AMENDMENT II (3/21/2013)

Q: Can you please explain the definition of local indigenous partner?

A: Definition is available in page 22 of the announcement document. Board members who make final decision must be Tanzanians citizens at least 75%. NGO, Ministries, Civil society organizations can be included (partnership).

Q: Can you elaborate the cost sharing on page 26 of announcement document.

A: This program does not require money to take off. Some programs require much money for the program to take place, but still you can choose other programs to contribute to this program. Private partnerships receive from other organizations, but the same time it requires to have its own funds.

Q: Is the CDC DUNS number different from other agency?

A: DUNS number is the same.

AMENDMENT I (3/6/2013)

1. **Page 2- Changed Application Deadline to April 16, 2013.**
2. **Page 27- Changed Application Deadline to April 16, 2013.**

Table of Contents

Part 1. Overview Information

Part 2. Full Text of the Announcement

Section I. Funding Opportunity Description

Section II. Award Information

Section III. Eligibility Information

Section IV. Application and Submission Information

Section V. Application Review Information

Section VI. Award Administration Information

Section VII. Agency Contacts

Section VIII. Other Information

PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Funding Opportunity Title: "Provision of Comprehensive Care and Treatment Programs by Local Indigenous Entities in the United Republic of Tanzania under the President's Emergency Plan for AIDS Relief (PEPFAR)"

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-GH13-1322

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 16, 2013 on www.grants.gov, 11:59pm Eastern Standard Time

Program outcomes will include:

Program Area: Treatment: Antiretroviral Services (ART)

FOA Objective(s): By 2018, the percentage of adults and children alive and on treatment 12 months after treatment initiation increased from 67% to 85%.

Outcomes:

Short-term (By end of Year 1):

- 80% of People Living with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) (PLHIV) in supported region enrolled into care and treatment services.
- 90% of new eligible patients at supported sites are initiated on ART per national guidelines.
- 15% of all enrolled PLHIV in treatment are children.

Intermediate (By end of Year 3):

- 90% of eligible patients in supported sites are receiving ARV.

- All facilities reach 90% of "current on ART" target each reporting period [Semi Annual Progress Report (SAPR)/Annual Progress Report (APR)].
- 15% of all patients current on ART are children.

Long-term (By end of Year 5):

- Reduction of HIV associated mortality by 30% among PLHIVs from the baseline in the region.
- Reduction of measured incidence rate will decrease by 30% in the region supported.

Program Area: Prevention of Mother to Child Transmission (PMTCT)
Objective(s): By 2018, the percentage of HIV positive pregnant mothers initiated on ART through prevention of mother to child transmission (PMTCT) to increase from 14 to 98% as a result of implementation of option B+.
Outcomes:
Short-term (By end of Year 1):

- 99% of all pregnant women provided with counseling and testing services.
- 80% of HIV-positive pregnant women receive ART through Option B+ in supported Reproductive and Child Health (RCH) within a region.
- 70% of HIV-Exposed Infants (HEIs) receive Early Infant Diagnosis (EID) during the first two months of birth.
- 90% HIV positive infants/children receive ART.
- 90% of HIV exposed Infants receive cotrimoxazole prophylaxis.
- 70% of HIV positive mother infant pairs are retained in ART program.

Intermediate (By end of Year 3):

- 95% of HIV positive pregnant women receive ART through Option B+.
- 85% of RCH facilities in supported regions demonstrate capacity to provide ART to HIV positive pregnant women based on PMTCT guidelines.
- 90% of HEIs receive EID during the first two months of birth.

- 90% of RCH clinics have capacity to identify, test and initiate HIV treatment to HIV infected children in a supported region(s).
- 90% of supported facilities are linked to the community with functional tracking system in supported region(s).

Long-term (By end of Year 5):

- Reduction in HIV transmission from mother to child to <5% in supported regions.
- Reduction of mortality to 40% among HIV positive infants in a supported region(s).
- 90% of supported facilities demonstrate
- 80% retention of HIV positive mother infants pair in PMTCT services within supported region(s).
- Reduction in lost to follow up rates of HIV positive pregnant women and HEIs by 30% from baseline in supported region(s).

Program Area: HIV Care, Support and Treatment (including Tuberculosis/HIV):
FOA Objective(s): By 2018, the percentage of TB/HIV co infected individuals tested and treated with ARVs to increase from 40% to 90% due to full adoption of WHO 2010 treatment guidelines.
Outcomes:
Short-term (By end of Year 1):

- 80% of supported Community-Based Therapeutic Cares (CTCs) provide TB treatment to PLHIV diagnosed with TB, increasing the TB treatment target from 3% to 5%.
- 60% of supported facilities implement infection control activities.
- Increase the number of TB-HIV co-infected patients on ART from 38% to 60%.
- Increase the number of TB-HIV co-infected patients on ART from 38% to 60%.

Intermediate (By end of Year 3):

- 95% PLHIV diagnosed with TB at the supported sites started on TB treatment.
- 90% of supported facilities implement infection control activities.

- Increase number of TB-HIV co-infected patients on ART from 38% to 90%.
- Increase number of TB-HIV co-infected patients on ART from 38% to 90%.

Long-term (By end of Year 5):

- Reduction in morbidity and mortality associated with Tuberculosis (TB) and TB-HIV co-infection by 50% from baseline in a supported region(s).
- Decrease the burden of HIV associated morbidity and mortality among TB patients by 50% from baseline in a supported region(s).
- Decrease the burden of HIV associated morbidity and mortality among TB patients by 50% from baseline in a supported region(s).

Program Area: Facility and Community Continuum of Care and Support

Objective: By 2018 retention of HIV positive patients in care and treatment increase from 67% to 85% through improved adherence counseling and proper linkages, referrals and patient tracking.

Outcomes:

Short-term (By end of Year 1):

- 90% of supported facilities have capacity for clinical management of OIs among PLHIV
- 90% of PLHIV receive routine clinical monitoring per national HIV guidelines.
- 80% of patients in care in supported regions receive Positive Health, Dignity, and Prevention (PHDP) services.
- 85% of facilities per region have functional linkages to support psychological, spiritual, social, and prevention services among PLHIV.
- 90% of PLHIV are adhering to ARV treatment in supported facilities in a supported region(s)

Intermediate (By end of Year 3):

- 90% of PLHIV are adhering to ARVs treatment in supported facility in supported region(s).

- 85% of supported facilities demonstrate functional linkages and referral mechanisms for the continuum of care among PLHIV.
- Reduction in Loss to Followup (LTFU) rates by 50% from baseline in a supported region(s).

Long-term (By end of Year 5):

- Reduction of HIV associated mortality by 30% among PLHIVs from the baseline in supported region(s).
- Retention rate of PLHIV in care and treatment in first 12 months increases from 67% to 85% in supported region(s).
- Retention rate of PLHIV in care and treatment in first 12 months increases from 67% to 85% in supported region(s).
- Retention rate of PLHIV in care and treatment in first 12 months increases from 67% to 85% in a supported region(s).

Program Area: Linkages to care from HIV Counseling and Testing (HTC)

FOA Objective(s): By 2018, individuals confirmed with HIV positive test result from HIV testing and counseling sites and referred to care and treatment services increase from 60% to 80%.

Outcomes:

Short-term (By end of Year 1):

- 90% of identified HIV positive adults and children in supported region(s) are linked to HIV care and treatment services.
- Proportion of children among all HIV tested people in clinical settings increased from 6% to 10%.
- Supported facilities submit samples for external quality assurance 100% of time.

Intermediate (By end of Year 3):

- 90% of identified HIV positive adults and children are enrolled into care and treatment services.
- Proportion of children among all HIV tested people in clinical settings increased to 15%.

Long-term (By end of Year 5):

- Reduction for new HIV infection rate by 50% in supported region(s).
- Proportion of eligible children enrolled on ART increased from 18% to 75%.
- 100% of supported facilities are implementing quality assurance and proficiency testing for rapid HIV tests.

Program Area: Sustainable Strengthening of Health System

FOA Objective(s): By 2018, the District and Regional Health Management teams have an improved ability to plan, implement, and manage HIV programs, as demonstrated by their ability to lead 100% of quarterly partner coordination meetings and to increase their annual government supported budgets to absorb 25% of PEPFAR supported staff.

Outcomes:

Short-term (By end of Year 1):

- 95% of supported facilities have functional supply chain management system.
- 80% of supported facilities have documentation of supportive supervision and clinical mentorship activities.
- 80% of supported facilities receive at least one supervisory/ Monitoring and Evaluation (M&E) technical assistance (TA) visit every six months.
- 80% of all trained health care workers in a region demonstrate competence in provision of either PMTCT and EID ART, TB/HIV or laboratory services.
- A plan to absorb PEPFAR supported staff is documented in the annual Council Comprehensive Health Plan.
- 75% of facilities have essential functioning equipment to provide quality services in supported region(s).
- 70% of supported facilities have established Quality Improvement (QI) team.

- 80% of District Health Management Teams (DHMTs) and Regional Health Management Teams (RHMTs) are able to conduct and document their planned supportive supervision visits.

Intermediate (By end of Year 3):

- 95% of supported facilities do not report any stock outs in the previous quarter.
- 80% of facilities have improved documentation, recording and reporting of data.
- 100% of facilities have essential functioning equipment to provide quality services in supported region(s).
- 90% of supported facilities have established QI team.
- 80% of patient charts document competence in providing adult and pediatric care and treatment services.
- DHMTs and RHMTs plan and lead 100% of quarterly partner coordination meetings.
- 100% of DHMTs and RHMTs will generate a list of follow-up actions from the coordination meetings.

Long-term (By end of Year 5):

- 100% of all PLHIV who are eligible are initiated and maintained on ART.
- 80% of supported facilities have improved data quality and use it for decision making.
- 90% of supported facilities demonstrate improved quality of comprehensive care and treatment package as demonstrated by an increase in retention to 85% and adherence to 95%.
- 25% of all program supported staff are absorbed by the government of United Republic of Tanzania (URT).
- 90% of supported facilities demonstrate improved quality of comprehensive care and treatment as demonstrated by an increase in retention to 85% and adherence to 95%.
- 90% of facilities are able to reach the targets set in the annual Council Comprehensive Health Plan

- RHMTs and DHMTs are able to increase their annual budgets by 25% of the PEPFAR budget, using URT government and other sources.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

PART 2. FULL TEXT OF THE ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority:

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

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan Five-Year Strategy for the five year period, 2009 - 2014 is available at the following Internet address: http://www.pepfar.gov. The overarching purpose of this FOA is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service. Recipients may not use funds for research. Certain activities that

may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism.

Purpose:

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

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

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety; and
- 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 (research is not supported by this FOA).

With a national HIV prevalence of 5.7%, Tanzania is estimated to have 440,000 individuals in need of antiretroviral therapy (ART) according to National AIDS Control Program (NACP). Currently ART coverage percentage is estimated at 67%. In order to increase the coverage of ART, care and treatment clinics (CTC), PMTCT, provider-initiated testing and counseling (PITC) and TB/HIV programs need ongoing support and strengthening.

Tanzania PMTCT program adopted implementation of World Health Organization (WHO) PMTCT guidelines on option A in 2011. Tanzania was also among 22 countries with high burdens of HIV in the Sub-Saharan Africa. Hence it was prioritized to implement elimination of Mother to Child Transmission of HIV (eMTCT) with a plan to reduce MTCT rate < 4 % by 2015. Taking into account the importance of eMTCT in HIV programming and these ambitious targets the country together with donor support groups decided to adopt implementation of WHO PMTCT Option B+. This intervention will target all HIV positive pregnant women to place them on ART for life regardless of the Cluster Difference 4 (CD4) threshold.

This FOA intends to identify one or more partners who will support comprehensive care and treatment service provision in selected regions. At present HIV services are directly funded by CDC primarily through support to international partners in the specified regions. In order to establish local ownership and move towards sustainability of programs, CDC intends to transition these activities currently implemented by international partners to local indigenous partners in these regions. CDC has already begun this transition in all other regions it funds. In addition, the number of facilities providing services in each region is expected to increase from approximately 25 to approximately 40. CDC expects all funded regions to receive the same amount of support and achieve the same degree of program implementation.

The goal of this program in Tanzania is to increase the number of local partner(s) with capacity to achieve expansion of activities to maximize coverage through quality comprehensive HIV services. The objectives include:

- By 2018, the percentage of adults and children alive and on treatment 12 months after treatment initiation to increase from 67% to 85%.
- By 2018, the percentage of HIV positive pregnant mothers initiated on ART through prevention of mother to child transmission (PMTCT) to increase from 14 to 98% as a result of implementation of option B+.
- By 2018, the percentage of TB/HIV co infected individuals tested and treated with ARVs to increase from 40% to 90% due to full adoption of WHO 2010 treatment guidelines.
- By 2018 the retention of HIV positive patients in care and treatment to increase from 67% to 85% through improved adherence counseling and proper linkages, referrals and patient tracking.
- By 2018, individuals confirmed with HIV positive test result from HIV testing and counseling sites and successfully linked to care and treatment services to increase from 60% to 80%.

- By 2018, the District and Regional Health Management Teams have an improved ability to plan, implement, and manage a HIV program, as demonstrated by the ability to lead 100% of quarterly partner coordination meetings and to increase their annual URT budgets to absorb 25% PEPFAR supported staff.

The purpose of this FOA is to fund one or more local indigenous organizations in the United Republic of Tanzania to continue and expand comprehensive HIV/AIDS care and treatment services in five regions of the United Republic of Tanzania previously supported by an international implementing partner in accordance with the U.S. government's foreign assistance investments in global health.

The initial geographic focus regions are Pwani (Coast), Kigoma, Kagera, Zanzibar and Mtwara. In subsequent years, the geographic focus will be reassessed as needed to maximize coordination and collaboration of clinical service plans developed by the Tanzanian Ministry of Health and Social Welfare and to address interagency PEPFAR needs and coordinating mandates involving other United States Government (USG) donors, multilaterals and other key stakeholders.

Individual applicants do not need to respond to all regions, but must submit a separate application for each region where they are proposing to work. Applicants are expected to also address all program areas in each respective application. To promote and ensure a continuum of comprehensive care, applicants should consider linkages between the various program areas within their application, either by proposing to provide linked services or by proposing to ensure linkages to existing services not specifically provided by the applicant. Monitoring and quality improvement approaches should be institutionalized to maximize retention and track health outcomes.

The grantee must document how they will leverage the ART, PMTCT, TB/HIV, and Counseling & Testing services with other donors who support work in those regions and demonstrate how this is systematically instrumental in building country ownership and sustainability of all other HIV services reaching the target population.

Applicants are expected to respond to one or more of the following regions:

A. Pwani (Coast)

B. Kigoma

C. Kagera

D. Zanzibar

E. Mtwara

Applicants must submit a separate application for the each region they intend to implement or work in. In addition to the program narrative, the applicant must include a separate budget for each proposed region and in form SF 424 item number 14, the applicant should state the region they are applying to work in. Failure to indicate the area of work will make the application non-responsive. Applicants should consider linkages between the various program areas within their application, either by proposing to provide linked services or by proposing to ensure linkages to existing services not specifically provided by the applicant. Competitive advantage is not given based on the number of activities proposed across region. Applicants will be evaluated according to the strength of their responses per region. More than one applicant will not be funded for the same region.

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

1. Grantee Activity and Expected Output I

- Activity: Facilitate timely ordering of ARVs and laboratory commodities from the zonal Medical Stores Department (MSD) and procurement and provision of various non-ARV medications (including lab reagents, pediatric preparations)

through collaboration with supply chain management system (SCMS) and DHMTs/RHMTs in supported region(s).

- Expected Output: All supported facilities have the capacity to forecast and quantify ARVs and laboratory commodities and supplies.

2. Grantee Activity and Expected Output II
    - Activity: Develop monitoring and evaluation (M&E) plan that supports national patient monitoring system including data management; ensures mentorship and supportive supervision are conducted periodically; and written feedback and follow-up are provided to all sites in supported region(s).
    - Expected Output:
        - At least 40 facilities per region receive quarterly supportive supervision and mentorship on HIV services.
        - 80% of facilities demonstrate capacity to collect and manage data, generate reports, and use data for decision making.
3. Grantee Activity and Expected Output III
    - Activity: Identify training needs for healthcare workers (HCW) in care and treatment clinics. In collaboration with DHMTS/RHMTS and the Zonal Training Centers, plan for quality and effective HIV management training.
    - Expected Output: 50% of health care workers in supported regions are trained in skills on either EID, PMTCT, ART, TB/HIV or laboratory.
4. Grantee Activity and Expected Output IV
    - Activity: Support the human resource requirements for delivery of comprehensive care and treatment services in the regions through limited recruitment and hiring of necessary staff within the government system, in close consultation with the DHMTs/RHMTs.
    - Expected Output: Required staff is supported by the program. There is a plan for staff to be absorbed by the government.
5. Grantee Activity and Expected Output V
    - Activity: Ensure care and treatment clinics have adequate equipment to provide comprehensive care and treatment services. Ensure equipment is functioning,

consumable needs are met, staff is trained on its use, and there is a maintenance plan in place.

- Expected Output: All facilities have essential functioning equipment.

6. Grantee Activity and Expected Output VI

- Activity: Support implementation of regional, district, and facility quality improvement (QI) teams' activities through periodic quality assessment measures (analysis of core clinical quality indicators, patient chart reviews, and patient satisfaction surveys) in collaboration with DHMTs/RHMTs.
- Expected Output: All supported facilities receive training on methods to do quality improvement, and follow-up technical assistance to ensure establishment of QI team.

7. Grantee Activity and Expected Output VII

- Activity: Collaborate with and support DHMTs/RHMTs in order to build capacity to plan and manage a quality comprehensive care and treatment program though supportive supervision visits, mentoring in management skills, partner coordination meetings, and assurance that project budgets and plans are included in districts' comprehensive health plans.
- Expected Output:
    - Joint supportive supervision visits are conducted four times in a year.
    - Mapping of partners implementing HIV programs in supported region(s) is available.
    - Partners meetings are co-lead by government entity and grantee, and are conducted twice in a year.

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 for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) expectations, regulations and key management requirements, as well

as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator (OGAC).

2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the OGAC.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by the OGAC.
4. Review and make recommendations to the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.
5. Meet on a bi-annual basis with the grantee to assess expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by the OGAC.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, PHDP, retention of patients in the continuum of care, etc.
9. Provide in-country administrative support to help the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).

10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, 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 OGAC documents to promote the use of best practices known at the time.
13. Assist and mentor the recipient in developing and implementing quality management systems 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.
18. Organize an orientation meeting with the grantee for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator (OGAC).

19. Supply the grantee with protocols for any requested evaluations.
20. CDC Tanzania will be involved in the advanced review of all data analysis activities and protocols to comply with Institutional Review Board (IRB) regulations, CDC/HHS Human Subject Determinations (HSD); as well as, Ministry of Health and Social Work (MOHSW) guidelines.
21. CDC Tanzania will review any infrastructure improvements including, renovation and alteration activities prior to submission to Procurement and Grants Office (PGO). Any construction activities will require substantial documentation review and approval by CDC Tanzania before submission to PGO.
22. The in-country CDC office will provide technical assistance to the awardee in preparing and submitting routine reporting requirements to CDC HQ by reviewing, critiquing, and providing concurrence with all reports and other required documents prior to submission.
23. The in-country CDC office will provide designated in-country CDC point-of-contact (Activity Manager) responsible for liaising with the awardee on a regular basis on matters related to programmatic, financial, and administrative performance. The Activity Manager will regularly review the awardee's financial performance, provide oversight and approval for programmatic activities, and make recommendations to the in-country CDC office on the continuation of the award, its supported activities, and associated funding.
24. The Tanzania CDC office will work with the awardee to facilitate the coordination of services with other CDC-funded implementers, the USG-PEPFAR team, and Local government entities operating in PEPFAR-supported countries as necessary to ensure maximum programmatic efficiencies.

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

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: $10,000,000

Approximate Total Project Period Funding: $50,000,000

Approximate Number of Awards: One to five

Approximate Average Award: $2,000,000

Floor of Individual Award Range: None

Ceiling of Individual Award Range: $10,000,000

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. 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.

III. ELIGIBILITY INFORMATION

Eligible Applicants

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

- Local indigenous institutions of higher education
- Local indigenous not-for-profit organizations
- Local indigenous regional organizations
- Local indigenous parastatal organizations

- Local indigenous hospitals
- Eligible Agencies of the local and union government
- Local indigenous faith-based and community-based organizations
- Consortiums whose memberships consists only of any of the above local indigenous applicants
- Other-Special Eligibility Criteria:
    - At the time of submission the organizations must provide documentation proving success in comprehensive HIV prevention, care, and antiretroviral treatment (ART) programs.
    - The organizations must have an active comprehensive HIV prevention, care, and antiretroviral treatment (ART) program in place at time of submission.

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:

Under PEPFAR, 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:

(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 75% for FY2013 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 at least 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. Partner 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 organization rests 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.

The goal of this program in Tanzania is to increase the number of local partners with capacity to achieve expansion of activities to maximize coverage through quality comprehensive HIV services. Only local indigenous organizations can achieve that objective. Under PEPFAR legislation, HHS/CDC is authorized to transition leadership of

programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services. Building, strengthening and sustaining institutional capacity of indigenous Tanzanian organizations is a key strategy for achieving the prevention, care and treatment goals of PEPFAR and to ensuring long-term sustainability of the program. Additionally, organizations indigenous to Tanzania are more familiar with the target populations and culture.

The Limited Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services to local ownership of the Ministry of Health and governmental provision of appropriate activities and the long-term capacity and development of all aspects of the health system. Support to local organizations is appropriate, where applicable, when the Ministries of Health and other government entities do not have the full capacity to directly finance and perform these programs and services, and local organizations can be leveraged to ensure uninterrupted, sustainable, and cost effective care and services. In this case, indigenous, local organizations from Tanzania would be best equipped to transition and continue the operations of currently operating PEPFAR programs and provide more cost efficient service delivery. Building sustainable, local capacity is in alignment with the recently signed Partnership Framework agreement between the Government of Tanzania (GOT) and PEFPAR in Tanzania. Additionally, the Transition Framework currently under development is expected to require that this transition occur during the period of performance contemplated by this funding opportunity.

The responsibility for providing clinical HIV/AIDS services in Tanzania is currently undergoing a transition away from international technical assistance partners to local indigenous partners with oversight provided by local government organizations and the Ministry of Health and Social Welfare through PEPFAR support. At the time of this funding opportunity, all regions of Tanzania for which CDC is responsible have an international care and treatment partner operating in concert with a PEPFAR funded local

indigenous partner who receives their technical assistance except for the five focal regions of this funding opportunity announcement. In Pwani (Coast), Kigoma, Kagera, Zanzibar and Mtwara care and treatment services are still being administered by the technical assistance provider. If international organizations were granted an award under this opportunity it would result in a duplication of effort, leaving CDC to fund multiple technical assistance providers for clinical services in a given region. Redundancy of projects is wasteful and against the interests of the U.S. Government and GOT, CDC is therefore justified in limiting competition to local indigenous Tanzanian organizations.

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 as appendices.

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

IV. APPLICATION AND SUBMISSION INFORMATION

Submission Dates and Times

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

Application Deadline Date: April 16, 2013 on www.grants.gov, 11:59pm Eastern Standard Time.

Applicants must download the SF424 application package associated with this funding opportunity from 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 www.grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

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 www.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 www.grants.gov. The narrative must be submitted in the following format:

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

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

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

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

- **Project Outputs:** List the products (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.

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:
    - Is the transition of activities from International to local indigenous partners taking place as intended?
    - What challenges do local partners face in the transition process?
    - Did the transition led to the increased local ownership and sustainability of the program?
    - Specify how you will engage stakeholders (national and others)
    - Briefly specify data sources and methods for each evaluation question (up to 1 page per evaluation question, if needed)
- **Curricula vitae** of current key staff who will work on the activity
    - Principal Investigator

    - Technical/Program Focal Person
    - Financial/Administration Focal Person
    - Monitoring and Evaluation (M&E) Focal Person

- **Job descriptions** of proposed key positions to be created for the activity
    - Include any created and/or previous included positions

- **Applicant's Corporate Capability Statement**;
- **Letters of Support** (5 letters maximum)
    - Ministry of Health
    - National government entities
    - Local governments including Regional Health Management Teams from the specified regions
    - Organizations in the region and districts
    - Any Non- governmental Organizations (NGOs) or United States Government (USG) partners working in the targeted regions

- **Evidence of Legal Organizational Structure; and**
- **If applying as a Local Indigenous Partner**, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in "Special Requirements," Part III. ELIGIBILITY INFORMATION section of the FOA.
    - Organization charts, registration certificate confirming non-governmental organization status, capability statement

Additional information submitted via www.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.
    1. "Reasonable" means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
    2. "Allocable" means the costs are necessary to the award.
    3. "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.

1. 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.
2. 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.

3. iii) 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 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 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 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 Tanzania. For additional information concerning this FOA, please contact the Grants Management Officer for this 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 (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 www.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 www.grants.gov website. The applicant must submit all application attachments using a PDF file format when submitting via www.grants.gov. Directions for creating PDF files can be found on the www.grants.gov website. 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 www.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 www.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 is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@www.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@www.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 Grants Management Officer [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 by the Grants.gov support desk;
(b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center; and
(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. A due date will be provided by PGO.

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 GH13-1322. 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:

1) Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate the local experience in the United Republic of Tanzania and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices?(5 Points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (10 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in the United Republic of Tanzania Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (5 points)

2) Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the

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

3) Capacity Building (15 points):

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 transition progress from international partner existing in the mentioned regions to the local partner in question? (10 points) Does the applicant include details on the technical collaboration (plans for effective coordination, no duplication of efforts, etc.) with the international partner existing in the 5 regions (5 points)?

4) 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? (10 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? (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.

5) Understanding of the Problem (10 points):

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

6) Personnel (10 points):

---

[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.

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

7) Administration and Management (10 points):

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

8) 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 Www.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 (5 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:**

- Other #1 Preference for new local indigenous applicants: Preference for local indigenous organizations who demonstrate they do not currently hold a prime award under PEPFAR. (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 this FOA apply.

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

- Other #1 Preference for new local indigenous applicants: Preference for local indigenous organizations who demonstrate they do not currently hold a prime award under PEPFAR.

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

Pre-Application Workshops

CDC Tanzania will host a pre-application workshop following posting of this announcement on www.grants.gov. Applicants interested in attending the pre-application workshop should contact Brandy Airall-Perry at airallperryb@tz.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 www.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-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- 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

Applicants must include an additional Certifications form from the PHS5161-1 application in the Grants.gov electronic submission only. Applicants should refer to the

following Internet address: http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf. Once the applicant has filled out the form, it should be attached to the Grants.gov submission as an Other Attachments Form. CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

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

1. Interim Progress Report: Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.www.grants.gov. 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 Tanzania 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 quarterly Performance reports. Annual reports must be due 90 calendar days after the award year and quarterly 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 Federal Financial Report - 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".

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

Human Subjects Restrictions

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

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

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:

Brandy Airall-Perry, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Medical Research HQ Complex
Lithuli Road, Ilala District
Dar es Salaam, Tanzania
Telephone: +255 222198426
E-mail: airallperryb@tz.cdc.gov

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

Percy Jernigan, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2811
E-mail: pjernigan@cdc.gov

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

Www.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 amendments and Q&As will be published in 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 website, at the following internet address: http://www.grants.gov.