SIC code instead of the American SIC code?

ANSWER: Please use only the code you find on the American OSHA Web site: <http://www.osha.gov/oshstats/sicser.html>

14. Who can we contact for technical assistance with the CCR?

ANSWER: See www.grants.gov, click the link “Register with CCR”

15. Should the line spacing on appendices be single or double?

ANSWER: There are no specifications for line spacing for the appendices as long as the total number of pages does not exceed 80.

16. Are funds confirmed available for the first year of the awards, or are they conditional upon USG budgets?

ANSWER: All awards are subject to the availability of funds.

17. There are two types of DUNS numbers – regular DUNS, and DUNS+4. Which one will applicants be assigned? Do they get to choose?

ANSWER: For assistance with DUNS Numbers please go to: www.grants.gov or <http://fedgov.dnb.com/webform/displayHomePage.do>

QUESTIONS SPECIFIC TO CDC-RFA-GH11-1150:

1. How can applicants be sure to comply with national MMC guidelines when they have not yet been published?

ANSWER: Applicants should propose activities based on the information available to them. Applicants who are awarded under this FOA will then work with CDC to ensure that the activities they include in their scope of work are in line with draft national guidelines.

2. In our experience, the average first-year award posted in the FOA is not enough to cover the establishment of a high volume site. Can we assume we'll only do medium-volume sites?

ANSWER: Please refer to the FOA for specifics regarding measurable outcomes of the program.

3. How should applicants estimate 80% of the target population?

ANSWER: Applicants should estimate 80% based on the geographic area and population they propose to reach in their program.

4. Should program budgets include all commodities associated with MMC service delivery and post-operative care?

ANSWER: Yes.

5. What MMC methods are supported by this FOA?

ANSWER: This FOA supports only WHO recommended and PEPFAR-approved MMC methods.

6. The FOA states that funds cannot be used for clinical care? Doesn't MMC include clinical care?

ANSWER: Yes, clinical care can be provided as part of this FOA as part of MMC service delivery.

7. Is the 80% goal for all eligible men in proposed areas or for the target population?

ANSWER: The 80% goal is for the *target population within* the proposed geographic area.

8. Should my application only include a description of year one activities or the entire project period?

ANSWER: The application may include information regarding the overall project, but the budget and activities should only include those proposed in year one.

9. Are funding preferences applicable to subcontractors?

ANSWER: Funding preferences are only relevant to the applicant organization.

10. Can we propose to circumcise men who are HIV-positive?

ANSWER: Please refer to the FOA for the priority target population.

11. Can we propose neonatal circumcision?

ANSWER: Please refer to the FOA for the priority target population, including possible future expansion.

12. Can we propose to circumcise adolescents 13-14 years of age?

ANSWER: Please refer to the FOA for the priority target population.