

AMENDMENT II (03/05/132013)

1. Page 13: Add the following outcomes

- a. By the end of Year One, the clinical interface will be strengthened on appropriate clinical use of blood; hospital transfusion committees will be established in three regions; linkages between blood banks and hospitals will be established and strengthened; and 20,000 units of blood will be collected and tested in the three regions.
- b. By the end of Year Two, a comprehensive monitoring and evaluation system that supports reporting of blood bank activities to the RHB will be developed and implemented.

2. Page 17: Add the following outcome

- a. By the end of Year Five, RHBs, blood banks and hospitals will be capable of coordinating all blood safety activities.

3. Page 32-33: Add the following activity and output:

Activites: In the first year of the program period, the grantee will provide technical support to RHBs, blood banks and health facilities for the implementation of blood safety activities in the three regions of SNNPR, Gambela and Benishangul Gumuz. The grantee will:

- Train clinicians and nurses on appropriate clinical use of blood, including its safe administration to patients.
- Support establishment of hospital transfusion committees.
- Strengthen linkages between blood banks and the hospitals, ensure proper storage and transport of blood and blood products.
- Support the development of monitoring and evaluation (M&E) systems, including collection and processing of data from the blood banks and the regional hospitals to the RHB.
- Support training and mentorship to staff at 5 blood banks and all hospital clinical staff in the regions to ensure quality of services, in coordination with WHO.

- Improve the collection of blood through mobile collection teams and support the activities of the mobile collection teams under the regional blood banks through target setting and development of collection plans.
- Support blood donor education and mobilization activities through effective engagement with local radio stations, print media, and training of communication experts, blood donor mobilisers and blood bank staff.

In years two to five of the program period, the grantee will also provide technical assistance RHBs in Oromia, Dire Dawa, Harar, Amhara, Tigray, Somali and Afar Regions to build capacity to implement these services directly with the objective of supporting the national goals of ensuring the provision of safe and adequate blood and blood products to all patients who require blood transfusion.

Outputs: By the end of Year One, the clinical interface will be strengthened through training of clinicians and nurses on appropriate clinical use of blood, including its safe administration to patients. Hospital transfusion committees will be established in the three regions. By the end of Year One, the linkages between blood banks and the hospitals will be established and strengthened, blood & blood products will be properly stored and transported under appropriate temperature. Blood inventories will be maintained to ensure adequate blood supply at all hospitals in the regions. By the end of Year One, 20,000 units of blood will be collected and tested in the three regions (estimated 4,000 units each from 5 blood banks). By the end of Year Two, the M&E system, including collection and processing of data from the blood banks and the regional hospitals, will be strengthened and a comprehensive M&E plan that supports reporting of blood bank activities to the RHB developed and implemented. By the end of the program period, the grantee should ensure that the RHBs, blood banks and hospitals are capable of coordinating all blood safety activities.

4. Q&A

Question 1: Page 47 states the total amount of appendices must not exceed 90 pages total. Are there specific page limits to the CVs and job descriptions included as appendices?

Answer: No. Page limits are determined by the applicant.

Question 2: On page 47 CDC requests the applicant to identify 3 evaluation questions. Does CDC expect that these evaluations will be done by the applicant? If so, is the funding for the evaluation included within the funding ceiling? Should the budget include the costs associated with Year 1 of the evaluation?

Answer: Yes, evaluations will be done by the applicant. Yes, funding for the evaluation is included within the funding ceiling. No, evaluation is not expected to be done in year 01.

Question 3: How should the appendices be formatted? Should the formatting be consisted with the guidelines outlined on page 43?

Answer: No, applicant should choose the appropriate format for appendices.

Question 4: Page 45 states the Transition Plan should be formatted as described for the Project Narrative. Besides ensuring the Transition Plan adheres to the formatting guidelines outlined on page 43 (12 point font, one inch margins etc.), should we also make sure the Transition Plan includes the items outlined on page 44-45 (Project

Strategy, Project Goals and Objectives, Work Plan and Description of Project Components and Activities, Project Outputs, etc.) in the order listed?

Answer: Yes, instruction should be followed as given.

Question 5: Page 57 states applicants, “must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements financed by PEPFAR which are for programs in the country covered by RFA.” Where in the proposals would you like us to place this information in the application?

Answer: In the management of project funds and reporting and the project narrative under project strategy- description and methodologies as may be appropriate.

Question 6: Page 62 requests that applicants include measures of effectiveness in the application. Is there a particular location on the application where you want this information to be included?

Answer: No, we expect the applicant to address measures of effectiveness in all program narrative section as appropriate.

Question 7: Given the scope of work of this activity, can CDC elaborate on any security requirements the grantee must follow during implementation and/or consider in their budget volume?

Answer: The question is not clear. CDC will respond to a clarifying question if submitted.

Question 8: Are research organizations (PLCs) eligible to apply for funding?

Answer: Yes. (Please refer to page 38 for a list of eligible applicants.)

Question 9: On page 38 under eligibility information it says, “non- profit with 501C3 IRS status (other than institution of higher education”. Does this mean “institution of higher education” cannot apply?

Answer: No, an institution of higher education can apply. (Please refer to page 38 where colleges and universities are listed.)

Question10: Do you encourage Ethiopian local for profit companies on this? Do you equally consider with other for profit companies?

Answer: Yes. (Please refer to page 38 where for profit organization is listed)

Question 11: How do you entertain newly established NGOs devoted to work on HIV/AIDS program? If not, is there an opportunity to fund group of NGOs one leading the others as recipient and implementer? Can we form a team?

Answer: Yes, new NGOs can apply. And yes, organizations can team up to form a consortium, both new and experienced, as long as the evaluation criteria are met.

Question 12: We are engaged in providing quality health care products to hospitals and other health care institutions in Addis Ababa and regional hospitals. Can we apply?

Answer: Please refer to the list on page 38 and see if you are eligible.

Question 13: Can we apply for a specific program area or should we apply for the whole program? Single eligibility or joint application which one is most appropriate?

Question 14: Is the application expected to address all program areas? What if we apply for a single program area with a justifiable budget?

Answer Q13 & 14: No, one cannot apply to a specific program area or activity. The FOA indicates that there should be only one application for all program areas. One application should be submitted for both components of the announcement.

Question 15: What do you mean Non Profit with 501C3 IRS status and Non Profit with 501C3 status?

Answer: 501C3 IRS is a US government taxation classification for nonprofit organizations. Non-Profit organizations with, or without this status are eligible. The eligibility list is inclusive of both. Non-US based nonprofit organizations could be classified under non-domestic (US) entity (P 39)

Question 16: How about professional societies (professional associations) are they eligible?

Answer: Please refer to page 38. It doesn't clearly indicate professional societies but the society / association may fall under one of the other entities (e.g. nonprofit organizations or non domestic entity).

Question 17: Page 49 of the FOA states that applicants must submit “Curricula vitae of current key staff who will work in the activity”. Please confirm if applicants are able to recruit and hire non-existing staff for this project?

Answer: Yes, a position can be suggested and a job description included.

Question 18: Page 83 of the FOA states “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 publication date in www.grants.gov “ but page 84 of the FOA states” CDC will accept Q&As from applicants until 10 days prior to application.

Answer: The statement that questions will be accepted until 10 days prior to application is erroneous, and should have read that questions will be accepted 15 days after publication. This has been corrected in page 94. As this date (February 12, 2013) has passed, additional questions will be allowed until March 8, 2013.

Question 19: Page 58 of the FOA states “Applicants must provide in their proposals the dollar value by U.S. government fiscal year of current grants and cooperative agreements(including sub grants and sub agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA. For example, the proposal should state that the applicant has \$_____ in FY2013 grants and cooperative agreements (for as many fiscal years as applicable) in Ethiopia. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA”. Can CDC please confirm that they expect this in the financial proposal?

Answer: Yes, any USG financing should be described. Grants and Cooperative agreements from other programs must be addressed in the application. This information could be indicated in the project narrative section or in the admin and budget section.

Question 20: Under the current International Partner supporting the four regions activities such as Blood Safety are not included in the current FOA. Can you clarify if this will be addressed in other funding opportunities?

Answer: Yes. This is not included in this FOA as an amendment. Please see number 1 above.

Question 21: On page 56, it is stated that this award is subject to the 8% rule, in which no single awardee may receive over 8% of FY2013 PEPFAR funding for a given country. We are not aware of the FY2013 PEPFAR budget for Ethiopia. However, the amount of this award \$8 million per year. If this exceeds 8% of the FY2013 PEPFAR budget for Ethiopia, could the award to ANY recipient be invalidated? Please clarify.

Answer: The agency will determine whether the amount allocated for this award exceeds the 8% rule or not and it should not be a concern to the applicant. Please limit your application to the \$ 8 million funding ceiling.

Question 22: What do you mean CDC assurance and certification?

Answer: There are assurance and certification forms included in the application which can be downloaded from grants.gov. These need to be signed and submitted by the applicant.

Question 23: In the additional evaluation criteria, you put 15 points those applicants working with universities and academic institutions. Do you think it is feasible for applicants of local NGOs?

Answer: For the medical education part of the FOA, the partner should be working with the local universities. The type of activity requires that. The funding preference indicates what kind of organization will be preferred by the agency to implement this activity. Please refer to the purpose section.

Question 24: In your presentation, application more than ceiling budget will not be acceptable. How about the floor?

Answer: There is no floor amount indicated. A lower amount could be submitted along with justification and a breakdown for the different activities and cost elements. The reviewers will see if the proposed amount is adequate to implement the program.

Question 25: I read the RFP and it seems like to respond to this RFP there need be a marriage with Regional Health Bureaus (RHBs) and the regions that are targeted or we need to develop some form of relationship with the RHBs? Is CDC willing to facilitate this relationship?

Answer: It is in CDC's interest for the applicant to have a strong working relationship with the RHBs. The agency will do its part in facilitating the relationship but a lot of the responsibility will fall on the partner itself.

Question 26: On funding preferences- evidence of strong affiliation with an academic institution..is it Ethiopian or could it be from anywhere?

Answer: It is intended to refer to Ethiopian institutions.

Question 27: Can media campaigns be part of this program.

Answer: No. Please reference the detailed activities in the FOA.

Question 28: What are the regions included (Amhara, Tigray, Afar...)?

Answer: Please reference page 3, Part A, FOA Objectives. With respect to Year 1, the partner will implement specific HIV prevention, diagnostic, treatment, care, and support services in the regions of Addis Ababa, Southern Nations, Nationalities and Peoples Region (SNNPR), Gambela and Benishangul Gumuz. From Year 2 – 5, in addition, the grantee will assume national level responsibility to transition technical assistance to the seven RHBs with the majority of care and treatment activities (Addis Ababa, SNNPR, Oromia, Dire Dawa, Harar, Amhara and Tigray) and assist the Federal Ministry of Health (FMOH) to support the emerging regions (Gambela, Benishangul Gumuz, Somali and Afar).

Question 29: On page 15 - the grantee's responsibility in Year 1 is to support the regional HIV activities but the 2nd point i.e. during year 2 through year 5 requires the grantee to assume national level responsibility. Does the "national level responsibility" limit some local NGOs registered to work at the regional level?

Answer : Yes, that will be a limiting factor in your capacity to be able to deliver a national level program if allowed to work only in one region.

Question 30: In the question and answer session earlier, it was mentioned that the assessment/evaluation of gaps towards transition were not expected to be undertaken and the time should be reserved perhaps to getting set up as a grantee. Can you please clarify if it is an absolute counter indication if the grantee is already established and would like to undertake the assessment in year one?

Answer: Evaluations need to be done and three questions need to be identified by the grantee including the transition assessment and some other topics. In year 1 the TA is just starting and all activities are not expected to be implemented and evaluated by the grantee. But, as the FOA is divided into phases, and there are transition activities, the grantee should propose implementation of assessment studies after Year 2.

Question 31: On Page 36 of the RFA, under Section II. Award Information, it states that the “Budget Period Length: Twelve Months” and “Note: Applicants should only apply for the first budget period funding, taking into consideration the floor of the individual award range and the ceiling of the individual award range.” Also, on Page 46 under Project Budget Justification it states that the applicant must “provide a line item budget and a narrative with justification for all requested costs for the first budget period.” Does CDC request a detailed budget and justification for just the “Budget Period Length: Twelve Months” or would CDC prefer a detailed budget per year and justification for the entire “Project Period Length: Five Years?”

Answer: As stated in the FOA budget details and justification should be provided only for the first year. The budget for the remaining budget periods will be determined annually through the COP process. After Year 1, the grantee will receive a notification letter which includes the funding level for each year of the budget period based upon which the budgets for Years 2-5 will be prepared.

Question 32: Should prospective bidders budget for all anticipated procurement provisions to fulfill the objectives of this program or will there be any equipment, furniture and/or vehicles transferred to the selected implementing partner during startup? If CDC intends for equipment to be transferred to the selected partner, could the CDC provide an inventory list of all expected items to be transferred so that these items may be excluded from the budgets of potential bidders?

Answer: Prospective bidders should budget for anticipated procurement necessary to fulfill the objectives of the program. Applicants should not anticipate any transfer of equipment.

Question 33: Please confirm that the key staff for this program is the following: Principle Investigator, Business Person, Finance, Technical Coordinator, and Project Coordinator, and that all of these 5 proposed individuals should be named in the application? If so, please further define the role of the Business Person.

Answer: Key staff is not limited to those indicated in the FOA. Others playing a key role in the management and implementation of the program may be added to the list. If a position does not yet have a named person, this can be indicated as TBD (to be determined). The Business Official is a person designated by the organization to be responsible for all administrative and management activities, including financial, procurement, etc. This person is a cosignatory to the Principle Investigator on all official communication.

Question 34: Please confirm our understanding that the contractors will continue to work beyond the end of project year 2 and please confirm the capacity in which they will continue to work after the transition so that we may be able to anticipate division of responsibilities.

Answer: It is up to an applicant to decide whether to employ a contractor or not, and to determine their scope of work within the scope of the FOA. As the cooperative agreement will be awarded in one-year budget periods, the budget for contracts should also be limited to one year. If the activity implemented through a given contract is to continue beyond year 2, the grantee may decide to issue another contract or renew accordingly.

Question 35: Does CDC have any security requirements that we should place in our budget. For instance, when developing the proposal, should we budget for guards and/or a security system for our office? Or are there any additional security measures you can think of we should budget for given the geographic scope of the RFA?

Answer: CDC does not have any special security requirement. The applicant can allocate budget for security related costs such as guards and provide a justification. For any additional security information applicants may wish to reference the Department of State website.

Question 36: In page 36 of the RFA, it is stated that “Applicants should only apply for the first budget period funding,...” We understand that we are expected to submit our budget for the FY 2013 ONLY. Could you please confirm if our understanding is correct?

Answer: The expected start date for the award is September 30, 2013. The budget should cover the first year of the agreement which would be September 30, 2013 – September 29, 2014.

AMENDMENT I (02/05/2013)

i) Page 72 – deleted the following:

Pre-Application Workshops

CDC -Ethiopia will host a pre-application workshop following posting of this announcement on www.grants.gov. The pre-application workshop will take place on within 14 days of posting. Applicants interested in attending the pre-application workshop should contact Tesfaye Desta at DestaT@et.cdc.gov regarding time, venue, and registration details, no later than five days following the posting of this

announcement. Questions proposed in the pre-application workshop will be posted as formal Q&A on grants.gov following the pre-application workshop.

ii) Pages 72-73 – added the following:

Pre-Application Workshop

CDC-Ethiopia will host a pre-application workshop to provide information on the Funding Opportunity Announcement and answer any questions from interested parties.

The conference will be held on Tuesday, February 19, 2013, from 1-4 pm at the CDC's conference room (3rd floor of the CDC offices) at the Ethiopian Health and Nutrition Research Institute (EHNRI) in Addis Ababa.

Registration by 18 February is required to attend the conference. For registration please contact Bethlehem Tesfaye at CDC-Ethiopia at telephone 251-11-130-6745 or e-mail: tesfayeb@et.cdc.gov. Registration should include the following information:

- Name of attendee (no more than two persons per organization)
- Name of the organization
- Type of organization
- Telephone number
- E-mail address

Questions proposed in the pre-application workshop will be posted as formal Q&A on grants.gov following the pre-application workshop.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Funding Opportunity Title: “Technical Assistance for the Transition of Comprehensive HIV/AIDS Programs and Medical Education to Ethiopia under the President’s Emergency Plan for AIDS Relief (PEPFAR)”

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-GH GH13-1310

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 8, 2013 on Grants.gov, 11:59 pm Eastern Standard Time.

Program outcomes will include

Part A: Service Delivery and Local Capacity Building Plan

Program Area: Comprehensive HIV Prevention, Care and Treatment Activities

FOA Objectives: In Year 1 of the program period, the grantee will implement specific HIV prevention, diagnostic, treatment, care, and support services in the regions of Addis Ababa, Southern Nations, Nationalities and Peoples Region (SNNPR), Gambela and Benishangul Gumuz previously supported by an international implementing partner, while furthering transition of these activities to the respective Regional Health Bureaus (RHBs). From Year 2 through the end of the program period, in addition to the activities mentioned above, the grantee will assume national level responsibility to transition technical assistance to the seven RHBs with the majority of care and treatment activities (Addis Ababa, SNNPR, Oromia, Dire Dawa, Harar, Amhara and Tigray) and assist the Federal Ministry of Health (FMOH) to support the emerging regions (Gambela, Benishangul Gumuz, Somali and Afar). This would encompass all of PEPFAR Ethiopia's medical education and clinical site level support in care and treatment, infection prevention (IP), tuberculosis (TB)/HIV, Prevention of Mother-to-Child Transmission (PMTCT) and laboratory activities.

- Outcomes:
 - Short-term:
 - By the end of Year Two, effective transition of key technical and managerial activities to the Regional Health Bureaus will be completed.
 - By the end of Year One, increased access to Sexually Transmitted Infections (STI)/HIV services.
 - By the end of year one, linkage of STI/HIV services and capacity of health facilities to diagnose and treat STIs/HIV will be strengthened
 - By the end of Year Two, the risk of sexual HIV transmission in Gambela will be reduced.

- By the end of Year Two, transition of neonatal and adolescent circumcision services in four of twelve woredas in the region will be completed.
- By the end of Year Two, quality of male circumcision services in Gambela region will be improved.
- By the end of Year One, the clinical interface will be strengthened on appropriate clinical use of blood; hospital transfusion committees will be established in three regions; linkages between blood banks and hospitals will be established and strengthened; and 20,000 units of blood will be collected and tested in the three regions.
- By the end of Year Two, a comprehensive monitoring and evaluation system that supports reporting of blood bank activities to the RHB will be developed and implemented.
- By the end of Year One, quality of HIV Testing and Counseling (HTC) services will improve.
- By the end of year one, focused HTC services will be provided to identify more HIV positives.
- By the end of Year One, couple/partner HIV testing will improve.
- By the end of Year One, performance data will be used for service improvement.
- By the end of Year One, the number of trained HCWs in multiple facets of family centered HIV care and treatment will keep up with work force requirements.
- By the end of Year One, access to PMTCT services will increase.
- By the end of Year One, knowledge of HIV status will increase.
- By the end of Year One, knowledge of HIV prophylaxis will increase.
- By the end of Year One, incidence of pneumonia and toxoplasmosis among HIV patients with low CD4 will be reduced.
- By the end of Year Two, care and treatment services will be expanded.
- By the end of Year Two, HIV infection from occupational and non-occupational exposures prevented.

- By the end of Year Two, earlier detection of HIV-infected infants.
- By the end of Year Two, increased access to nutrition support services for HIV infected adults and children.
- By the end of Year Two, standardized and quality TB/HIV care service delivery will be promoted.
- By the end of Year Two, TB/HIV service integration will be enhanced.
- By the end of Year Two, spread of TB at health facilities will be prevented.
- By the end of Year Two, competent and skilled laboratory personnel will provide quality laboratory services.
- By the end of Year Two, laboratories will have implemented laboratory quality management system.
- By the end of Year Two, regional laboratories will have and utilize financial systems.
- By the end of Year Two, TAT (Turnaround time) for EID, TB culture, antiretroviral therapy (ART) monitoring, viral load and microbiology testing service will be acceptable in all laboratories.
- By the end of Year Two, external quality assurance (EQA) performance will be used for laboratory improvement.
- By the end of Year Two, equipment down time will be acceptable for 80% of ART monitoring equipments.
- By the end of Year Two, all laboratory trainings in the region will be conducted in the regional laboratories.
- By the end of Year Two, program management, data management and monitoring and evaluation (M&E) will be carried out without assistance.
- By the end of Year One, there will be an increase in new graduates of medical schools available to meet the need of the health work force.
- By the end of Year One, quality of medical education and retention of students will improve.

- By the end of Year One, monitoring systems will be established to supervise quality of pre-service training.
- By the end of Year One, the number of regional and national in-service trainings conducted by local universities will increase.
- By the end of Year One, the quality of in-service ensured through an established monitoring system,
- By the end of Year One, local universities will implement a strategy to sustain in-service training units.
- By the end of Year Two, technical capacity to plan, coordinate and monitor HIV/AIDS, STI and TB/HIV programs will be strengthened at regional level.
- By the end of Year One, improved basic functions and infrastructure.
- By the end of Year One, regional capacity to plan and undertake renovations will be established.
- By the end of Year Two, improved quality of care.
- Intermediate
 - By the end of Year Four, efficient comprehensive HIV program implementation.
 - By the end of Year Three, quality of services for STIs will be improved
 - By the end of Year Three, the risk of sexual HIV transmission in Gambela region will be reduced.
 - By the end of Year Three, transition of neonatal and adolescent circumcision services in eight of the twelve woredas in Gambela region will be completed.
 - By the end of Year Three, quality of male circumcision services in Gambela region will be improved.
 - By the end of Year Three, quality of HCT services will improve.
 - By the end of Year Four, 80% of HIV positive clients will have accompanied referral to care and treatment services.

- By the end of Year Four, responsibility for in-service training will have been transitioned to RHBs which will collaborate with local universities.
- By the end of Year Four, all family centered care and treatment activities transitioned to regional hospitals and health centers.
- By the end of Year Four, all TB/HIV activities will be transitioned to regional hospitals and health centers
- By the end of Year Four, laboratories will attain accreditation by external agency Strengthening Laboratory Implementation towards Accreditation (SLIPTA).
- By the end of Year Four, regional laboratories with functional EQA program.
- By the end of Year Three, the integrated emergency surgical officers will have graduated and been deployed in district hospitals to perform emergency obstetric surgery.
- By the end of Year Three, quality of medical education and retention will improve.
- By the end of Year Three, quality of in-service training will improve and be standardized.
- By the end of Year Three, local universities will implement income generation schemes to sustain in-service training through minimal support.
- By the end of Year Three, the ability to generate, analyze, disseminate and utilize strategic information for program design, implementation and evaluation will improve.
- By the end of Year Three, all renovation support activities will be transitioned to RHBs.
- Long-term:
 - By the end of Year Five, efficient comprehensive HIV program implementation.

- By the end of Year Five, incidence and prevalence of STI/HIV will be reduced.
- By the end of Year Five, the risk of sexual HIV transmission in Gambela region will be reduced.
- By the end of Year Five, transition of male circumcision services in all twelve woredas in Gambela region will be completed.
- By the end of Year Five, quality of male circumcision services in Gambela region will be improved.
- By the end of Year Five, RHBs, blood banks and hospitals will be capable of coordinating all blood safety activities.
- By the end of Year Five, the number of HIV positives identified and linked to care and treatment services will increase.
- By the end of Year Five, sustainable local ownership of in-service training.
- By the end of Year Five, increased number of infections prevented.
- By the end of Year Five, increase rate of survival from infections.
- By the end of Year Five, accessible, accurate, timely and reliable laboratory services delivered.
- By the end of Year Five, regional laboratories with institutional capacity to manage laboratory programs in the region and serve as referral testing, disease surveillance and training center.
- By the end of Year Five, the national ratio of doctors per 1000 population will improve.
- By the end of Year Five, quality of medical education and retention will improve.
- By the end of Year Five, access to medical consultation at all health facilities will improve.
- By the end of Year Five, in-service training will be standardized and quality maintained.
- By the end of Year Five, in-service training units will become sustainable.

- By the end of Year Five, reduced maternal mortality and mitigate HIV related complications.
- By the end of Year Five, the culture of evidence-based decision making will be instituted.

Part B: Transition and Sustainability Plan

Program Area: Comprehensive HIV Prevention, Care and Treatment Activities

FOA Objectives: Throughout the program period, the grantee must demonstrate the ability to strengthen and transition managerial, technical, and financial capacity to local organizations to enable them to a) provide sustainable HIV prevention, diagnostic, treatment, care, and support services, and b) improve the scale and quality of these interventions, in their respective regions. The grantee must develop the capacity of local government units responsible for the programmatic oversight and implementation of facility-based HIV/AIDS interventions in Ethiopia, and improve the scale and quality of these interventions.

By the end of the program period, the grantee must demonstrate, with measurable outcomes and timelines, the progressive increase in local capacity and subsequent transfer of comprehensive HIV activities and medical education to local government units. By the end of the program period, local government entities collectively must have assumed complete responsibility for the managerial, technical and financial operations of medical education and comprehensive HIV programs in Ethiopia.

- Outcomes
 - Short-term:
 - By the end of Year Two, operational plans are utilized to strengthen and transition managerial and technical functions for the delivery of comprehensive HIV services by local government and non-governmental organizations.
 - By the end of Year Two, 40% of program activities or technical functions previously the responsibility of the international partner has been verifiably transitioned to sustainable implementation by a local partner and or government units.

- By the end of Year Two, 40% of supported Ethiopian government and non-government organizations will be able to demonstrate validated capacity improvement (pre and post capacity-building support) through documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems.
- Access to clinical services for HIV/AIDS increased.
- By the end of Year two the M&E plan will be fully implemented and at least one M&E officer in the partner organization will be fully trained on the plan.
- Intermediate:
 - By the end of Year Four, transition managerial and technical functions for the delivery of comprehensive HIV services by local government and non-governmental organizations will be almost completed.
 - By the end of Year Four, 80% of program activities or technical functions previously the responsibility of the international partner has been verifiably transitioned to sustainable implementation by a local partner and or government units.
 - By the end of Year Four, 80% of supported Ethiopian government and non-government organizations will be able to demonstrate validated capacity improvement (pre and post capacity-building support) through documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems.
 - At least 80% of people in need of ART are accessing it and related clinical services.
 - By the end of Year three, all partner organizations will have a fully functioning M&E department.
- Long-term:

- By the end of Year Five, transition of managerial and technical functions for the delivery of comprehensive HIV services by local government and non-governmental organizations has been completed.
- By the end of Year Five, 100% of program activities or technical functions previously the responsibility of the international partner has been verifiably transitioned to sustainable implementation by a local partner and or government units.
- By the end of the program period, 100% of supported Ethiopian government and non-government organizations will be able to demonstrate validated capacity improvement (pre and post capacity-building support) through documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems.
- Stronger health system in place and country owned for a sustainable response to HIV/AIDS.
- By the end of year five, a culture of using data for decision making will be fully operational in all partner organizations.

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:

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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 (this FOA does not support research).

Recent evidence suggests that Ethiopia is on a trajectory towards HIV control in terms of incidence, prevalence, and mortality:

- HIV incidence declined dramatically to 0.03% in the general population;

- New infections decreased from 138,000 to 20,000 per year;
- Annual deaths have declined to 41,000;
- The number of HIV positive pregnant women per year declined from more than 90,000 to 38,000;
- The number of People Living with HIV/AIDS (PLHA) is now estimated at 759,000 instead of 1.2 million; and
- HIV prevalence has steadily declined and stands at just 1.5% nationwide, including 4.2% in urban areas and 0.6% in rural areas.

Ethiopia is projected to achieve more than 80% coverage with anti-retroviral therapy (ART), from the current 270,000 patients on ART to a total of 480,000 by 2016. The key to maintaining this favorable trajectory for the HIV epidemic will be to further strengthen local capacity within the Ethiopian government and civil society programs, while strategically transitioning PEPFAR supported HIV programs to local ownership.

The 2012 epidemiologic estimates for HIV, coupled with economic realities and historically successful PEPFAR partnerships with international implementing partners that have built considerable capacity of local government entities to address HIV/AIDS in Ethiopia, call for a systematic transition from international to local partners and country ownership. The ability to transition programs will vary by the managerial and technical capacities of Ethiopian government entities to implement HIV programs. Targeted capacity building will be necessary for governmental entities to assume full managerial and technical responsibility for HIV program activities.

To facilitate the transition to country ownership, this Cooperative Agreement will engage one international Technical Assistance Provider who will coordinate with Regional Health Bureaus (RHBs), local universities, and federal level agencies such as the Ethiopian Health and Nutrition Research Institute (EHNRI), the Federal Ministry of Health (FMOH) and the Federal HIV/AIDS Prevention and Control Organization (FHAPCO). By working and coordinating with the various government entities, the grantee will be expected to systematically transition activities that support comprehensive

HIV programs to the appropriate government entity. For example, HIV pre-service training will be transitioned to local government universities, etc.

It will be the responsibility of the grantee to identify remaining gaps and build capacity so as to be able to completely hand over technical and managerial responsibilities to local governmental institutions and relevant non-governmental organizations by the end of the program period. More specifically:

- In Year One, the grantee will support regional HIV activities previously supported by an international implementing partner, while furthering transition activities to the respective RHBs.
- In Year Two through Year 5, the grantee will assume national level responsibility to transition technical assistance to the seven RHBs with the majority of care and treatment activities (Addis Ababa, Southern Nations, Nationalities and Peoples Region (SNNPR), Oromia, Dire Dawa, Harar, Amhara and Tigray), and assist the FMOH to support the emerging regions. This would encompass all of PEPFAR Ethiopia's medical education and clinical site level support in counseling and testing, care and treatment, Infection Prevention (IP), TB/HIV, Prevention of Mother-to-Child Transmission, (PMTCT) and laboratory.

By the end of the program period, the grantee will have successfully transitioned local capacity, sustainability and ownership of HIV programs to government and non-governmental entities in Ethiopia. These transitioned activities will include: site mentoring and site visits, in-service training, renovations, monitoring, staff support, procurement, coordination, pre-service training in medicine, VMMC support, vehicles and transportation, and technical expertise.

To ensure continued coverage in all programmatic areas, applicants should submit one (1) application for all of the program areas listed under the Program Implementation, Recipient Activities section of the FOA for both Part A: "Service Delivery and Capacity Building" and Part B: "Transition and Sustainability Plan". Failure to comply with these requirements will make the application non-responsive.

The goal and objectives of the program in Ethiopia is to facilitate the effective transition of the HIV prevention, care and treatment program implementation support from international partners to federal and regional level host country government institutions in Ethiopia for the provision of quality comprehensive HIV services and to foster local ownership and sustainability.

Specific objectives include:

1. By the end of the first year of the program period, the grantee will work with the FMOH and specific RHBs, in collaboration with local universities and clinical facilities, to support and/or build capacity for the in-service training needs of HIV prevention, care, and treatment service providers. In the following five years of the program period, technical assistance will be provided by the grantee as necessary to ensure completion of this objective as local institutions assume greater ownership.
2. By the end of the first year of the program period, the grantee will work with local universities to improve pre-service medical education. In the following four years of the program period, technical assistance will be provided by the grantee as necessary to ensure completion of this objective.
3. By the end of the first year of the program period, the grantee will work with specific RHBs to establish and maintain program service linkages through effective referral systems and regular catchment meetings.
4. By the end of the second year of the program period, the grantee will have built capacity to ensure that RHBs, local universities, and/or regional higher level hospitals can provide clinical mentoring, site assessment and preparation, and quality improvement activities to all the HIV prevention, care, and treatment facilities. From year three to five of the program period, technical assistance will be provided by the grantee as necessary to ensure completion of this objective.
5. By the end of the first year, the grantee will conduct basic renovations in high volume facilities in selected regions. By the end of the program period, the RHBs and the HIV care and treatment facilities will do regular site assessment and

undertake renovation and maintenance of basic functions for delivery of quality services

6. By the end of the first year of the program period, the grantee will be responsible to monitor and evaluate the HIV programs in specific regions and be accountable to PEPFAR. By the end of the second year of the program period, the grantee will ensure that the RHBs have the capacity to monitor and evaluate the programs

The purpose of this FOA is to provide technical assistance to complete the transition to sustainable country ownership of HIV prevention, care and treatment activities as well as Human Resources for Health (HRH) support that has been conducted in partnership with PEPFAR-funded implementing partners, while assuring maintenance of quality and expansion of existing HIV prevention, care and treatment services.

This program is divided into two parts:

Part A In Part A, the grantee will be responsible for successively transitioning services in four regions and transitioning technical support to all seven regions. The technical assistance provided by the grantee is to ensure effective transition in clinical and education capacity while maintaining quality of HIV prevention, care, and treatment at all facilities. The technical assistance has four components:

1. In the first year of the program period, the grantee will fill the gap that will be created by a Care and Treatment Implementing Partner whose Cooperative Agreement will end, by supporting pre-service education needs and comprehensive HIV/AIDS prevention, treatment, care and support programs in line with regional plans in Southern Nations, Nationalities and Peoples Region (SNNPR), Addis Ababa, Benishangul Gumuz and Gambella regions in Ethiopia. This includes the care and treatment facilities in these regions, the relevant health administrative structures of the Regional Health Bureaus (RHBs), and the local universities.
2. In the first year of the program period, the grantee will also work with US based implementing partners working in Oromia, Harar, Dire Dawa, Amhara, Tigray, Somali and Afar Regions to facilitate an effective transition of their support to

- clinical HIV services and pre-service education in these regions to the RHBs, which is scheduled to occur by the second year of the program period.
3. In the second year of the program period, the grantee will support additional pre-service education needs and comprehensive HIV/AIDS prevention, treatment, and care and treatment facilities in Oromia, Harar, Dire Dawa, Amhara, Tigray, Somali and Afar Regions, as well as the regions supported in the first year of the program period. Over the course of the program period, support for HIV prevention, care and treatment activities will gradually be transitioned in managerial and technical terms to local governmental and non-governmental institutions.

Part B In Part B, the grantee will be responsible for monitoring the progress of the transition nationwide and providing the technical assistance, as needed, based on the results of this monitoring. Part B consists of two components:

1. Over the life of the program period, the grantee will support the systematic development of technical and administrative capacity and the sustainable provision of HIV prevention, treatment, and care and support services in all of these regions, as well as strengthen federal governmental agencies to lead the national response to its HIV epidemic. The grantee will support the development of Human Resources for Health, including pre-service medical education and training of integrated emergency surgical officers (IESOs). The grantee will emphasize the creation and strengthening of functional linkages between the different components of the program and services to ensure provision of quality services across the continuum of HIV/AIDS care. The grantee will also work to improve quality of and infrastructure for clinical and laboratory services, strategic resource development, and monitoring and evaluation.
2. By the end of the program period, the grantee must demonstrate, with measurable outcomes and timelines, the progressive increase in local capacity and subsequent transfer of comprehensive HIV activities and medical education to local government units. By the end of the program period, local government entities collectively must have assumed complete responsibility for the managerial, technical and financial operations of comprehensive HIV programs in Ethiopia.

The technical assistance will be part of an effort towards achieving control of HIV/AIDS in Ethiopia since the epidemic is on a downward trajectory and the capacity of local entities has been greatly improved over the last nine years of PEPFAR. Having one international PEPFAR technical assistance provider is the most efficient way to facilitate the further transition to sustainable local ownership.

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 Ethiopian population and must also coordinate with activities supported by Ethiopia, 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 Ethiopia. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Ethiopia will review as part of

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

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 and HHS/CDC, 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 and associated outputs for this program are as follows:

Part A: Service Delivery and Capacity Building In Year 1 of the program period, the grantee will implement specific HIV prevention, diagnostic, treatment, care, and support services in the regions of Addis Ababa, SNNPR, Gambela and Benishangul Gumuz previously supported by an international implementing partner, while furthering transition of these activities to the respective RHBs. From Year 2 through the end of the program period, in addition to the activities mentioned above, the grantee will assume national level responsibility to transition technical assistance to the seven RHBs with the majority of care and treatment activities (Addis Ababa, SNNPR, Oromia, Dire Dawa, Harar, Amhara and Tigray) and assist the FMOH to support the emerging regions (Gambela, Benishangul Gumuz, Somali and Afar). This would encompass all of PEPFAR Ethiopia's medical education and clinical site level support in care and treatment, IP, TB/HIV, PMTCT and laboratory activities.

Program Area: Operational Support

Activites: Support Regional Health Bureaus (RHBs) to develop costed comprehensive HIV strategic plans for Addis Ababa, Gambela, Benishangul Gumuz and Southern

Nation Nationalities and Peoples Regional State (SNNPR). Work with the other RHBs and their implementing partners to ensure all RHBs have a costed strategic plan covering HIV/AIDS. Provide technical assistance and managerial support to the RHBs of Addis Ababa and SNNPR in year one of the program period and, in addition, the RHBs of Oromia, Dire Dawa, Harar, Amhara and Tigray in years two to five of the program period to successfully manage and implement their respective Cooperative Agreement on HIV/AIDS with CDC-Ethiopia. Provide technical assistance and support to the local universities (Addis Ababa University, Jimma University, Hawassa University, Haromaya University, Gondar University, Mekelle University and Defense University) to successfully manage and implement their respective Cooperative Agreements with CDC-Ethiopia on HIV/AIDS, in-service training and medical education. Support regional level coordination of HIV/AIDS services through technical and organizational assistance to the RHBs of Addis Ababa, SNNPR, Gambela and Benishangul-Gumuz in year one of the program period and, in addition, the RHBs of Oromia, Dire Dawa, Harar, Amhara, Tigray, Somali and Afar in years two to five of the program period.. Provide technical assistance and support to ensure that each RHB has a strategic plan for clinical HIV/AIDS services in year one of the program period and that each RHB includes HIV/AIDS in their annual regional woreda-based planning process for health in years one to five of the program period.

Outputs: By the end of year one, a costed strategic HIV/AIDS plan is developed with each region, and costed evidence based HIV/AIDS work plans, based on the strategic plan, are developed in year two to five of the program period. By the end of the program period, evidence of an increase in the number of grants applications and reports submitted by Ethiopian government and non-governmental organizations to conduct HIV program activities previously implemented by international partners. By the end of year one, timely and accurate submission of various required CDC-Ethiopia and CDC-Atlanta reports and documents (annual activity over five years).

Program Area: Sexually Transmitted Infections (STI)/HIV Prevention Activities

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz:

- Train Health Care Workers (HCWs) on syndromic management of Sexually Transmitted Infections (STI) screening and treatment.
- Provide syndromic screening and treatment.
- Provide Provider Initiated Testing and Counseling (PITC) for all STI clients coming for services in all the health facilities.
- Print and distribute STI job aid materials such as guidelines, wall charts and flipcharts for all the health facilities in the region.
- Promote and distribute pre-packaged STI treatment kits and condoms in the health facilities in the region.

In year two to five of the program period, the grantee will provide technical assistance to remaining RHBs, as needed, to build capacity to implement these services directly.

Outputs: By the end of year one, 1,000 HCWs from public health facilities will be trained on syndromic management of STIs. By the end of year one, 10, 000 patients will receive STI screening and treatment at public health facilities. By the end of year one, 80% of STI patients will receive PITC at public health facilities. By the end of year one, all public health facilities will be supported with STI job aid materials. By the end of year one, 10,000 pre-packaged STI treatment kits and condoms will be distributed in public health hospitals.

Program Area: Bio-Medical Prevention

Activities: In the first year of the program period, the following activities will be carried out in Gambela Region:

- Expand male circumcision capacity to conduct adult and neonatal Voluntary Medical Male Circumcision (VMMC) in Gambela region.
- Ensure quality of VMMC services in Gambela region.

In year two to five of the program period, the grantee will provide technical assistance to support RHBs, as needed, to build capacity to implement these services directly.

Outputs: By the end of Year One, about 10,000 remaining adult male will be circumcised and this will end the catch-up phase of VMMC. By the end of Year Five, VMMC services will be integrated into at least one health center per woreda. By the end of Year One, in-service training on VMMC will be conducted and standard operating procedures (SOPs) and quality manuals on VMMC will be made available. By the end of Year Two, 10,000 neonatal (< than one year of age, including newborns) and adolescent (> than one year but less than 15 years of age) males will be circumcised (20,000 in five years). By the end of Year Five, the grantee will have ensured that the FMOH is coordinating all male circumcision activities in Gambela, in coordination with the region.

Activites: In the first year of the program period, the grantee will provide technical support to RHBs, blood banks and health facilities for the implementation of blood safety activities in the three regions of SNNPR, Gambela and Benishangul Gumuz. The grantee will:

- Train clinicians and nurses on appropriate clinical use of blood, including its safe administration to patients.
- Support establishment of hospital transfusion committees.
- Strengthen linkages between blood banks and the hospitals, ensure proper storage and transport of blood and blood products.
- Support the development of monitoring and evaluation (M&E) systems, including collection and processing of data from the blood banks and the regional hospitals to the RHB.
- Support training and mentorship to staff at 5 blood banks and all hospital clinical staff in the regions to ensure quality of services, in coordination with WHO.
- Improve the collection of blood through mobile collection teams and support the activities of the mobile collection teams under the regional blood banks through target setting and development of collection plans.
- Support blood donor education and mobilization activities through effective engagement with local radio stations, print media, and training of communication experts, blood donor mobilisers and blood bank staff.

In years two to five of the program period, the grantee will also provide technical assistance RHBs in Oromia, Dire Dawa, Harar, Amhara, Tigray, Somali and Afar Regions to build capacity to implement these services directly with the objective of supporting the national goals of ensuring the provision of safe and adequate blood and blood products to all patients who require blood transfusion.

Outputs: By the end of Year One, the clinical interface will be strengthened through training of clinicians and nurses on appropriate clinical use of blood, including its safe administration to patients. Hospital transfusion committees will be established in the three regions. By the end of Year One, the linkages between blood banks and the hospitals will be established and strengthened, blood & blood products will be properly stored and transported under appropriate temperature. Blood inventories will be maintained to ensure adequate blood supply at all hospitals in the regions. By the end of Year One, 20,000 units of blood will be collected and tested in the three regions (estimated 4,000 units each from 5 blood banks). By the end of Year Two, the M&E system, including collection and processing of data from the blood banks and the regional hospitals, will be strengthened and a comprehensive M&E plan that supports reporting of blood bank activities to the RHB developed and implemented. By the end of the program period, the grantee should ensure that the RHBs, blood banks and hospitals are capable of coordinating all blood safety activities.

Program Area: HIV Counseling and Testing

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz: Support RHBs to provide quality HIV Testing and Counseling (HTC) services including couples/partner and family testing & counseling services. This support includes:

1. Training both basic and refresher levels
2. Mentorship to improve quality of HCT services
3. Support in facilitating availability of test kits at the facility level

4. Ensuring linkage services for those who test HIV positive to care, support and treatment services.

In year two to five of the program period, the grantee will provide technical assistance to remaining RHBs, as needed, to build capacity to implement these services directly.

Outputs: By the end of year one, 197 HIV Testing and Counseling (HTC) service sites will be supported through mentorship. By the end of year one, a total of 1.1 million people will have tested for HIV and received result. By the end of year one, 170 Health Care Workers (HCWs) will be trained to provide HCT services. From year two to five of the program period, the grantee will ensure that the RHBs train a total of 680 HCWs on provision of HCT services. From year two to five of the program period, the grantee will ensure that the RHBs provide HCT to at least five million people per year.

Program Area: Family Centered Care and Treatment for Children, Adults, and Pregnant Women

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz:

- Provide in-service basic and Training for Trainer (TOT) trainings on full spectrum of HIV/AIDS related clinical services including care and support (covering nutrition, pain management and mental health for HCWs, adult care and treatment, pediatric care and treatment, and PMTCT.
- Support and expand integrated PMTCT/ART/ Maternal New Born Child Health (MNCH) services at public health facilities and expand outreach PMTCT services focusing on high prevalence and hotspot areas.
- Continue the site level support at existing care and treatment sites and conduct site assessment and preparation to expand the number of care and treatment sites.
- Strengthen and scale-up the availability of post exposure prophylaxis (PEP) services for occupational and non-occupational exposure.
- Ensure sites implement early infant HIV diagnosis and all eligible HIV-positive children are promptly referred for ART care.

- Ensure Nutrition Assessment and Counseling Support (NACS) are completed at all entry points.
- Train HCWs in comprehensive TB, TB/HIV and Multi-Drug Resistant (MDR)-TB.
- Support implementation of TB/HIV collaborative activities at health facilities.
- Support the implementation of basic TB infection control interventions.
- Provide technical assistance and support to RHBs and local universities to establish a clinical mentoring program for HIV/AIDS services in hospitals, health centers and confidential STI clinics.

In year's two to five of the program period, in addition to the four RHBs mentioned above, the grantee will provide technical assistance and support to RHBs and local universities in Oromia, Dire Dawa, Harar, Amhara, Tigray, Somali and Afar to establish a clinical mentoring program for HIV/AIDS services in hospitals, health centers and confidential STI clinics. These clinical services are for adults, children and pregnant women through a family centered approach and include laboratory, HIV counseling and testing (HCT), early infant diagnosis (EID), prevention of mother to child transmission (PMTCT), anti-retroviral therapy (ART) HIV-related clinical care including HIV/TB, treatment of STIs, isoniazid prevention therapy and cotrimoxazole prophylaxis.

Outputs: By the end of year one, 300 HCWs trained on adult and pediatric HIV care and treatment and 300 HCWs trained on PMTCT. By the end of year one, 270,000 pregnant women will get tested, 5,500 HIV positive women will receive ART and 230 public health facilities will support integrated PMTCT/ART/MNCH services. By the end of year one, prescribe Co-trimoxazole Preventive Therapy (CPT) to 80% of PLHIV who received clinical care services. By the end of year one, 300 health facilities that offer and support HIV care and treatment services. By the end of year one, 11,000 adults and 1,000 children less than 15 months with advanced HIV infection will be newly enrolled on ART. By the end of year one, 95,000 adults and children with advanced HIV infection will receive antiretroviral therapy (ART). By the end of year one, 80% of adults and children known to be alive and on treatment 12 months after initiation of ART. By the end of year one, all health facilities will have PEP standard operating procedures

(SOPs) in place and 24 hour access to PEP ARVs for HCWs. By the end of year one, PEP established and implemented in 300 ART sites. By the end of year one, 85% of infants born to HIV positive women will receive an HIV test within 12 months (annual activity over five years). By the end of year one, 9,200 HIV infected children less than 15 months will receive NACS services and food, if eligible. By the end of year one, 250 HCWs will be trained in TB/HIV. By the end of year one, 95% of HIV positive patients will be screened for TB in their last follow up visit. By the end of year one, 60% of HIV positive eligible clients will receive Isoniazid Preventive Therapy (IPT). By the end of the program period, the grantee will ensure that the RHBs guarantee 3% of HIV positive patients in HIV care or treatment (pre-ART or ART) will be started on TB treatment. By the end of the program period, the grantee will ensure that the RHBs guarantee 95% of TB patients will have documented HIV test result. By the end of the program period, the grantee will ensure that the RHBs guarantee all health facilities have TB infection control plans. By the end of the program period, the grantee will ensure that RHBs guarantee all health facilities have functional TB infection control body (focal person, committee). By the end of the program period, the grantee will ensure that the RHBs provide ART to at least 80% of Government of Ethiopia's estimated eligible patients. By the end of the program period, the grantee will ensure that the RHBs reach at least 80% of HIV positive pregnant women with ART. By the end of the program period, the grantee will ensure that the RHBs support at least 80% of adults and children known to be alive and on treatment 12 months after initiation of ART.

Program Area: Laboratory

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz:

- Train laboratory personnel on quality management system, laboratory management, safety, ART monitoring, TB microscopy, malaria microscopy, HIV rapid test and basic microbiology, and preventive maintenance.

- Support hospital and health center laboratories towards accreditation through mentorship and strengthening laboratory management towards accreditation (SLMTA).

In year two to five of the program period, the grantee will provide technical assistance to support capacity building of laboratories in the supported regions to implement these services directly. Capacity building activities include:

- Strengthen integrated sample referral network in the regions and establish laboratory GIS (geographic information system) in the regions.
- Strengthen regional external quality assurance program (REQAS) for TB and malaria microscopy, and HIV rapid testing.
- Establish equipment maintenance centers at regional laboratories.
- Support and strengthen the regional laboratories to serve as training center.
- Establish data management system at regional laboratory for the external quality assurance (EQA) program, equipment maintenance and training.
- Support the regional laboratories to improve monitoring and evaluation (M&E) systems.
- Train regional laboratory personnel on project and financial management.

Outputs: By the end of year one, 100% of laboratory personnel will be trained on safety. By the end of year one, 100 laboratory personnel will be trained in laboratory quality management system. By the end of year one, 100% hospital and health center laboratories will be mentored quarterly. By the end of year one, 20 hospital laboratories will be enrolled in SLMTA. By the end of year one, 100% quality officers and laboratory managers will be trained on SLMTA. By the end of year two, sample referral network for TB culture, DST, EID, viral load and ART monitoring will be established in all health facilities. By the end of year two, GIS will be developed for regional laboratories. By the end of year four, 100% of laboratories will be participating in EQA scheme for TB, malaria and HIV rapid test. By the end of year three, 100% regional laboratories will have conducted equipment maintenance workshop for specialized ART equipments. By the end of year two, 100% regional laboratories will have their training centers' meeting

defined standard. By the end of year three, database for EQA program, training and equipment maintenance will be established in all regional laboratories. By the end of year two, 100% regional laboratory managers will be trained on M&E. By the end of year three, M&E frameworks and plans will be established in all regional laboratories. By the end of year two, 100 % of regional laboratory staff will be trained on project management and financial management.

Program Area: Health Systems Strengthening

Activities: Provide support to local universities to improve in-service training programs and pre-service medical education in the country. The grantee will assist the local universities and teaching hospitals with:

- Faculty development
- Establishment of skill laboratories
- E-learning
- Guideline or SOP updates
- Supervision and mentoring
- Twinning of medical schools

In Year one of the program period, the grantee will support five local universities (Addis Ababa University, Hawassa University, Dilla University, Arba Minch University and Sodo University) and two teaching hospitals (Yekatit 12 and Yirgalem) in medical education and Integrated Emergency Surgical Officers training.

Provide support to local universities to establish and strengthen in-service training units:

- Support in designing a plan to sustain in-service training units.

Provide technical assistance to RHBs for the development of annual HIV/AIDS in-service training plans and capacity to deliver such training through local universities to meet the needs of health workers employed by the RHBs of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz in year one of the program period and, in addition, the RHBs of Oromia, Dire Dawa, Harar, Amhara, Tigray, Somali and Afar in year two to five of the program period. Provide technical assistance and support to local universities for the training of medical doctors and emergency surgical officers.

Outputs: By the end of year one, 180 medical doctors will graduate from local universities, and 70 emergency surgical officers enrolled. From year two to five, the grantee will ensure that the RHBs and local universities graduate 720 medical doctors and enroll 280 emergency surgical officers. By the end of the program period, 100% of established in-service units will be functional. By the end of program period, 95% of the regional training on comprehensive prevention, care and treatment will be conducted at local universities and clinical sites. By the end of the program period, the grantee will ensure that all RHBs have established in-service training relationships on HIV/AIDS with local universities that use clinical sites for training.

Program Area: Strategic Information

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz:

- Provide support for site level program data capturing analysis, interpretation and utilization at health facilities that implement HIV/AIDS, STI and TB/HIV programs.
- Provide support to RHBs to continuously capture all required PEPFAR indicators related to health facilities and ensure timely reporting of the PEPFAR Semi-Annual Progress Report (SAPR) and Annual Progress Report (APR).

In year two to five of the program period, the grantee will provide technical assistance and support to roll out the health management information system at site level in order to transition the reporting of, and the accountability for PEPFAR's required performance indicators from US-based clinical partners to the RHBs. The program areas covered for both adults and children will include prevention, laboratory, HCT, PMTCT, clinical care and ART, HIV-related clinical care including HIV/TB and in-service training.

Outputs: By the end of year one, all health facilities implementing HIV/AIDS, STI or TB/HIV programs have data entry clerks, HMIS information officers or Health Information Technicians (HITs) that capture, analyze and avail program data for facility managers and higher level officials. From year two to five of the program period, the

grantee will ensure that RHBs collect and report timely to CDC-Ethiopia on the required PEPFAR indicators.

Program Area: Infrastructure

Activities: In the first year of the program period, the following activities will be carried out in the four regions of SNNPR, Addis Ababa, Gambela and Benishangul Gumuz: Conduct site assessment and support basic function restoration, minor renovation and rehabilitation of health facilities as needed to support the provision of comprehensive HIV and related services. This includes ante-natal centers (ANC), labor and delivery rooms, maternity wards, care and treatment sites, TB wards and patient waiting areas, and laboratories.

Outputs: By the end of year one, work with the four RHBs to develop a prioritized list of infrastructure projects. By the end of year one, renovation of ten priority sites in the four regions will be completed.

Part B: Transition and Sustainability Plan Throughout the program period, the grantee must demonstrate the ability to strengthen and transition managerial, technical, and financial capacity to local organizations to enable them to a) provide sustainable HIV prevention, diagnostic, treatment, care, and support services, and b) improve the scale and quality of these interventions, in their respective regions. The grantee must develop the capacity of local government units responsible for the programmatic oversight and implementation of facility-based HIV/AIDS interventions in Ethiopia, and improve the scale and quality of these interventions. By the end of the program period, the grantee must demonstrate, with measurable outcomes and timelines, the progressive increase in local capacity and subsequent transfer of comprehensive HIV activities and medical education to local government units. By the end of the program period, local government entities collectively must have assumed complete responsibility for the managerial, technical and financial operations of medical education and comprehensive HIV programs in Ethiopia.

Program Area: Needs Assessment

Activities: Coordinate with HHS/CDC-Ethiopia, Federal Ministry of Health (FMOH), Ethiopian Health and Nutrition Research Institute (EHNRI), Regional Health Bureaus (RHBs), and local partners in the respective regions to develop a prioritized capacity needs assessment. Identify and create a customized response to on-going needs of the local government structures (i.e. RHBs, local universities), using participatory approaches, in order to create an environment of organizational maturity, financial absorption capacity, level of expertise and services offered. Develop an operational plan to implement transition of managerial and technical functions of program activities under this agreement to local partners and/or government units (FMOH, EHNRI, and RHBs) within the terms of this cooperative agreement.

Outputs: By the end of year one, a prioritized capacity needs assessment will have been developed for the delivery of comprehensive HIV services nationwide and for pre-service education of doctors and integrated emergency surgical officers. For each year of the program, an annual operational plan demonstrating transition of managerial and technical functions and services of program and education activities to local partners and/or government units will be submitted (annual activity over five years).

Program Area: Technical and Programmatic

Activities: Build the capacity of local partners to enable them to continue and expand comprehensive high quality HIV prevention, care and antiretroviral treatment (ART) programs to respond to the epidemic. Capacity building may include provision of technical assistance, training, and technology transfer, as needed, to improve the delivery and effectiveness of HIV service delivery with evidence-based strategies, program planning, and monitoring and evaluation. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, quality improvement, and laboratory services. Technical assistance should support local

organizations to build on and complement the current national response in Ethiopia as well as to build a sustainable in-service training model for provision of ongoing support to facilities and RHBs.

Outputs: By the end of the program period, at least 30 Ethiopian government and non-government organizations will be provided with technical assistance and support in order to build their capacity and ensure sustainability within their organizations to manage quality HIV programs and pre-service training within their geographic areas of program implementation.

Program Area: Operational Support

Activities: Provide operational support in administrative and financial management, human resource management (staff retention), and resource management (information and equipment) to ensure local partners and government entities are able to carry-out their own mission. This may include, but is not limited to:

1. Provide support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program.
2. Transfer technology and/or training to improve data management systems.
3. Improve all organizational management and program systems.
4. Develop long-term financial plans for self-sufficiency including providing grants proposal writing to local nongovernmental organizations (NGOs) and government entities to allow them to directly compete for and be awarded funds to conduct comprehensive HIV program activities.
5. Strengthen organizational performance management and internal monitoring and evaluation systems.

Outputs: By the end of the program period, 100% of supported Ethiopian government and non-government organizations will be able to demonstrate validated capacity

improvement (pre and post capacity-building support) through documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems. By the end of the program period, an increase in the total number of grants applications submitted by local NGO and/or government entities to conduct program activities previously implemented by international organization.

Program Area: Health Systems Strengthening

Activites: Work collaboratively with FMOH, EHNRI, and the RHBs in the respective regions in Ethiopia to assess health system capacity development needs, prioritize areas for capacity-building support, develop performance measures for capacity-building support, and provide creative solutions to address priority development needs and fill gaps in the system to ensure long-term sustainability and local leadership of HIV services. Work with local partners to ensure adequate systems within the Ethiopian national, regional, and local health authorities to sustainably plan, manage and support HIV service delivery, workforce capacity and development, health information systems, financing, leadership and governance, and quality improvement systems. This may include, for example, strategic planning. for HIV services, supporting specific pre-service or in-service training sessions, human resource support, improvement to data systems, quality improvement, supporting equipment and infrastructure, laboratory services, and managing health service financing and other resources. Collaborate with existing partners, currently charged with developing Continuous Quality Improvement (CQI) programs, to ensure that CQI have been established at the respective levels of the health system.

Outputs: By the end of the project period, key federal agencies and at least seven regional or city administrative health bureaus where the HIV burden is highest will have financial systems in place to manage Government of Ethiopia (GOE) and external funding; sufficient trained workforce in place to meet the local HIV burden in the clinical setting; completed site expansion to improve access to comprehensive HIV clinical

services; and have established a responsive laboratory system for HIV that includes point of care services and a regular maintenance plan.

Program Area: Strategic Information

Activities: Work collaboratively with all partners to build their institutional capacity for monitoring and evaluating HIV programs and activities .

Outputs: By the end of Year one, a Monitoring and Evaluation (M&E) plan for each local partner that includes indicators for each program, methods of data collection, data quality assurance, and an implementation schedule will be completed.

CDC Activities:

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

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

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

where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.

12. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
13. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. CDC will provide technical assistance for activities.
16. Conduct service delivery site visits through the Site Monitoring System (SMS) to monitor and evaluate site capacity to provide high-quality HIV/AIDS services in all program areas by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement.
17. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact.
 - a. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
 - b. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
 - c. Impact Evaluation: measures net effects of program and prove of causality
18. Supply the grantee with protocols for related evaluations.
19. Initiation and/or development of Public Health Evaluations (PHE), Program Evaluations (PE), assessments and related research activities.
20. Training project staff in participating organizations in research ethics and other related areas.

21. The in-country CDC office will work with the grantee to facilitate the coordination of services with other CDC-funded implementers, the USG-PEPFAR team, Federal Ministry of Health, Ethiopian Health and Nutrition Research Institute, and local government entities operating in the geographic and service-delivery areas identified in this award as necessary to ensure maximum programmatic efficiencies.
22. Provide systemic guidance to the grantee on programmatic implementation.
23. Provide supportive site supervision to care and treatment providing facilities, and respective regional health bureaus to identify challenges, gaps and opportunities for program implementation and support as appropriate.
24. Assist in the development of guidelines, training curriculum and manuals for trainers and provide training as appropriate.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement.

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

Fiscal Year Funds: FY2013

Approximate Current Fiscal Year Funding: \$8,000,000

Approximate Total Project Period Funding: \$44,000,000 (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: One

Approximate Average Award: \$8,000,000 (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: None

Ceiling of Individual Award Range: \$8,000,000 (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.)

Anticipated Award Date: September 2013

Budget Period Length: Twelve Months

Project Period Length: Five Years

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

Note: Applicants should only apply for the first budget period funding, taking into consideration the floor of the individual award range and the ceiling of the individual award range. The proposed budget for the first budget period must not exceed the ceiling of the individual award range.

III. ELIGIBILITY INFORMATION

Eligible Applicants

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

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations

- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)
- Non-domestic (non-U.S.) entity

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 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 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 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 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

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

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

Required Registrations

There are a total of three registrations needed to submit an application on www.grants.gov.

- a. Data Universal Numbering System: 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 awards or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>. An AOR should complete the US D&B D-U-N-S Number Request Form online or contact DUN and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to register for a DUNS number.

If funds are awarded to an applicant organization that includes sub-awardees, sub-awardees' must provide their DUNS numbers prior to accepting any sub-awards.

- b. System for Award Management: All applicant organizations must register in the System for Award Management (SAM). The SAM 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 an awardee. The SAM number must be maintained 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. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

- c. Grants.gov: Registering your organization through www.grants.gov, the official HHS E-grant website, is the first step in submitting an application online. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

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 individual 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 90 pages, any pages after page 90 of 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 Letter of Intent (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: [INSERT DATE ## DAYS AFTER DATE OF PUBLICATION ON GRANTS.GOV, 11:59pm Eastern Standard Time. The recommended time period is 30, 45, 60 or 90 days after publication.]

Applicants must download the SF424 application package associated with this funding opportunity from [Grants.gov](https://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 7:00am – 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](https://www.grants.gov), the applicant should contact [Grants.gov](https://www.grants.gov) Customer Service. The [Grants.gov](https://www.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

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

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

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

Letter of Intent (LOI):

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

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

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

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

(If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);

- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Page margin size: One inch;
- Number all narrative pages; not to exceed the maximum number of pages.

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

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

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

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

- **Project Context and Background (Understanding and Need):** Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- **Project Strategy - Description and Methodologies:** Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant’s technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- **Project Goals and Objectives:** Include the goals of the project and its SMART objectives (specific, measurable, achievable, relevant, and time-bound). These need to be consistent with the expected targets of the Country/Regional

Operational Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;

- **Work Plan and Description of Project Components and Activities:** Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- **Project Outputs:** List the products (i.e. outputs) 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 (i.e. outcomes) 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 with robust data quality assurance and assessment procedures for reported data.
- **A Transition Plan:** The Transition Plan must be submitted in a PDF format when submitting via www.Grants.gov. The Transition Plan should be formatted as described for the Project Narrative and be no longer than 20 pages. The Transition Plan must focus on increasing the potential for the transition of awardee service-provision activities to the Government of Ethiopia and/ or to local universities, local NGO’s and private institutions, as may be necessary, at the end of the project period and address the following issues:
 - Knowledge sharing and capacity development in support of Federal, Regional and Woreda (District) level Ethiopian institutions, including

government, local universities, local NGO's, and private institutions with a focus on increasing the ability of these Ethiopian institutions to manage and coordinate the provision of HIV services. Awardees may facilitate this by, for example, sub-partnering or directly engaging and/or closely coordinating with appropriate Federal, Regional and Woreda (District) government entities, local universities, local NGO's to support management, logistics, and coordination activities at the facility level.

- Support for the Ethiopia-led initiative to capacitate hospitals to mentor health workers on HIV/AIDS and related services at health centers and for health centers to mentor health posts.
- Support for the Ethiopia-led initiative to establish innovative approaches to in-service training through collaboration with local universities and busy health facilities having experienced clinicians.
- Empowering local institutions to monitor and evaluate their programs and to be strengthened in order to be accountable to PEPFAR with required indicators to complete semi-annual and annual progress reports to PEPFAR.
- Strengthened referral and reporting networks with other communities.

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 detailed budget should identify costs associated with potential data collection activities from persons, personal records, or for laboratory specimen collection and testing that may

result in a public report. For each of the potential data collection activities also state the costs for any preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation).

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

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 90 pages and can only contain information related to the following:**

- ***Project Evaluation:*** Include an evaluation plan that will describe how outputs and outcomes will be evaluated. The plan should address the following:
 - list up to 3 evaluation questions to be answered about the main activity or intervention addressed in this project (e.g., Is the intervention implemented as intended? (process evaluation) What barriers do clients experience in accessing the intervention? (process evaluation) Did the intervention cause the expected outcomes? (outcome evaluation)
 - specify how you will engage stakeholders (national and others)

- specify briefly data sources and methods for each evaluation question (up to 1 page per evaluation question, if needed)
- specify how results will be disseminated and used
- ***Curricula vitae*** of current key staff who will work on the activity: Principle Investigator, Business Person, Finance, Technical Coordinators, Project Coordinator;
- ***Job descriptions*** of proposed key positions to be created for the activity: Principle Investigator, Business Person, Finance, Technical Coordinators, Project Coordinator;
- ***Applicant’s Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum):
 - One Letter from the Ministry of Health of Ethiopia
 - Two Letters from Ethiopian Local Universities
 - Two Letters from Ethiopian Regional Health Bureaus
- ***Evidence of Legal Organizational Structure***;
- ***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; and
- Organizational Chart.

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.
- Human subjects data collection 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.
- 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.
- The recipient must use funds provided under the agreement for costs incurred in carrying out the purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.
 - “Reasonable” means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
 - “Allocable” means the costs are necessary to the award.
 - “Allowable” means the costs are reasonable and allocable, and conform to any limitations set forth in the award.
- The recipient is encouraged to obtain the Grants Management Officer’s written determination in advance whenever the recipient is uncertain as to whether a cost will be allowable.

- 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.
- Public Financial Management Assessment Clause: The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in

accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

- **Prohibition on Funding for Abortions and Involuntary Sterilization:** None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance or involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for any biomedical research which relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be obligated or expended for any country or organization if the President certifies that the use of these funds by any such country or organization would violate any of the above provisions related to abortions and involuntary sterilizations.
- **Requirements for Voluntary Family Planning Projects**
 - (1) A family planning project must comply with the requirements of this paragraph.
 - (2) A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
 - (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and

acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

- The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
- The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

- The recipient must provide CDC such additional information about violations as CDC may request.
- Impact on Jobs in the United States: None of funds appropriated under titles III through VI of the FY12 Foreign Operations Appropriations Act may be obligated or expended to provide:
 1. Any financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United State production is being replaced by such enterprise outside the United States; or
 2. Assistance for any program, project, or activity that contributes to the violation of internationally recognized workers rights, as defined in section 507(4) of the Trade Act of 1974, of workers in the recipient country, including any designated zone or area in that country: Provided, that the application of section 507(4)(d) and (e) of such Act should be commensurate with the level of development of the recipient country and sector, and shall not preclude assistance for the informal sector in such country, micro and small-scale enterprise, and smallholder agriculture.
- Defense Base Act: Under a contract approved and financed by the United States or any executive department, independent establishment, or agency thereof (including any corporate instrumentality of the United States), or any subcontract or subordinate contract with respect to such contract, where such contract is to be performed outside the continental United States, under the Mutual Security Act of 1954, as amended (other than title II of chapter II thereof unless the Secretary of Labor, upon the recommendation of the head of any department or other agency of the United States, determines a contract financed under a successor provision of any successor Act should be covered by this section), and not otherwise within the coverage of this section, and every such contract shall contain provisions requiring that the contractor (and subcontractor or subordinate contractor with respect to such contract):

1. Shall, before commencing performance of such contract, provide for securing to or on behalf of employees engaged in work under such contract the payment of compensation and other benefits under the provisions of this chapter, and
 2. Shall maintain in full force and effect during the term of such contract, subcontract, or subordinate contract, or while employees are engaged in work performed thereunder, the said security for the payment of such compensation and benefits, but nothing in this paragraph shall be construed to apply to any employee of such contractor or subcontractor who is engaged exclusively in furnishing materials or supplies under his contract.
- Prohibition of Payments to United Nations Members: None of the funds appropriated or made available pursuant to titles III through VI of the FY12 Foreign Operations Appropriations Act for carrying out the Foreign Assistance Act of 1961, may be used to pay in whole or in part any assessments, arrearages, or dues of any members of the United Nations, or, from funds appropriated by this Act to carry out chapter 1 of Part I of the Foreign Assistance Act of 1961, the costs for participation of another country's delegation at international conferences held under the auspices of multilateral or international organizations.
 - Prohibition on Police Training: None of the funds made available to carry out this award, and none of the local currencies generated, shall be used to provide training or advice, or provide any financial support for police, prisons, or other law enforcement forces for any foreign government or any program of internal intelligence or surveillance on behalf of any foreign government with the United States or abroad.
 - Prohibition on Military Assistance and Training: No funds awarded as part of this agreement may be used for military assistance or military training for a country.
 - Prohibition on Assistance to Governments Supporting International Terrorism: The United States shall not provide any assistance to any country if the Secretary of State determines that the government of that country has repeatedly provided support for acts of international terrorism.

- **Source and Nationality Restrictions:** In carrying out programs under the Foreign Assistance Act, of 1961 as amended, the President shall take all appropriate steps to assure that, to the maximum extent possible, (1) countries receiving assistance under this Act contribute local currencies to meet the cost of contractual and other services rendered in conjunction with such programs, and (2) foreign currencies owned by the United States are utilized to meet the costs of such contractual and other services.
- **Procurement Restrictions:** Funds made available for assistance under the Foreign Assistance Act of 1961, as amended may be used for procurement—
 1. In the United States, the independent states of the former Soviet Union, or a developing country or
 2. In any other country, but only if—
 - a) The provision of such assistance requires commodities or services of a type that are not produced in and available for purchase in any country specified in paragraph 1; or
 - b) The President determines, on a case-by-case basis, that procurement in such other country is necessary
 - i. To meet unforeseen circumstances, such as emergency situations, where it is important to permit procurement in a country not specified in paragraph 1, or
 - ii. To promote efficiency in the use of United States foreign assistance resources, including to avoid impairment of foreign assistance objectives.
- **Cargo Preference Act:** When the United States Government procures, contracts for, or otherwise obtains for its own account, or furnishes to or for the account of a foreign country, organization, or persons without provision for reimbursement, any equipment, materials, or commodities, or provides financing in any way with Federal funds for the account of any persons unless otherwise exempted, within or without the United States, or advances funds or credits, or guarantees the convertibility of foreign currencies in connection with the furnishing or obtaining of the equipment, materials, or commodities, the appropriate agencies shall take

steps necessary and practicable to ensure that at least 50 percent of the gross tonnage of the equipment, materials, or commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) which may be transported on ocean vessels is transported on privately-owned commercial vessels of the United States, to the extent those vessels are available at fair and reasonable rates for commercial vessels of the United States, in a manner that will ensure a fair and reasonable participation of commercial vessels of the United States in those cargoes by geographic areas.

- Fly America Act: Federal employees and their dependents, consultants, contractors, grantees, and others must use U.S.-flag air carriers for U.S. Government-financed international air travel and transportation of their personal effects or property, if available.
- All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/guidance/branding/index.htm>.

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) 2013, the limit is no more than 8 percent of the country's FY 2013 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner

organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the**

dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.

For example, the proposal should state that the applicant has \$_____ in FY 2013 grants and cooperative agreements (for as many fiscal years as applicable) in Ethiopia. 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 GH13-1310. 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:

Part A: Service Delivery and Capacity Building

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate five years of local experience and institutional capacity in Ethiopia (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? (5 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV service delivery and pre-service education? Does the applicant have the capacity to reach the most affected but underserved populations in Ethiopia? Does the applicant have the capacity to reach local universities to enhance their pre-service education capacity? 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? (10 points)

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, taking transition to local ownership into account, and specific activities for meeting the proposed objectives? (10 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 maximize impact and meet the goals of the President's Emergency Plan? Does the application include reasonable estimates of output targets? (For example, the numbers of sites to be supported, number of clients the program will reach, number of new health workers trained.) 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 outcomes, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local context.

Capacity Building (20 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) Does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities and institutions? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "AIDS Free Generation" and health workforce targets of the President's Emergency Plan, and b) (if not a local indigenous organization) 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? (10 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement monitoring and rigorous evaluation of the project? Does the applicant describe a monitoring system used to routinely review information and adjust program activities

accordingly? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"¹? Does the monitoring 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 and other HHS/CDC requirements? 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 and HHS/CDC priorities? (5 points) Does the evaluation plan address the components listed specified under the program evaluation section (i.e. evaluation questions, engagement of stakeholders, data sources and methods, results dissemination and use)? Is the evaluation plan feasible, ethical, methodologically sound and engage national stakeholders and does it build capacity of local institutions to report on PEPFAR indicators? (10 points) "Applicants must define specific output and outcome indicators in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Personnel (10 points):

Are the staff roles clearly defined? As described, will the staff be sufficient yet not excessive to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Is the involvement of international staff kept to an acceptable level? Curricula vitae provided should include information that they are qualified in the following: management of comprehensive HIV/AIDS programs and pre-service education; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

¹ 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.

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

Understanding the Problem (5 points):

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response, pre-service education, and the cultural and political context relevant to the programmatic areas targeted? Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? Does the applicant understand and have a track record for successful transition of HIV/AIDS activities? (5 points)

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>.

Part B: Transition and Sustainability Plan

Technical and Programmatic Approach (25 points):

Does the application include an overall design strategy, including measurable time lines, local partners, regional health bureaus, local universities, clear monitoring and evaluation procedures, and specific activities related to transitioning of program and financial responsibilities? (5 points) Is there a description of what approaches will be used to determine government and non-governmental partners’ readiness for full ownership and accountability for the HIV/AIDS and educational programs ? (5 points). Does the application include a detailed transition plan that demonstrates an incremental shift in program activities as transition of these activities is effected? (10 points) Does the applicant include technical assistance for organization development and financial management in the proposal? (5 points)

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate experience in implementing transition activities in HIV/AIDS and pre-service education to local partners in Ethiopia? (10 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partner, Ethiopian government and non-governmental organisations 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? (5 points) Is there evidence of leadership support and evidence of current or past efforts to enhance the technical, managerial and financial capacity of the Ethiopian government and other local organisations? (5 points)

Capacity Building and Transition of Services (20 points):

Does the applicant have a proven track record of building managerial, technical, institutional and leadership capacity (program and financial) of local organizations in Ethiopia? (10 points) Does the application have a clear plan for how increasing capacity of the local partner organization and regional health bureaus will be assessed and monitored? (5 points) Does the application identify tasks and responsibilities that will be transferred, including a timeline for transition plan? (5 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement monitoring and rigorous evaluation of the project? Does the applicant describe a monitoring system used to routinely review information and adjust program activities accordingly? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"²? Does the monitoring 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 and other HHS/CDC requirements? 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 and HHS/CDC priorities? (10 points) Does the

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.

evaluation plan address the components listed specified under the program evaluation section (i.e. evaluation questions, engagement of stakeholders, data sources and methods, results dissemination and use)? Is the evaluation plan feasible, ethical, methodologically sound and engage national stakeholders? (5 points) "Applicants must define specific output and outcome indicators in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Personnel (10 points):

Does the organization employ staff with the appropriate skills to oversee transition of programs and activities; if any positions have been identified, does the organization have clear job descriptions? (5 Points) Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of transition? (5 Points) Curricula vitae should be included for the key personnel and should provide evidence that they are qualified in the following areas: management of clinical and educational programs, management of administrative and financial systems, organizational capacity building, and monitoring and evaluation.

Engagement with the Federal agencies, Regional Health Bureaus and Local Universities (10 points):

Does the applicant have clear experience and plans to directly engage with the federal agencies, regional health bureaus and local universities? (10 points)

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:** Evidence of strong inherent affiliation with an academic institution specializing in both HIV/AIDS clinical services and pre-service education. **(15 points)** Evidence that applicant is registered to legally work in Ethiopia. **(10 points)** Evidence of current collaboration with the Ethiopia Government in health at any local, regional, and federal level. **(5 points)**

Review and Selection Process

Review

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

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled

“Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Selection

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

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

- Evidence of strong inherent affiliation with an academic institution specializing in both HIV/AIDS clinical services and pre-service education.
- Evidence that applicant is registered to legally work in Ethiopia.
- Evidence of current collaboration with the Ethiopia Government in health at any local, regional, and federal level.

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

CDC-Ethiopia will host a pre-application workshop to provide information on the Funding Opportunity Announcement and answer any questions from interested parties.

The conference will be held on Tuesday, February 19, 2013, from 1-4 pm at the CDC’s conference room (3rd floor of the CDC offices) at the Ethiopian Health and Nutrition Research Institute (EHNRI) in Addis Ababa.

Registration by 18 February is required to attend the conference. For registration please contact Bethlehem Tesfaye at CDC-Ethiopia at telephone 251-11-130-6745 or e-mail: tesfayeb@et.cdc.gov. Registration should include the following information:

- *Name of attendee (no more than two persons per organization)*

- *Name of the organization*
- *Type of organization*
- *Telephone number*
- *E-mail address*

Questions proposed in the pre-application workshop will be posted as formal Q&A on grants.gov following the pre-application workshop.

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-18 Cost Recovery-ATSDR
- AR-19 Third Party Agreements-ATSDR
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966
(Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing
Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the
Rehabilitation Act of 1973
- AR-32 FY 2012 Enacted General Provisions

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 Federal Financial Report (SF 425) 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 Ethiopia and HHS/CDC guidance
- 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. Programmatic Impact Reporting:

- A. The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient's agreement.
- B. The recipient must submit the original and two copies of annual and SEMI-ANNUAL Performance reports. Annual reports must be due 90 calendar days after the award year and SEMI-ANNUAL reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.
- C. Performance reports must generally contain, for each award, brief information on each of the following:
 - i. A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the

monitoring and evaluation plan (section on M&E), any findings of an external entity, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data must be included in the reports and be related to cost data for computation of unit costs. Also included should be a brief description of the methods used to assure and assess the quality of the quantitative data, including any remediation taken to improve findings of poor data quality.

- ii. Reasons why established goals for the performance period were not met, if appropriate.
 - iii. Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
 - iv. The recipient must immediately notify the awarding agency of developments that have a significant impact on the award-supported activities. Also, recipients must give notification immediately in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.
 - v. The recipient is required to submit in a timely manner both semi-annual and annual program results for all relevant programmatic indicators in accordance with U.S. government guidance.
3. Financial Reporting Clause (Federal Financial Report – SF-425): The recipient must submit the *Federal Financial Report (FFR) SF-425* on a quarterly or annual basis. Additional financial information may be requested as required and directed by HHS/CDC. The following reporting period end dates must be used for quarterly reports: March 31st, June 30th, September 30th, or December 31st. Quarterly FFR reports must be submitted no later than 30 days after the end of each reporting period. Annual reports must be submitted no later than 90 days after the end of the calendar quarter in which the budget period ends. A final *FFR* must be submitted no later than

90 days after the project or grant period end date at the completion of the award agreement.

Electronic versions of SF-425 can be downloaded into Adobe Acrobat and Completed online by reviewing,

http://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf (reporting form) and

http://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/sf-425a.pdf (attachment).

4. Monitoring and Evaluation Reports:

- A. The recipient must submit a monitoring and evaluation plan for approval, and carry out monitoring and evaluation activities in accordance with the approved monitoring and evaluation plan. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC or other guidance otherwise applicable to this Agreement.
- B. HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Monitoring System and implementation of Data and Service Quality Assessments.

5. Expenditure Analysis: Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-

approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

6. Audit, Books and Records Clause:

- A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.
- B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.
- C. Partner Government Audit. If \$300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
 - i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
 - ii. The audit must determine whether the receipt and expenditure of the funds

provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.

D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.

- i. "Covered" sub-recipient is one who expends \$300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
- ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.
- iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.
- iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an

audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.

- F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.
- G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.
- H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.
- I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (1), (2), (4), (5), (6), (7) and (8) of this provision into all sub-agreements with non-U.S. organizations which meet the \$300,000 threshold of paragraph (3) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the \$300,000 threshold, must, at a minimum, incorporate paragraphs (7) and (8) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

7. Reporting of Foreign Taxes

a. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred from the effective date of September 13, 2012 until September 12, 2013. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health.

b. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

- a) Annual Report. The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]
- b) Quarterly Report. The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.
- c) Terms: For purposes of this clause:
 - i. “Commodity” means any material, article, supplies, goods, or equipment;
 - ii. “Foreign government” includes any foreign government entity;
 - iii. “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
- d) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities

associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

- e) Contents of Reports. The reports must contain:
 - i. grantee name;
 - ii. contact name with phone, fax, and e-mail;
 - iii. agreement number(s) if reporting by agreement(s);
 - iv. reporting period;
 - v. amount of foreign taxes assessed by each foreign government;
 - vi. amount of any foreign taxes reimbursed by each foreign government;
 - vii. amount of foreign taxes unreimbursed by each foreign government.
- f) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

- 8. Final performance and Financial Status Reports - Due no more than 90 days after the end of the project period.

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.

BANKING & PAYMENT PROCEDURES

Non-Governmental Partners: Non-governmental partners are required to open a commercial bank account. Payment will be made directly from the US Treasury to the

specified commercial bank through the US Government's Health and Human Services Payment Management System.

Host Government Partners: For agreements with host government partners, the choice of payment procedure shall be based on CDC's standardized assessment of the strength of the partner government's financial systems. CDC will determine based on this assessment whether to make payments directly through the recipient government's financial systems (e.g. a designated central bank, treasury account or other partner government account) or via a commercial bank account.

VII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact:

Tesfaye Desta, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
c/o US Embassy
P.O. Box 1014 Entonto Road
Addis Ababa, Ethiopia
Telephone: +251-1130-6148
E-mail: DestaT@et.cdc.gov

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

Brownie Anderson-Rana, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2771
E-mail: BandersonRana@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](http://www.grants.gov) following the approval of CDC.

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>.