

AMENDMENT II (03/23/2011):

- 1. Pages 66-69 - Questions and Answers from the Pre-Application Workshop*

AMENDMENT I (03/01/2011):

- 1. Page 60: 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)

**HIV Prevention Services, Capacity Building Assistance And Evaluation Activities
For High-Risk, Underserved Populations 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-GH11-1151

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 support the implementation of HIV prevention interventions for high-risk, underserved populations in South Africa and support capacity building and evaluation activities to improve the quality of HIV prevention interventions for these populations. For this program, “high-risk, underserved populations” include sex workers (SWs), injecting drug users (IDUs), and men who have sex with men (MSM). The sexual partners of individuals in these groups may also be secondarily targeted for activities. In the future, other underserved, at-risk groups may additionally be identified and targeted for services under this program.

Program funding will support increasing access to comprehensive HIV prevention services that incorporate behavioral, biomedical, community, and structural interventions for most at-risk populations. Funding will also support capacity building, evaluation, and related activities. There will be three separate categories of funding under this program:

- **Category A:** Provide HIV prevention services to the target populations;
- **Category B:** Support capacity building assistance; and
- **Category C:** Support for evaluation activities.

The successful applicants will work with South African Government HIV/AIDS structures at national, provincial, district and sub-district levels, as well as with other partners, and will provide programmatic and technical assistance accordingly.

The overall goal of this program is to reduce the number of new HIV infections in South Africa among SWs, IDUs, MSM and their partners by:

- Achieving prevention of HIV infection through evidence-based activities;
- Integrating new effective technologies and innovative HIV-prevention interventions when found to be efficacious;
- Promoting a comprehensive package of prevention services for HIV-positive individuals in the target populations, including better integration of these individuals into care and treatment programs, to reduce the potential for further spread of HIV;
- Improving the metrics and monitoring of HIV risk among the target populations.

The following principles will guide the implementation of this program:

1. Using an epidemiological basis to identify specific concentrated geographic areas and sub-populations with the greatest needs.
2. Using integrated and comprehensive evidence-based approaches that take into account the dynamics of the epidemic and the contexts of sub-population groups.
3. Promoting partnerships and linkages with government, PEPFAR-funded agencies and other service providers to eliminate fragmentation and duplication of efforts, while promoting utilization of all existing systems for wider coverage. This includes linkages to services for tuberculosis and sexually-transmitted infections, as well as social services.
4. Building local capacity and promoting service sustainability.
5. Promoting human rights, equity and gender equality.

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

Category A (HIV Prevention Projects):

1. Within six months of beginning the project and annually thereafter, complete a situational assessment of the target population in the geographic area(s) of interest, including an initial estimate of the size of the target population, and modify program elements accordingly, if needed.
2. Within six months of beginning the project, develop an implementation plan and logic framework to reach the target population with HIV prevention

interventions. The plan should set annual targets to eventually meet the overall goals noted below to reach the population with prevention interventions.

3. By the end of the five year project period, reach 80% of targeted populations in identified geographic area(s) with individual or group level evidence-based HIV prevention interventions.
4. By the end of the five year project period, 100% of organizations serving target populations in identified geographic area(s) will be providing condoms and lubricants in a timely and sustainable way.
5. By the end of the five year project period, reach 80% of targeted populations in identified geographic area(s) with HIV counseling and testing.
6. By the end of the five year project period, reach 90% of target populations who are living with HIV in identified geographic area(s) with a minimum package of Prevention with Positive services.
7. By the end of the five year project period, grantees working with intravenous drug users should reach 80% of the target population in identified geographic areas with evidence-based harm reduction package including opioid-substitution therapy and needle and syringe program.
8. By the end of the five year project period, provide linkages to HIV care and treatment services to at least 90% of those in identified geographic areas who are newly test HIV positive or those not previously in care and treatment services.
9. By the end of the five year project period, ensure completion of at least 60% of referrals provided to other social and health services, as appropriate,

including mental health counseling, drug/substance abuse, STI screening and the promotion of family planning services.

10. Within six months of beginning the project, develop a monitoring system to assure quality of program and service delivery.
11. On an ongoing basis, work with grantees funded under Category B to achieve capacity building in the implementation, monitoring and evaluation of relevant public health strategies (including, but not limited to, prevention messaging, community outreach, HIV counseling and testing, and comprehensive risk reduction counseling services).
12. Perform ongoing program evaluation that measures HIV prevention indicators including (measures may be amended as reporting requirements change; grantees may collect additional information for programmatic purposes):
 - a. Number of commercial sex workers (CSW) reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required; specify intervention(s) used.
 - b. Number of intravenous drug users (IDU) reached with an individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required; specify intervention(s) used.
 - c. Number of men who have sex with men (MSM) reached with an individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required; specify intervention(s) used.

13. Each year of the project, participate in a meeting of grantees funded under all Categories A, B and C.
14. On an ongoing basis, share information and best practices with grantees funded under Category A and B to assist them in developing communications tools about the program.

Category B (Capacity Building Assistance):

1. Within six months of beginning the project and annually thereafter, complete a situational assessment of the facilities and services in the geographic area(s) of interest and modify program elements accordingly, if needed.
2. Within six months of beginning the project, develop a plan to deliver capacity building assistance services to organizations working with SWs, IDUs, and MSM in HIV prevention (can include Category A grantees under this program, other PEPFAR funded programs in South Africa, and local, regional or national South African organizations working with these target populations). The plan should set annual targets to eventually meet the overall goals of this project. The plan should also include a marketing component to ensure that organizations are aware of the capacity building services available.
3. Within six months of beginning the project, develop tools and protocols for assessing organizational infrastructure and program sustainability needs, resources, readiness, and gaps.

4. Each year of the project, train at least 250 peer-educators/outreach workers working with the target population on evidence-based practices to reach SWs, IDUs, and MSM.
5. Each year of the project, train 100 program staff working with the target population on evidence-based practices to reach SWs, IDUs, and MSM.
6. Each year of the project, train at least 600 health care providers on issues pertaining to providing culturally-sensitive HIV services to SWs, IDUs, and MSM.
7. Each year of the project, train at least 200 program staff on programmatic processes and outcomes monitoring and evaluation. Topics may include, but are not limited to, setting targets, use of performance indicators, data management and analysis, and their use for program improvement and reporting.
8. On an ongoing basis, work with grantees funded under Category A to provide capacity building in the implementation, monitoring and evaluation of relevant public health strategies (including, but not limited to, prevention messaging, community outreach, HIV counseling and testing, and comprehensive risk reduction counseling services). By the end of the award, 100% of the organizations served by the project should be provided leadership training and appropriate business assistance. Capacity building services may also be provided to other organizations not currently

funded by this announcement, but who are providing services to SWs, IDUs, and MSM.

9. Within six months of beginning the project, and on an ongoing basis thereafter, strengthen linkages and referral systems between services of grantees funded under Category A and other services available to the target population in the community (e.g., mental health counseling, drug/substance abuse, STI screening and treatment).
10. Each year of the project, develop and disseminate community mobilization activities tailored to the needs of the target population to strengthen their access to and utilization of HIV prevention services, and provide support for ongoing community mobilization efforts with capacity building assistance as needed.
11. Each year of the project, organize and facilitate a meeting of grantees funded under Categories A and C.
12. On an ongoing basis, plan and ensure communications and information sharing among grantees funded under Categories A and C.

Communication activities may include, but are not limited to, monthly newsletters, ongoing updates on relevant scientific literature, establishing a listserv, establishing a web portal, and facilitating community dialogues.
13. On an ongoing basis, facilitate the dissemination of information about successful capacity building strategies including making presentations at programmatic and scientific meetings.

Category C (Evaluation Projects):

1. Within six months of beginning the project, and with assistance and direction from CDC, prepare a protocol to be submitted for Human Subjects Review at CDC, the grantee's home institution, and any other institutions required.
2. Upon approval of protocol, implement an evaluation project that will enhance the knowledge of the targeted populations and their HIV risks and burden. These may include size estimations, qualitative and quantitative activities, and or both. It is critical that any evaluation proposed attempts to answer a “**new**” evaluation question. That is, the focus should be on enhancing the knowledge of the targeted population and their HIV risks and burden by assessing a topic not previously investigated.
3. By the start of year two of the award, begin data collection for the project.
4. By the end of year four, complete data collection and analysis and develop a data dissemination plan.
5. By the end of year five, disseminate findings from the evaluation projects, with the goal of enhancing HIV prevention services for the target populations. Dissemination should include, but not be limited to, the National Department of Health, provincial and local health and education agencies, participant communities, organizations providing services to these populations, as well as national and international meetings and publications. Throughout the five year project period, presentations and/or publications regarding the project are also encouraged.

6. Each year of the project, participate in a meeting of grantees funded under all Categories A, B and C.
7. On an ongoing basis, share information and best practices with grantees funded under Category A and B to assist them in developing communications tools about the program.

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 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:

There will be three separate categories of funding under this program:

- **Category A:** Provide HIV prevention services to the target populations;
- **Category B:** Support capacity building assistance; and
- **Category C:** Support evaluation activities.

The activities and skills required are different for each category, and applications will be submitted and reviewed separately for each category. Awards likewise will be granted by category.

Applicants may apply to one or more categories, but must submit a separate application for each category in which they propose to implement activities. In addition to a program narrative, applicants must include a separate budget for each proposed category and in form SF 424 item number 14, the applicant should state the category they are applying to work in. Failure to indicate the area of work in each application submitted will result in the application being classified as non-responsive. Competitive advantage is not given based on the number of activities proposed across program area. Applicants will be evaluated according to the strength of their responses per category.

Awards will be granted by category. For each award, the successful applicant will engage in only one of the three sets of activities described below:

Category A: HIV Prevention Projects

Under this category, activities must focus on providing HIV prevention services to only one of the three designated target populations – sex workers, intravenous drug users, or men who have sex with men - in concentrated geographic areas that represent the greatest locations of HIV risk for these populations. Geographic areas should be identified based on epidemiological parameters and may consist of one or more areas, but grantees must achieve measurable outcomes (as outlined in Section I) in each geographic area they select. It is understood there may be some overlap between the three target population groups. Interventions may also be directed towards the sexual partners of a targeted population. Proposed activities must be performed in accordance with applicable national, provincial, and local laws and statutes.

Activities should be conducted as part of comprehensive programming that includes core public health components of peer education and community outreach, HIV counseling and testing (including the testing of sexual partners), health education and risk reduction counseling, condom and lubricant distribution, education and promotion, screening and treatment of sexually transmitted infections, referrals to medical male circumcision as well as vaccination, and diagnosis and treatment of viral hepatitis. Referral to prevention of mother to child transmission (PMTCT) services, HIV care and treatment, and prevention diagnosis and treatment of tuberculosis should be included for HIV-infected individuals in the target populations. Program activities may include referral to or provision of family planning and other reproductive health services, substance abuse

counseling and treatment, and psychosocial and legal services that may include linkages to income generation programs.

Specific grantee activities for this program category are as follows. It is not anticipated that each grantee will engage in every activity listed, but it is expected that each grantee will engage in a comprehensive set of activities that are appropriate for and address the needs of the targeted population:

1. Conduct a situational assessment of the targeted population in the geographic area(s) of interest. This assessment should include such elements as mapping and liaising with stakeholders. Periodic situational assessments should be conducted annually throughout the length of the award, and program activities should be modified accordingly, as needed.
2. HIV Prevention Services:
 - a. Design and implement evidence-based behavioral interventions to reduce the risk of HIV transmission and acquisition among the target population. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are encouraged. Behavioral interventions should utilize individual, small group and community-level interventions which focus on the reduction of sexual

partners, promotion of correct and consistent condom and lubricant use, reducing concurrent partnerships, promoting HIV counseling and testing, and decreasing cross-generational and transactional sex among sexually active adults. Appropriate behavior change communication materials that promote HIV risk reduction among the targeted population should be designed and distributed. Interventions should be tailored to the target population and address critical issues specific to the population.

- b. Implement comprehensive prevention with positive (PwP) interventions for HIV-positive individuals in the targeted population to reduce risk of sexual transmission of HIV.
- c. Implement comprehensive evidence-based biomedical HIV prevention interventions through outreach and through target population-friendly centers (clinics, mobile units, etc.). These interventions include but are not limited to distribution of condoms and lubricant; providing innovative and tailored models for delivering HIV testing to the target populations (e.g., mobile services, home-based testing), with special consideration given to different testing models including voluntary, provider-initiated and couples testing; sexually-transmitted infection prevention and treatment; provision of post-exposure prophylaxis; and where appropriate providing medical male circumcision (MMC) messaging and referral to a minimum package of MMC services.
- d. For a grantee working with intravenous drug users, implement an evidence-based harm reduction package including opioid-substitution therapy and

needle and syringe programs, which can include the distribution of injection equipment, exchange of sterile syringes for previously-used syringes, and opportunities for safe disposal of injection equipment. For the most recent PEPFAR Guidance on HIV prevention for people who inject drugs, see: <http://www.pepfar.gov/documents/organization/144970.pdf>.

3. Structural Interventions (to learn more about structural interventions, access: <http://www.effectiveinterventions.org/files/structuralinterventions.pdf>):
 - a. Design and implement targeted individual, small-group and/or community-level interventions to:
 - i. Promote gender equality, dignity, human rights, and personal autonomy;
 - ii. Discourage sexual and gender-based violence;
 - iii. Discourage masculinity norms facilitating HIV-related risk behaviors; and
 - iv. Discourage alcohol and drug abuse.
 - b. Mobilize communities of the target population to promote enabling environments that are supportive of HIV prevention efforts and that improve target population utilization of health and social services by:
 - i. Identifying the most relevant structural factors related to HIV prevention in the community;
 - ii. Developing and facilitating Community Advisory Boards, consisting of representative community stakeholders, which should be consulted on program planning and implementation; and

- iii. Promoting community self-mobilization to address HIV and remove barriers that limit target population access to appropriate services.
 - c. Design, implement, and/or support interventions that modify the structural (social, cultural, economic and physical) conditions that directly or indirectly increase the risk of HIV infection in the target population by:
 - i. Decreasing stigma faced by target populations in health care settings and training health care professionals on the needs and experiences of the target population, especially in relation to HIV/AIDS;
 - ii. Sensitizing law enforcement agents and members of the judicial system towards human rights issues for target populations;
 - iii. Supporting implementation of policies and laws that guarantee the human rights of the target population; and
 - iv. Otherwise addressing HIV-related stigma and discrimination.
- 4. When available in the future, promote and provide newly-identified evidence-based prevention services as appropriate for the target population.
- 5. Provide linkages to HIV care and treatment services that are appropriate for the target population. Services should include access to prevention of mother-to-child transmission of HIV and injection and blood safety services.
- 6. Establish close collaborative relationships with partners providing HIV services within the target region(s) to strengthen the provision of prevention, care and treatment services for target populations.

7. Provide referrals to other social and health services as may be appropriate, including substance abuse counseling and the promotion of family planning services.
8. Collaborate and support the development, review, and implementation of National HIV prevention guidelines, policies, and legislation for the targeted population. Participate in technical working groups under the guidance of the relevant government structures and other stakeholder forums.
9. Support and participate in national and regional surveillance activities directed towards the targeted population.
10. Develop and implement a rigorous Monitoring and Evaluation (M&E) system to track program effectiveness.
11. Document and share lessons learned in HIV prevention for the targeted population.

Category B: Capacity Building Assistance

Under this category, a grantee will engage in activities to build the capacity of other organizations to operate optimally and to provide evidence-based interventions and public health strategies to help reduce the burden of HIV in the target populations. Grantees will also provide assistance to mobilize the communities of target populations. "Capacity building assistance" for this program means the provision of free (not for fee) financial assistance, technical assistance, information, training, technology transfer, and

other related services to organizations, communities, and individuals working with the targeted populations in order to improve the delivery and effectiveness of HIV prevention. Organizations eligible to receive capacity building assistance will include, but not be limited to: Category A grantees under this program; other PEPFAR funded programs in South Africa; and local, regional or national South African organizations working with these target populations, such as health clinics, advocacy or social services groups, etc.

The Category B grantee will not provide direct delivery of HIV prevention services. It is expected that the grantee will plan and deliver capacity building services that are consistent with recognized Republic of South Africa and U.S. Government standards for business planning and operations, and that these services will avoid unnecessary duplication. Grantee staffing strategy must include the use of all necessary subject matter experts including, but not limited to, trainers, curriculum developers, social and/or behavioral scientists, community mobilization specialists, and evaluators. Specific grantee activities for this program category are as follows:

1. Conduct a situational assessment of the facilities and services in the geographic area(s) of interest. Periodic situational assessments should be conducted annually throughout the length of the award, and program activities should be modified accordingly, as needed.
2. Develop and implement a plan to deliver capacity building assistance services to the above specified organizations working with SWs, IDUs, and MSM in HIV prevention. Within this plan, the general professional development needs of these

organizations should be identified and addressed, and an overarching monitoring and evaluation system should be established.

3. Capacity building to improve organizational infrastructure and sustainability:
 - a. Develop tools and protocols for assessing organizational infrastructure and program sustainability needs, resources, readiness, and gaps.
 - b. Develop and implement a written strategic plan to enhance capacity for each organization receiving capacity building assistance.
 - c. As needed for each organization served, provide staff with capacity building for:
 - i. Planning (strategic planning, policy development, and budgeting);
 - ii. Leadership and workforce development (executive coaching, human resources management, team building);
 - iii. Workforce recruitment and retention strategies;
 - iv. Improving business and management infrastructure;
 - v. Quality assurance (i.e., program monitoring and evaluation, performance measurement and improvement); and
 - vi. Adoption of information technology.
4. Capacity building as needed to improve the public health strategies and interventions of each organization served:
 - a. Provide training and technical assistance in selecting culturally appropriate, evidence-based HIV prevention interventions and strategies for the target populations.

- b. Provide capacity building to assist organization staff in the implementation, monitoring and evaluation of relevant public health strategies (including but not limited to prevention messaging, community outreach, HIV counseling and testing, and comprehensive risk reduction counseling services).
 - c. Provide capacity building to staff on programmatic processes and outcomes monitoring and evaluation. Topics may include, but are not limited to, setting targets, use of performance indicators, data management and analysis, and their use for program improvement and reporting.
- 4. Provide more intensive capacity building services to organizations where there is particularly acute need. These services may include the provision of funding for the purchase of consultant services, short-term provision of staff for delivery of capacity building assistance services, or assistance with leveraging additional resources.
- 5. Community mobilization to strengthen target population access to and utilization of HIV prevention services:
 - a. Develop and disseminate an evidence-based community mobilization model(s) that may include (but are not limited to) social marketing campaigns, awareness and anti-stigma campaigns, and leadership development. The model should include monitoring and evaluation of community mobilization efforts.

- b. Working with Category A grantees, identify communities to be mobilized and identify the structural factors related to HIV prevention to be targeted by mobilization efforts.
 - c. Provide Category A grantees and communities with strategies and tools for community-level assessment, collaboration and development.
 - d. Support ongoing community mobilization efforts with capacity building assistance as needed.
6. Promote coordination and collaboration among all grantees under this Funding Opportunity Announcement by:
- a. Organizing and facilitating an annual meeting of grantees.
 - b. Planning and ensuring ongoing communications among grantees.
7. Collaborate with CDC, the national and provincial governments of South Africa, and other capacity building stakeholders to strengthen access to and utilization of capacity-building services for all organizations engaged in HIV prevention. Together with these stakeholders, identify and address gaps in capacity building services, and leverage additional resources.
8. Facilitate the dissemination of information about successful capacity building strategies.

Category C: Evaluation Projects

Under this category, grantees will engage in activities to evaluate HIV risk and burden within the SWs, IDUs, and MSM populations, evaluate existing HIV (and related) services targeting these groups, or address critical knowledge gaps regarding HIV

prevention for these populations. Planned evaluation projects will have to go through formal approval processes as mandated by CDC, the grantee's home institution, and any other institutions required. Category C grantees will not provide direct delivery of HIV prevention services. Grantee activities for this program category include:

1. Evaluating HIV/AIDS risk and burden in the target populations:
 - a. Engage in investigator-initiated projects to improve the assessment of HIV risk and burden;
 - b. Support and participate in national and regional surveillance initiatives directed towards measuring the HIV burden within SWs, IDUs, and MSM; and
 - c. Provide technical assistance and epidemiologic information to Category A organizations conducting situational assessments.
2. Evaluating HIV prevention services as well as HIV-relevant health and social services reaching SWs, IDUs and MSM:
 - a. Identify gaps and opportunities in service provision.
 - b. Promote improved delivery of HIV prevention and other services.
3. Developing and implementing projects to identify, review and evaluate knowledge gaps in HIV prevention for the target population.
4. Documenting and sharing the information gathered with stakeholders.
5. Collaborating and supporting the development, review, and implementation of National HIV prevention guidelines, policies, and legislation for the target populations.

6. Participating in relevant technical working groups under the guidance of the relevant government structures and other stakeholder forums.

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 for a briefing on applicable U.S. Government, HHS/CDC, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS

- Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and approve the grantee's annual work plan and detailed budget, as part of the Emergency Plan for Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
 4. Review and approve 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 the subsequent year, as part of the Emergency Plan 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 the 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 awardee 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 possible 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 recipient 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 Cooperative Agreement.
14. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
15. Advise on design of service delivery models and review and approve new implementation strategies when need arises.
16. Collaborate in the design of a protocol or a training or service delivery model.
17. Assist the recipient in preparing a protocol to be submitted for Human Subjects Review at CDC, the grantee's home institution, and any other institutions required.
18. Approve evaluation protocols including methodologies proposed.

19. Serve as Principal Investigator(PI) or co-PI along with the grantee, as appropriate, on evaluation projects.
20. Participate in the presentation of program results, including co-authorship of papers and presentations at scientific and/or programmatic meetings.
21. Determine and inform grantee if changes are needed to program activities based on advances in scientific evidence and/or knowledge.

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: \$10,000,000

Approximate Total Project Period Funding: \$50,000,000 (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 total, divided by category as follows:

- *Category A:* 2-6 awards
- *Category B:* 1 award
- *Category C:* 1-3 awards

Approximate Average Award:

- *Category A:* \$2,000,000
- *Category B:* \$500,000
- *Category C:* \$700,000

(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 (*all categories*): \$500,000

Ceiling of Individual Award Range (*all categories*): \$4,000,000 (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 to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at

support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

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

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

Submission Dates and Times

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

for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: April 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 the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Applicants may apply to one or more categories in which they have existing expertise or experience, but must submit a separate application for each category in which they propose to implement activities. In addition to a program narrative, applicants must include a separate budget for each proposed category and in form SF 424 item number 14, the applicant should state the category they are applying to work in. Failure to indicate the area of work in each application submitted will result in the application being classified as non-responsive. Competitive advantage is not given based on the number of activities proposed across program area. Applicants will be evaluated according to the strength of their responses per category:

- A. HIV prevention services
- B. Capacity building assistance
- C. Evaluation activities

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (20 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? (5 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (10 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in 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? (5 points) To what extent does the applicant provide letters of support?

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? (5 points) Does the applicant display knowledge of the strategy,

principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points) Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? (5 points) Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (5 points) Does the application include reasonable estimates of outcome targets? (For example, the numbers of organizations to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

Capacity Building (15 points):

Does the applicant have a proven track record of building the capacity of 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? (10 points) 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 "3,12,12"¹ targets of the President's 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? (5 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points) Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? (10 points) Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"²?

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.

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

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

Understanding of the Problem (10 points):

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

Personnel (10 points):

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; 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.

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 (12 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 project activities, including experience in the delivery of HIV prevention services to the population proposed, will receive an additional **6 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 **3 points**.
3. Organizations that demonstrate the experience or ability to collaborate with the Government of the Republic of South Africa through letters of support, MOU's, etc., will receive an additional **2 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 **1 point**.

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. Local indigenous organizations with the institutional capacity to undertake the project activities, including experience in the delivery of HIV prevention services to the population proposed, will receive an additional.
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.
3. Organizations that demonstrate the experience or ability to collaborate with the Government of the Republic of South Africa through letters of support, MOU's, etc., will receive an additional.
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.

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:

2. 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
3. Financial Status Report (SF 269) due no more than 90 days after the end of the budget period.

4. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

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

VIII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

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 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

Telephone: 770-488-2082

E-mail: yhv5@cdc.gov

For **assistance with submission difficulties**, contact Grants.gov (see pages 43-44):

Phone: 1-800-518-4726

Email: support@grants.gov

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

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

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

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Web site,
Internet address: <http://www.grants.gov>.

QUESTIONS AND ANSWERS FROM THE PRE-APPLICATION WORKSHOP:

QUESTIONS ABOUT FOA APPLICATION PROCESS

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-GH11-1151:

1. *Are injection drug users (IDU), men who have sex with men (MSM), and sex workers (SW) the only target populations of this FOA?*
ANSWER: *Please refer to the FOA for target populations, including possible future expansion.*
2. *Since there will be only one Category B awardee, is it right to assume that they will be expected to provide capacity building for organizations working with any/all of the three target populations?*
ANSWER: *Yes.*
3. *IDUs are a target population, but what about non-injecting drug users?*
ANSWER: *Non-injecting drug users are not a target population, but substance abuse can be addressed in programs with the target populations.*
4. *Can you propose activities outside of those described in the FOA if you have an existing program with a broader scope?*
ANSWER: *Applicants must propose activities that fall within the categories defined in the FOA. If applicants have an existing program, activities proposed must fit into the specified category in order to receive funding.*
5. *Should organizations applying for Category A only focus on one population?*
ANSWER: *Please refer to FOA*
6. *Can one organization submit applications for all three categories?*
ANSWER: *Yes, organizations can apply for all three categories, but must submit a separate application for each.*
7. *Are direct costs for international organizations included in the ceiling amount?*
ANSWER: *Yes. The amounts include direct costs for international organizations or direct and indirect costs for domestic grantees.*
8. *What is meant by a “new” evaluation question?*
ANSWER: *New evaluation questions fill gaps in knowledge regarding a particular issue.*
9. *Should Category C grantees only propose work in one province?*
ANSWER: *Not necessarily. There are no provincial designations presented in this FOA. This FOA is open to activities in all nine provinces of South Africa.*
10. *Can you propose work in correctional facilities?*
ANSWER: *Please refer to the FOA for the priority target populations.*
11. *There is currently limited availability of data on these populations. Gathering information on the population will take time. How much formative work are you expecting to see in the applications?*

ANSWER: *Propose activities based on knowledge that does exist, with the plan to conduct more in-depth situational assessment to ensure your proposed program is in line with the actual needs of the population/area you propose to work in.*

12. Can we propose activities for multiple groups in each Category?

ANSWER: *Please refer to FOA for specific requirements regarding proposed activities in each Category.*

13. Can we propose male circumcision for these groups?

ANSWER: *Please refer to FOA for specific activities that can be proposed.*

14. Can I propose activities for MSM, who are also IDU and may also be SWs?

ANSWER: *Please refer to the FOA for information regarding the target population and proposed activities.*