

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

2

3 **1. Page 8: Project period ceiling amount has been changed from \$4,000,000 to**
4 **\$10,000,000 for the purpose of funding increased PEPFAR activities under**
5 **the Scope of Work as described herein, in Cameroon. This amendment is**
6 **provided for informational purposes only.**

7 **Note: New application submissions are not being solicited.**

8

9

10 **Centers for Disease Control and Prevention**

11 **Application Instructions**

12 GH11-1156

13 Supporting the Ministry of Public Health, Directorate of Family Health to Integrate
14 Comprehensive Prevention of Mother to Child Transmission of HIV Activities into
15 Maternal and Child Health Services in Cameroon under the President's Emergency Plan
16 for AIDS Relief (PEPFAR)

17

18 **I. Program Implementation**

19 **Measurable Outcomes:**

20 **A. Coordination:**

- 21 • Number of public reproductive health, family planning, and ante-natal care
22 (ANC) clinics receiving quarterly bulletins, in appropriate languages, on the
23 prevention of mother to child transmission of HIV (PMTCT): 400;
- 24 • Number of information workshops organized for implementing partners to
25 increase awareness of international and national PMTCT guidelines: 8;
- 26 • Number of technical working groups created (i.e. membership list is finalized)
27 and meeting quarterly: 1; and

- 28 • Number of national level coordination meetings/workshops held by Directorate of
29 Family Health per year: 4.

30

31 **B. Integration:**

- 32 • Percentage of reproductive health and ANC clinics providing comprehensive
33 PMTCT services (HIV/AIDS testing and counseling, anti-retrovirals (ARVs)
34 prophylaxis, early infant diagnosis, and linkages to care and treatment) by year
35 three: 50%;

- 36 • Percentage of reproductive health and ANC clinics provided with program and
37 technical support aimed at building their organizational capacity to effectively
38 manage and implement PMTCT services: 50%;

- 39 • Number of individuals trained in PMTCT service delivery and quality assurance
40 (includes clinicians, nurses, pharmacists, laboratory technicians, regional
41 directors, clinic volunteers and other organizational staff): 1,000;

- 42 • Number of service providers trained in up-to-date HIV prevention including
43 stigma reduction skills: 60;

- 44 • Number of reproductive health and ANC clinics receiving supervision visits to
45 assess compliance with PMTCT standards of quality care per year: 400;

- 46 • Number of MCH training curricula updated to include PMTCT: 4; and

- 47 • Number of clinics in USG focus regions successfully implementing state-of-art
48 prevention, treatment and management of STIs/HIV including stigma reduction
49 and enhanced client-provider communication strategies: 30.

50 **C. Capacity Building:**

- 51 • Number of Directorate of Family Health staff trained in PMTCT service delivery
52 and program supervision including quality assurance: 50.

53

54 This announcement is only for non-research activities supported by CDC. If research is
55 proposed, the application will not be reviewed. For the definition of research, please see
56 the CDC Web site at the following Internet address:

57 <http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

58 **Recipient Activities:**

59 A. Coordination

60 1. Ensure availability of updated PMTCT policy guidelines, monitoring and
61 evaluation (M&E) tools and indicators, training curricula, and job aids for
62 reproductive health, family planning, and ANC clinics. Coordinate information
63 workshops to improve clinic staff and other stakeholders understanding of the
64 national PMTCT guidelines in Cameroon including minimum standards for
65 PMTCT service delivery and monitoring and evaluation.

66 2. Organize, in collaboration with the National AIDS Control Committee (NACC)
67 and other relevant government agencies, a PMTCT health system strengthening
68 technical working group. This technical working group should facilitate the
69 sharing of standards of clinical care, current research, and challenges faced by
70 implementing partners; the development of policies and guidelines to reinforce
71 integration of high quality PMTCT into a comprehensive health system; and the

- 72 development of core competencies for integrating high quality PMTCT into
73 training curriculum for reproductive and maternal and child health professionals.
- 74 3. Support improved referral networks for comprehensive HIV/AIDS services and
75 follow-up of clients in reproductive health, ANC and family planning clinics.
76 Referral networks should include support for HIV status disclosure, testing for
77 their sexual partners and children, home-based palliative care, STI prevention and
78 care, prevention with positives activities, support groups, and support for
79 discordant couples.
- 80 4. Participate in national HIV/AIDS technical, coordination, policy, and quality-
81 assurance committees. Collaborate with all relevant stakeholders, such as the
82 NACC and international and local implementing partners, to address barriers to a
83 multi-sectoral response to HIV/AIDS, improve service delivery, and develop tools
84 for building organizational and human capacity to implement PMTCT programs.

85

86 B. Integration

- 87 1. Integrate PMTCT programs into reproductive health, family planning and
88 maternal and child health services at all levels (national, district, health facility,
89 community). This should include provision of technology for reproductive health
90 and ANC clinics to conduct PMTCT (such as tool, equipment, software etc) and
91 building the capacity of health care workers (ANC, family planning and
92 reproductive health staff) on PMTCT service delivery, STI care and treatment
93 management, most-at risk populations, as part of comprehensive emergency
94 obstetric care. A critical aspect will involve enhancing existing ministry of public

95 health (MoPH) decentralization policies, for example through harmonized health
96 management information systems (HMIS) and routine supportive supervision for
97 appropriate health staff in districts, health facilities, and communities.

98 2. Update curricula for healthcare professionals to include PMTCT as a part of
99 comprehensive and integrated women and child health services in Cameroon.

100

101 C. Capacity Building

102 1. Strengthen human resource and management capacity of the Directorate of
103 Family Health to provide dynamic and innovative leadership in the formation and
104 implementation of policy and national PMTCT guidelines, to promote best and
105 evidence-based practices, and to provide technical assistance and training to
106 professionals, community organizations, community groups.

107 2. Improve coordination and supervisory functions of the Directorate of Family
108 Health at the national and regional levels. This may involve but is not limited to
109 building the Directorate of Family Health's capacity to 1) establish and ensure
110 quality of PMTCT coordination platforms; 2) facilitate planning and training of
111 decentralized regional teams; and 3) coordinate PMTCT service delivery training.

112

113 **CDC Activities:**

114 The selected applicant of this funding competition must comply with all HHS/CDC
115 management requirements for meeting participation and progress and financial reporting
116 for this cooperative agreement (See HHS/CDC Activities and Reporting sections below

117 for details), and comply with all policy directives established by the Office of the U.S.
118 Global AIDS Coordinator.

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

- 122 1. Organize an orientation meeting with the grantee for a briefing on applicable
123 U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief
124 (PEPFAR) expectations, regulations and key management requirements, as well
125 as report formats and contents. The orientation could include meetings with staff
126 from HHS agencies and the Office of the U.S. Global AIDS Coordinator
127 (OGAC).
- 128 2. Review and make recommendations as necessary to the process used by the
129 grantee to select key personnel and/or post-award subcontractors and/or
130 subgrantees to be involved in the activities performed under this agreement, as
131 part of the President's Emergency Plan for Relief (PEPFAR) Country Operational
132 Plan (COP) review and approval process, managed by the OGAC.
- 133 3. Review and approve the grantee's annual work plan and detailed budget, as part
134 of the PEPFAR COP review and approval process, managed by the OGAC.
- 135 4. Review and approve the grantee's monitoring and evaluation plan, including for
136 compliance with the strategic information guidance established by the OGAC.
- 137 5. Meet on a regular basis with the grantee to assess expenditures in relation to
138 approved work plan and modify plans as necessary.

- 139 6. Meet on a quarterly basis with the grantee to assess quarterly technical and
140 financial progress reports and modify plans as necessary.
- 141 7. Meet on an annual basis with the grantee to review annual progress report for
142 each U.S. Government Fiscal Year, and to review annual work plans and budgets
143 for the subsequent year, as part of the PEPFAR review and approval process for
144 COPs, managed by the OGAC.
- 145 8. Provide technical assistance, as mutually agreed upon, and revise annually during
146 validation of the first and subsequent annual work plans. This could include
147 expert technical assistance and targeted training activities in specialized areas,
148 such as strategic information, project management, and confidential counseling
149 and testing.
- 150 9. Provide in-country administrative support to help the grantee meet U.S.
151 Government financial and reporting requirements approved by the Office of
152 Management and Budget (OMB) under 0920-0428 (Public Health Service Form
153 5161).
- 154 10. Collaborate with the grantee on designing and implementing the activities listed
155 above, including, but not limited to: the provision of technical assistance to
156 develop program activities, data management and analysis, quality assurance, the
157 presentation and possibly publication of program results and findings, and the
158 management and tracking of finances.
- 159 11. Provide consultation and scientific and technical assistance based on appropriate
160 HHS/CDC and OGAC documents to promote the use of best practices known at
161 the time

- 162 12. Assist and mentor the recipient in developing and implementing quality
163 management systems and procedures.
- 164 13. Facilitate in-country planning and review meetings for technical assistance
165 activities.
- 166 14. Provide technical oversight for all activities under this award.
- 167 15. Provide ethical reviews, as necessary, for evaluation activities, including from
168 HHS/CDC headquarters.
- 169 16. Supply the awardee with protocols for related evaluations.

170

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

174 **III. AWARD INFORMATION AND REQUIREMENTS**

175 Type of Award: Cooperative Agreement

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

177 Fiscal Year Funds: [FY2011](#)

178 Approximate Current Fiscal Year Funding: \$ 1,800,000

179 Approximate Total Project Period Funding: \$ 10,000,000 (This amount is an estimate,
180 and is subject to availability of funds and includes direct costs for international
181 organizations or direct and indirect costs for domestic grantees for all years.)

182 Anticipated Award Date: September 2011

183 Budget Period Length: 12 months

184 Project Period Length: 5 years

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

189 **III. Application Content**

190 Unless specifically indicated, this announcement requires *No Longer Applicable* of the
191 following information: Table of content and pages to be numbered.

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

199 **A Project Narrative** must be *No Longer Applicable* with the application forms. The
200 project narrative must be uploaded in a PDF file format when *No Longer Applicable* via
201 Grants.gov. The narrative must be *No Longer Applicable* in the following format:

- 202 • Maximum number of pages: 25. If your narrative exceeds the page limit, only the
203 first pages which are within the page limit will be reviewed.
- 204 • Font size: 12 point unreduced, Times New Roman
- 205 • Double spaced
- 206 • Paper size: 8.5 by 11 inches
- 207 • Page margin size: One inch

208 • Number all narrative pages; not to exceed the maximum number of pages.

209 The narrative should address activities to be conducted over the entire project period and

210 must include the following items in the order listed:

211 • **Project Context and Background (Understanding and Need):** Describe the

212 background and justify the need for the proposed project. Describe the current

213 infrastructure system; targeted geographical area(s), if applicable; and identified

214 gaps or shortcomings of the current health systems and AIDS control projects;

215 • **Project Strategy - Description and Methodologies:** Present a detailed operational

216 plan for initiating and conducting the project. Clearly describe the applicant's

217 technical approach/methods for implementing the proposed project. Describe the

218 existence of, or plans to establish partnerships necessary to implement the project.

219 Describe linkages, if appropriate, with programs funded by the U.S. Agency for

220 International Development;

221 • **Project Goals and Objectives:** Describe the overall goals of the project, and

222 specific objectives that are measurable and time phased, consistent with the

223 objectives and numerical targets of the Emergency Plan and for this Cooperative

224 Agreement program;

225 • **Project Outputs:** Be sure to address each of the Measurable outcomes listed in

226 this Announcement;

227 • **Project Contribution to the Goals and Objectives of the Emergency Plan:**

228 Provide specific measures of effectiveness to demonstrate accomplishment of the

229 objectives of this program;

230 • **Work Plan and Description of Project Components and Activities:** Be sure to
231 address each of the specific tasks listed in the activities section of this
232 announcement. Clearly identify specific assigned responsibilities for all key
233 professional personnel and provide a timeline (e.g. GANTT chart);

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

235 • **Management of Project Funds and Reporting; and**

236 • **An HIV/AIDS related funding matrix:** All applicants must indicate whether
237 they are receiving other HIV/AIDS related funding. If the applicant is receiving or
238 has applied for other HIV/AIDS related funding, the following information must be

239 *No Longer Applicable:*

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

241 ✓ Amount of award

242 ✓ Period performance

243 ✓ Funding agency

244 ✓ Contact details for funding agency

245 ✓ Brief description of program activities

246

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

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

249 **must not exceed 80 pages. For this purpose, all appendices must have page numbers**

250 **and be clearly identified in the Table of Contents. The appendices can only contain**

251 **information related to the following:**

252 • **Project Budget Justification:**

253 With staffing breakdown and justification, provide a line item budget and a
254 narrative with justification for all requested costs. Be sure to include, if any, in-
255 kind support or other contributions provided by the national Government and its
256 donors as part of the total project, but for which the applicant is not requesting
257 funding.

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

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

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

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

- 271 • **Curricula vitae of current key staff who will work on the activity;**
- 272 • **Job descriptions of proposed key positions to be created for the activity;**
- 273 • **Indirect Cost Rate Agreement**

274

275 No more than four **electronic attachments** should be uploaded per application.

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

279

280 ***Application No Longer Applicable***

281 Registering your organization through www.Grants.gov, the official agency-wide E-grant
282 website, is the first step in ***No Longer Applicable*** an application online. Registration
283 information is located on the “Get Registered” screen of www.Grants.gov. Please visit
284 www.Grants.gov at least 30 days prior to ***No Longer Applicable*** your application to
285 familiarize yourself with the registration and ***No Longer Applicable*** processes. The “one-
286 time” registration process will take three to five days to complete. However, the
287 Grants.gov registration process also requires that you register your organization with the
288 Central Contractor Registry (CCR) annually. The CCR registration can require an
289 additional one to two days to complete.

290 International organizations also require a NATO CAGE Code (NCAGE). The NCAGE
291 request may take from two business days to two weeks to complete. NCAGE is needed
292 before registering with the Central Contractor Registry (CCR). After registering with
293 CCR, the applicant can proceed to register with Grants.gov. (See “Other ***No Longer***
294 ***Applicable*** Requirements” session below for more information)

295 ***No Longer Applicable*** the application electronically by using the forms and instructions
296 posted for this funding opportunity on www.Grants.gov. If access to the Internet is not
297 available or if the applicant encounters difficulty in accessing the forms on-line, contact

298 the HHS/CDC Procurement and Grant Office Technical Information Management
299 Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

300 *Note: Application No Longer Applicable is not concluded until successful completion*
301 *of the validation process.*

302

303 *After No Longer Applicable of your application package, applicants will receive a “No*
304 *Longer Applicable receipt” email generated by Grants.gov. Grants.gov will then*
305 *generate a second e-mail message to applicants which will either validate or reject their*
306 *No Longer Applicable application package. This validation process may take as long as*
307 *two (2) business days. Applicants are strongly encouraged check the status of their*
308 *application to ensure No Longer Applicable of their application package is complete*
309 *and no No Longer Applicable errors exists. To guarantee that you comply with the*
310 *application No Longer Applicable published in the Funding Opportunity*
311 *Announcement, applicants are also strongly encouraged to allocate additional days*
312 *prior to the published No Longer Applicable to file their application. Non-validated*
313 *applications will not be accepted after the published application No Longer Applicable*
314 *date.*

315

316 *In the event that you do not receive a “validation” email within two (2) business days*
317 *of application No Longer Applicable, please contact Grants.gov. Refer to the email*
318 *message generated at the time of application No Longer Applicable for instructions on*
319 *how to track your application or the Application User Guide, Version 3.0 page 57.*

320

321 **Central Contractor Registration (CCR)**

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

325

326 **Other No Longer Applicable Requirement for International Organizations:**

327 **NATO CAGE Code (NCAGE)**

328 After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to
329 apply for grants or cooperative agreements from the Federal government. Applicants can
330 complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the

331 organization cannot *No Longer Applicable* this form by Internet, the organization can
332 obtain an NCAGE by contacting the National Codification Bureau of the country where
333 the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp.
334 Please note that NCAGE code is required for international organizations in order to
335 register with the Central Contractor Registration (CCR) and Grants.gov.

336

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

338 The applicant is required to have a Dun and Bradstreet Data Universal Numbering
339 System (DUNS) identifier to apply for grants or cooperative agreements from the Federal
340 government. The DUNS is a nine-digit number which uniquely identifies business
341 entities. There is no charge associated with obtaining a DUNS number. Applicants may
342 obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-
343 705-5711.

344 **Electronic *No Longer Applicable* of Application:**

345 Applications must be *No Longer Applicable* electronically at www.Grants.gov.
346 Electronic applications will be considered as having met the *No Longer Applicable* if the
347 application has been successfully *No Longer Applicable* electronically by the applicant
348 organization's Authorized Organizational representative (AOR) to Grants.gov on or
349 before the *No Longer Applicable* date and time.

350 The application package can be downloaded from www.Grants.gov. Applicants can
351 complete the application package off-line, and then upload and *No Longer Applicable*
352 the application via the Grants.gov Web site. The applicant must *No Longer Applicable*
353 all application attachments using a PDF file format when *No Longer Applicable* via

354 Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site.
355 Use of file formats other than PDF may result in the file being unreadable by staff.
356 Applications ***No Longer Applicable*** through Grants.gov (<http://www.grants.gov>), are
357 electronically time/date stamped and assigned a tracking number. The AOR will receive
358 an e-mail notice of receipt when HHS/CDC receives the application. The tracking
359 number serves as a receipt of ***No Longer Applicable***.

360 If the applicant encounters technical difficulties with Grants.gov, the applicant should
361 contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24
362 hours a day, 7 days a week. The Contact Center provides customer service to the
363 applicant community. The extended hours will provide applicants support around the
364 clock, ensuring the best possible customer service is received any time it's needed. You
365 can reach the Grants.gov Support Center at 1-800-518-4726 or by email at
366 support@grants.gov. ***No Longer Applicable*** sent by e-mail, fax, CD's or thumb drives of
367 applications will not be accepted.

368 ***Organizations that encounter technical difficulties in using www.Grants.gov to No***
369 ***Longer Applicable their application must attempt to overcome those difficulties by***
370 ***contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov).***

371 ***After consulting with the Grants.gov Support Center, if the technical difficulties***
372 ***remain unresolved and electronic No Longer Applicable is not possible to meet the***
373 ***established No Longer Applicable, organizations may No Longer Applicable a request***
374 ***prior to the application No Longer Applicable by email to PGO TIMS for permission to***
375 ***No Longer Applicable a paper application. An organization's request for permission***
376 ***must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the***

377 *difficulties that prevent electronic No Longer Applicable and the efforts taken with the*
378 *Grants.gov Support Center (c) be No Longer Applicable to PGO TIMS at least 3*
379 *calendar days prior to the application No Longer Applicable. Paper applications No*
380 *Longer Applicable without prior approval will not be considered.*

381

382 *If a paper application is authorized, the applicant will receive instructions from PGO*
383 *TIMS to No Longer Applicable the original and two hard copies of the application by*
384 *mail or express delivery service.*

385

386 ***No Longer Applicable Dates and Times***

387 This announcement is the definitive guide on application content, *No Longer Applicable*,
388 and *No Longer Applicable*. It supersedes information provided in the application
389 instructions. If the application *No Longer Applicable* does not meet the *No Longer*
390 *Applicable* published herein, it will not be eligible for review and the applicant will be
391 notified the application did not meet the *No Longer Applicable* requirements. The
392 application face page will be returned by HHS/CDC with a written explanation of the
393 reason for non-acceptance.

394

395 Application *No Longer Applicable* Date: **TBD (PGO TIMS will enter this date)**

396 Application *No Longer Applicable* Date: **TBD (PGO TIMS will enter this date)**

397 **Funding restrictions**

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

- 399
- Recipients may not use funds for research.

- 400 • Recipients may only expend funds for reasonable program purposes, including
401 personnel, travel, supplies, and services, such as contractual.
- 402 • The direct and primary recipient in a cooperative agreement program must
403 perform a substantial role in carrying out project objectives and not merely serve
404 as a conduit for an award to another party or provider who is ineligible.
- 405 • The costs that are generally allowable in grants to domestic organizations are
406 allowable to foreign institutions and international organizations, with the
407 following exception: With the exception of the American University, Beirut and
408 the World Health Organization, Indirect Costs will not be paid (either directly or
409 through sub-award) to organizations located outside the territorial limits of the
410 United States or to international organizations regardless of their location.
- 411 • The applicant may contract with other organizations under this program; however
412 the applicant must perform a substantial portion of the activities (including
413 program management and operations, and delivery of prevention services for
414 which funds are required.)
- 415 • All requests for funds contained in the budget, shall be stated in U.S. dollars.
416 Once an award is made, CDC will not compensate foreign grantees for currency
417 exchange fluctuations through the issuance of supplemental awards.
- 418 • Foreign recipients are subject to audit requirements specified in 45 CFR 74.26(d).
419 A non-Federal audit is required, if during the recipients fiscal year, the recipient
420 expended a total of \$500,000.00 or more under one or more HHS awards (as a
421 direct recipient and/or as a sub-recipient). The recipient either may have (1) A
422 financial related audit (as defined in the Government Auditing Standards, GPO

423 stock #020-000-00-265-4) of a particular award in accordance with Government
424 Auditing Standards, in those case where the recipient receives awards under only
425 one HHS program; or, if awards are received under multiple HHS programs, a
426 financial related audit of all HHS awards in accordance with Government
427 Auditing Standards; or (2) An audit that meets the requirements contained in
428 OMB Circular A-133.

- 429 • A fiscal Recipient Capability Assessment may be required, prior to or post award,
430 in order to review the applicant’s business management and fiscal capabilities
431 regarding the handling of U.S. Federal funds.

432 **Prostitution and Related Activities**

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

436

437 Any entity that receives, directly or indirectly, U.S. Government funds in connection with
438 this document (“recipient”) cannot use such U.S. Government funds to promote or
439 advocate the legalization or practice of prostitution or sex trafficking. Nothing in the
440 preceding sentence shall be construed to preclude the provision to individuals of
441 palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary
442 pharmaceuticals and commodities, including test kits, condoms, and, when proven
443 effective, microbicides. A recipient that is otherwise eligible to receive funds in
444 connection with this document to prevent, treat, or monitor HIV/AIDS shall not be
445 required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to

446 endorse, utilize, or participate in a prevention method or treatment program to which the
447 recipient has a religious or moral objection. Any information provided by recipients
448 about the use of condoms as part of projects or activities that are funded in connection
449 with this document shall be medically accurate and shall include the public health
450 benefits and failure rates of such use.

451

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

457

458 The following definition applies for purposes of this clause:

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

462

463 All recipients must insert provisions implementing the applicable parts of this section,
464 “Prostitution and Related Activities,” in all subagreements under this award. These
465 provisions must be express terms and conditions of the subagreement, must acknowledge
466 that compliance with this section, “Prostitution and Related Activities,” is a prerequisite
467 to receipt and expenditure of U.S. government funds in connection with this document,
468 and must acknowledge that any violation of the provisions shall be grounds for unilateral

469 termination of the agreement prior to the end of its term. Recipients must agree that HHS
470 may, at any reasonable time, inspect the documents and materials maintained or prepared
471 by the recipient in the usual course of its operations that relate to the organization's
472 compliance with this section, "Prostitution and Related Activities."

473

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

481

482 Recipients' compliance with this section, "Prostitution and Related Activities," is an
483 express term and condition of receiving U.S. Government funds in connection with this
484 document, and any violation of it shall be grounds for unilateral termination by HHS of
485 the agreement with HHS in connection with this document prior to the end of its term.

486 The recipient shall refund to HHS the entire amount furnished in connection with this
487 document in the event HHS determines the recipient has not complied with this section,
488 "Prostitution and Related Activities."

489 *Any enforcement of this clause is subject to Alliance for Open Society*

490 *International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006*

491 *and August 8, 2008)(orders gaining preliminary injunction) for the term of the*
492 *Orders.*

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

494 [http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist](http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf)
495 [.pdf](#)

496

497 **Application Review Information**

498 Applications will be reviewed by technically qualified individuals using the following
499 review criteria:

- 500 • **Project Context and Background (Understanding and Need);**
- 501 • **Project Strategy - Description and Methodologies;**
- 502 • **Project Goals and Objectives;**
- 503 • **Project Outputs;**
- 504 • **Project Contribution to the Goals and Objectives of the Emergency Plan;**
- 505 • **Work Plan and Description of Project Components and Activities;**
- 506 • **Performance Measures; and**
- 507 • **Management of Project Funds and Reporting.**

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

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

511

512 **IV. Award Administration Information**

513 **Award Notices**

514 The successful applicant will receive a Notice of Award (NOA) from the CDC
515 Procurement and Grants Office. The NOA shall be the only binding, authorizing
516 document between the recipient and CDC. The NOA will be signed by an authorized
517 Grants Management Officer and emailed to the program director and a hard copy mailed
518 to the recipient fiscal officer identified in the application.

519

520 **Administrative and National Policy Requirements**

521 Successful applicants must comply with the administrative requirements outlined in 45
522 CFR Part 74. The following additional requirements apply to this project:

- 523 • AR-4 HIV/AIDS Confidentiality Provisions
- 524 • AR-6 Patient Care
- 525 • AR-7 Executive Order 12372
- 526 • AR-8 Public Health System Reporting Requirements
- 527 • AR-9 Paperwork Reduction Act Requirements
- 528 • AR-10 Smoke-Free Workplace Requirements
- 529 • AR-12 Lobbying Restrictions
- 530 • AR-13 Prohibition on Use of CDC Funds for Certain Gun Control
531 Activities
- 532 • AR-14 Accounting System Requirements
- 533 • AR-15 Proof of Non-Profit Status
- 534 • AR-21 Small, Minority, and Women-Owned Business
- 535 • AR-23 States and Faith-Based Organizations
- 536 • AR-24 Health Insurance Portability and Accountability Act Requirements

- 537 • AR-25 Release and Sharing of Data
- 538 • AR-27 Conference Disclaimer and Use of Logos
- 539 • AR-29 Compliance with [EO13513](#), “Federal Leadership on Reducing Text
540 Messaging while Driving”, October 1, 2009

541

542 Additional information on the requirements can be found on the CDC Web site at the
543 following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

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

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

547 Applicants must include an additional Certifications form from the PHS5161-1

548 application in the Grants.gov electronic *No Longer Applicable* only. Applicants should
549 refer to the following Internet address:

550 <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once the applicant has

551 filled out the form, it should be attached to the Grants.gov *No Longer Applicable* as an

552 Other Attachments Form. CDC Assurances and Certifications can be found on the CDC

553 Web site at the following Internet address:

554 <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

555 **Terms and Conditions**

556 Applicant must provide CDC with an annual Interim Progress Report *No Longer*

557 *Applicable* via www.grants.gov;

- 558 1. The Interim Progress Report is due no less than 90 days before the end of the
559 budget period. The Interim Progress Report will serve as the non-competing

- 560 continuation application, and must contain the following elements:
- 561 a. Activities and Objectives for the Current Budget Period.
 - 562 b. Financial Progress for the Current Budget Period.
 - 563 c. Detailed Proposed Activity and Objectives for the New Budget Period
 - 564 Program.
 - 565 d. Budget Narrative.
 - 566 e. Measures of Effectiveness, including progress against the numerical goals
 - 567 of the President's Emergency Plan for AIDS Relief for the activities that
 - 568 have been implemented.
 - 569 f. Standard Form (SF) 424S Form.
 - 570 g. Standard Form 424A Budget Information-Non-Construction Programs.
- 571 2. Annual progress report, due 90 days after the end of the budget period. Reports
- 572 should include progress against the numerical goals of the President's Emergency
- 573 Plan for AIDS Relief for the activities that have been implemented;
- 574 3. Financial status report, due no more than 90 days after the end of the budget
- 575 period; and
- 576 4. Final financial FSR (required) and progress reports (optional), due no more than
- 577 90 days after the end of the project period.

578 These reports must be *No Longer Applicable* to the Grants Management Specialist listed

579 in the Section entitled "Agency Contacts".

580 **Other:**

581 In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC

582 also supports coordination with and among partners and integration of activities that

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

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

593

594 **V. Agency Contacts**

595 For program technical assistance and for financial, grants management or budget
596 assistance refer to the contacts information posted under the announcement.

597