

## AMENDMENT I (02/29/2012)

### *i) Questions & Answers:*

**1. Section II (Award Information) states that approximately \$25,000,000 will be available for the current FY funding and that there will be approximately 1-2 awards. Is this information accurate for Zambézia only (given the earlier reference to six provinces)?**

- *Yes, this is for Zambézia only.*

**2. Please clarify if the first budget period ceiling per single award is \$25,000,000 or \$12,500,000.**

- *The ceiling for the first budget period is \$25,000,000, however the average award for Year 1 is \$12,500,000. If only one applicant is selected they can be awarded up to the ceiling amount. In the event that two applicants are selected they both can be awarded up to the average award amount of \$12,500,000.*

**3. Please provide the latest version (or the link to the latest version) of the HHS/CDC policy directives related to renovations. For example, it is unclear if the construction of an incinerator for biomedical prevention at health facilities would be compliant with HHS/CDC policy directives related to renovations.**

- *The first link is to the NIH website and the second link is to the grants information page and HHS grants policy statement specifically:*

*<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>*

*<http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>*

**4. For the transition plan, is it a requirement for the international organization applying as the prime recipient to create a local NGO to transition activities to throughout the life of the award OR can the international organization transition activities to the DPS, DDS and other local NGOs/CBOs?**

- *It is not a requirement for the international partner to create an NGO.*

**5. Is the focus solely on capacity building to improve quality of services or is there an expectation to build capacity for expansion of the breadth and reach of services?**

- *The expectation is to build capacity for all of the above—quality AND expansion of the breadth and reach of services.*

**6. Section IV (Application and Submission Information), Funding Restrictions, states: 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.» Does this mean that an organization which was established and has legal registration within the territorial limits of the United States, but which is registered to do business in Mozambique as an international NGO, cannot charge Indirect Costs?*

- *If the applicant submits the application as a US based organization with a valid US address but they are simply doing business in Mozambique, then the answer is yes. But if the applicant submits an application as an international NGO then the answer would be no, they cannot charge Indirect Costs.*

*ii) Amendments:*

- 1. Page 7, Part B: Transition Plan Outcomes, a: Added “Zambezia Province,” and deleted “...up to 6 provincial health directorates and over 60 district health directorates as well as Mozambican organizations..., “...their...,” and “...within these organizations...”*
- 2. Page 8, Part B: Transition Plan Outcomes, c: Deleted “...number of..”.*

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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:** Technical Assistance to The Ministry of Health (MOH) for HIV Services and Program Transition in Zambezia Province of the Republic of Mozambique under the President's Emergency Plan for AIDS Relief (PEPFAR)

**Announcement Type:** New – Type 1

**Agency Funding Opportunity Number:** CDC-RFA-GH12-1224

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

**Key Dates:**

Application Deadline Date: *April 27, 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):

**Part A: Service Delivery and Capacity Building Outcomes:**

The grantee will be responsible for conducting the following measurable outcomes:

1. HIV Prevention:

- a. By the end of the project period, 95 % of pregnant and immediate post-partum women with known HIV status (includes women who were tested for HIV) will have received their results
- b. By the end of the project period, 95% of HIV-positive pregnant women receive antiretroviral drugs to reduce risk of mother-to-child-transmission;
- c. By the end of the project period, 80% of infants born to HIV-positive women receive an HIV test within 12 months of birth; and
- d. By the end of the project period, 80% of anti-retroviral therapy (ART) patients and 80% of pre-ART patients registered in health facility receive a minimum package of Prevention with Positives (PwP) interventions.

2. HIV Care and Support for Adults and Children:

- a. By the end of the project period, 90% of HIV-positive persons are enrolled in clinical services receiving cotrimoxazole prophylaxis;
- b. By the end of the project period, 80% of HIV-positive clinically malnourished clients (clinical care patients) receive therapeutic or supplementary food;
- c. By the end of the project period, 10 % of HIV-positive patients in HIV care or treatment (clinical care, pre-ART or ART) are diagnosed for TB; and
- d. By the end of the project period, 80% of children (<18 months) born to HIV-positive pregnant women are started on Cotrimoxazole prophylaxis within two months of birth.

3. TB/HIV:

- a. By the end of the project period, 95% TB patients have HIV test results recorded in the TB register;
- b. By the end of the project period, 80% of HIV-positive clinical care patients are screened for TB in HIV care/treatment settings at each visit;
- c. By the end of the project period, 90% of TB/HIV co-infected patients are started on ART; and
- d. By the end of the project period, 90% of TB/HIV co-infected patients are started on cotrimoxazole prophylaxis.

4. Antiretroviral Therapy (ART):

- a. By the end of the project period, 15 % of new patients started on ART are children; and
- b. By the end of the project period, 80 % of adults and children are known to be alive and on treatment 12 months after initiation of antiretroviral therapy.

5. Human Resources for Health (HRH):

- a. In Year 1 and 2 of the project, 90% of targets, established by CDC-Mozambique for newly graduating health care workers from a pre-service training institution, have graduated each year;
  - b. 85 % of targets established by CDC-Mozambique for staff recruitment at supported sites are hired each year; and
  - c. 80% of planned in-service trainings are executed each year.
6. Quality Assurance (QA) and Quality Improvement of services:
- a. By the end of the project period, 85 % of all sites participate in one round of MOH-led QA/QI per year;
  - b. By the end of the project period, 80 % of supported sites have clinical mentoring activities; and
  - c. By the end of the project period, 90 % of supported districts should have at least one ART committee meeting per month.
7. Strategic Information (SI):
- a. 80% of supported districts by Year 3 have data verified in at least one HIV-related service each year by a team from the provincial health directorate and/or the grantee; it is expected to have 95% of supported districts verifying data by the end of the project;
  - b. 95% of supported districts have data verification by an external source, such as the central MOH group;
  - c. Of those districts undergoing data verification, 90% of sites are expected to produce consistent data as compared to the validation exercise; 80% of supported districts should have data verification by the third year, in which there was a partner TA supervision visit focusing on HMIS/M&E (NEP to NED) at least two times/year. This number should increase to 95% by the end of the project;
  - d. 80% of districts in which there was a DPS (Provincial Directorate of Health) supervision visit related to HMIS (Health Management and Information

System)/M&E (Monitoring and Evaluation) (NEP (Statistics Provincial Department) to NED (Statistics District Department)) at least two times/year. This number would increase to 95% by the end of the project; and

- e. Annual report on implementation of HIV and other HIV related program activities in the province produced and disseminated.

8. Laboratory and Drug Commodities:

- a. By the end of the project period, a provincial level early infant diagnosis (EID) and CD4 specimen referral system will be developed;
- b. By the end of the project period, 95% of supported ART sites in province will have a referral link to CD4 testing; and
- c. By the end of the project period, 95% of supported ART sites in province with a referral link to EID testing.

9. Infrastructure:

- a. By the end of the project period, develop a prioritized list of infrastructure projects in the province developed; and
- b. By the end of the project period, 75% of planned renovations (electricity, water, and physical renovations) completed per year.

10. Capacity Building and Technical Assistance:

- a. Development of a technical assistance plan to support and strengthen the capacity of provincial health directorates, district health directorates and local partner readiness to manage programs, and to compete for and be awarded funds to conduct program activities previously implemented by international organizations;
- b. Training, mentoring and monitoring and evaluation plan with defined benchmarks developed with agreement from CDC country office, the Mozambique provincial

- health government, and non-government partners in the province where capacity building activities will be implemented;
- c. Development of a technical assistance plan and training plan to help provincial, district and non-government staff in developing standard operating procedures for monitoring and evaluation of program activities, financial management, accounting, and accountability;
  - d. Development of a technical assistance plan to help provincial, district and non-government staff in developing standard operating procedures for human resource management;
  - e. Validation of improved district and provincial management systems in clinical, administrative, and financial domains;
  - f. Provision of training materials and programs including development, implementation of training of public health, facility-based and community-based service provider;
  - g. 85% of administrative staff within the DPS are trained in financial management and accountability (in line with approved standard operating procedures); it is expected that this number will decrease over the span of the project as the DPS and Local NGOs will assume direct responsibility for training of their own staff; and
  - h. Develop policies and schemes on staff retention and introduction of new cadres such as lay counselors and data entry clerks.

**Part B: Transition Plan Outcomes:**

The grantee will be responsible for completing the following transition plan outcomes:

Transition:

- a. During the first year of implementation, provide technical assistance and support to **Zambézia Province** in order to build capacity and ensure sustainability to manage quality HIV programs;

- b. Shift the proportion of program activities or technical functions previously the responsibility of the international partner that are transitioned to the provincial and district health authorities and local organization; and
- c. Increase the provincial health and district health directorates and local partner assessed and rated “ ready” to manage programs, and to compete for and be awarded funds to conduct program activities previously implemented by international organization.

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.

HHS/CDC Mozambique, in conjunction with other US government agencies, is supporting the Government of the Republic of Mozambique (GoM) in the expansion of HIV prevention, care, and treatment throughout the country. The rapid scale up of HIV/AIDS programs in recent years in Mozambique requires improved approaches to technical assistance and capacity building to achieve the goals laid out by the Mozambique Ministry of Health (MoH), the President's Emergency Plan for AIDS Relief (PEPFAR) and the Partnership Framework that was signed between the US Government (USG) and GoM in August 2010. Program sustainability and government management of

programs are a priority in this Partnership Framework over the next five years. Included in the Partnership Framework, is language referring to the USG PEPFAR program plans to transition management and ownership of programs from international non-governmental organizations (NGOs) to the GoM and Mozambican organizations and support the multisectoral efforts to increase the capacity of civil society to lead the response against HIV in Mozambique.

This announcement builds upon previous PEPFAR support to the GoM under the HHS/CDC clinical services and antiretroviral treatment programs and is aimed at assuring the continuity of comprehensive services currently being provided to an existing pool of patients, clients, and families receiving HIV/AIDS prevention, care, support and antiretroviral treatment in Zambezia province.

The primary purpose of this announcement is to provide funding to organizations with proven experience in the provision of HIV clinical services and technical assistance in Zambezia province to enable them to accomplish the following tasks: 1) to provide clinical, technical and financial support for delivery and expansion of HIV prevention, care, and treatment services to children and adults in Zambezia province; and 2) to progressively transition these programs over a period of 5 years to Mozambican government and non-governmental ownership thus ensuring sustainable service delivery within the target provinces and the health sector in Mozambique.

The grantee(s) will work in collaboration with the Mozambican MoH and Zambezia provincial health directorate, local partners, the USG PEPFAR team and HHS/CDC office in Mozambique to improve the breadth, scale and quality of HIV interventions provided in Mozambique.

The cornerstone of this award is ensuring that there is a transition of programs; therefore, throughout the life of this award, the scope of direct support for implementation of HIV services by the successful applicant will progressively reduce as more of the program activities and expansion goals are transitioned to local partners including the Provincial

Health Directorates and indigenous non-governmental organizations. This progressive shift in implementation is expected to happen within the lifetime of this project and will be jointly monitored in collaboration with the local organization, relevant GoM entities and HHS/CDC country teams. All activities implemented under this announcement should be in alignment with Mozambican national plans, guidelines, and policies.

Note: Applications are required to address all program areas described in the sections of this FOA. In addition, applicants are required to respond to both “Part A: Service Delivery and Capacity Building” and “Part B: Transition Plan” of the FOA. Applications that fail to comply with these requirements will be considered non-responsive.

## **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 Mozambican population and must also coordinate with activities supported by Mozambican, 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 Mozambique. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Mozambique 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:

**Part A: Service Delivery and Capacity Building:**

1. HIV Prevention:

- a. Implementation and expansion of Prevention of Mother-to-Child Transmission of HIV (PMTCT) services in the context of integrated maternal and child health services, ensuring appropriate counseling and testing of pregnant women, provision of the most effective antiretroviral prophylactic regimens recommended to prevent MTCT, appropriate infant feeding counseling, early infant diagnosis of HIV, provision of cotrimoxazole prophylaxis, and clinical monitoring and initiation of ART for pregnant women and infants, if they meet the eligibility criteria to initiate treatment;

- b. Biomedical prevention of HIV transmission in health settings through appropriate infection prevention control measures and post-exposure prophylaxis for health workers;
- c. Implementation of mainstreamed prevention with positives (PwP) activities through training and supervision of health providers and counselors in health facilities; and
- d. Provision of HIV testing and counseling through the national approach of counseling and testing in health, including facility-based services; and through provider-initiated HIV testing and counseling (PITC) in health facilities, including support for, quality assurance and proficiency systems across all areas.

## 2. HIV Care and Support for Adults and Children:

- a. Provision of comprehensive care, including appropriate prophylaxis and treatment for opportunistic infections (OI) including tuberculosis (TB) and sexually transmitted infections (STIs) and a basic care package of HIV services;
- b. Implementation of Cervical Cancer prevention programs within service sites in line with the PEPFAR recommended approaches to cervical cancer screening ;
- c. Provision of comprehensive Pre-ART care services for patients not yet eligible to initiate antiretroviral treatment (ART); and
- d. Implementation of nutrition counseling, assessment and support of all patients.

## 3. TB/HIV:

- a. Provision of Counseling and HIV testing for all TB patients, cotrimoxazole prophylaxis and ART for HIV-infected TB patients; and
- b. Screening of HIV patients for TB and provision of Isoniazid prophylaxis according to Mozambican guidelines.

## 4. Antiretroviral Therapy:

- a. Provision of ART for adults and children according to national guidelines and algorithms that cover when and how to initiate therapy, use first- and second-line regimens, and use regimens for special circumstances, such as pregnancy, HIV-infected TB patients, and children;

- b. Evaluation and management of adverse effects of antiretroviral drugs and management of drug interactions; and
- c. Provision of counseling and social support to ensure adherence to treatment.

5. Human Resources for Health (HRH):

- a. Provision of clinical mentoring/supportive supervision of service providers at district and health facility level in comprehensive HIV care and treatment, laboratory and pharmacy;
- b. Recruitment of the necessary staff including technical advisors needed to support, implement, and provide managerial and technical oversight for prevention, care, and treatment programs being implemented in the provinces, districts and health facilities;
- c. Provision of pre-service training and in-service training of middle- and basic-level staff in the areas of clinical services, laboratory, and pharmacy in accordance with the MoH training strategy; and
- d. Training and mentoring of province and district health and administrative staff in program and financial management

6. Quality Assurance and Quality Improvement of Services:

- a. Implementation of service quality assurance and quality improvement programs at the district and health facility level according to available national guidelines;
- b. Convening regular clinical meetings, interdisciplinary meetings at district and provincial level to present and review clinical cases, address implementation issues and monitor performance of service delivery; and
- c. Establishment of a formal system of quality improvement that is fully integrated into the MoH strategy for quality improvement and standards-based management.

7. Strategic Information:

- a. Conduct regular data quality verification exercises at district and health facility level as well as ensuring that reports submitted are complete, accurate, and on time;
- b. Provision of support for the implementation of integrated health information system at district and facility level (Modulo basico);
- c. Provision of technical assistance to the provincial statistics unit (NEP) as well as routinely provide supportive supervision of the district statistics unit (NED) for HIV and other routine disease reporting; and
- d. Building capacity of provinces and districts for routine monitoring of HIV and other programs.

8. Laboratory and Drug Commodities:

- a. Maintaining logistics support for referral and transportation of laboratory specimens and drug commodities to and from health facilities, districts and the Provincial health office;
- b. Provision of mentorship and technical assistance to the Provincial and District Health Directorates to improve commodity security and forecasting systems; and
- c. Capacity building through supportive supervision and mentorship of laboratory technical staff to assure improvement of laboratory quality assurance in provincial and district laboratories.

9. Infrastructure:

Renovation and rehabilitation of health facilities as needed to support the provision of comprehensive HIV and related services within the regulations of HHS/CDC. In accordance with applicable HHS/CDC policies, procedures, and approval, all renovations must comply with CDC policy directives.

10. Capacity Building and Technical Assistance:

The grantee will be responsible for the implementation of the following capacity building activities that are directed towards provincial health directorates, district health directorates, and indigenous local and civil society organizations:

- a. Conduct routine assessments of provincial health and district health directorates and indigenous partners to determine “readiness” for provision of HIV clinical services, managerial oversight for programs under their stewardship, and to compete for and be awarded donor funds to enable them to conduct program activities previously implemented by the grantee;
- b. Develop training, mentoring, and monitoring and evaluation plan based on human resources needs assessment of the local partners;
- c. Provide mentoring and training of provincial, district, and non-government staff in organization and financial management: financial and accounting practices; internal financial controls; monitoring and evaluation of program activities; and other training areas as specified by the partner or CDC;
- d. Provide assistance in building local staff capacity in health strategic planning, evaluations and program management;
- e. Assist in the development and dissemination of standard operating procedures for financial management, accounting, and accountability;
- f. Assist in the development and dissemination of standard operating procedures for human resource management; and
- g. Assist in the provision of training materials and programs including development, implementation of training of public health, facility-based and community based service providers in provision of HIV and other diseases.

**Part B: Transition Plan Activities:**

- a. Provide technical assistance and support to provincial and district health directorates as well as Mozambican organizations, build their capacity and organizational systems to independently manage quality HIV programs in each of the technical HIV program activity areas described above;
- b. Conduct annual assessments to validate the impact of capacity-building support from the international partner to provincial health and district health directorates, and local partners, and demonstrate specific areas where capacity has been improved and sustainable management systems are in place;

- c. Define and evaluate program funding that is subcontracted to the provincial health directorates, district health directorates, and local organization to be transitioned by the grantee, (e.g., Year 1--transition human resources, in-service training activities, and supervision; Year 2--transition pharmaceutical management, service delivery, and quality);
- d. Transition program activities or technical functions that were previously the responsibility of the international partner to management and implementation by the provincial and district health directorates and local organizations; and
- e. Conduct routine assessments of provincial health and district health directorates and local partner assessed to determine “readiness” to manage programs, and to compete for and be awarded funds to conduct program activities previously implemented by the grantee.

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 for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) expectations, regulations and key management requirements, as well as report formats and contents. The orientation will include meetings with staff from CDC Mozambique and the PEPFAR Coordination office (PCO).

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 President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the PEPFAR Coordination office (PCO).
3. Review and approve the grantee's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by the PCO.
4. Review and approve the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the PCO.
5. Meet on a regular basis with the grantee to assess 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, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by the PCO.
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, and confidential counseling and testing.

9. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
10. Provide consultation and scientific and technical assistance based on appropriate CDC Mozambique and POC documents to promote the use of best practices known at the time.
11. Assist and mentor the recipient in developing and implementing quality management systems and procedures.
12. Facilitate in-country planning and review meetings for technical assistance activities.
13. Provide technical oversight for all activities under this award.
14. Provide ethical reviews, as necessary, for evaluation activities.
15. Supply the awardee with protocols for related evaluations.
16. As part of substantial involvement, CDC will also collaborate with the grantee to develop training and service delivery models under the guidance of the Government of Mozambique.
17. CDC will work with grantee to adjust program activities as needed in order to avoid overlap and duplication of services in areas where other USG implementing partners are working in order to maximize and efficiently utilize resources, to complement the national HIV/AIDS program, and to continue to strengthen the

Mozambican national health system's leadership and management of HIV/AIDS services.

## **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:** \$25,000,000

**Approximate Total Project Period Funding:** \$143,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

**Approximate Number of Awards:** 1-2

**Approximate Average Award:** \$12,500,000 (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:** \$25,000,000 (This ceiling is for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

**Budget Year 2 Ceiling amount:** \$28,000,000

**Budget Year 3 Ceiling amount:** \$30,000,000

**Budget Year 4 Ceiling amount:** \$30,000,000

**Budget Year 5 Ceiling amount:** \$30,000,000

**Anticipated Award Date:** September 30, 2012

**Budget Period Length:** 12 months

**Project Period Length:** 5 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](http://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 is registered in Mozambique as a Local organization meets one of the three criteria listed above.

### **Required Registrations**

Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant website, is the first step in submitting an application online. This is a full and open FOA and therefore applications from any organization, whether local or international will be accepted. Registration information is located on the "Get Registered" screen of [www.Grants.gov](http://www.Grants.gov). Please visit [www.Grants.gov](http://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) 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](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](http://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.

Funding under this award will be subject to preferences based on programmatic needs and in-country strategic priorities. Applicants meeting the criteria specified in “Section V. Application Review Information” will receive additional points beyond the possible total of 200.

#### **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:** *April 27, 2012* ON GRANTS.GOV, 11:59pm Eastern Standard Time.

Applicants must download the SF424 application package associated with this funding opportunity from [Grants.gov](http://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](mailto: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](http://Grants.gov), the applicant should contact [Grants.gov](http://Grants.gov) Customer Service. The [Grants.gov](http://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](http://Grants.gov) Support Center at 1-800-

518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

### **Content and Form of Application Submission**

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 in Part A: 40 “Service Delivery and Capacity Building Activities”
- Maximum number of pages in Part B: 20 “Transition Plan”

(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: Please do not cut-and-paste information into any fields within the application package. All information must be typed.

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

NOTE: Applications are required to address all program areas described in the sections of this FOA. In addition, applicants are required to respond to both “Part A: Service Delivery and Capacity Building” and “Part B: Transition Plan” of the FOA. Applications that fail to comply with these requirements will be considered non-responsive.

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.
- **A Transition Plan:** The Transition Plan must be submitted in a PDF format when submitting via [www.Grants.gov](http://www.Grants.gov). The Transition Plan should be formatted as described for the Project Narrative and be no longer than 20 pages. The Transition Plan must focus on increasing the potential for the transition of awardee service-provision activities to the Government of Mozambique (GoM) at the end of the project period and address the following issues:

- Knowledge sharing and capacity development in support of Federal, State, and/or Local GoM institutions with a focus on increasing the ability of these GoM institutions to manage and coordinate the provision of HIV services. Awardees should facilitate this by directly engaging and/or closely coordinating with appropriate National, Provincial, and District government entities to support management, logistics, and coordination activities at the facility level
- Support for the GoM-led initiative to decentralize HIV services to Primary Health Centers.
- Support for the GoM-led initiative to integrate HIV services with other health services at all levels of service provision and a commensurate focus on leveraging HIV-targeted resources to support a strengthened, durable health system in Mozambique; and
- Strengthened referral and reporting networks with other public facilities and GoM institutions at the National, Provincial, and District levels.

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: Project Director, Financial Director, M&E Director, and Technical Director;
- *Job descriptions* of proposed key positions to be created for the activity;
- *Applicant's Corporate Capability Statement*;
- *Letters of Support* (5 letters maximum) Potential grantees are encouraged to obtain letters of support; Letters from Provincial level Government or Health Directorates are welcome;
- *Evidence of Legal Organizational Structure*: Organizational Charts, Management Structure, HQ support, if any; *and*

- *If applying as a Local Indigenous Partner*, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part 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.
- Recipients may not use funds for research..
- Recipients may not use funds for clinical care.

### **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 FY 2012 grants and cooperative agreements (for as many fiscal years as applicable) in Mozambique. 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](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](http://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](mailto: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](mailto: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](http://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](mailto: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.*

#### **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 GH12-1224. 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:**

### **Evaluation Criteria Part A: Service Delivery and Capacity Building**

#### **Ability to Carry Out the Proposal (25 points)**

Does the applicant demonstrate the local experience of working in HIV service delivery and capacity building at national level and in the provinces and districts that are included in the application? Does the applicant have a proven track record of rapid scale-up of HIV prevention, care and treatment activities (10 points).

Does the applicant have the institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant have a proven track record of providing high-quality technical assistance for prevention, care and treatment activities? (5 points)

Does the applicant have the ability to coordinate and collaborate with existing PEPFAR partners and other donors? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention, care and treatment in Mozambique? (5 points)

To what extent does the applicant provide letters of support? Does the applicant have the capacity to reach rural and other underserved populations in the stated provinces? (5 points)

#### **Technical and Programmatic Approach (25 points)**

Does the applicant have the technical, programmatic and managerial experience working in the province or provinces for which the proposed activities will be implemented or supported? (5 points)

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities related to meeting the HIV prevention, care, and treatment objectives in the target provinces? (5 points)

Does the applicant display knowledge of the Mozambique USG strategy, principles, and goals, the Partnership Framework and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points)

Does the applicant describe activities that are evidence-based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the Mozambican health system? (5 points)

To what extent does the applicant provide evidence of ability to create sustainable capacity of other organizations including provincial health directorates and district health directorates? (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 (15 points)**

Does the applicant have a proven track record of building the capacity of indigenous organizations, provincial health directorates in the province in which the proposed activities will be implemented? In demonstrating a track record, the applicant should provide reports on funding sub-agreements that the applicant may presently have or previously have had with the Provincial or District Health Directorates. Reports should include analyses of sub-recipient expenditure rates over time. (5 points)

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? (5 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? (5 points)

**Monitoring and Evaluation (15 points)**

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points)

Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches including electronic or paper-based tracking systems?(5 points)

Applicants must define specific output and outcome indicators, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.(5 points)

**Personnel (10 points)**

Does the organization employ staff with the appropriate skills for this project; if only positions have been identified, does the organization have clear job descriptions? (5 points)

Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? (5 points)

Curricula vitae should be included for the key personnel and should provide evidence that they are qualified in the following areas : management of HIV/AIDS programs, management of administrative and financial systems, organizational capacity building.

**Engagement with the Provincial Health and District Health Directorates (10 points)**

Does the applicant have any experience in directly engaging with the provincial and district health directorates in the province where proposed activities will be implemented? (10 points) Previous experience includes the provision of technical assistance, financial assistance, sub agreements, and monitoring & evaluation of the HIV activities in the provinces and districts.

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

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

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>.

**Evaluation Criteria Part B: Transition Plan**

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

**Ability to Carry Out the Proposal (25 points)**

Does the applicant demonstrate the recent local experience of working in Zambezia Province and the districts in Zambezia Province?(5 points).

Does the applicant have the institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (5 points)

Is there evidence of leadership support and evidence of current or past efforts to enhance program and financial management capacity of provincial and district health directorates (e.g., through sub awards)?(10 points)

Does the applicant have the capacity to reach rural and other underserved populations in the stated provinces? (5 points) To what extent does the applicant provide letters of support?

**Technical and Programmatic Approach (25 points)**

Does the application include an overall design strategy, including measurable time lines, local partners, provinces, clear monitoring and evaluation procedures, and specific activities related to transitioning of program and financial responsibilities? (5 points).

Is there a description of what approaches will be used to determine provincial health directorates and local partners readiness for transition? (5 points)

Does the proposal demonstrate an incremental shift in funding to the local partners? (5 points) Does the proposal demonstrate an incremental shift in program activities as transition of these activities is effected? (5 points)

Does the applicant include technical assistance for organization development and financial management in the proposal? (5 points)

**Capacity Building and Transition of Services (20 points)**

Does the application describe an adequate and measurable plan to progressively transition program and financial management to provincial health directorates and local organizations in the target provinces? (10 points)

Does the application have a clear plan for how increasing capacity of the local partner organization, provincial and district health directorates will be assessed and monitored? (5 points)

Does the application identify tasks and responsibilities that will be transferred, including a timeline for transition plan? (5 points)

**Monitoring and Evaluation (10 points)**

Does the applicant demonstrate the local experience and capability to monitor and evaluate the transition process of the project including a clear plan that shows how they will monitor the quality of services during transition ? (5 points)

Does the applicant describe a system for reviewing and adjusting transition activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? (5 points)

**Personnel (10 points)**

Does the organization employ staff with the appropriate skills to oversee transition of programs and activities; if only positions have been identified, does the organization have clear job descriptions? (5 points)

Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of transition? (5 points)

Curricula vitae should be included for the key personnel and should provide evidence that they are qualified in the following areas: management of programs, management of administrative and financial systems, organizational capacity building, monitoring and evaluation.

**Engagement with the Provincial Health and District Health Directorates (10 points)**

Does the applicant have clear plans to directly engage with the provincial health and district health directorates in their province?(10 points)

These plans should include the provision of technical assistance and mentoring, financial assistance, and monitoring & evaluation of the transition process activities the provinces and districts will be tasked with carrying out.

**Budget (SF 424A) 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 (20 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 200 as follows:**

1. Specific proof of established relationship with the Zambezia provincial government e.g. applicant may provide a supporting letter from the Provincial Health Directorate or Ministry of health as proof of this relationship (10 points)
  
2. Proven HIV/AIDS prevention, care and treatment program experience in Zambezia Province e.g. the applicant may include any past program results and reports as supporting evidence of experience in this areas (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.

Applicants must score a minimum of 60 points in Part A “Service Delivery and Capacity Building Activities” and a minimum of 60 points in Part B “Transition Plan” of this FOA in order to be considered for funding.

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

## **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](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](http://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](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](http://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 Mozambique; 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 not more than 30 days following the end of each reporting period. 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) - 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:

Kebbah Jobarteh, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
JAT Complex 4 Ave. Zedequias Manganhela, 267  
Maputo, Mozambique  
Telephone: + 258 84 628 5728  
E-mail: [JobartehK@mz.cdc.gov](mailto:JobartehK@mz.cdc.gov)

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

Brownie Anderson-Rana, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS: K-75  
Atlanta, GA 30341  
Telephone: 770-488-2771  
E-mail: [BAAndersonRana@cdc.gov](mailto:BAAndersonRana@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](mailto: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](http://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](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>.