

1 **AMENDMENT II as of (02/13/2013):**

- 2
- 3 **1. Page 17: Total project period ceiling amount has been changed from**  
4 **\$12,500,000 to \$18,000,000 for the purpose of funding increased PEPFAR**  
5 **activities under the Scope of Work as described herein, in Cameroon. This**  
6 **amendment is provided for informational purposes only. New application**  
7 **submissions are not being solicited.**

8

9 **AMENDMENT I (03/16/2011):**

- 10
- 11 ***1. Pages 52-54: Questions and Answers from pre-application workshop.***

12

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

14 **Centers for Disease Control and Prevention (CDC)**

15 **Expanding Coverage and Improving the Quality of Facility and Community-Based**

16 **Prevention of Mother to Child Transmission of HIV Programs in Two Regions of**

17 **Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR)**

18

19 **I. AUTHORIZATION AND INTENT**

20 **Announcement Type:** New

21 **Funding Opportunity Number:** CDC-RFA-GH11-1153

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

23 **Key Dates:**

24 **Application *No longer applicable* Date: *No longer applicable***

25 **Authority:**

26 This program is authorized under Public Law 108-25 (the United States Leadership

27 Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and

28 Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global  
29 Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

30

31 **Background:**

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

43

44 **Purpose:**

45 Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's  
46 Emergency Plan, the U.S. Department of Health and Human Services' Centers for  
47 Disease Control and Prevention (HHS/CDC) works with host countries and other key  
48 partners to assess the needs of each country and design a customized program of  
49 assistance that fits within the host nation's strategic plan and partnership framework.

50

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

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

70

71 In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC  
72 also supports coordination with and among partners and integration of activities that

73 promote Global Health Initiative principles. As such, grantees may be requested to  
74 participate in programmatic activities that include the following activities:

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

83

84 Prevention of mother to child transmission of HIV (PMTCT) services in Cameroon are  
85 characterized by low coverage, poor coordination, virtual absence of a monitoring  
86 system, and deficient cadre of trained health professionals to carry out these services.

87 PMTCT programs also face additional challenges in Cameroon due to overall low uptake  
88 of antenatal care (ANC) and maternal and child health (MCH) services, poor tracking of  
89 HIV-positive women and children, and an unreliable drug/supply chain management  
90 system. All of these factors have contributed to a high rate of mother to child  
91 transmission of HIV as well as maternal and infant mortality rates.

92

93 The purpose of this program is to reduce HIV-related maternal and child mortality by  
94 ensuring geographic reach of comprehensive PMTCT services within the national MCH  
95 and reproductive health (RH) system. Specifically, it seeks to expand PMTCT coverage

96 and improve uptake from approximately 35% to 90% in the Southwest Region of  
97 Cameroon, and to significantly improve uptake in one additional region of Cameroon, by  
98 integrating PMTCT services into existing ANC health facilities and promoting  
99 community-based PMTCT activities. Funds should also strengthen linkages between  
100 facility and community-based services to improve their effectiveness by increasing  
101 PMTCT utilization and follow-up of PMTCT clients (mother/infant pair) as well as  
102 improving linkages to comprehensive HIV services to ensure a continuum of care for  
103 pregnant HIV positive women and their exposed infants. Activities should include, but  
104 are not limited to the provision of: 1) HIV testing and counseling in ANC settings; 2)  
105 early infant diagnosis (EID); 3) antiretroviral drugs (ARVs) for HIV-positive mothers  
106 and exposed infants; 4) PMTCT education; and 5) establishing linkages to  
107 comprehensive care and treatment services for HIV positive mothers and their children.

108

109 This announcement is concentrated in two focus regions. The grantee(s) is expected to  
110 produce a model which if found to be feasible and effective in improving health  
111 outcomes cost effectively, can be used by the Government of Cameroon (GOC) and other  
112 implementers to expand and scale-up PMTCT services to other regions of Cameroon.

113 Integration of PMTCT into the existing MCH and RH system is also required in order to  
114 promote one integrated health system and national ownership in line with the GOC's  
115 national strategic plan and PEPFAR II strategy.

116

117 Applicants are expected to respond from the following regions of Cameroon:

118 A. Southwest Region

119 B. Northwest, East OR Adamaoua Region

120 One award will be made for the Southwest Region and one award will be made for  
121 the Northwest, East OR Adamaoua Region, depending on the top ranked applicant  
122 selected from group B. Only one application may be *No longer applicable* for  
123 regions in group B and thus applicants must choose one of the three regions listed to  
124 apply for. **If an applicant *No longer applicable* more than one application for the  
125 regions listed under B, this applicant will be considered non-responsive.**

126 Applicants must *No longer applicable* a separate application for the regions they  
127 intend to work in (eg. one application for Southwest Region and another for  
128 Northwest, East OR Adamaoua Region). In addition to the program narrative, the  
129 applicant must include a separate budget for each proposed region and in form SF 424  
130 item number 14, the applicant should state the region they are applying to work in.

131 **Failure to indicate the region will make the application non-responsive.**

132 Applicants should consider linkages between the various program areas within their  
133 application, either by proposing to provide linked services or by proposing to ensure  
134 linkages to existing services not specifically provided by the applicant.

135 Measurable outcomes of the program will be in alignment with one (or more) of the  
136 following performance goal(s) and represent the minimum outcomes expected to be  
137 achieved in the two regions of Cameroon. Individual awardee(s) performance targets  
138 may be adjusted upwards, per region, as appropriate.

139

- 140 • Number of service outlets providing PMTCT services according to national and  
141 international standards: 352 service outlets annually;

142

143 • Number of pregnant women tested for HIV and know their results: 90,346  
144 pregnant women annually;

145

146 • Percentage of pregnant women tested for HIV and know their results: 90% of  
147 pregnant women by the end of year five (The awardee(s) will be responsible for  
148 increasing testing coverage to 90% from the current regional baseline);

149

150 • Number of HIV infected women receiving antiretrovirals to reduce risk of  
151 mother-to-child transmission: 8,130 HIV positive pregnant women annually (This  
152 represents 90% of women who will test positive);

153

154 • Number of HIV exposed infants who received an HIV test (PCR test) within 18  
155 months of birth: 9,034 HIV exposed infants annually;

156

157 • Percentage of eligible HIV positive infants receiving antiretroviral therapy  
158 (ART): 90% of HIV positive infants by the end of year 5 (The awardee(s) will be  
159 responsible for increasing testing coverage to 90% from current regional  
160 baseline); and

161

162 • Number of Health Workers trained in the provision of PMTCT according to  
163 national and international standards: 1,408 Health Workers annually.

164

165 This announcement is only for non-research activities supported by the Centers for  
166 Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the  
167 application will not be reviewed. For the definition of research, please see the CDC Web  
168 site at the following Internet address:  
169 [http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-](http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf)  
170 [research-nonresearch.pdf](http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf)

171

## 172 **II. PROGRAM IMPLEMENTATION**

### 173 **Recipient Activities:**

174 Partners receiving HHS/CDC funding must place a clear emphasis on developing local  
175 indigenous capacity to deliver HIV/AIDS related services to the Cameroonian population  
176 and must also coordinate with activities supported by Cameroonian, international or USG  
177 agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate  
178 across program areas whenever appropriate or necessary to improve service delivery.

179

180 The selected applicant(s) of these funds is responsible for activities in multiple program  
181 areas.

182

183 The grantee will implement activities both directly and, where applicable, through sub-  
184 grantees; the grantee will, however, retain overall financial and programmatic  
185 management under the oversight of HHS/CDC and the strategic direction of the Office of  
186 the U.S. Global AIDS Coordinator. The grantee must show measurable progressive

187 reinforcement of the capacity of health facilities to respond to the national HIV epidemic  
188 as well as progress towards the sustainability of activities.

189

190 Applicants should describe activities in detail that reflect the policies and goals outlined  
191 in the *Five-Year Strategy* for the President’s Emergency Plan and the Partnership  
192 Framework for Cameroon. The grantee will produce an annual operational plan, which  
193 the U.S. Government Emergency Plan team on the ground in Cameroon will review as  
194 part of the annual Emergency Plan review-and-approval process managed by the Office  
195 of the U.S. Global AIDS Coordinator.

196

197 The grantee may work on some of the activities listed below in the first year and in  
198 subsequent years, and then progressively add others from the list to achieve all of the  
199 Emergency Plan performance goals as cited in the previous section. HHS/CDC, under  
200 the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on  
201 an annual basis, based on availability of funding and USG priorities, and based on  
202 documented performance toward achieving Emergency Plan goals, as part of the annual  
203 Emergency Plan for AIDS Relief Country Operational Plan review-and-approval  
204 process. Applicants must apply for all activity program areas listed below: facility-based  
205 PMTCT, community-based PMTCT, partnership/network/coordination, strategic  
206 information, and advocacy. Applications that do not include all of the following activity  
207 areas will be considered non-responsive.

208

209 Grantee activities for this program are as follows:

210 **A. Health District Level ANC Facility PMTCT Services:**

211 1. Develop and implement PMTCT program interventions in line with current  
212 international and national policies and guidelines, including, but not limited to,  
213 key PMTCT program strategies highlighted below (see PEPFAR technical  
214 considerations and guidance for essential and related activities):

- 215 • Perform provider initiated opt-out HIV testing and counseling (TC) with same  
216 day rapid, HIV test results, as part of the standard package of antenatal, labor  
217 and delivery or post delivery care. Counseling should include individual HIV  
218 risk assessment and prevention counseling as well as linkages/referrals to  
219 family planning services;
- 220 • Provide combination HIV prophylaxis as recommended by the Ministry of  
221 Public Health (MoPH) for pregnant women not requiring ART for their own  
222 nor their infant's health. Complete ART eligibility assessment (based on CD4  
223 or clinical staging) and provide ARV regimens, consistent with national and  
224 international guidelines, including appropriate triple combination therapy,  
225 when necessary for mother's own health;
- 226 • Implement early infant HIV diagnosis (EID) services following national  
227 guidelines. Activities should include: 1) provision of general laboratory  
228 training on EID sample collection, packaging and shipment to reference  
229 laboratories; 2) data management and EID program monitoring; 3)  
230 implementation of national EID guidelines for follow-up of HIV-exposed and  
231 infected infants; and 4) referrals for early initiation of appropriate treatment  
232 for HIV positive infants;

- 233           • Develop capacity of ANC staff including nurses, mid-wives, lab technicians  
234           and clinicians, to provide PMTCT and EID services. Training should include,  
235           but is not limited to: 1) PMTCT service delivery; 2) CD4 machine operation  
236           and standardized testing for lab personnel in relevant ANC clinics (CDC is  
237           planning on providing CD4 machines for sites supported under this  
238           cooperative agreement); and 2) collection of dried blood spot (DBS) for  
239           PMTCT nurses to improve EID uptake and follow-up by providing EID  
240           testing services onsite rather than referring women outside the ANC; and
- 241           • Develop partnerships and provide appropriate referrals to comprehensive HIV  
242           care and support services to ensure a continuum of care for HIV positive  
243           pregnant women and their exposed infants. Referrals may include, but are not  
244           limited to: family planning services, safe infant feeding and support programs,  
245           partner and family HIV testing and counseling, home-based care, and OVC  
246           services including health and child welfare services.

247

248   **B. Community-Based PMTCT Activities:**

- 249       1. Establish a community PMTCT support model to increase PMTCT awareness,  
250       HIV testing and counselling, and PMTCT service uptake among women of  
251       childbearing age. This may include, but is not limited to: 1) distributing PMTCT  
252       information education communication (IEC) materials; 2) providing HIV testing  
253       and counselling for women of child bearing age with a focus on testing pregnant  
254       women in remote/rural hard-to-reach communities using the Opt-out technique;  
255       and 3) establishing a referral system for community and faith-based organizations,

- 256 health committees, and women's groups etc. to refer HIV positive pregnant  
257 women identified during outreach efforts to health facilities;
- 258 2. Recruit and mobilize community resource persons to: 1) facilitate discussions on  
259 reproductive health, PMTCT, and male involvement in PMTCT and infant and  
260 young child feeding; 2) support family and partner HIV testing and counselling  
261 (including co-wives in polygamous settings), disclosure of serostatus, condom  
262 negotiation, and safer sex practices; 3) encourage women to attend ANC clinics  
263 with their partners at the first sign of pregnancy and partners/family members to  
264 be involved in the delivery of services; and 4) establish facility-based support  
265 groups for both HIV positive pregnant women and HIV positive mothers using  
266 the peer support Mothers2Mothers Care Model.
- 267 3. Establish a framework for male involvement in PMTCT, such as the *Men as*  
268 *Partners* approach to reproductive health and couple counseling and testing.

269

270 **C. Partnership, Networking and Coordination:**

- 271 1. Establish a referral system between facility and community-based PMTCT  
272 partners, such as community development committees, community health  
273 workers, community based organizations, faith based organizations, support  
274 groups and community resource persons (peer health educators), to enhance  
275 coordination in program implementation. Encourage referrals to health facilities  
276 for home deliveries, and care and treatment services at 6 weeks postpartum for  
277 HIV positive mothers and their HIV exposed infants and to community-based

- 278 organizations for home based care (HBC), palliative care, OVC services and  
279 nutritional care and support etc.
- 280 2. Collaborate with the GOC, UN agencies, Global Funds, Clinton Foundation and  
281 other stakeholders in service delivery and to establish a national technical  
282 working group on PMTCT/MCH to review program strategies, procedures and  
283 policies to help guide implementation of PMTCT.
- 284 3. Establish collaborative links with Peace Corps to strengthen the outreach and  
285 community PMTCT component to increase PMTCT service coverage and uptake.

286

287 **D. Strategic information (SI):**

- 288 1. Develop implementing partners' SI capacity through provision of appropriate  
289 technology, training and supervision at the district and site levels in data entry,  
290 data quality assurance, monitoring and evaluation (M&E), data storage, and data  
291 analysis. Ensure monitoring and evaluation systems are in line with the national  
292 M&E plan.
- 293 2. Evaluate each component of the PMTCT model developed, such that each of the  
294 individual components can be assessed independently, i.e. facility-based,  
295 community-based and coordination PMTCT activities.
- 296 3. Develop and disseminating best practices within the local context to improve  
297 PMTCT uptake and service delivery, which can be used by the GOC and other  
298 implementers to scale-up PMTCT services throughout Cameroon.

299

300 **E. Advocacy:**

301 1. Work collaboratively with the GOC, regional and district health authorities,  
302 village heads, and other relevant stakeholders to create an enabling environment  
303 for PMTCT to ensure long-term sustainability and local leadership in HIV and  
304 safe motherhood initiatives.

305

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

308 **CDC Activities:**

309 The selected applicant of this funding competition must comply with all HHS/CDC  
310 management requirements for meeting participation and progress and financial reporting  
311 for this cooperative agreement (See HHS/CDC Activities and Reporting sections below  
312 for details), and comply with all policy directives established by the Office of the U.S.  
313 Global AIDS Coordinator.

314 In a cooperative agreement, CDC staff is substantially involved in the program activities,  
315 above and beyond routine grant monitoring. CDC activities for this program are as  
316 follows:

- 317 1. Organize an orientation meeting with the grantee to brief it on applicable U.S.  
318 Government, HHS, and Emergency Plan expectations, regulations and key  
319 management requirements, as well as report formats and contents. The  
320 orientation could include meetings with staff from HHS agencies and the Office  
321 of the U.S. Global AIDS Coordinator.
- 322 2. Review and make recommendations as necessary to the process used by the  
323 grantee to select key personnel and/or post-award subcontractors and/or

324 subgrantees to be involved in the activities performed under this agreement, as  
325 part of the Emergency Plan for AIDS Relief Country Operational Plan review and  
326 approval process, managed by the Office of the U.S. Global AIDS Coordinator.

327 3. Review and make recommendations to the grantee's annual work plan and  
328 detailed budget, as part of the Emergency Plan for AIDS Relief Country  
329 Operational Plan review-and-approval process, managed by the Office of the U.S.  
330 Global AIDS Coordinator.

331 4. Review and make recommendations to the grantee's monitoring-and-evaluation  
332 plan, including for compliance with the strategic-information guidance  
333 established by the Office of the U.S. Global AIDS Coordinator.

334 5. Meet on a monthly basis with the grantee to assess monthly expenditures in  
335 relation to approved work plan and modify plans, as necessary.

336 6. Meet on a quarterly basis with the grantee to assess quarterly technical and  
337 financial progress reports and modify plans as necessary.

338 7. Meet on an annual basis with the grantee to review annual progress report for  
339 each U.S. Government Fiscal Year, and to review annual work plans and budgets  
340 for subsequent year, as part of the Emergency Plan for AIDS Relief review and  
341 approval process for Country Operational Plans, managed by the Office of the  
342 U.S. Global AIDS Coordinator.

343 8. Provide technical assistance, as mutually agreed upon, and revise annually during  
344 validation of the first and subsequent annual work plans. This could include  
345 expert technical assistance and targeted training activities in specialized areas,

- 346 such as strategic information, project management, confidential counseling and  
347 testing, palliative care, treatment literacy, and adult-learning techniques.
- 348 9. Provide in-country administrative support to help grantee meet U.S. Government  
349 financial and reporting requirements approved by the Office of Management and  
350 Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
- 351 10. Collaborate with the grantee on designing and implementing the activities listed  
352 above, including, but not limited to the provision of technical assistance to  
353 develop program activities, data management and analysis, quality assurance, the  
354 presentation and possibly publication of program results and findings, and the  
355 management and tracking of finances.
- 356 11. Provide consultation and scientific and technical assistance based on appropriate,  
357 HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to  
358 promote the use of feasible, effective, high quality, evidence-based activities  
359 known at the time.
- 360 12. Assist the grantee in developing and implementing quality-assurance criteria and  
361 procedures.
- 362 13. Facilitate in-country planning and review meetings for technical assistance  
363 activities.
- 364 14. Provide technical oversight for all activities under this award.
- 365 15. Provide ethical reviews, as necessary, for evaluation activities, including from  
366 HHS/CDC headquarters.
- 367 16. Supply the grantee with protocols for related evaluations.

368 17. CDC/GAP Cameroon personnel will work closely with the recipient organization  
369 in a consultative process to coordinate PMTCT activities.

370

371 Please note: Either HHS staff or staff from organizations that have successfully competed  
372 for funding under a separate HHS contract, cooperative agreement or grant will provide  
373 technical assistance and training.

374

### 375 **III. AWARD INFORMATION AND REQUIREMENTS**

376 **Type of Award:** Cooperative Agreement.

377 **Award Mechanism:** U2G – Global HIV/AIDS Non-Research Cooperative Agreements

378 **Fiscal Year Funds:** FY2011

379 **Approximate Current Fiscal Year Funding:** \$3,900,000

380 **Approximate Total Project Period Funding:** \$18,000,000 (This amount is an estimate,  
381 and is subject to availability of funds and includes direct costs for international  
382 organizations or direct and indirect costs for domestic grantees for all years.)

383 **Approximate Number of Awards:** Up to two

384 **Approximate Average Award:** \$4,000,000 (This amount is for the first 12 month  
385 budget period, and includes direct costs for international organizations or direct and  
386 indirect costs for domestic grantees.)

387 **Floor of Individual Award Range:** None

388 **Ceiling of Individual Award Range:** \$5,000,000 (This ceiling is for the first 12 month  
389 budget period and includes direct costs for international organizations or direct and  
390 indirect costs for domestic grantees.)

391 **Anticipated Award Date:** September 2011

392 **Budget Period Length:** 12 months

393 **Project Period Length:** 5 years

394 Throughout the project period, CDC's commitment to continuation of awards will be  
395 conditioned on the availability of funds, evidence of satisfactory progress by the recipient  
396 (as documented in required reports), and the determination that continued funding is in  
397 the best interest of the Federal government.

398

399 **IV. ELIGIBILITY**

400 Eligible applicants that can apply for this funding opportunity are listed below:

- 401 • Nonprofit with 501C3 IRS status (other than institution of higher education)
- 402 • Nonprofit without 501C3 IRS status (other than institution of higher education)
- 403 • For-profit organizations (other than small business)
- 404 • Small, minority, and women-owned businesses
- 405 • Universities
- 406 • Colleges
- 407 • Research institutions
- 408 • Hospitals
- 409 • Community-based organizations
- 410 • Faith-based organizations

- 411 • Federally recognized or state-recognized American Indian/Alaska Native tribal  
412 governments
- 413 • State and local governments or their Bona Fide Agents (this includes the District  
414 of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the  
415 Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the  
416 Federated States of Micronesia, the Republic of the Marshall Islands, and the  
417 Republic of Palau)
- 418 • Non-domestic (non-U.S.) entity
- 419 • Other (specify)

420 A Bona Fide Agent is an agency/organization identified by the state as eligible to *No*  
421 *longer applicable* an application under the state eligibility in lieu of a state application. If  
422 applying as a bona fide agent of a state or local government, a letter from the state or  
423 local government as documentation of the status is required. Attach with “Other  
424 Attachment Forms” when *No longer applicable* via [www.grants.gov](http://www.grants.gov).

425

426 **SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits**

427 **Cost Sharing or Matching**

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

432

433 **Maintenance of Effort**

434 Maintenance of Effort is not required for this program.

435

436 Other

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

441

442 **Special Requirements:**

443 1. PEPFAR Local Partner definition:

444 A “local partner” may be an individual or sole proprietorship, an entity, or a joint  
445 venture or other arrangement. However, to be considered a local partner in a given  
446 country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2),  
447 or (3) below within that country:

448 (1) an individual must be a citizen or lawfully admitted permanent resident of and  
449 have his/her principal place of business in the country served by the PEPFAR program  
450 with which the individual is or may become involved, and a sole proprietorship must be  
451 owned by such an individual; or

452 (2) an entity (e.g., a corporation or partnership): (a) must be incorporated or  
453 legally organized under the laws of, and have its principal place of business in, the  
454 country served by the PEPFAR program with which the entity is or may become  
455 involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for  
456 FY 2013 beneficially owned by individuals who are citizens or lawfully admitted

457 permanent residents of that same country, per sub-paragraph (2)(a), or by other  
458 corporations, partnerships or other arrangements that are local partners under this  
459 paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and  
460 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or  
461 lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a),  
462 and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the  
463 entity's senior staff (i.e., managerial and professional personnel) must be citizens or  
464 lawfully admitted permanent residents of such country; and (d) where an entity has a  
465 Board of Directors, at least 51% of the members of the Board must also be citizens or  
466 lawfully admitted permanent residents of such country; or

467 (3) a joint venture, unincorporated association, consortium, or other arrangement  
468 in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of  
469 the funding under the PEPFAR award is or will be provided to members who are local  
470 partners under the criteria in paragraphs (1) or (2) above, and a local partner is  
471 designated as the managing member of the organization.

472

473 Host government ministries (e.g., Ministry of Health), sub-units of government  
474 ministries, and parastatal organizations in the country served by the PEPFAR program  
475 are considered local partners. A parastatal organization is defined as a fully or partially  
476 government-owned or government-funded organization. Such enterprises may function  
477 through a board of directors, similar to private corporations. However, ultimate control  
478 over the board may rest with the government.

479

480 2. If the application is incomplete or non-responsive to the special requirements  
481 listed in this section, it will not be entered into the review process. The applicant will be  
482 notified that the application did not meet *No longer applicable* requirements.

483 • Late *No longer applicables* will be considered non-responsive. See section “V.3.  
484 *No longer applicable* Dates and Times” for more information on *No longer applicables*.

485 • If the total amount of appendices includes more than 80 pages, the application  
486 will not be considered for review. For this purpose, all appendices must have page  
487 numbers and must be clearly identified in the Table of Contents.

488 • An HIV/AIDS related funding matrix must be *No longer applicable* in order for  
489 the application to be considered for review. All applicants must indicate whether they  
490 are receiving other HIV/AIDS related funding. If the applicant is receiving or has  
491 applied for other HIV/AIDS related funding, the following information must be *No*  
492 *longer applicable*:

493 ✓ Funding mechanism (i.e. contract, CoAg, grant)

494 ✓ Amount of award

495 ✓ Period performance

496 ✓ Funding agency

497 ✓ Contact details for funding agency

498 ✓ Brief description of program activities

499 • Note: Title 2 of the United States Code Section 1611 states that an organization  
500 described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying  
501 activities is not eligible to receive U.S. Government funds constituting a grant, loan, or  
502 an award.

503 **Intergovernmental Review of Applications**

504 Executive Order 12372 does not apply to this program.

505

506 **V. APPLICATION CONTENT**

507 Unless specifically indicated, this announcement requires *No longer applicable* of the  
508 following information:

509 **A Project Abstract** must be completed in the Grants.gov application forms. The Project  
510 Abstract must contain a summary of the proposed activity suitable for dissemination to  
511 the public. It should be a self-contained description of the project and should contain a  
512 statement of objectives and methods to be employed. It should be informative to other  
513 persons working in the same or related fields and insofar as possible understandable to a  
514 technically literate lay reader. This abstract must not include any proprietary/confidential  
515 information.

516 The abstract must be *No longer applicable* in the following format:

- 517
- Maximum of 2-3 paragraphs;
  - 518 • Font size: 12 point unreduced, Times New Roman;
  - 519 • Single spaced;
  - 520 • Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
  - 521 • Page margin size: One inch.

522

523 **A Project Narrative** must be *No longer applicable* with the application forms. The  
524 project narrative must be uploaded in a PDF file format when *No longer applicable*ing  
525 via Grants.gov. The narrative must be *No longer applicable* in the following format:

- 526 • Maximum number of pages: 25 (If your narrative exceeds the page limit, only the  
527 first pages which are within the page limit will be reviewed.);
- 528 • Font size: 12 point, unreduced, Times New Roman;
- 529 • Double spaced;
- 530 • Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- 531 • Page margin size: One inch;
- 532 • Number all pages of the application sequentially from page one (Application Face  
533 Page) to the end of the application, including charts, figures, tables, and  
534 appendices; and
- 535 • *Project Context and Background (Understanding and Need):* Describe the  
536 background and justify the need for the proposed project. Describe the current  
537 infrastructure system; targeted geographical area(s), if applicable; and identified  
538 gaps or shortcomings of the current health systems and AIDS control projects;
- 539 • *Project Strategy - Description and Methodologies:* Present a detailed operational  
540 plan for initiating and conducting the project. Clearly describe the applicant's  
541 technical approach/methods for implementing the proposed project. Describe the  
542 existence of, or plans to establish partnerships necessary to implement the project.  
543 Describe linkages, if appropriate, with programs funded by the U.S. Agency for  
544 International Development;
- 545 • *Project Goals and Objectives:* Describe the overall goals of the project, and  
546 specific objectives that are measurable and time phased, consistent with the  
547 objectives and numerical targets of the Emergency Plan and for this Cooperative

548 Agreement program as provided in the “Purpose” Section at the beginning of this  
549 Announcement;

550 • *Project Outputs:* Be sure to address each of the program objectives listed in the  
551 “Purpose” Section of this Announcement. Measures must be specific, objective  
552 and quantitative so as to provide meaningful outcome evaluation;

553 • *Project Contribution to the Goals and Objectives of the Emergency Plan:*  
554 Provide specific measures of effectiveness to demonstrate accomplishment of the  
555 objectives of this program;

556 • *Work Plan and Description of Project Components and Activities:* Be sure to  
557 address each of the specific tasks listed in the activities section of this  
558 announcement. Clearly identify specific assigned responsibilities for all key  
559 professional personnel;

560 • *Performance Measures:* Measures must be specific, objective and quantitative;

561 • *Timeline* (e.g., GANTT Chart); and

562 • *Management of Project Funds and Reporting.*

563

564 Additional information may be included in the application appendices. The appendices

565 will not be counted toward the narrative page limit. **The total amount of appendices**

566 **must not exceed 80 pages and can only contain information related to the following:**

567 • *Project Budget Justification:*

568 With staffing breakdown and justification, provide a line item budget and a

569 narrative with justification for all requested costs. Be sure to include, if any, in-

570 kind support or other contributions provided by the national government and its

571 donors as part of the total project, but for which the applicant is not requesting  
572 funding.

573

574 Budgets must be consistent with the purpose, objectives of the Emergency Plan  
575 and the program activities listed in this announcement and must include the  
576 following: line item breakdown and justification for all personnel, i.e., name,  
577 position title, annual salary, percentage of time and effort, and amount requested.

578

579 The recommended guidance for completing a detailed budget justification can be  
580 found on the HHS/CDC Web site, at the following Internet address:

581 <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

582

583 For each contract, list the following: (1) name of proposed contractor; (2)  
584 breakdown and justification for estimated costs; (3) description and scope of  
585 activities the contractor will perform; (4) period of performance; (5) method of  
586 contractor selection (e.g., competitive solicitation); and (6) methods of  
587 accountability. Applicants should, to the greatest extent possible, employ  
588 transparent and open competitive processes to choose contractors;

- 589
- *Curricula vitae* of current key staff who will work on the activity;
  - 590 • *Job descriptions* of proposed key positions to be created for the activity;
  - 591 • *Applicant's Corporate Capability Statement*;
  - 592 • *Letters of Support* (5 letters maximum);
  - 593 • *Evidence of Legal Organizational Structure; and*

594 • ***If applying as a Local Indigenous Partner***, provide documentation to self-certify  
595 the applicant meets the PEPFAR local partner definition listed in “Special  
596 Requirements,” Part IV. ELIGIBILITY section of the FOA.

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

600

601 **APPLICATION NO LONGER APPLICABLE**

602 Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant  
603 website, is the first step in ***No longer applicable***ting an application online. Registration  
604 information is located on the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Please visit  
605 [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to ***No longer applicabl*** your application to  
606 familiarize yourself with the registration and ***No longer applicable*** processes. The “one-  
607 time” registration process will take three to five days to complete. However, the  
608 Grants.gov registration process also requires that you register your organization with the  
609 Central Contractor Registry (CCR) annually. The CCR registration can require an  
610 additional one to two days to complete.

611

612 International organizations also require a NATO CAGE Code (NCAGE). The NCAGE  
613 request may take from two business days to two weeks to complete. NCAGE is needed  
614 before registering with the Central Contractor Registry (CCR). After registering with  
615 CCR, the applicant can proceed to register with Grants.gov (See “Other ***No longer***  
616 ***applicable*** Requirements” session below for more information).

617

618 *No longer applicable* the application electronically by using the forms and instructions  
619 posted for this funding opportunity on [www.Grants.gov](http://www.Grants.gov). If access to the Internet is not  
620 available or if the applicant encounters difficulty in accessing the forms on-line, contact  
621 the HHS/CDC Procurement and Grant Office Technical Information Management  
622 Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

623 *Note: No longer applicable*  
624

625 **Other *No longer applicable* Requirements**

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

627

628 **Dun and Bradstreet Universal Number (DUNS)**

629 The applicant is required to have a Dun and Bradstreet Data Universal Numbering  
630 System (DUNS) identifier to apply for grants or cooperative agreements from the Federal  
631 government. The DUNS is a nine-digit number which uniquely identifies business  
632 entities. There is no charge associated with obtaining a DUNS number. Applicants may  
633 obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-  
634 705-5711. This is a requirement for domestic and international organizations.  
635 International registrants can confirm by sending an e-mail to [ccrhelp@dnb.com](mailto:ccrhelp@dnb.com),  
636 including Company Name, D-U-N-S Number, Physical Address and Country.

637 **Central Contractor Registration (CCR)**

638 The applicant is required to have a CCR registration to apply for grants or cooperative  
639 agreements from the Federal government. For more information on CCR and how to  
640 register go to [www.ccr.gov](http://www.ccr.gov).

641

642 **Other No longer applicable Requirement for International Organizations:**

643 **NATO CAGE Code (NCAGE)**

644 After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to  
645 apply for grants or cooperative agreements from the Federal government. Applicants can  
646 complete the request online at [www.dlis.dla.mil/forms/Form\\_AC135.asp](http://www.dlis.dla.mil/forms/Form_AC135.asp). If the  
647 organization cannot *No longer applicable* this form by Internet, the organization can  
648 obtain an NCAGE by contacting the National Codification Bureau of the country where  
649 the organization is located. For a list of addresses, go to [www.dlis.dla.mil/nato\\_poc.asp](http://www.dlis.dla.mil/nato_poc.asp).  
650 Please note that NCAGE code is required for international organizations in order to  
651 register with the Central Contractor Registration (CCR) and Grants.gov.

652

653 **Electronic No longer applicable of Application:**

654 Applications must be *No longer applicable* electronically at [www.Grants.gov](http://www.Grants.gov). Electronic  
655 applications will be considered as having met the *No Longer Applicable* if the  
656 application has been successfully made available to CDC for processing from Grants.gov  
657 on the *No longer applicable* date.

658

659 The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants can  
660 complete the application package off-line, and then upload and *No longer applicable* the  
661 application via the Grants.gov Web site. The applicant must *No longer applicable* all

662 application attachments using a PDF file format when *No longer applicable* via  
663 Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site.  
664 Use of file formats other than PDF may result in the file being unreadable by staff.

665

666 Applications *No longer applicable* through Grants.gov (<http://www.grants.gov>), are  
667 electronically time/date stamped and assigned a tracking number. The AOR will receive  
668 an e-mail notice of receipt when HHS/CDC receives the application. The tracking  
669 number serves to document *No longer applicable* and initiate the electronic validation  
670 process before the application is made available to CDC for processing.

671

672 If the applicant encounters technical difficulties with Grants.gov, the applicant should  
673 contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24  
674 hours a day, 7 days a week with the exception of all federal holidays. The Contact Center  
675 provides customer service to the applicant community. The extended hours will provide  
676 applicants support around the clock, ensuring the best possible customer service is  
677 received any time it's needed. You can reach the Grants.gov Support Center at 1-800-  
678 518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). *No longer applicables* sent by e-mail, fax,  
679 CD's or thumb drives of applications will not be accepted.

680 ***Organizations that encounter technical difficulties in using [www.Grants.gov](http://www.Grants.gov) to No***  
681 ***longer applicable their application must attempt to overcome those difficulties by***  
682 ***contacting the Grants.gov Support Center (1-800-518-4726, [support@grants.gov](mailto:support@grants.gov)).***  
683 ***After consulting with the Grants.gov Support Center, if the technical difficulties***  
684 ***remain unresolved and electronic No longer applicable is not possible to meet the***

685 *established No longer applicable, organizations may No longer applicable a request*  
686 *prior to the application No longer applicable by email to PGO TIMS for permission to*  
687 *No longer applicable a paper application. An organization's request for permission*  
688 *must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the*  
689 *difficulties that prevent electronic No longer applicable and the efforts taken with the*  
690 *Grants.gov Support Center (c) be No longer applicable to PGO TIMS at least 3*  
691 *calendar days prior to the application No longer applicable. Paper applications No*  
692 *longer applicable without prior approval will not be considered.*

693

694 *If a paper application is authorized, the applicant will receive instructions from PGO*  
695 *TIMS to No longer applicable the original and two hard copies of the application by*  
696 *mail or express delivery service.*

697

698

699 ***No longer applicable Dates and Times***

700 This announcement is the definitive guide on application content, ***No longer applicable,***  
701 ***and No longer applicable.*** It supersedes information provided in the application  
702 instructions. If the application ***No longer applicable*** does not meet the ***No longer***  
703 ***applicable*** published herein, it will not be eligible for review and the applicant will be  
704 notified the application did not meet the ***No longer applicable*** requirements.

705

706 **Application *No longer applicable* Date:** April 25, 2011, 5:00pm U.S. Eastern Standard  
707 Time

708

709           **CDC Cameroon will host a pre-application workshop at their facility within**  
710 **10 business days following the posting of this announcement on [www.grants.gov](http://www.grants.gov).**

711

712 **VI. APPLICATION REVIEW INFORMATION**

713 Eligible applicants are required to provide measures of effectiveness that will  
714 demonstrate the accomplishment of the various identified objectives of the cooperative  
715 agreement. Measures of effectiveness must relate to the performance goals stated in the  
716 “Purpose” section of this announcement. Measures of effectiveness must be objective,  
717 quantitative and measure the intended outcome of the proposed program. The measures  
718 of effectiveness must be included in the application and will be an element of the  
719 evaluation of the *No longer applicable* application.

720

721 **Evaluation Criteria**

722 Note: Applicants are expected to respond only to those areas described in this  
723 announcement where they have existing expertise or experience. Applicants must *No*  
724 *longer applicable* a separate application for the region(s) that they intend to work in. In  
725 addition to the program narrative the applicant must include a separate budget for each  
726 proposed region and in form SF 424 item number 14, the applicant should state the region  
727 they are applying to work in. Failure to indicate the region will make the application  
728 non-responsive. Applicants will be evaluated according to the strength of their responses  
729 per region:

730       A. Southwest Region

731       B. Northwest, East OR Adamaoua Region

732

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

734

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

736 Does the applicant demonstrate the local experience in Cameroon and institutional

737 capacity (both management and technical) to achieve the goals of the project with

738 documented good governance practices (5 points)? Does the applicant have the ability to

739 coordinate and collaborate with existing Emergency Plan partners, other donors and

740 experience working with the Ministry of Public Health in Cameroon(5 points)? Does the

741 applicant provide strong evidence of successful clinical and managerial experience in the

742 delivery of comprehensive PMTCT services through healthcare facilities (5 points)? To

743 what extent does the applicant provide letters of support? Does the applicant have the

744 capacity to reach rural and other underserved populations in Cameroon (5 points)?

745

746 **Technical and Programmatic Approach (20 points):**

747 Does the application include an overall design strategy, including measurable time lines,

748 clear monitoring and evaluation procedures, and specific activities for meeting the

749 proposed objectives? Does the application include reasonable estimates of outcome

750 targets (For example, the numbers of sites to be supported, number of clients the

751 program will reach) (10 points)? Does the applicant display knowledge of the strategy,

752 principles and goals of the President's Emergency Plan, and are the proposed activities

753 consistent with and pertinent to that strategy and those principles and goals? Does the

754 application propose to build on and complement the current national response in

755 Cameroon with evidence-based strategies designed to reach underserved populations and  
756 meet the goals of the President's Emergency Plan (10 points)?

757

758 **Capacity Building (15 points):**

759 Does the applicant's proposal present a clear plan for implementing the award activities  
760 in collaboration with district and regional government institutions? Does the applicant  
761 have relevant experience in using participatory methods, and approaches, in project  
762 planning and implementation (5 points)? Does the applicant describe an adequate and  
763 measurable plan to progressively build the capacity of district health departments to  
764 deliver services to respond to the epidemic? Does the capacity building plan clearly  
765 describe how it will contribute to: 1) an improved quality and geographic coverage of  
766 service delivery to achieve the "3,12,12"<sup>1</sup> targets of the President's Emergency Plan; 2)  
767 promote sustainability with continued, high-quality PMTCT services; and 3) ultimately  
768 transition all appropriate PMTCT services to the Ministries of Health and other  
769 governmental entities that have the jurisdictional authority to directly finance and  
770 perform these programs and services (10 points)?

771

772 **Monitoring and Evaluation (15 points):**

---

<sup>1</sup> 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.

773 Does the applicant demonstrate the local experience and capability to implement rigorous  
774 monitoring and evaluation of the project? Does the applicant describe a system for  
775 reviewing and adjusting program activities based on monitoring information obtained by  
776 using innovative, participatory methods and standard approaches? Does the plan include  
777 indicators developed for each program milestone, and incorporated into the financial and  
778 programmatic reports (10 points)? Are the indicators consistent with the President's  
779 Emergency Plan Indicator Guide? Is the system able to generate financial and program  
780 reports to show disbursement of funds, and progress towards achieving the numerical  
781 objectives of the President's Emergency Plan? Is the plan to measure outcomes of the  
782 intervention, and the manner in which they will be provided, adequate? Is the monitoring  
783 and evaluation plan consistent with the principles of the "Three Ones<sup>2</sup>?" Applicants must  
784 define specific output and outcome indicators must be defined in the proposal, and must  
785 have realistic targets in line with the targets addressed in the Activities section of this  
786 announcement (5 points).

787

---

<sup>2</sup> The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for 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.

788 **Understanding of the Problem (10 points):**

789 Does the applicant demonstrate a clear and concise understanding of the current national  
790 HIV/AIDS response and the cultural and political context relevant to the programmatic  
791 areas targeted (4 points)? Does the applicant display an understanding of the Five-Year  
792 Strategy and goals of the President's Emergency Plan (2 points)? To what extent does the  
793 applicant justify the need for this program within the target community (4 points)?

794

795 **Personnel (10 points):**

796 Does the organization employ staff fluent in local languages who will work on this  
797 project? Are the staff roles clearly defined? As described, will the staff be sufficient to  
798 meet the goals of the proposed project? If not an indigenous organization, does the staff  
799 plan adequately involve local individuals and organizations? Are staff involved in this  
800 project qualified to perform the tasks described? Curricula vitae provided should include  
801 information that they are qualified in the following: management of HIV/AIDS  
802 prevention activities, especially confidential, voluntary counseling and testing; and the  
803 development of capacity building among and collaboration between Governmental and  
804 non-governmental partners (10 points).

805

806 **Administration and Management (10 points):**

807 Does the applicant provide a clear plan for the administration and management of the  
808 proposed activities, and to manage the resources of the program, prepare reports, monitor  
809 and evaluate activities, audit expenditures and produce collect and analyze performance

810 data (5 points)? Is the management structure for the project sufficient to ensure speedy  
811 implementation of the project? If appropriate, does the applicant have a proven track  
812 record supervising consultants and contractors; using subgrants or other systems of  
813 sharing resources with community based organizations, faith based organizations or  
814 smaller non-governmental organizations (5 points)? Each grantee must demonstrate an  
815 ability to *No longer applicable* quarterly reports in a timely manner to the HHS/CDC  
816 office.

817

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

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

824

825 **Funding Preferences (8 points):**

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

- 831 • Preference will be given to local indigenous Cameroonian organizations (**4**  
832 **points**)
- 833 • Preference will be given to applicants already experienced working in the region  
834 for which they are applying (i.e. South West, Northwest, East or Adamaoua  
835 Regions of Cameroon) (**4 points**)

836

### 837 Funding Restrictions

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

- 839 • Recipients may not use funds for research.
- 840 • Recipients may not use funds for clinical care.
- 841 • Recipients may only expend funds for reasonable program purposes, including  
842 personnel, travel, supplies, and services, such as contractual.
- 843 • The direct and primary recipient in a cooperative agreement program must  
844 perform a substantial role in carrying out project objectives and not merely serve  
845 as a conduit for an award to another party or provider who is ineligible.
- 846 • Reimbursement of pre-award costs is not allowed.
- 847 • The costs that are generally allowable in grants to domestic organizations are  
848 allowable to foreign institutions and international organizations, with the  
849 following exception: With the exception of the American University, Beirut and  
850 the World Health Organization, Indirect Costs will not be paid (either directly or  
851 through sub-award) to organizations located outside the territorial limits of the  
852 United States or to international organizations regardless of their location.

- 853       • The applicant may contract with other organizations under this program; however  
854       the applicant must perform a substantial portion of the activities (including  
855       program management and operations, and delivery of prevention services for  
856       which funds are required.)
- 857       • All requests for funds contained in the budget, shall be stated in U.S. dollars.  
858       Once an award is made, CDC will not compensate foreign grantees for currency  
859       exchange fluctuations through the issuance of supplemental awards.
- 860       • Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d).  
861       A non-Federal audit is required, if during the grantees fiscal year, the grantee  
862       expended a total of \$500,000.00 or more under one or more HHS awards (as a  
863       direct grantee and/or as a sub-grantee). The grantee either may have (1) A  
864       financial related audit (as defined in the Government Auditing Standards, GPO  
865       stock #020-000-00-265-4) of a particular award in accordance with Government  
866       Auditing Standards, in those case where the grantee receives awards under only  
867       one HHS program; or, if awards are received under multiple HHS programs, a  
868       financial related audit of all HHS awards in accordance with Government  
869       Auditing Standards; or (2) An audit that meets the requirements contained in  
870       OMB Circular A-133.
- 871       • A fiscal Grantee Capability Assessment may be required, prior to or post award,  
872       in order to review the applicant’s business management and fiscal capabilities  
873       regarding the handling of U.S. Federal funds.  
874

875 The applicant can obtain guidance for completing a detailed justified budget on the CDC  
876 website, at the following Internet address:

877 <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

878

### 879 **The 8% Rule**

880 The 8% rule does not apply to Cameroon due to the fact that the country is not required to  
881 have a Country Operations Plan (COP) in place.

882

883 The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote  
884 sustainability for programs through the development, use, and strengthening of local  
885 partnerships. The diversification of partners also ensures additional robust capacity at the  
886 local and national levels.

887

888 To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an  
889 annual funding guideline for grants and cooperative agreement planning. Within each  
890 annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S.  
891 Government funding for HIV/AIDS activities provided to a single partner organization  
892 under all grant and cooperative agreements for that country. **For U.S. Government fiscal**  
893 **year (FY)2011 the limit is no more than 8 percent of the country's FY2011 PEPFAR**  
894 **program funding (excluding U.S. Government management and staffing costs), or**  
895 **\$2 million, whichever is greater.** The total amount of funding to a partner organization  
896 includes any PEPFAR funding provided to the partner, whether directly as prime partner  
897 or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and

898 drug/commodity costs discussed below, all funds provided to a prime partner, even if  
899 passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an  
900 organization under contracts are not applied to the 8 percent/\$2 million single partner  
901 ceiling. PEPFAR publishes the single-partner funding limits annually as part of guidance  
902 for preparing the Country Operational Plan (COP). U.S. Government Departments and  
903 agencies must use the limits in the planning process to develop Requests for Applications  
904 (RFAs), Annual Program Statements (APSs), or Funding Opportunity Announcements  
905 (FOAs). However, as PEPFAR country budgets are not final at the COP planning stage,  
906 the single partner limits remain subject to adjustment. The current limit applicable to this  
907 FOA is N/A (8 percent or \$2 million, whichever is greater, of the country’s PEPFAR  
908 program funding). (Grants officers should insert the following sentence if the Department  
909 or agency issues the RFA prior to Congressional appropriation and final COP approval:  
910 “Please note that the current limit is based on an estimated country budget developed for  
911 planning purposes; thus, the limit is also an estimate and subject to change based on  
912 actual appropriations and the final approved country budget.”) Exclusions from the 8  
913 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b)  
914 commodity/drug costs, and (c) Government Ministries and parastatal organizations. A  
915 parastatal organization is defined as a fully or partially state-owned corporation or  
916 government agency. For umbrella awards, grants officers will determine whether an  
917 award is an umbrella for purposes of exception from the cap on an award-by-award basis.  
918 Grants or cooperative agreements in which the primary objective is for the organization  
919 to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the  
920 remainder of the grant used for administrative expenses and technical assistance to sub-

921 grantees, will be considered umbrella awards and, therefore, exempted from the cap.  
922 Agreements that merely include sub-grants as an activity in implementation of the award  
923 but do not meet these criteria will not be considered umbrella awards, and the full amount  
924 of the award will count against the cap. All commodity/drug costs will be excluded from  
925 partners' funding for the purpose of the cap. The remaining portion of awards, including  
926 all overhead/management costs, will be counted against the cap.

927

928 Applicants should be aware that evaluation of proposals will include an assessment of  
929 grant/cooperative agreement award amounts applicable to the applicant by U.S.  
930 Government fiscal year in the relevant country. An applicant whose grants or cooperative  
931 agreements have already met or exceeded the maximum, annual single-partner limit may  
932 *No longer applicable* an application in response to this RFA/APS/FOA. However,  
933 applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year  
934 exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will  
935 be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS  
936 Coordinator approves an exception to the cap. **Applicants must provide in their**  
937 **proposals the dollar value by U.S. Government fiscal year of current grants and**  
938 **cooperative agreements (including sub-grants and sub-agreements) financed by the**  
939 **Emergency Plan, which are for programs in the country(ies) covered by this**  
940 **RFA/APS/FOA.** For example, the proposal should state that the applicant has  
941 \$\_\_\_\_\_ in FY 2011 grants and cooperative agreements (for as many fiscal years as  
942 applicable) in Cameroon. For additional information concerning this RFA/APS/FOA,  
943 please contact the Grants Officer for this RFA/APS/FOA.

944

945 **Prostitution and Related Activities**

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

949

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

964

965 In addition, any recipient must have a policy explicitly opposing prostitution and sex  
966 trafficking. The preceding sentence shall not apply to any “exempt organizations”

967 (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health  
968 Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to  
969 any United Nations agency).

970

971 The following definition applies for purposes of this clause:

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

975

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

986

987 All prime recipients that receive U.S. Government funds (“prime recipients”) in  
988 connection with this document must certify compliance prior to actual receipt of such  
989 funds in a written statement that makes reference to this document (e.g., “[Prime

990 recipient's name] certifies compliance with the section, ‘Prostitution and Related  
991 Activities.’”) addressed to the agency’s grants officer. Such certifications by prime  
992 recipients are prerequisites to the payment of any U.S. Government funds in connection  
993 with this document.

994

995 Recipients' compliance with this section, “Prostitution and Related Activities,” is an  
996 express term and condition of receiving U.S. Government funds in connection with this  
997 document, and any violation of it shall be grounds for unilateral termination by HHS of  
998 the agreement with HHS in connection with this document prior to the end of its term.  
999 The recipient shall refund to HHS the entire amount furnished in connection with this  
1000 document in the event HHS determines the recipient has not complied with this section,  
1001 “Prostitution and Related Activities.”

1002 *Any enforcement of this clause is subject to Alliance for Open Society*  
1003 *International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006*  
1004 *and August 8, 2008)(orders gaining preliminary injunction) for the term of the*  
1005 *Orders.*

1006 *The List of the members of GHC and InterAction is found at:*

1007 [http://www.usaid.gov/business/business\\_opportunities/cib/pdf/GlobalHealthM  
emberlist.pdf](http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthM<br/>1008 emberlist.pdf)

1009

#### 1010 **Application Review Process**

1011 All eligible applications will be initially reviewed for completeness by the Procurement  
1012 and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed

1013 for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete  
1014 applications and applications that are non-responsive to the eligibility criteria will not  
1015 advance through the review process. Applicants will be notified the application did not  
1016 meet eligibility and/or published *No longer applicable* requirements.

1017

1018 An objective review panel will evaluate complete and responsive applications according  
1019 to the criteria listed in Section VI. Application Review Information, subsection entitled  
1020 “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-  
1021 U.S. Federal Government participants.

1022

### 1023 **Applications Selection Process**

1024 Applications will be funded in order by score and rank determined by the review panel  
1025 unless funding preferences or other considerations stated in the FOA apply.

1026 However the following “funding preferences” may affect the funding decision:

- 1027 • Preference will be given to local indigenous Cameroonian organizations
- 1028 • Preference will be given to applicants already experienced working in the region  
1029 for which they are applying (i.e. South West, Northwest, East or Adamaoua  
1030 Regions of Cameroon)

1031 CDC will provide justification for any decision to fund out of rank order.

1032

## 1033 **VII. AWARD ADMINISTRATION INFORMATION**

### 1034 **Award Notices**

1035 Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement  
1036 and Grants Office. The NoA shall be the only binding, authorizing document between  
1037 the recipient and CDC. The NoA will be signed by an authorized Grants Management  
1038 Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to  
1039 the recipient fiscal officer identified in the application.

1040

1041 Unsuccessful applicants will receive notification of the results of the application review  
1042 by mail.

1043 **Administrative and National Policy Requirements**

1044 Successful applicants must comply with the administrative requirements outlined in 45  
1045 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following  
1046 additional requirements apply to this project:

- 1047 • AR-4 HIV/AIDS Confidentiality Provisions
- 1048 • AR-6 Patient Care
- 1049 • AR-8 Public Health System Reporting Requirements
- 1050 • AR-9 Paperwork Reduction Act Requirements
- 1051 • AR-10 Smoke-Free Workplace Requirements
- 1052 • AR-12 Lobbying Restrictions
- 1053 • AR-13 Prohibition on Use of CDC Funds for Certain Gun Control  
1054 Activities
- 1055 • AR-14 Accounting System Requirements
- 1056 • AR-15 Proof of Non-Profit Status
- 1057 • AR-21 Small, Minority, and Women-Owned Business

- 1058 • AR-23 States and Faith-Based Organizations
- 1059 • AR-24 Health Insurance Portability and Accountability Act Requirements
- 1060 • AR-25 Release and Sharing of Data
- 1061 • AR-27 Conference Disclaimer and Use of Logos
- 1062 • AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text
- 1063 Messaging while Driving”, October 1, 2009
- 1064 • AR-30 Section 508 Compliance

1065

1066 Additional information on the requirements can be found on the CDC Web site at the  
1067 following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

1068

1069 For more information on the Code of Federal Regulations, see the National Archives and  
1070 Records Administration at the following Internet address:

1071 <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

1072

1073 CDC Assurances and Certifications can be found on the CDC Web site at the following  
1074 Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

1075

## 1076 **TERMS AND CONDITIONS**

1077 Reporting Requirements

1078 Each funded applicant must provide CDC with an annual Interim Progress Report *No*

1079 *longer applicable* via [www.grants.gov](http://www.grants.gov):

1080 1. Quarterly progress reports, due 15 days after the end of each quarter. Grantee will

1081 be provided with a template format to follow in making the report. The Interim  
1082 Progress Report will serve as one of the quarterly reports;

1083 1. The interim progress report is due no less than 90 days before the end of the  
1084 budget period. The Interim Progress Report will serve as the non-competing  
1085 continuation application, and must contain the following elements:

- 1086 a. Standard Form (“SF”) 424S Form.
- 1087 b. SF-424A Budget Information-Non-Construction Programs.
- 1088 c. Budget Narrative.
- 1089 d. Indirect Cost Rate Agreement.
- 1090 e. Project Narrative.
- 1091 f. Activities and Objectives for the Current Budget Period;
- 1092 g. Financial Progress for the Current Budget Period;
- 1093 h. Proposed Activity and Objectives for the New Budget Period Program;
- 1094 i. Budget;
- 1095 j. Measures of Effectiveness, including progress against the numerical goals  
1096 of the President's Emergency Plan for AIDS Relief for Cameroon; and
- 1097 k. Additional Requested Information;

1098

1099 Additionally, funded applicants must provide CDC with an original, plus two hard copies  
1100 of the following reports:

1101

1102 These reports must be *No longer applicable* to the attention of the Grants Management  
1103 Specialist listed in the Section VIII below entitled “Agency Contacts”.

1104

1105 **VIII. AGENCY CONTACTS**

1106 CDC encourages inquiries concerning this announcement.

1107

1108 For programmatic technical assistance, contact:

1109 Benjamin Mills, MD, MPH, Project Officer

1110 Department of Health and Human Services

1111 Centers for Disease Control and Prevention

1112 American Embassy

1113 Rosa Parks Avenue

1114 Yaounde, Cameroon

1115 Telephone: (237) 22-20-15-00 (ext 4104)

1116 E-mail: [BMills1@cdc.gov](mailto:BMills1@cdc.gov)

1117

1118 For financial, grants management, or budget assistance, contact:

1119 Rhonda Latimer, Grants Management Specialist

1120 Department of Health and Human Services

1121 CDC Procurement and Grants Office

1122 2920 Brandywine Road, MS: K-75

1123 Atlanta, GA 30341

1124 Telephone: 770-488-1647

1125 E-mail: [RDLatimer@cdc.gov](mailto:RDLatimer@cdc.gov)

1126

1127 For **assistance with *No longer applicable* difficulties**, contact Grants.gov:  
1128 Phone: 1-800-518-4726  
1129 Email: [support@grants.gov](mailto:support@grants.gov)  
1130 Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

1131

1132 For **application *No longer applicable*** questions, contact:

1133 Technical Information Management Section

1134 Department of Health and Human Services

1135 CDC Procurement and Grants Office

1136 2920 Brandywine Road, MS E-14

1137 Atlanta, GA 30341

1138 Telephone: 770-488-2700

1139 Email: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

1140

1141 CDC Telecommunications for the hearing impaired or disabled is available at:

1142 TTY 1-888-232-6348

1143

#### 1144 **Other Information**

1145 Other CDC funding opportunity announcements can be found on Grants.gov Web site,

1146 Internet address: <http://www.grants.gov>.

#### 1147 ***Questions and Answers***

1148 ***1) Will there be opportunities for programs in other regions of Cameroon outside***  
1149 ***of the Southwest, East, Northwest and Adamaoua regions?***

1150 ***Answer: Today we are only discussing the FOA GH11-1153 which applies to***  
1151 ***the Southwest, East, Northwest and Adamaoua regions (two of which will be***

1152 *funded). We cannot discuss other funding opportunities at this meeting. All*  
1153 *USG funding opportunities, however, can be found on [www.grants.gov](http://www.grants.gov), key*  
1154 *word search “Cameroon”.*

1155  
1156 2) *Can we set up a consortium of international and local implementing agencies*  
1157 *for this FOA?*

1158 *Answer: Yes*

1159  
1160 3) *Is the ceiling of \$1.5 million for a single region or for both regions? Is this*  
1161 *amount for one fiscal year or for the five year program period?*

1162 *Answer: The \$1.5 million ceiling is for 1 region. The amount is for the first 12*  
1163 *month budget period.*

1164  
1165 4) *Given the projection at the national level for the total number of pregnant*  
1166 *women to be tested in 2011, the figures of women to be tested in one year for*  
1167 *one region look to be too high. This is the same for the number of HIV+ women*  
1168 *per region per year, the number of exposed infants and the number of facilities*  
1169 *per region. Can these figures be reviewed?*

1170 *Answer: The figures in the announcement are for both regions and will be*  
1171 *divided accordingly by CDC Cameroon upon award.*

1172  
1173 5) *Does the 25 page narrative limit include the table of contents?*

1174 *Answer: No, the table of contents should be included as an appendix. While it*  
1175 *will not be counted toward the narrative page limit, it will count toward the*  
1176 *appendices page limit of 80 pages.*

1177  
1178 6) *Can the slides presented today be made available?*

1179 *Answer: Yes, the slide presentation today will be published on [www.grants.gov](http://www.grants.gov)*  
1180 *for all potential applicants. The same slides will also be sent to all organizations*  
1181 *present at today’s pre-application workshop.*

1182  
1183 7) *The RFA assumes that there are existing “ANC/MCH” services and this project*  
1184 *would integrate “PMTCT” into the “ANC” services. Is the applicant*  
1185 *responsible for strengthening ANC services including, for example, improving*  
1186 *infrastructures, hiring of additional staff to provide PMTCT service etc?*

1187 *Answer: Activities are to increase the coverage of pregnant women and their*  
1188 *infants who receive PMTCT. If, in order to improve coverage, that means*  
1189 *MCH services need to be improved then yes ANC services would need to be*  
1190 *strengthened. Successful grantees can use cooperative agreement funds to*  
1191 *improve ANC services if necessary to improve PMTCT.*

1192  
1193 8) *Is the applicant expected to cover all the districts in the selected region?*

1194 *Answer: The applicant is expected to reach 90% of all pregnant women. It is*  
1195 *up to the applicant to determine the strategy for meeting this target.*

1196  
1197 9) *Will all health facilities in the region be targets?*

1198 ***Answer: The goal is to reach 90% of pregnant women with PMTCT. Again, it***  
1199 ***will be up to the applicant to determine the strategy for meeting this target.***

1200

1201 ***10) Where did the target of providing PMTCT to 352 service outlets come from?***

1202 ***Answer: The target of providing PMTCT to 352 service outlets is for the two***  
1203 ***regions. It is based on the 2009 national PMTCT report in which there are***  
1204 ***2025 PMTCT sites listed for the country. This list represents 70% of potential***  
1205 ***PMTCT sites. We used the sum of the total potential sites to make this***  
1206 ***calculation for each region based on 90% coverage.***

1207

1208 ***11) Are women who only receive single dose nevirapine counted among the total***  
1209 ***women receiving antiretrovirals to reduce the risk of mother-to-child***  
1210 ***transmission?***

1211 ***Answer: The objective of the announcement is to provide comprehensive***  
1212 ***quality PMTCT. Women receiving single dose nevirapine will not be counted.***  
1213 ***Under this program, only women receiving ARV prophylaxis in line with***  
1214 ***national policies will be counted.***

1215

1216 ***12) What is the minimum eligibility requirement for an association or organization***  
1217 ***to be eligible to apply for this funding opportunity announcement? Can an***  
1218 ***association that has not managed huge grants before apply?***

1219 ***Answer: There is no minimum requirement. Anyone can apply.***

1220

1221 ***13) How can I know if my organization is already registered?***

1222 ***Answer: You can verify the status of your registration on-line by visiting CCR's***  
1223 ***homepage at [www.ccr.gov](http://www.ccr.gov) and clicking on "Search CCR". When prompted,***  
1224 ***enter your DUNS Number***

1225

1226 ***14) Where are the funds for commodities, equipment, etc. expected to come from in***  
1227 ***order to implement activities?***

1228 ***Answer: Funding for this cooperative agreement is inclusive. All***  
1229 ***commodities/equipment, etc would be paid for from the funding awarded. This***  
1230 ***does not exclude using other/combing funding sources to support the activities***  
1231 ***if you so choose. There is one exception listed in the FOA; CD4 machines will***  
1232 ***be provided for the project from another source.***

1233

1234 ***15) What will happen if the five year financial commitment by the US Government***  
1235 ***is not fully forthcoming?***

1236 ***Answer: All USG awards are based on availability of funds. Although the***  
1237 ***project period is 5 years, funds are provided on an annual basis (the financial***  
1238 ***period is 12 months). Thus, if the U.S. Congress does not allocate funds, the***  
1239 ***award would be ended.***

1240

1241 ***16) Do we consider all pregnant women in the region or pregnant women receiving***  
1242 ***their first ANC visit as the denominator for PMTCT targets in this application?***

1243 ***Answer: The denominator should be all pregnant women.***

1244

1245

*17) How does an organization registered with CCR complete the annual registration renewal?*

1246

1247

*Answer: Go to*

1248

*[https://www.bpn.gov/ccr/doc/CCR\\_TPIN\\_Update\\_Screenshots.pdf](https://www.bpn.gov/ccr/doc/CCR_TPIN_Update_Screenshots.pdf) for*

1249

*instructions on how to renew your CCR registration.*

1250

1251