Amendment II (04/27/2012)

i. ***Page 5 - Deleted Measureable Outcome #1: MO 1.5 which was the same as MO 1.7.***

ii. ***Page 5 - Renumbered Measureable Outcomes #1: starting with MO 1.5 to MO 1.11.***

iii. ***Page 11 – The following information was added to <u>I. FUNDING OPPORTUNITY DESCRIPTION:</u>***

Purpose:

Deleted: "The purpose of the joint CDC/USAID comprehensive HIV/TB care and treatment program in up to 10 districts is to achieve the following four objectives:"

Added: "This joint CDC/USAID comprehensive HIV/TB care and treatment program will target the following districts:

- ***Western Cape***
  - ***West Coast***
- ***Kwa-Zulu Natal***
  - ***Sisonke***
- ***Eastern Cape***
  - ***Cacadu***
  - ***Nelson Mandela Bay Metro***
  - ***Buffalo City Metro***
  - ***Amathole***
- ***Gauteng***
  - ***Ekurhuleni***
- ***Northwest***
  - ***Bojanala Platinum***
  - ***Ngaka Modriri Molema***
- ***Limpopo***
  - ***Greater Sekhukhune***

Awards for these or other districts should achieve the following four objectives:"

iv. ***Added Questions and Answers to the end of FOA:***

Questions and Answers:

Process/Submission Questions:

1. ***What is the acceptable paper size of submitted PDF? Letter***

2. ***Are tables submitted within the narrative required to also be double space and with 12point Times New Roman font? There is no recommended or required format for tables.***
3. ***What is the preferred submission for key personnel? Curricula Vitae***
4. ***Should applicants submit proof of other support for key staff? Submission of additional proof or documentation is encouraged, but is not a requirement in the FOA.***
5. ***Are applicants required to submit Assurances per the PHS 5161-1? Yes***
6. ***Can subcontractors/sub awardees charge an indirect rate to the prime partner? The HHS Policy does not address the indirect rate of subrecipients. HHS Policy Chapt II-78-79 reads "Subrecipients should be selected by the recipient using its established policies. HHS does not require that sub-awards comply with the procurement standards and requirements outlined…..[by HHS]. The recipient [prime awardee] is accountable to the OPDIV for the performance of the project, the appropriate expenditure of grant funds by all parties, and all other obligations of the recipient, as specified in the HHS Grants Policy Statement. In general, the requirements that apply to the recipient, including the intellectual property and program income requirements of the award, also apply to sub-recipients. The recipient is responsible for including the applicable requirements of the HHS GPS in its sub-award agreements…..."***

Technical/Programmatic Questions:

1. ***Is an applicant expected to cover all proposed districts? Applicants can apply for any or all of the 10 proposed districts.***
2. ***Do you anticipate the same partner providing these services, district management service issues and health facility implementation issues? CDC does not limit eligibility based on current agreements with or applications to other USG agencies.***
3. ***Will these awards be jointly managed through USAID + CDC or are there 3 awards for the same proposal for USAID and 3 awards for CDC? These awards will be managed by CDC and are separate from any USAID funding opportunity.***
4. ***If an applicant is currently working in one of the proposed districts, must they still submit a letter of support from the Provincial government? Yes***
5. ***What is the definition of youth friendly services? Applicants should define these services in their application***
6. ***The indicators in the FOA or targets are difficult to accomplish, can the partner come up with alternative measures of success? Applicants are expected to adhere to the measurable outcomes as stated in the FOA. Once awards are made, additional indicators may be incorporated.***
7. ***The measurable objectives in the FOA are to be achieved by the end of year 3 and the FOA is for 5 years; is this attainable? It is expected that grantees will meet the measurable objectives by year 3 as per the FOA.***
8. ***Will current CDC partners get preference? No, applications are evaluated according to the criteria within the FOA and by an objective review panel.***

9. ***Will there be another FOA from USAID or is this combined? This FOA is not combined with any USAID funding opportunity.***
10. ***Is there a possibility of forming a consortium with international or local partners? The organization funded for this effort may subcontract to other organizations (international or local). As per the FOA, the prime partner must be a locally registered South African NGO, University, Non-for –Profit, or For-Profit organization and is expected to perform a substantial role in carrying out the project activities and not merely serve as a conduit for an award to another party or provider who is ineligible to apply.***
11. ***How will this FOA affect existing partners working in the proposed districts? Any discussions needed with existing partners will be determined after awards are made.***
12. ***Which districts are the priority areas? There are no priority districts of the proposed 10. Applicants should select the district(s) in which they will be able to provide the services and meet the objectives of the FOA.***

Amendment I (04/18/2012)

i. ***Page 41—The following statement was added in the "Funding Preferences" Section: Letters of support from the Provincial government(s) where activities are intended to be implemented will be required prior to funding. It is highly recommended that these letters of support be included with the application. An award will not be made without receipt of these letters of support.***

ii. ***Page 42—The contact information and date under "Pre-Application Workshop" was updated as follows: CDC South Africa will host a pre-application workshop April 24, 2012 from 1:30 – 4:30 at the following location:***

Protea Hotel Balalaika Sandton
20 Maude Street Sandton, Sandton 2194
Tel: +27-11-322-5000

Applicants should confirm attendance with CDC South Arica by email at SA-Extramural@sa.cdc.gov or by phone at +27 (12) 424-9000.

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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: Comprehensive Facility-Based Technical Assistance in the Context of Health Systems Strengthening in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR)

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-**GH12-1257**

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: Applications must be received by ***May 16, 2012***, Eastern Standard Time (EST), 11:59 pm.

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

Measurable Outcome #1: By the end of the year 3 of the project, the following should be achieved:

a. MO 1.1: 90% of patients at supported facilities or in catchment area who tested positive are referred for care and treatment services.

b. MO 1.2: 90% of eligible HIV-infected patients receiving CTX.

c. **MO 1.3:** 90% of newly diagnosed HIV-infected patients have had CD4 tests done and returned in the reporting period.

d. **MO 1.4:** 75 % of patients with CD4<100 have had a cryptococcal antigen test performed.

e. **MO 1.5:**75 % of female HIV-infected patients accessing care have received a pap smear or VIA in the reporting period.

f. **MO 1.6:** 90% of patients that are screened for STI.

g. **MO 1.7:** 75 % of female HIV-infected patients accessing care have received a pap smear in the reporting period.

h. **MO 1.8:** 100% of supported facilities are implementing PHC Reengineering plan

i. **MO 1.9:** 90% of patients are nutritionally assessed with anthropometric measurements (BHI; MUAC in PMTCT programs)

j. **MO 1.10:** >50% of HIV-infected patients at each supported facility are receiving a package of prevention interventions

k. **MO 1.11:** 100% of supported facilities have affiliated support groups

Measurable Outcome #2: By the end of the year 3 of the project, the following should be achieved:

a. **MO 2.1:** 90% of women accessing care at ANC sites have had a HIV test and have received results.

b. **MO 2.2:** 90% testing uptake of women at Labor and delivery.

c. **MO 2.3:** 90% of HIV-negative women return for repeat HIV test at 32 weeks gestational age.

d. **MO 2.4**: 100% of HIV exposed infants have received NVP prophylaxis.

e. **MO 2.5:** 95% of HIV-infected women have been placed either on dual therapy or HAART.

f. **MO 2.6.1**: 95% of mother-baby pairs follow up at 6 weeks post-partum for Deoxyribonucleic Acid- Polymerase Chain Reaction (DNA-PCR) test of infant.

g. **MO 2.6.2**: 95% of infants tested HIV-negative at 6 weeks by Deoxyribonucleic Acid-Polymerase Chain Reaction (DNA-PCR) testing.

h. **MO 2.7.1**: 90% of HIV-infected mothers that are on treatment are exclusively breastfeeding their infants.

i. **MO 2.7.2:** At least 90% of sites are capacitated to provide counseling on safe feeding practices.

Measurable Outcome #3: By the end of the year 3 of the project, the following should be achieved:

a. **MO 3.1.1:** 90% of health care facilities in the catchment area have nurses capacitated to provide ART to children, i.e trained in NurseInitiation Management of ART (NIMART) and are actively prescribing ART to infants and children.

b. **MO 3.1.2:** 90% of all HIV-infected children under the age of 2 are initiated on ARVs.

c. **MO 3.2:** at least 15% of all patients on ART will be under the age of 15.

d. **MO 3.3.1**: 85% of pediatric and adolescent patients at supported facilities or in catchment area who were initiated on ART during a particular cohort are retained on ART at 3 months, 6 months, 12 months, and 24 months.

e. **MO 3.3.2:** 75% of pediatric and adolescent patients accessing are at supported facilities or in catchment area, who are on ART have a non-detectable viral load at 12 months.

Measurable Outcome #4: By the end of the year 3 of the project, the following should be achieved:

a. **MO 4.1:** 15% of patients in care will be under the age of 15.

b. **MO 4.2:** 90% of children and adolescents tested positive have had a CD4 test performed and results returned within 2 weeks.

c. **MO 4.3** at least 90% of facilities will have "youth friendly" package of services which should include access to peer support groups, age specific counseling services, and access to sexual and reproductive health services.

Measurable Outcome #5: By the end of the year 3 of the project, the following should be achieved:

a. **MO 5.1:** 100% of sites have TB control guidelines and relevant TB control job aides

b. **MO 5.2.1:** uptake of IPT will be 90%.

c. **MO 5.2.2**: 100% of HIV-infected patients will have been symptom screened for TB at last clinical encounter.

d. **MO. 5.2.3**: 90% of HIV-infected TB patients who are eligible for ART, will have been started on ARVs within 4-8 weeks of starting TB treatment.

e. **MO 5.2.4:** 100% of TB patients will have a documented HIV status recorded.

f. **MO 5.2.5:** 90% of sites will have South African Government (SAG) sanctioned infection control policy/program in place with staff oriented to it.

g. **MO 5.2.6:** 90% of HIV-infected patients that are symptom screened positive for TB are referred for sputum smear microscopy, sputum culture, and treatment.

h. **MO 5.3.1:** the primary defaulter rate of TB infected patients will be <5%.

i. **MO 5.3.2:** the secondary defaulter rate of TB infected patients will be <5%.

j. **MO5.4:** >90% of sites have access to staff trained in data recording, reporting and usage.

k. **MO 5.5**: by the end of the project period, at least 75% of TB patients have sputum converted negative after 2 months on treatment.

Measurable Outcome #6: By the end of the year 3 of the project, the following should be achieved:

a. **MO 6.1:** at least 90% of PHCs in catchment area will have a NIMART nurse on site that is actively prescribing ART.

b. **MO 6.2:** by the end of the project period, <5% of patients are lost to follow up 6 months after initiating ART.

c. **MO 6.3:** by the end of the project period, >75% of patients who have been on ART for 12 months or more will be virologically suppressed.

Measureable outcome #7: By the end of the year 3 of the project, the following should be achieved:

a. **MO 7.1** By the end of the project period, facilities are reporting decrease incidence of drug and other commodity stock outs (which must be a change from baseline stock out rates).

b. **MO7.2:** >90% of facilities will have an approved SOP for phlebotomy; specimen handling; and waste management

c. **MO 7.3:** All site providing of point of care tests including rapid testing will have a QA and EQA plan in place

Measureable Outcome #8: By the end of the year 3 of the project, the following should be achieved:

a. **MO 8.1.1: <**5% of sites reporting turnaround times that are out of range with the NHLS expected standard for receiving particular results.

b. **MO 8.1.2:** <10% sites with unnecessary re-ordering of laboratory tests.

c. **MO 8.1.3:** >90% of sites with a plan for proper handling of returned results and system of alerting provider and patient of critical or abnormal results.

d. **MO 8.2**: incremental decrease from baseline in lab expenditures each project year.

Measurable Outcome #9: By the end of year 3 of the project, the following outcomes should be achieved:

a. **MO 9.1.1: 100% of sites will have documented yearly work plans**

b. **MO 9.1.2: 100% of sites will have facility expenditure reviews**

c. **MO 9.2:** 100% of supported sub districts/ districts have a functioning CQI program implemented.

d. **MO 9.3.1** >90% of sites with<500 patients have implemented a paper based system/register.

e. **MO 9.3.2:** >90% of sites with 500 to 5,000 patients have implemented an electronic register.

f. **MO 9.3.3:** > 90% of sites with > 5,000 patients have implemented a patient information system.

g. **MO 9.4:** >90% of sites will have successfully implemented at least 1 CQI plan

h. **MO 9.5:** Per facility, the number of times per year that gap analysis have been done with information fed back to the facility

i. **MO 9.6: 100% of sites will have documentation of quarterly feedback sessions with facility-based Support Partner**

Measureable Outcome#10: At the end of each project year, the following outcomes should be reported:

a. **MO 10.1:** Per facility/sub-district/district: Number of staff trained and able to effectively use data and retrieve data from DHIS system

b. **MO 10.2:** Per facility/sub-district/district: Number of staff trained and able to effectively use data and retrieve data from ETR.Net system

c. **MO 10.3:** Per facility/sub-district/district: Number of staff trained and able to effectively use data and retrieve data from EDRWeb system

Measureable Outcome #11: By end of project year 3, the following outcomes should be achieved:

a. **MO 11.1:** >90% of sites have identified appropriate staffing needs and have developed a plan for recruitment;

b. **MO11.2:** <10% of critical or essential positions are vacant

c. MO 11.3: >90% of sites have an organogram in place outlining channels of accountability.

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.

Purpose:

This joint CDC/USAID comprehensive HIV/TB care and treatment program will target the following districts:

- Western Cape
  - West Coast
- Kwa-Zulu Natal
  - Sisonke
- Eastern Cape
  - Cacadu
  - Nelson Mandela Bay Metro
  - Buffalo City Metro
  - Amathole
- Gauteng
  - Ekurhuleni
- Northwest
  - Bojanala Platinum
  - Ngaka Modriri Molema
- Limpopo
  - Greater Sekhukhune

Awards for these or other districts should achieve the following four objectives:

- Improve HIV-related population outcomes by strengthening health and patient management systems at both the facility and district levels
- Build the capacity of facility and district management teams and management systems in coordination with the respective provinces to support HIV/TB-related services and overall health system strengthening

- Provide support to the district and/or sub-district health facilities in identifying and setting up policies and programs to improve the district's facility response to providing HIV/TB care, treatment, laboratory and prevention services
- Support transition to a sustainable national comprehensive HIV/TB care and treatment program that supports two key priorities of the SA government: Primary health care re-engineering and national health insurance

Program Implementation

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the South African population and must also coordinate with activities supported by South African, international or USG agencies to avoid duplication. 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 South Africa. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in South Africa will review as

part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

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

Grantee activities for this program are as follows:

Activity #1: Support respective facilities in the designated districts to ensure that the following Care and Support activities are supported and strengthened.

Task 1.1: Ensure linkages to care of newly diagnosed HIV-infected patients.

Task 1.2: Increase coverage of CTX in eligible HIV-infected adults and children.

Task 1.3: Increase in the number of newly diagnosed HIV-infected patients with CD4 tests performed and returned to patient and provider in the reporting period.

Task 1.4: Increased screening for TB in newly diagnosed HIV-infected patients.

Task 1.5: increase in the number of HIV-infected patients, who are not TB infected, that are provided with IPT.

Task 1.6: Initiate screening for Cryptococcus infection in HIV infected patients with a CD4 count less than 100.

Task 1.7: Screening, diagnosis, and appropriate treatment of STIs.

Task 1.8: Cervical cancer screening with pap smear or VIA for HIV-infected female patients with referral and linkages to gynecological care.

Task 1.9: Through activities at the facility level, support District management team with implementation of PHC Re-engineering.

Task 1.10: Through activities at the facility level, support District health management team to ensure Integration of routine nutrition assessment, counseling and support (NACS)

Task 1.11: Through activities at the facility level, support the District health management team to ensure integration of prevention interventions (PwP)

Task 1.12: Support universal access to support groups

Activity #2: Support the designated Districts through support at the facilities to eliminate mother to child transmission of HIV and to strengthen overall maternal and child health by strengthening the following tasks.

Task 2.1: Provide HIV counseling and testing to all pregnant women with unknown HIV-status accessing care at ANC.

Task 2.2: Provide HIV counseling and testing to women in labor & delivery with unknown HIV status.

Task 2.3: For those women that are HIV-negative ensure that a repeat test is done at 32 weeks gestation age.

Task 2.4: Provide nevirapine prophylaxis for all HIV exposed infants.

Task 2.5: Provide HAART or dual therapy to all HIV-infected pregnant women.

Task 2.6: Ensure and monitor rates of follow up of mother-baby pairs.

Task 2.7: Ensure that linkages and support are provided for exclusive breast feeding of HIV-exposed infants.

Activity #3: Support the facilities to provide treatment services for HIV-infected children and adolescents.

Task 3.1: Support and collaborate with the regional training centre and District support partner, to provide on site mentorship and support for nurses trained in NIMART to competently and confidently initiate and manage children on ART.

Task 3.2: Support the implementation of youth friendly clinics for adolescent patients on ART.

Task 3.3 Ensure durable viral suppression through targeted adherence programs for children and their caregivers, and adolescents.

Activity #4: Through activities at the facility level, support sub-district/District health teams to ensure that high quality care and support services are provided for children and adolescents. This will be achieved through the following tasks.

Task 4.1: Through activities at the facility level, support District Health management teams in ensuring that HIV counseling and testing is offered to children and adolescents of unknown status at all entry points of care: EPI, outpatient medical ward and inpatient medical ward.

Task 4.2: Ensure that newly diagnosed HIV-infected children are linked to care and treatment services.

Task 4.3: Ensure that clinical outlets have adolescent friendly services or "spaces."

Activity #5: The partner will support the facilities in strengthening measures to improve screening for TB in HIV-infected patients, improved use of isoniazid preventive therapy (IPT), and improvement of infection control measures. The partner will also support facilities in strengthening the recording and reporting of data and statistics related to TB infection and control. This will be achieved through the following activities:

Task 5.1: Ensure that supported sites within the District are properly capacitated with guidelines and relevant TB control job aides**.**

Task 5.2: Provide onsite mentoring to providers and facility staff on the 5 (I)s of TB: (1) Intensified case finding**;** (2) isoniazid preventive therapy; (3) initiation of ARVs; (4) infection control; and (5) integration of TB/HIV.

Task 5.3: Strengthen facilities to reduce the number of primary and secondary defaulters.

Task 5.4: In accordance with the District, District Support Partner and regional training centers, support the training of facility staff on data recording, reporting and usage.

Task 5.5: Strengthen the facilities to increase the cure rate for TB.

Activity #6: strengthen adult ART services. This will be achieved through the following:

Task 6.1 Continued support for NIMART, and strengthening of nurses' capacity.

Task 6.2: Support facilities to ensure retention in treatment of patients that are on ART.

Task 6.3: Support facilities to ensure that patients on ART have long term durable viral suppression.

Activity #7: Strengthen commodities management of essential medications, products and laboratory services and infrastructure at facility level.

Task 7.1: Support and train facility staff to maintain a system of forecasting, timely ordering and storage of essential medicines and supplies.

Task7.2: Strengthening laboratory practices and procedures which will include the following: Standard operating procedures for phlebotomy; recording and storage of samples; infection

control measures; procedures for containment and disposal of hazardous wastes.

Task 7.3: Support the facilities to strengthen and/or implement a lab quality assurance (QA) plan and external quality assurance (EQA) plan.

Activity #8: Strengthen linkages and communication between facility and external laboratory where applicable to ensure timely return of laboratory results.

Task 8.1: Collaborate with the District health team, Regional lab and facilities in improving facility mechanisms of reporting laboratory results especially those that are critical or abnormal.

Task 8.2: Collaborate with the District health team, Regional lab and facilities to improve laboratory utilization of laboratory services

Activity #9: Support the facilities in the implementation of clinical quality improvement programs:

Task 9.1: Support the facilities with development of the yearly work plans in line with the District health Plan as well as regular facility expenditure reviews where applicable.
Task 9.2: Support and strengthen facilities in performing quarterly data reviews, analysis interpretation and planning appropriate interventions.

Task 9.3: Support the implementation of the 3-Tier system at the facility level.

Task 9.4: Provide continual support and on site mentorship to facility staff in development and implementation of CQI programs.

Task 9.5: Facility Based Support Partner will implement gaps analysis with supported facilities in order to identify areas of need.

Task 9.6: Facility based Support Partner will conduct quarterly feedback sessions with each facility.

Activity #10: Support the district and district support partner in strengthening the following: District Health information system (DHIS) Electronic tuberculosis register (ETR.Net), and EDRWeb systems.

Task 10: Support training of facility and District staff on using the below systems: DHIS, ETR.NET, and EDRWeb Systems.

Activity #11: Strengthen Human resource needs:

Task #11.1: Support facilities to identify essential staffing needs and recruiting for these positions.

Task #11.2: Support and strengthen facilities to develop human resource plans.

Task 11.3: Support facilities to develop clearly defined roles and responsibilities, and system of accountability.

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

CDC Activities:

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

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

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the OGAC.
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 OGAC.
4. Review and approve the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.

6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, 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 OGAC.
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. Provide in-country administrative support to help the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
12. Assist and mentor the recipient in developing and implementing quality management systems and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.

17. Ensure that each facility-based partner is signatory to a tripartite Memorandum of Understanding together with each district-based partner and the corresponding participating District authorities of the South African Government.

18. Facilitate facility-based partner work plans that are in alignment with the corresponding District Health Plan, and reflect the epidemiology, policies and capacity of the district.

19. Awardee(s) must show evidence of ongoing execution of the Tripartite MOU.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement.

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

Fiscal Year Funds: FY2012

Approximate Current Fiscal Year Funding: $75,000,000

Approximate Total Project Period Funding: $125,000,000 (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: 1-3

Approximate Average Award: $25,000,000 (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: $3,000,000

Budget Year 2 Floor amount: $3,000,000

Budget Year 3 Floor amount: $3,000,000

Budget Year 4 Floor amount: $3,000,000

Budget Year 5 Floor amount: $3,000,000

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: $25,000,000

Budget Year 3 Ceiling amount: $25,000,000

Budget Year 4 Ceiling amount: $25,000,000

Budget Year 5 Ceiling amount: $25,000,000

Anticipated Award Date: September 2012

Budget Period Length: 12 months

Project Period Length: 5 years; 9/01/2012 to 8/31/2017

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:
Locally registered South African NGOs, Universities, Non-for-Profit organizations and For-Profit organizations (Other than small Businesses).

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

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

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program

with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

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

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

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

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

This Limited Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services to local ownership of the South African government and long term capacity building and strengthening of all aspects of the health system. Limited competition is appropriate as the South African NDOH and its local health authorities are not fully capacitated to provide technical assistance services without external support of its initiatives. No other entities, aside from the local indigenous organizations defined in this justification, possess the ability to achieve the outcome of local capacity development through the activities stated within this FOA. Moreover, in selecting a local South African organization, there will be more long term sustainability of services and a greater understanding of the local culture and context when planning or implementing various programmatic initiatives. Grantees will be tasked to support and strengthen the NDOH and its provincial and district designees in order to strengthen the South African government's health systems and initiatives.

Limited competition for the cited activities is in line with PEPFAR legislation, which authorizes HHS/CDC to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor

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

Central Contractor Registration and Universal Identifier Requirements

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

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

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

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

Cost Sharing or Matching

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Other

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

Special Requirements:

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

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

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 100.

IV. Application and Submission Information

Submission Dates and Times

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

Application Deadline Date: ***May 16, 2012*** AFTER DATE OF PUBLICATION ON GRANTS.GOV, 11:59pm Eastern Standard Time.

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

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

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:
All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:
http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

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

Letter of Intent (LOI):
A letter of intent is not applicable to this funding opportunity announcement.

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

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Page margin size: One inch;
- Number all narrative pages; not to exceed the maximum number of pages.

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

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

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

- Performance Indicators: Include measures that will show progress in the achievement of project goals and objectives (e.g., percent of health care workers who graduated from a pre-service training at the end of the reporting period)
- Timeline (e.g., GANTT Chart); and
- Management of Project Funds and Reporting. Reporting should also address quarterly reports and PEPFAR Semi-Annual (SAPR) and Annual (APR) progress reports.

Project Budget Justification:

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

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

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

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of

accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

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

- **Curricula vitae** of current key staff who will work on the activity
- **Job descriptions** of proposed key positions to be created for the
- **Applicant's Corporate Capability Statement**;
- **Letters of Support** (5 letters maximum)
- **Evidence of Legal Organizational Structure; and**
- **If applying as a Local Indigenous Partner**, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in "Special Requirements," Part 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.

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

through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

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

  All protocol approvals **should be obtained** no later than the end of the second budget period after the award or Continuation has been made**,** provided that the Grantee submits their protocol no later than the deadline.

The 8% Rule

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

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

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

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has $25,000,000 in FY **2012** grants and cooperative agreements (for as many fiscal years as applicable) in South Africa. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

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

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the

preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

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

The following definition applies for purposes of this clause:

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

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

by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

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

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

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

The List of the members of GHC and InterAction is found at: http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf

Additional Submission Requirements

Electronic Submission

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

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

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

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

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can

complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

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

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the GMO/GMS [See Section VII "Agency Contacts"], for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevented electronic submission and the efforts taken with the

Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the funding opportunity announcement CDC-RFA-**GH12-1257**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate the local experience in South Africa and institutional capacity (both management and technical) to achieve the goals of the project with

documented good governance practices? (5 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (10 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention Does the applicant demnostrate prior experience working in facilities either at the provinicial, district or sub-district level in South Africa? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (5 points)

Technical and Programmatic Approach (20 points):

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

Capacity Building (15 points):

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? (10 points) If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12[1]" targets of the President's Emergency Plan, and b) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response? (5 points)

Monitoring and Evaluation (15 points): [change accordingly]

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

[1] The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide.

Is the monitoring and evaluation plan consistent with the principles of the "Three Ones[2]? "Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Understanding of the Problem (10 points):

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

Personnel (10 points):

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this

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[2] The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the "**Three Ones**": - **one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical assistance in laboratory or pharmacy management? (10 points). The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Budget (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 (30 points):

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

Well thought out and organized transition plan that takes into account the activities and objectives listed above. The work plan must include the following: Collaboration with the current SAG, Local Health Management Teams, PEPFAR Partners and other development partners, respective district support partners; and, attainable by end of the project period.

Letters of support from the Provincial government(s) where activities are intended to be implemented will be required prior to funding. It is highly recommended that these letters of support be included with the application. An award will not be made without receipt of these letters of support.

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.

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

Pre-Application Workshops

CDC South Africa will host a pre-application workshop April 24, 2012 from 1:30 – 4:30 at the following location:

Protea Hotel Balalaika Sandton
20 Maude Street Sandton, Sandton 2194
Tel: +27-11-322-5000

Applicants should confirm attendance with CDC South Arica by email at SA-Extramural@sa.cdc.gov or by phone at +27 (12) 424-9000.

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-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-26 National Historic Preservation Act of 1966 (Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973

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

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

Reporting

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

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

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

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

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

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
    a. Standard Form ("SF") 424S Form.
    b. SF-424A Budget Information-Non-Construction Programs.
    c. Budget Narrative.
    d. Indirect Cost Rate Agreement
    e. Project Narrative.
    f. Activities and Objectives for the Current Budget Period;
    g. Interim Financial Status Report (SF-269) for the current budget period;
    h. Proposed Activity and Objectives for the New Budget Period Program;
    i. Budget;
    j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for **South Africa** 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 30 days after submission of the Final Performance and Financial Status Reports, and, 30 days after submission of the Interim Progress Report. Reports shall include:
    a. Activities and Objectives for the current quarter;
    b. Financial progress for the current quarter; and
3. Financial Status Report (SF 269) - An annual progress report, due no more than 90 days after the end of the budget period.]
4. Final performance and Financial Status Reports - Due no more than 90 days after the end of the project period.

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

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

Human Subjects Restrictions

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

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

VII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact:

Pamela Marks, M.D., Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
238 Queen Wilhelmina Avenue
2d Floor CBE Building
Brooklyn, Pretoria 0001
Telephone: +27-12-424-9000 Ext. 9024
E-mail: marksp@sa.cdc.gov

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

Dionne Bounds, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2082
E-mail: vhv5@cdc.gov

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

Grants.gov Contact Center Phone: 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

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

VIII. Other Information

Amendments, Questions and Answers (Q&As)

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

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

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

Questions and Answers:

Process/Submission Questions:

7. What is the acceptable paper size of submitted PDF? Letter
8. Are tables submitted within the narrative required to also be double space and with 12point Times New Roman font? There is no recommended or required format for tables.
9. What is the preferred submission for key personnel? Curricula Vitae
10. Should applicants submit proof of other support for key staff? Submission of additional proof or documentation is encouraged, but is not a requirement in the FOA.
11. Are applicants required to submit Assurances per the PHS 5161-1? Yes
12. Can subcontractors/sub awardees charge an indirect rate to the prime partner? The HHS Policy does not address the indirect rate of subrecipients. HHS Policy Chapt II-78-79 reads "Subrecipients should be selected by the recipient using its established policies. HHS does not require that sub-awards comply with the procurement standards and requirements outlined…..[by HHS]. The recipient [prime awardee] is accountable to the OPDIV for the performance of the project, the appropriate expenditure of grant funds by all parties, and all other obligations of the recipient, as specified in the HHS Grants Policy Statement. In general, the requirements that apply to the recipient, including the intellectual property and program income requirements of the award, also apply to sub-recipients. The recipient is responsible for including the applicable requirements of the HHS GPS in its sub-award agreements…..."

Technical/Programmatic Questions:

13. Is an applicant expected to cover all proposed districts? Applicants can apply for any or all of the 10 proposed districts.
14. Do you anticipate the same partner providing these services, district management service issues and health facility implementation issues? CDC does not limit eligibility based on current agreements with or applications to other USG agencies.
15. Will these awards be jointly managed through USAID + CDC or are there 3 awards for the same proposal for USAID and 3 awards for CDC? These awards will be managed by CDC and are separate from any USAID funding opportunity.
16. If an applicant is currently working in one of the proposed districts, must they still submit a letter of support from the Provincial government? Yes
17. What is the definition of youth friendly services? Applicants should define these services in their application
18. The indicators in the FOA or targets are difficult to accomplish, can the partner come up with alternative measures of success? Applicants are expected to adhere to the measurable outcomes as stated in the FOA. Once awards are made, additional indicators may be incorporated.
19. The measurable objectives in the FOA are to be achieved by the end of year 3 and the FOA is for 5 years; is this attainable? It is expected that grantees will meet the measurable objectives by year 3 as per the FOA.

20. Will current CDC partners get preference? No, applications are evaluated according to the criteria within the FOA and by an objective review panel.
21. Will there be another FOA from USAID or is this combined? This FOA is not combined with any USAID funding opportunity.
22. Is there a possibility of forming a consortium with international or local partners? The organization funded for this effort may subcontract to other organizations (international or local). As per the FOA, the prime partner must be a locally registered South African NGO, University, Non-for –Profit, or For-Profit organization and is expected to perform a substantial role in carrying out the project activities and not merely serve as a conduit for an award to another party or provider who is ineligible to apply.
23. How will this FOA affect existing partners working in the proposed districts? Any discussions needed with existing partners will be determined after awards are made.
24. Which districts are the priority areas? There are no priority districts of the proposed 10. Applicants should select the district(s) in which they will be able to provide the services and meet the objectives of the FOA.