

Amendment I (4/23/2012):

Technical Approach Questions

1. *On Page 6, the RFA states that “Measurable objectives of the program will be in alignment with one (or more) of the following performance goal(s).” Immediately following this statement, on Pages 5 - 7, the RFA lists seven measurable objectives. As no performance goals per se are listed immediately following Page 5, would it be accurate to conclude that the reference on Page 5 to “performance goals” refers to the four goals listed at the top of Page 9 under the paragraph entitled Purpose? The “purposes” section pg 9 and 10, list the overarching PEPFAR goals, the purpose of this program begins on page 11, first paragraph. The measurable objectives that need to be addressed are listed on pages 5-7.*
2. *On Page 12, the RFA states that “The selected applicant(s) of these funds is responsible for activities in multiple program areas.” As the RELTP’s focus is primarily on training, could CDC clarify what is meant by multiple program areas? The primary focus is to build capacity in epidemiology, that includes training, mentorship, participation in outbreak investigation, sharing best practices, data collection, management, analysis, report writing, dissemination, policy development, case-based surveillance system development, special studies, and using data for program planning. The grantee will also need to build collaborative networks with MOHs, regional, and international programs. While this seed money will initially support HIV epidemiology capacity development, it is also expected that the grantee will leverage funds to expand the epidemiology activities to include other diseases of importance to countries.*
3. *On Page 28, the RFA states that, for those applicants who are not applying as a local indigenous partner, appendices can only contain information related to curriculum vitae and job descriptions of proposed key positions. However, on the same page, the RFA suggests that the appendices can include letters of support. Could CDC please clarify if letters of support may be included by non-indigenous partners as part of the appendices?*

Yes. I would encourage that letters of support be included by all applicants. Strong letter of support from indigenous organizations and ministries of health is strongly encouraged.

4. *On page 28, the RFA states that, among the items to be included in the appendices are: “Job descriptions of proposed key positions to be created for the activity*
 - *Staff positions that are involved in the international CDC-supported FELTP programs.”*

The addition of the second line referencing staff positions that “are involved in the international CDC-supported FELTP programs” was somewhat confusing. Could CDC please clarify this paragraph?

Staff CVs and job descriptions directly involved in the program activities should be included. For all proposed staff positions, job descriptions should also be included

5. *Page 21, the RFA states that “Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners.” Does this mean that local governmental or quasi-governmental entities noted above could be remunerated for their participation as partners under the project?*

The primary grantee can subcontract with partners.

6. *To what extent does CDC/RELTP expect the curriculum to mirror or resemble the Central America FETP curriculum? How does CDC/RELTP expect the learning objectives from the Central America FETP to be used for the Caribbean curriculum? Will new learn objectives need to be developed or can the grantee adapt the objectives from the Central America FETP curriculum?*

There are many RE (L) TP programs globally and some specific to the Caribbean (Dominican Republic, Haiti), these should be reviewed and the curriculum developed to meet the needs of the Caribbean Partnership Framework countries and reflect the needs identified by stakeholders. Using curricula from other similar programs is encouraged but ultimately the program should reflect collaboration with regional partners and country needs.

7. *Can CDC/RELTP provide an estimate of the number of modules/amount of time for each level of the curriculum? For example, BASIC FETP from Central America has 5 modules, with approximately 3 days per module. The intermediate and advanced levels are significantly larger.*

As discussed on pages 13 - 15, the applicant should review the various curricula and work with local stakeholders and partners to design the curricula, timelines, program length, etc., that meets the needs and resources of PF countries and potential trainees.

8. *For Measurable Objective #2.3, does CDC/RELTP intend for the grantee to provide the entire standardized curriculum (all 3 levels—basic, intermediate, and advanced) to stakeholders in Year 1? Or, do you intend for just the basic level to be shared in Year 1?*

By the end of year one, it is expected that the entire curricula for all levels should be completed. This does not mean that all lesson plans, slide presentations, case studies, etc., have to be in place. After implementation of the basic curricula and in consultation and collaboration with CDC and regional partners, it is understood that some modifications may need to be made to the curricula or other activities which could be negotiated in subsequent continuation applications

9. *For Measurable Objective #2.4, can CDC/RELTP clarify what is meant by ‘laboratory training tools’ and how this is different from ‘laboratory training curriculum’ in the basic level?*

In every training curriculum there are usually tools to be used in achieving the objectives or measurable outcomes. It is expected that the curriculum developed should include the use of evidence based laboratory tools such as Strengthening Laboratory Management toward Accreditation (SLMTA), good clinical laboratory practice,

biosafety, sample collection, packaging, and shipment, chain of custody of samples, laboratory data management, and quality assurance as would be obtained in outbreak investigations.

10. *For Activity #2.4 (completion of a practicum), does CDC/RELTP expect the trainees to complete a practicum after each training level? Can CDC/RELTP provide us with an estimated amount of time they would like the trainees to participate in the practicum activities?*

This should be part of the design of the program with input from stakeholders. A practicum could be part of each training level or could be a long term project that incorporates the learning objectives from different levels.

11. *On page 14, number 2, the RFA states that “the applicant should consider an approach that involves developing separate curricula and program length for basic, mid-level, and advanced epidemiology.” Please clarify if these levels should be separated by 1) training for primary, secondary and tertiary level facilities.*

This was not meant to imply by facility level. It was meant for training people in the various skill levels for basic, mid, or advanced epidemiology. They should be able to apply those skills in different settings/facilities.

12. *Training for different test complexities – e.g. POC/simple e.g. RDT, semi-automated/automated eg ELISA, sophisticated molecular, such as PCR; or 3) training for different levels of staff – lab assistant, lab technologist, clinical pathologist.*

More emphasis on this training should be on how to use basic and advanced laboratory techniques to identify bacterial, viral parasite and fungal agents of public health importance. Knowledge on simple point of care (POC) testing as well as of high technology that will assist in the confirmatory diagnosis of these pathogens at the peripheral and central levels is required.

13. *One general question is whether this is a targeted request. There are a number of quite specific details that would have to be known to make this fit into broader plans. We are aware of quite a few centers in the Caribbean for specific programs but also epidemiological data of various sorts.*

No, there is no specific physical location, agency, university, or other entity targeted. This is a competitive FOA. However, please see the funding preferences section on page 40.

14. *On Page 11, the RFA states that that “The purpose of this program is to build epidemiology and laboratory capacity in the Caribbean Region in order to strengthen public health systems and information.” However, on Page 9, Paragraph 2, the RFA, while providing a detailed description of the intended approach to the development and implementation of training in epidemiology, does not provide guidance on the process or outputs anticipated for laboratory training. Could CDC please clarify whether the training construct as described includes both epidemiologists and laboratory*

technicians as a single cohort? If not, could CDC please provide the same level of guidance on what the funding opportunity expects to achieve with reference to the training of laboratory technicians?

This RFA is targeting both people with laboratory and epidemiology background. There should be provisions for joint laboratory training for both groups and a separate training that targets only the lab and epidemiology candidates. Response to this announcement should consider the typical tier lab network (tier 1, 2, and 3) where there are provisions or curriculum developed with training capacity for the national, regional or provincial and community or district level laboratories. It is expected that basic or first level training should start with overall knowledge of good clinical laboratory practice and basic testing knowledge on the menus meant for the tier 3 (community or district levels). Testing menus for tier 2 and 3 should correspond to trainings for the mid-level and advance level epidemiology curriculum respective.

15. With additional reference to Page 14, Paragraph 2, the RFA places a limitation on the total number of training cycles and, by inference, on the total number of personnel who will be trained over the 5-year life of the project. This limitation would suggest that the RFA is placing its emphasis on ensuring that the training, while limited in number, produces trainees who are effectively mentored and integrated into their ministries of health. Further, the RFA's emphasis on quality would seem to suggest that CDC's focus is on institutionalization of the training course as a key outcome of the program. Are these two interpretations of the intent of the RFA correct?

On page 14, #2, the FOA states that the "applicant should consider an approach". These are "considerations" and the applicant may recommend and justify variations for consideration. As an objective review panel will review the different applications, the applicants can propose what they think meets the needs of the Caribbean. The question about the emphasis of CDC's focus on institutionalizing the training courses and program is correct. Applications should include a section on sustainability of the program after the 5 year project period.

16. How will the logistics for the trainees be supported?

The applicant should describe how the trainees will be supported in the application. Some countries may not be able to support travel and training, others may. There should be plans in the application for selection, financial and logistical support, and retention in the government public health systems.

Application Submission Questions

1. What is the page limitation and formatting guidance for the project abstract?

Usually no more than a one-page abstract, single-spaced.

2. Should the applicant budget for translation into French, Creole or Dutch?

Not at this time, the English speaking Partnership Framework countries are the initial target audience.

3. *Does the 25 page limit of the Project Narrative include the cover page, table of contents, acronyms page?*
Yes. However the cover page will not count if it is only one page. The table of contents, acronyms page will count.
4. *Do the annexes listed in the RFA (i.e. curricula vitae, job descriptions) need to follow the format requirements as listed for the project narrative (i.e. double-spaced, 12 point, unreduced Times New Roman, one-inch margin)?*
No. Please ensure that they are in English and legible.
5. *Please confirm if the required timeline should cover only the first year of the project or all five years?*
Applicants should provide a detailed timeline for Year 1, then a proposed timeline for Years 2-5.
6. *Is it allowable for the tables in the project narrative to be single-spaced?*
No. Please refer to formatting guidance for Project Narrative (see FOA Instructions, pages 25 - 26). Double space is mentioned in the guidance.
7. *Are CDC Assurances and Certifications required from partners?*
Yes. All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm> (FOA Instructions, Page 25)
8. *Are partners equivalent to applicants?*
Yes.
9. *Should project abstract have a font size of 12 and be double spaced?*
Yes, the font size should be size 12; however, it does not need to be double spaced.
10. *How is the overall budget built? For example, is there a percentage or amount allocated for personnel in the yearly budget?*
Personnel costs should be appropriate for proposed program activities.
11. *Does the abstract fit into the 25 page limit?*
No.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Caribbean Regional Epidemiology and Laboratory Training Program (RELTP) under the Presidents Emergency Plan for AIDS Relief (PEPFAR)

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-GH12-1206

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: *May 16, 2012* on Grants.gov, 11:59pm Eastern Standard Time.

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

Measurable Objective #1: By the end of Year one, a comprehensive epidemiology training program should be designed with agreements from stakeholders. The design should be tailored to the Caribbean context.

1. A steering committee of relevant national and regional partners will have developed and there will be a planning meeting within the first 6 months of the award.
2. A memorandum is in place with relevant Ministry of Health (MoH) and regional partners to support the training program and support candidates for RELTP within the first year.
3. By the end of six months, prepare a report that describes in detail the design of the RELTP, the curriculum, retention and sustainability plans, plans to obtain agreements with MoHs and in-country supervisors/mentors, and other public health training programs and regional partners.
4. By the end of six months, RELTP's proposed design will be presented to stakeholders and a report of the findings and recommendations will be developed and submitted within 30 days after each meeting.
5. By the end of Year one, develop a report of opportunities for collaboration and joint exercises with other public health regional training programs.

Measurable Objective #2: By the end of Year one, the first cohort of at least 10-15 trainees should be recruited and begin training.

1. A report on the review of existing FELTP programs should be completed including a draft of the curriculum for the Caribbean context by the end of the first 6 months.
2. By the end of Year one, the initial phase of training for the first cohort in basic epidemiology should begin.
3. By the end of Year one, the standardized curriculum should be provided to stakeholders which outlines the elements in Activities 2-3, 2-4, 2-5, 2-6, and 2-7 in the **Recipient Activities** section below.
4. A laboratory training tool for surveillance and outbreak investigation developed and implemented within the first year of the award.

Measurable Objective #3: By the end of Year one, a plan for evaluating the RELTP and the curriculum should be developed and submitted to the steering committee.

Measurable Objective #4: By the end of Year 1, the first cohort of training participants should be recruited with clear goals, objectives, requirements for successful completion, and retention agreements in place.

1. By the end of the first six months, a clear plan for recruitment and support of potential candidates including objective criteria for selection will be provided to the steering committee and other stakeholders.
2. By the end of Year one, Memoranda of Understanding (MOUs) and retention agreements for the first cohort will be in place.
3. By the end of Year one, a website should be available explaining the program, criteria for participation, and recruitment process.

Measurable Objective #5: By the end of Year one, the first cohort for training will be selected, all agreements will be in place, and a first on-site training orientation will be held.

Measurable Objective #6: By the end of Year one, a plan for certification including quality assurance of training and mentoring will be developed and approved by the steering committee and other stakeholders.

1. By the end of Year 1, provide a plan for certification or accreditation of participants after successful completion of the different phases of training.

Measurable Objective #7: By the end of Year one, RELTP will provide an annual report to stakeholders in the Region.

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

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

PART 2. FULL TEXT OF THE ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority:

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

Background:

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

<http://www.pepfar.gov>. The overarching purpose of this FOA is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service. Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered *not* to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism.

Purpose:

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

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

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

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

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

- Promote research, development and innovation.

The purpose of this program is to build epidemiology and laboratory capacity in the Caribbean Region in order to strengthen public health systems and infrastructure. This will be done by training and mentoring participants in a Regional Epidemiology and Laboratory Training Program (RELTP) serving twelve (12) Caribbean Regional Partnership Framework Countries: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago. The program is focused on developing a trained workforce in epidemiology to support Ministries of Health and regional and international health organizations in the Caribbean. By building the epidemiology workforce, the program will improve surveillance and laboratory systems, the use of public health data for decision making, and other public health interventions for HIV/AIDS, Sexually Transmitted Infections (STI), tuberculosis and other communicable and non-communicable diseases. A comprehensive training curriculum, tailored to the Caribbean context and to different levels of epidemiologic skills (basic, mid-level, advanced), will be developed for the program. To ensure sustainability, the program will include human resource retention and sustainability plan which will be developed in collaboration with Ministries of Health (MoH), regional organizations, and other public health and human resource agencies.

Program Implementation

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the the Caribbean Region population and must also coordinate with activities supported by the Caribbean Region international or USG agencies to avoid duplication. Capacity-building plans should address systems, policy, organizational and workforce requirements for strengthening sustainable indigenous capacity to respond to the epidemic. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

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

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

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

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

Activity #1: Meet with CDC and Caribbean national, regional, and global partners to design a regional epidemiology and laboratory training program to strengthen

epidemiology workforce capacity in the Caribbean region with an initial focus on HIV/AIDS.

1. Identify global, regional, and national partners to support development of the program (including potential financial and technical support) and develop a steering committee of the relevant partners and other stakeholders to guide the planning of the design, curricula, and provisions for sustainability.
2. Develop a plan and MOU with MoHs that address the retention of personnel selected for training and the long term sustainability of the training program. Specifically, the agreements need to assure that trained participants will remain in the country or region for a specified period of time to support strengthening epidemiology capacity and mentoring of new cohorts. The agreements should also address the need for formal agreement from an in-country MoH supervisor/mentor for trainee participation. Financial sustainability (e.g. co-funding) should also be addressed.
3. Convene stakeholder meetings with National MoH to present the proposed design of the RELTP. Solicit feedback and commitments for participation.
4. Develop a plan for collaboration and joint exercises with existing public health training programs and regional networks in the Caribbean (including Haiti, Dominican Republic, and Central America/Guatemala FELTP programs) through meetings, seminars, public health networking, conferences and creating new or expanding existing public health networks.

Activity #2: Develop and implement a two-year, standardized epidemiology training program that uses classroom instruction, electronic interactive courses, field exercises and senior professional mentors. The training approach should address different levels of epidemiology skill development with separate curricula for each skill level. The program should be designed for the Caribbean context with a special focus on HIV/AIDS.

1. Review and evaluate existing CDC supported field epidemiology and laboratory training programs (FELTP) for relevance to the Caribbean Partnership Framework (PF) context. Since most FELTP programs are designed for larger countries, it will be important to adapt existing FELTP best practices and curricula to the special needs of the small population countries of the Caribbean where there are few epidemiologists.

2. When developing the program, the applicant should consider an approach that involves developing separate curricula and program length for basic, mid-level, and advanced epidemiology. All trainees will begin with the basic epidemiology curriculum. A subset of the initial cohort will continue to the mid-level curriculum and a subset of this cohort will continue to the advanced epidemiology curriculum. In this phased approach, the starting cohort will be larger than the more advanced cohorts. The basic level cohort will begin anew every two years.
3. The standardized curricula should have clear timelines for completion of course work including exercises on outbreak investigations; design and implementation of special studies; data collection, management, analysis and interpretation of surveillance and special survey data; presenting and using public health data effectively; report writing; evaluation of public health surveillance systems; and other relevant public health topics.
4. The curricula should include course work and practical exercises that support leadership development and that can be used to effectively lead and manage applied epidemiology projects and programs that address public health issues in the Caribbean. The applicant will be required to complete a practicum that embeds him/her into the MoH. A plan for strong in-country mentorship and guidance should be included.
5. Develop and implement a training component that requires participants to use existing country or regional data and available research to develop practices and sound policies that address national, regional, or local public health issues.
6. Develop and implement relevant epidemiology and public health materials including exercises, data collection systems, strategies and tools to create opportunities for networking among national and regional public health programs, trainees and graduates and special interest groups.
7. Promote the development of exercises and workshops in the training curriculum that focus on HIV/AIDS and other specific public health conditions of interest. The exercises and/or workshops will focus on collaboration and information sharing (e.g. best practices).

8. Develop and implement laboratory training tools that include information on good clinical laboratory practice, biosafety, sample collection, packaging and shipment, chain of custody of samples, laboratory data management, and quality assurance, as would be obtained in surveillance and outbreak investigations.

Activity #3: Design, develop, and implement, a plan for program evaluation.

1. With partner inputs and support from evaluation experts, design an evaluation plan (including capacity building and sustainability) for the RELTP.

Activity #4: Develop and implement a plan to recruit, select, and support candidates for RELTP, monitor their progress, and maintain a database of program trainees, graduates and program staff. The plan should include a strategy for retention of RELTP graduates.

1. Develop criteria and a plan for the number and selection of cohorts for the various training curricula including how countries will be engaged in planning and selection of the cohorts.
2. The recruitment plan should detail criteria for participation in the training program and retention agreements with governments.
3. Develop MOUs with PF MoHs to assure retention of trainees and sustainability of the program.
4. Develop and implement a web-site to explain RELTP and recruit applicants.

Activity #5: Begin training for the first RELTP class cohort.

1. Develop all resource and training materials including exercises, presentations, mentoring plans, etc., for both on-line and on-site training activities.
2. Develop and maintain web-based information sharing system and a listserv of regional RELTP program trainees, graduates, and program staff.

Activity #6: Develop and implement standards to ensure a high quality of epidemiology training and mentoring and for accreditation or certification of participants after successful completion of the different training curricula. Consider conferring a recognized academic degree (e.g. Master of Public Health) or other certification on trainees upon completion of the program.

1. Review the certification activities of other CDC-supported FELTP programs and regional public health training programs and determine the best plan for recognition

of RELTP graduates, including the possibility of conferring a recognized academic degree (e.g. Master of Public Health equivalent or similar certificate) on trainees.

Activity #7: Prepare an annual report to share with partners on the state of RELTP including accomplishments, success stories, challenges, and recommendations.

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

CDC Activities:

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

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

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.

4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for conduct of routine data quality assurance processes and periodic data quality assessments and for compliance with strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, to evaluate grantee's performance (including quality of products and achievement of project goals and objectives), and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, evaluate program implementation, manage and analyze data, conduct quality assurance, present and possibly publish program results and findings, and manage and track finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.

12. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.
17. Facilitate the development of a retention and sustainability plan, ensuring that sustainability is built into the planning and implementation of all activities and ensuring that the grantee gives this high priority.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement.

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

Fiscal Year Funds: 2012

Approximate Current Fiscal Year Funding: \$1,300,000

Approximate Total Project Period Funding: \$5,300,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: One

Approximate Average Award: \$1,300,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: None

Budget Year 2 Floor amount: None

Budget Year 3 Floor amount: None

Budget Year 4 Floor amount: None

Budget Year 5 Floor amount: None

Ceiling of Individual Award Range: \$1,300,000 (This ceiling is for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Budget Year 2 Ceiling amount: \$1,000,000

Budget Year 3 Ceiling amount: \$1,000,000

Budget Year 4 Ceiling amount: \$1,000,000

Budget Year 5 Ceiling amount: \$1,000,000

Anticipated Award Date: September 30, 2012

Budget Period Length: 12 Months

Project Period Length: Five Years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. Ceiling amounts in budget years 02-05 include additional funds for anticipated scale-up of existing activities.

Note: Applicants should only apply for the first budget period funding taking into consideration the first budget period floor and the first budget period ceiling.

III. ELIGIBILITY INFORMATION

Eligible Applicants

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

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

- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)
- Non-domestic (non-U.S.) entity
- Other

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

PEPFAR Local Partner definition:

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

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

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

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

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

Note: To be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets one of the three criteria listed above.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Registry (CCR) and DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) which will require up to at least 4 weeks to complete registration in its entirety. The CCR registration can require an additional two weeks to complete. You are required to maintain a current registration in CCR. CCR registration must be renewed annually.

Central Contractor Registration and Universal Identifier Requirements

Foreign entities only: Prior to registering for CCR, please follow the Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code:
http://www.dlis.dla.mil/Forms/Form_AC135.asp.

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to

determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Other

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

Special Requirements:

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.

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

IV. Application and Submission Information

Submission Dates and Times

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

Application Deadline Date: *May 21, 2012* ON GRANTS.GOV, 11:59pm Eastern Standard Time.

Applicants must download the SF424 application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email: pgotim@cdc.gov Monday-Friday 7:00am – 4:30pm U.S. Eastern Standard Time for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

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

All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:

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

Print, scan and upload as an additional attachment into the application package.

Letter of Intent (LOI):

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

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

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;

- Page margin size: One inch;
- Number all narrative pages; not to exceed the maximum number of pages.

Note: The applicant should take into consideration the Criteria listed in “Section V. Application Review Information” when composing the project narrative.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant’s technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Include the goals of the project and its SMART objectives (specific, measurable, achievable, relevant, and time-bound). These need to be consistent with the expected targets of the Country/Regional Operational Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Project Outputs:* List the products that will result from the activities to be implemented in this project and that are relevant to the objectives specified in the previous section (e.g., conduct data quality assessment once a year);

- *Project Outcomes:* Include the expected effects of project activities in the target populations and/or organizations (e.g., increased adherence to ART) that are relevant to the project goals and objectives. This will represent the project's effectiveness;
- *Performance Indicators:* Include measures that will show progress in the achievement of project goals and objectives (e.g., percent of health care workers who graduated from a pre-service training at the end of the reporting period)
- *Timeline* (e.g., GANTT Chart); and
- *Management of Project Funds and Reporting.* Reporting should also address quarterly reports and PEPFAR Semi-Annual (SAPR) and Annual (APR) progress reports.

Project Budget Justification:

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

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

The project budget justification must be included as a separate attachment of the application, not to be counted in the narrative page limit.

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

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

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

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- *Curricula vitae* of current key staff who will work on the activity: directors, trainers, and mentors.
- *Job descriptions* of proposed key positions to be created for the activity
 - Staff positions that are involved in the international CDC-supported FELTP programs.
- *If applying as a Local Indigenous Partner*, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part III. ELIGIBILITY INFORMATION section of the FOA.

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named accordingly. i.e.: Letters of support should be named “letters of support”

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

Funding Restrictions

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

- All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
- Needle Exchange – No funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)

- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
- ADS funding restrictions which require submission of protocols will be submitted within six months of notification of such requirement, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.
All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.

The 8% Rule

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

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2012, the limit is no more than 8 percent of the country's FY 2012 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has \$_____ in FY12 grants and cooperative agreements (for as many fiscal years as applicable) in the Caribbean Region For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

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

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

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

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

The following definition applies for purposes of this clause:

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

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

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

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

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

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

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

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

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 Email: pgotim@cdc.gov Monday-Friday 7:30am -4:30pm for further instruction.

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

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

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

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail

notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

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

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

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

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the funding opportunity announcement GH12-1206. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (15 points):

Does the applicant demonstrate the local experience in the Caribbean Region and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (5 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President’s Emergency Plan, including the U.S. Agency for International Development? (10 points)

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? (10 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points) Does the application include reasonable estimates of outcome targets? (For example, the number of participants to be supported, number of methodologies to be employed.) To what extent does the applicant propose to work with other organizations? (5 points) The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

Capacity Building (10 points):

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? (10 points) If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities?

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points) Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate?(10 points) Applicants must define specific output and outcome indicators must be defined in the proposal, and must

have realistic targets in line with the targets addressed in the Activities section of this announcement.

Understanding of the Problem (20 points):

Does the applicant demonstrate a clear and concise understanding of the current Regional HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? (5 points) Does the applicant display an understanding of the epidemiological and laboratory capacity needs in the region?(10 points) To what extent does the applicant justify the need for this program within the target community (5 points)?

Personnel (10 points):

Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical

assistance in laboratory or pharmacy management? (10 points). The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Budget (SF424A) and Budget Narrative (Reviewed, but not scored):

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

If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The indirect cost rate agreement does not apply to international applicants.

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

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

Funding Preferences (30 points):

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

1. Preference to local and indigenous (i.e. Caribbean) organizations. (20 points)
2. Preference to organizations that have worked with local, indigenous (i.e. Caribbean) partners. (10 points)

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Division of Global HIV/AIDS and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

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

Selection

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

In addition, the following factors may affect the funding decision:

1. Preference to local and indigenous Caribbean organizations.
2. Preference to organizations that have worked with Caribbean local, indigenous partners.

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

Pre-Application Workshops

CDC Caribbean Regional will host a pre-application workshop following posting of this announcement on www.grants.gov. Applicants interested in attending the pre-application workshop should contact Karen Hymbaugh at KHymbaugh@cdc.gov regarding time, venue, and registration details no later than five days following the posting of this announcement.

VI. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application. Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail and/or e-mail.

Administrative and National Policy Requirements

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

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-16 Security Clearance Requirement
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966

(Public Law 89-665, 80 Stat. 915)

- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973

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

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

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/ subcontracts/ consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

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

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form
 - b. SF-424A Budget Information-Non-Construction Programs
 - c. Budget Narrative
 - d. Indirect Cost Rate Agreement
 - e. Project Narrative
 - f. Activities and Objectives for the Current Budget Period;
 - g. Interim Financial Status Report (SF-269) for the current budget period;
 - h. Proposed Activity and Objectives for the New Budget Period Program;
 - i. Budget;
 - j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for the Caribbean Region; and
 - k. Pipeline Analysis – Expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).

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

2. Quarterly Progress Reports – In addition to the Interim Progress Report and the Final performance and Financial Status Reports, quarterly reports are required 90 days after submission of the Final Performance and Financial Status Reports, and, 90 days after submission of the Interim Progress Report. Reports shall include:
 - a. Activities and Objectives for the current quarter;
 - b. Financial progress for the current quarter; and
3. Financial Status Report (SF 269) - An annual progress report, due no more than 90 days after the end of the budget period.]
4. Final performance and Financial Status Reports - Due no more than 90 days after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

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

Human Subjects Restrictions

Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHA Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Grantee has not been granted an exception to the deadlines specified above.

VII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact:

Karen Hymbaugh, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Caribbean Regional Office
U.S. Embassy, Bridgetown
Wildey Business Park, St. Michael, Barbados
Telephone: 246-227-4022
E-mail: KHymbaugh@cdc.gov

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

Arthur Lusby, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2865
E-mail: Alusby@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

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

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

VIII. Other Information

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in www.grants.gov. All amendment and Q&As will be published in grants.gov following the approval of CDC. No amendments or Q&As will be accepted past the due date.

For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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