

**AMENDMENT III (2/19/2013):**

1. Question: On page 23 of the FOA, CDC lists the contents to be included in application appendices. Regarding job descriptions, JHPIEGO would like to know whether job descriptions of all senior management and technical staff should be included, or only those deemed “key” by the FOA (Program Director, Finance Officer, Sr. Technical Officer).

Answer: As indicated in the FOA: CVs for key staff members working on the project: Program Director, Finance Officer, Sr. Technical Officer and any other personnel you might deem key. Job descriptions are for the key personnel and other technical staff you also deem key.

2. Question: JHPIEGO would like to inquire whether all of the funding under this FOA will come from the voluntary medical male circumcision budget code (CIRC) or will some funding come from other budget codes? If some funding is coming from other budget codes could CDC please clarify which ones, and what the funding level is for each budget code?

Answer: The budget code is CIRC.

**AMENDMENT II (2/14/2013):**

1. Questions and Answers from Pre-FOA Workshop held on 2/1/2013:

Question: Can one organization respond to all three announcements?

Answer: These are three different FOAs, posted on grants.gov separately and there will be one award per FOA. One organization is allowed to apply for all three and if they are successful, they will be awarded three different agreements. When the FOA is awarded, CDC and the awardee will work with the MOH to decide which districts will be allocated to them.

Question: Are the provinces to be covered under the VMMC program already selected?

Answer: The male circumcision program is part of the national program for MOHCW to target all provinces and districts identified by MOHCW. It is important to synergise and coordinate efforts and activities with other donor agencies. Selection of provinces/districts/sites will be done in coordination with MOHCW. This may be a fluid process.

Question: The closing date time indicated in the FOA is for which Zone?

Answer: It is 5.00pm Eastern Standard Time

Question: Is the procurement of the male circumcision supplies to be included in the budget proposal?

Answer: Circumcision kits are procured through a separate USG funded partner. However, there might additional equipment required at the site level that might need to be included in the budget proposal.

Question: Can two organizations work together to submit one application?

Answer: Yes, organizations are allowed to form a consortium but one organization will take the lead and will submit and receive the award.

Question: How many circumcisions were done last year?

Answer: 40,755 circumcisions were done in Zimbabwe in 2012. This year is the first time for CDC to be involved in male circumcision and the national VMMC target for 2013 is 300,000.

**AMENDMENT I (1/24/2013):**

1. Page 43 – The following language has been revised under Pre-Application Workshops: CDC Zimbabwe will host a pre-application workshop on Friday, February 1, 2013 at the U.S. Embassy Public Affairs (7th Gold Bridge Eastgate, Corner of 2nd Street and Robert Mugabe Road). Please call 263-4-785500 for additional information. Questions proposed in the pre-application workshop will

be posted as formal Q&A on [www.grants.gov](http://www.grants.gov) following the pre-application workshop.

2. Page 14- The following language regarding the budget period and project period for this award have been corrected and now reads:
  - a. Budget Period Length: 12 Months
  - b. Project Period Length: Five years

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## PART 1. OVERVIEW INFORMATION

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

**Funding Opportunity Title:** Scaling up Voluntary Medical Male Circumcision through improvements in the availability, integration and quality of HIV prevention, care and treatment services in Zimbabwe under the President's Emergency Plan for AIDS Relief (PEPFAR)

**Announcement Type:** New – Type 1

**Agency Funding Opportunity Number:** CDC-RFA-GH13-1328

Catalog of Federal Domestic Assistance Number: 93.067

**Key Dates:**

**Application Deadline Date:** February 28, 2013 on [www.grants.gov](http://www.grants.gov), 11:59 pm Eastern Standard Time.

Program outcomes will include:

- Short-term:
  1. Increased access to HIV Testing and Counseling (HTC) and Voluntary Medical Male Circumcision (VMMC) services
  2. Increased proficiency in the delivery of the minimum package of VMMC and other prevention and care interventions and services; Increased volume of VMMC service delivery
  3. Increased awareness and understanding of the benefits of VMMC; Increased uptake of VMMC
  4. Routine monitoring of VMMC service delivery acceptance, uptake, safety, impact and data quality
  5. Maintenance of supply chain to ensure continuous VMMC services
  6. Improved uptake of HIV care and treatment services by HIV-positive men
  7. Increased delivery of Prevention with Positives (PwP) coverage among HIV-positive men identified at VMMC sites
  8. Earlier identification of HIV discordant status; Increased coverage of discordant couple services
  9. Increased circumcision coverage of males ages 15-49
  10. Increased coverage to HTC services at comprehensive VMMC sites
- Intermediate:
  1. Sustained access to VMMC and HTC services
  2. Sustained increase in the quality and volume of VMMC services delivery
  3. Continued access to VMMC services

4. Continued awareness and understanding of the benefits of VMMC; Increased uptake of VMMC
  5. Sustained monitoring of VMMC service delivery and data quality
  6. Maintenance of supply chain to ensure continuous VMMC services
  7. Continued improved uptake of HIV care and treatment services by HIV-positive men
  8. Increased delivery of PwP coverage among HIV-positive men identified at VMMC sites
  9. Increased access to opportunistic infections (OI) and anti-retrovirals (ARV) services; Increased access to OI and anti-retroviral therapy (ART) services; Increased coverage of discordant couple services
  10. Continued circumcision coverage of males ages 15-49
  11. Earlier diagnosis and entry into care, treatment and prevention services
  12. Increased access to biomedical prevention services, e.g. circumcision coverage of newborn males
- Long-term:
    1. Decreased HIV incidence among males ages 15-49 from selected districts
    2. Decreased HIV-related morbidity and mortality and OI incidence
    3. Documentation of the coverage and delivery of acceptable, safe, and quality VMMC services
    4. Continuous VMMC service delivery; no commodity stock-outs
    5. Reduced HIV transmission among HIV-positive men to their female sexual partners

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 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 OI by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of OI; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide 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 OI.

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

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

- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation (this FOA does not support research).

Traditionally, Zimbabwe has been a non-circumcising country, with only about 9% of the male population circumcised. When practiced, male circumcisions have been carried out primarily for religious reasons or as part of the culture of initiation rites of passage into manhood. Intervention studies in multiple African countries have demonstrated that VMMC can reduce a man's risk of acquiring HIV by 60%. Although the overall prevalence among 15-49 year old males is 15%, the most recent Demographic Health Survey for Zimbabwe (2010-11) indicates dramatic increases in HIV prevalence by age from 3.4% among males aged 15-19 years to 29.9% among males 45-49 years of age. The PEPFAR team including CDC Zimbabwe is supporting the Government of Zimbabwe and non-governmental agencies in the expansion of highly effective HIV prevention, care and treatment services throughout the country, including the expansion of biomedical preventions interventions, e.g. VMMC. The Ministry of Health and Child Welfare (MOHCW) has estimates which indicate achieving 80% VMMC coverage among all adult and newborn males by 2015 could avert ~750,000 new infections by 2025. As of October, 2012, only 75,000 VMMC have been conducted, and a mix of innovative approaches to rapidly increase demand and expand access to VMMC will be needed to impact the epidemic.

The goal and objectives of the program in Zimbabwe is to contribute to an 80% coverage in VMMC in the 15-49 adult males through improvements in the availability, integration and quality of HIV prevention, care and treatment services in Zimbabwe

- Within six months of award, establish 10 operational facility based VMMC sites in five target provinces
- Within Year One, establish 25 mobile or satellite VMMC sites
- Within six months of award, create and train community outreach teams sufficient to create demand to meet the targets for VMMC among adult men 15-49.

- By the end of the project period, complete VMMC on 412,000 uncircumcised males 15-49 years of age.
- Ensure a comprehensive HIV prevention package consisting of HIV prevention education, risk reduction counseling, HTC, PwP in all VMMC sites
- By 2018, introduce and scale-up other effective biomedical HIV prevention interventions (e.g., neonatal circumcision, more efficacious chemoprophylaxis regimens, etc.) to 30% of the affected Zimbabwean population as they become available

The purpose of this FOA is to provide opportunities to implement evidence-based biomedical prevention interventions in Zimbabwe within the concept of “combination HIV prevention strategies”, including VMMC. In the first year the applicant will focus on adult male VMMC service delivery scale-up in districts and Provinces identified by the MOHCW VMMC TWG

#### 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 Zimbabwean population and must also coordinate with activities supported by Zimbabwean, 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 Zimbabwe. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Zimbabwe 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.** Renovate and refurbish selected health facilities at medium-high volume (40-80 VMMC daily) VMMC sites to provide an environment which is user friendly and private for HTC and VMMC services (Year One)
  - Establish 10 facility based sites within three months of award date
- 2.** Recruit and train public and private sector physicians and health care workers to deliver VMMC services using task-sharing and, when appropriate, task-shifting approaches
  - 40 physicians/clinical officers and 150 additional health care workers recruited, employed and trained to perform VMMC services (Year One)

3. Scale up outreach and medical services for VMMC to increase access in hard-to-reach geographical areas
  - 25 mobile or satellite VMMC sites established in selected districts within Year One
4. Develop and implement, in collaboration with MOHCW and other partners, innovative and scientifically sound strategies sufficient to create demand to meet the targets for VMMC among adult men 15-49
  - Community outreach teams sufficient to create demand to meet the targets for VMMC established and trained in Year One
5. Implement and support site standard operating procedures (SOPs), routine monitoring and evaluation systems, and quality assurance (QA) processes for VMMC programs
  - 100% of permanent and temporary or mobile sites will have SOPs, routine M & E and internal QA systems by the end of Year One
6. Assure VMMC sites have adequate stocking, forecasting, and ordering capacity for materials from the national supply chain system to support continued service delivery
  - 100 % of supported sites will have adequate supply of disposable or reusable VMMC surgical kits and other necessary equipment
7. Establish referral system to link and document enrollment of men identified as HIV-positive from VMMC to HIV care and treatment services
  - >90% of VMMC clients identified as HIV positive are linked to HIV care and treatment services
8. Provide comprehensive prevention services including PwP services for men identified as HIV positive from VMMC sites
  - 90 % of newly identified HIV positive men (75% in Year One) provided with the minimum package of PwP interventions
9. Encourage couples testing and provide comprehensive prevention services to identified discordant couples
  - >90% of discordant couples with provided with the minimum package of prevention interventions (75% for Year One)
10. Provide VMMC services to males age 15-49

- 412,000 males age 15-49 will receive comprehensive VMMC services as follows: 100,000 in Year One and 78,000 in Years Two-Five
- 11.* Provide HTC services for HIV as part of comprehensive VMMC
- 412,000 males age 15-49 will receive HTC services as part of comprehensive VMMC as follows: 100,000 in Year One and 78,000 in Years Two-Five
- 12.* Provide other HIV biomedical prevention services, e.g. neonatal MC in harmony with MOHCW priorities ; treatment as prevention
- >80% of targeted populations (beginning in Year 3) will receive identified prevention interventions

CDC Activities:

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

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

data quality assessments and for compliance with strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, to evaluate grantee's performance (including quality of products and achievement of project goals and objectives), and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as project management, VMMC, HTC, strategic information HIV/AIDS clinical services including ART and PwP.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, evaluate program implementation, manage and analyze data, conduct quality assurance, present and possibly publish program results and findings, and track finances.
11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.

- 12.** Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
- 13.** Assist the grantee in developing and implementing quality-assurance criteria and procedures.
- 14.** Facilitate in-country planning and review meetings for technical assistance activities.
- 15.** CDC will provide technical assistance for activities.
- 16.** Conduct service delivery site visits through the Site Monitoring System (SMS) to monitor and evaluate site capacity to provide high-quality HIV/AIDS services in all program areas by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement.
- 17.** Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact.
  - a. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
  - b. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
  - c. Impact Evaluation: measures net effects of program and prove of causality
- 18.** Supply the grantee with protocols for related evaluations.
- 19.** Collaborating in the design or development of training, service delivery or evaluation models; approving PEPFAR-funded program or analytical approaches of PEPFAR-funded program and public health evaluations (PHE), or approving major changes in programming
- 20.** Facilitate the coordination of services with other CDC-funded implementers, PEPFAR and development partners, and national, provincial, and district government entities operating in the geographic and service-delivery areas identified in this award as necessary to ensure maximum programmatic efficiencies. This will

include—but will not be limited to: assisting the awardee in selecting facility- and community-based sites; directing the awardee’s focus, support, and activities to specific geographic areas and/or facilities with identified programmatic and/or strategic need; facilitating the re-organization and/or rationalization of service-provision activities on a programmatic and/or geographic basis to better facilitate Government of Zimbabwe coordination and ownership of PEPFAR-funded activities.

21. Assist the awardee in: accessing pool procurement mechanisms for specific commodities and coordinate with the awardee to structure any procurements in a way that supports linkages with existing supply chain management systems; and accessing/coordinating with national behavior change communications interventions to increase demand.
22. Provide technical assistance to the awardee in preparing strategies related to the future expansion of service delivery activities prior to their approval and implementation to ensure adequate collaboration with existing service-delivery organizations and avoid duplication of services.

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: \$12,000,000

Approximate Total Project Period Funding: \$69,928,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: One

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

Floor of Individual Award Range: None

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

Anticipated Award Date: March 2013

Budget Period Length: 12 Months

Project Period Length: Five years

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

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:

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

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

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

### Required Registrations

There are a total of three registrations needed to submit an application on [www.grants.gov](http://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](http://www.SAM.gov).

- c. Grants.gov: Registering your organization through [www.grants.gov](http://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: [\[INSERT DATE ## DAYS AFTER DATE OF PUBLICATION ON WWW.GRANTS.GOV, 11:59pm Eastern Standard Time. The recommended time period is 30, 45, 60 or 90 days after publication.\]](#)

Applicants must download the SF424 application package associated with this funding opportunity from [www.grants.gov](http://www.grants.gov). If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email:pgotim@cdc.gov 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](http://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](mailto:support@grants.gov). Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

#### Content and Form of Application Submission

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

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

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

Letter of Intent (LOI):

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

A **Project Abstract** must be completed in the [www.grants.gov](http://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](http://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:
  1. list up to 3 evaluation questions to be answered about the main activity or intervention addressed in this project (e.g., Is the intervention implemented as intended? (process evaluation) What barriers do clients experience in accessing the intervention? (process evaluation) Did the intervention cause the expected outcomes? (outcome evaluation)
  2. specify how you will engage stakeholders (national and others)
  3. specify briefly data sources and methods for each evaluation question (up to 1 page per evaluation question, if needed)
  4. specify how results will be disseminated and used
- Curricula vitae of current key staff who will work on the activity: Program Director, Finance Officer, Sr. Technical Officer;

- Job descriptions of proposed key positions to be created for the activity: Sr. management and technical staff,
- Applicant’s Corporate Capability Statement;
- Letters of Support (5 letters maximum) Ministry of Health and Child Welfare, Parastatal Organizations;
- 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 chart

Additional information submitted via [www.grants.gov](http://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) 13, the limit is no more than 8 percent of the country's FY13 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 FY13 grants and cooperative agreements (for as many fiscal years as applicable) in Zimbabwe. 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](http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf)

### **Additional Submission Requirements**

Electronic Submission

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

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

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

In the event that you do not receive a “validation” email within **two (2) business days** of application submission, please contact [www.grants.gov](http://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](http://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](http://www.grants.gov) on the deadline date. The application package can be downloaded from [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via

the [www.grants.gov](http://www.grants.gov) website. The applicant must submit all application attachments using a PDF file format when submitting via [www.grants.gov](http://www.grants.gov). Directions for creating PDF files can be found on the [www.grants.gov](http://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](http://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](http://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](mailto: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](http://www.grants.gov) to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, [support@www.grants.gov](mailto: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 GH13-1328. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

### **Criteria**

Eligible applications will be evaluated against the following criteria:

#### **Ability to Carry Out the Proposal (20 points):**

Does the applicant demonstrate the local experience in Zimbabwe and/or other similar African settings 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 Zimbabwe? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (5 points)

**Technical and Programmatic Approach (30 points):**

Does the application include an overall design strategy, including measurable time lines, clear monitoring, reporting 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 theGoZ and 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 Zimbabwe with evidence-based strategies designed to reach underserved populations? Does the applicant propose the use of evidence based BCC and demand creation methods an/or innovative approaches for performance-based financing with teams or facilities to increase key output for VMMC? Does the applicant provide a description of proposed approach to staffing and HR issues? 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 demonstrate the ability to work effectively with the MOHCW as biomedical prevention standards evolve over time? To what extent does the applicant propose to work with other organizations? (15 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.

**Capacity Building (10 points):**

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

**Monitoring and Evaluation (10 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 and quality assurance process used to routinely review information and adjust program activities accordingly? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones ? Does the monitoring plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide and other HHS/CDC requirements? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan and HHS/CDC priorities? (5 points) Does the evaluation plan address the components listed specified under the program evaluation section (i.e. evaluation questions, engagement of stakeholders, data sources and methods, results dissemination and use)? Is the evaluation plan feasible, ethical, methodologically sound and engage national stakeholders? (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.

**Understanding of the Problem (10 points):**

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response, the Zimbabwe National HIV/AIDS Strategic Plan, the National VMMC Plan 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?

**Personnel (10 points):**

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this 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 VMMC; and the development of collaboration between Governmental and non-governmental partners.

**Administration and Management (10 points):**

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large 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 VMMC services delivery? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

**Budget (SF 424A) and Budget Narrative (Reviewed, but not scored):**

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

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

**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.

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

### **Pre-Application Workshops**

CDC Zimbabwe will host a pre-application workshop on Friday, February 1, 2013 at the U.S. Embassy Public Affairs (7th Gold Bridge Eastgate, Corner of 2nd Street and Robert Mugabe Road). Please call 263-4-785500 for additional information. Questions proposed in the pre-application workshop will be posted as formal Q&A on [www.grants.gov](http://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-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-16 Security Clearance Requirement
- AR-18 Cost Recovery-ATSDR
- AR-19 Third Party Agreements-ATSDR
- AR-20 Conference Support
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

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

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](http://USASpending.gov). The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

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

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

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

1. Interim Progress Report: Each funded applicant must provide CDC with an annual Interim Progress Report submitted via [www.grants.gov](http://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 Zimbabwe 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 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, or December 31<sup>st</sup>. 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](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](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.

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](mailto:VATreporting@cdc.gov).
- e) Contents of Reports. The reports must contain:

- i. grantee name;
- ii. contact name with phone, fax, and e-mail;
- iii. agreement number(s) if reporting by agreement(s);
- iv. reporting period;
- v. amount of foreign taxes assessed by each foreign government;
- vi. amount of any foreign taxes reimbursed by each foreign government;
- vii. amount of foreign taxes unreimbursed by each foreign government.

f) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

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

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

For additional information on reporting requirements, visit the CDC website at:

[http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

#### 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:

Paula Morgan, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
2nd Floor, Nestle House  
38 Samora Machel Avenue  
Harare, Zimbabwe  
Telephone: +263-4-796-040  
E-mail: [MorganP@zw.cdc.gov](mailto:MorganP@zw.cdc.gov)

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

Rhonda Latimer, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75  
Atlanta, GA 30341  
Telephone: 770-488-1647  
E-mail: [RDLatimer@cdc.gov](mailto:RDLatimer@cdc.gov)

For assistance with submission difficulties, contact:

[Www.grants.gov](http://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](mailto:pgotim@cdc.gov)

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

#### VIII. Other Information

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in [www.grants.gov](http://www.grants.gov). All amendment and Q&As will be published in [www.grants.gov](http://www.grants.gov) following the approval of CDC. CDC will accept Q&As from applicants until 10 days prior to application due date. No amendments or Q&As will be accepted past this date.

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

Other CDC funding opportunity announcements can be found on Grants.gov website, at the following internet address: <http://www.grants.gov>.