

Amendment I (2/27/13)

A pre-application teleconference took place on February 7, 2013. Below are the responses to questions that were asked during the call and in questions submitted to CDC prior to the call.

TECHNICAL QUESTIONS AND ANSWERS

Question: Regarding Objective #2, is the intent of the FOA to have 85% of facilities in 85% of all eligible HIV positive pregnant women initiated on life-long ART in all facilities in CDC-supported districts and provinces?

Answer: Yes, the intent is to achieve this objective in all CDC-supported districts and facilities. The focus in year 1 is Southern province and then expansion to other CDC supported provinces within the project period.

Question: What is meant by infrastructure improvement?

Answer: Refurbishments only. No new construction.

Question: Regarding the long-term outcomes of Objective #3, is the intent of the FOA to show a 50% reduction in overall mortality or 50% reduction of HIV related maternal mortality?

Answer: The intent for this objective is to contribute to the other national interventions that will reduce HIV related maternal mortality by 50% in all CDC-supported districts and provinces.

Question: Is a public health evaluation component included in this FOA? Will measurement be through National surveys or should funds be set aside to conduct evaluation?

Answer: This is a non-research related FOA but an implementation evaluation component may be applicable.

Question: What are the timelines for the short-term, intermediate, and long-term outcomes?

Answer: Long-term outcomes are those after the 5 year project period. Short-term is considered the first 1-2 years of the FOA. Intermediate is ~ 3 years to end of the project.

Question: What do you think is the likelihood that there will be an MOH standardized remuneration/incentive package for key staff critical to operations of community Prevention of Mother-to-Child Transmission (PMTCT)?

Answer: This FOA deliberately focuses on building MOH structures. We would like this activity to help support and facilitate this process so that MOH can derive a sustainable remuneration/incentive package over the project period. Typically, activities are not exhaustive, meaning if it doesn't exist the partner may have to work with the MOH to develop for sustainability purposes.

Question: Objective #6 states “having a minimum of one functional emergency obstetric newborn care (EmONC) in all supported districts,” however if an EmONC already exists in a district, should there be an increase in EmONC activities or should another one be added?

Answer: The model is intended to inform how we will move forward with the goal to make sure there is a comprehensive EmONC in all districts and if there is one to make sure it is fully functional. Thus, if there is already an EmONC in a district, then yes we would like to see an increase in activities, based on initial assessment. One expects to see the Government of Zambia to align and focus efforts so it’s not entirely supported by one donor. Goal is to make sure there is one functioning EMONC unit, unless assessment says you don’t need one in that location.

Question: Will this mechanism be the sole Saving Mothers Giving Life for the stated areas?

Answer: We cannot answer that question. It is difficult to say as programs are continually developing and taking shape.

ADMINISTRATIVE QUESTIONS AND ANSWERS

Question: Is the anticipated award date September 30, 2013? What is the anticipated start date?

Answer: The anticipated award date is September 30, 2013. For year 1 of the project, the period is September 30, 2013 through September 29, 2014.

Question: To provide Option B+ up at all districts will require extensive human resources capacity. Does CDC anticipate increasing MOH capacity to help increase human resources?

Answer: CDC is already doing a lot on increasing MOH human resources capacity and the Ministry of Community Development and Mother and Child Health is increasing healthcare workers. The real problem is how to get there. Some encouraging program s USG is currently supporting involve strengthening MD and RN schools. How much and how fast remains.

Question: Would it be possible in short-term to hire new staff for the project?

Answer: Yes, CDC has put mechanisms in place for the hiring of new staff and allows for MOH to take them on ensuring sustainability.

Question: Please clarify the difference between business official vs. financial specialist.

Answer: They could be one and the same but this is up to the organizational structure of the applicant. We deem the finance position as key to the program, if not the same as the business official, please provide a CV for the person.

Question: Please clarify the budget submission requirements for the application?

Answer: The application only requires the first year budget.

Question: Is the grantee expected to include a scope of activities or strategic plan for the entire five year project period, although the budget will only be for year 1?

Answer: Yes, the grantee is expected to describe an overall strategy for the project covering the five year project period.

Question: When is the notice of award expected?

Answer: It is expected by September 30th, but the successful applicant will know in advance, usually by August.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Funding Opportunity Title: “Technical Assistance to Accelerate the Elimination of Mother to Child Transmission (EMTCT) of HIV and Improve HIV-free Child Survival in the Republic of Zambia Under the President’s Emergency Plan for AIDS Relief (PEPFAR)”

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-GH13-1350

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 12, 2013 on www.grants.gov, 11:59 pm Eastern Standard Time.

Program outcomes, listed by objective, will include:

Part A: Adult Treatment (HTXS)

Objective #1 and #2:

1. By October 2018, 100% of PMTCT supported facilities will be fully implementing the World Health Organization (WHO) Option B+ protocol through grantee activities aimed at developing appropriate antiretroviral treatment (ART) programs in each of the sites.
2. By October 2015 85% of all eligible HIV positive pregnant women will be initiated on life-long ART in all supported districts through grantee implementation of targeted evidence based interventions.

- **Outcomes:**

- Short-term:
 - 85% of all supported facilities will have the capacity to initiate and maintain pregnant women and their partners on ART within antenatal care (ANC) settings
 - Database surveillance systems implemented at University Teaching Hospital
- Intermediate:
 - 85% of eligible HIV positive pregnant women will be initiated on life-long ART in all supported facilities
- Long-term:
 - Overall reduction in MTCT rates from the current 9% to <5%

- Reduction in HIV related maternal mortality by at least 50%, with improved maternal survival
- Safety data of Efavirenz (EFV) use in pregnancy

Part B: Prevention of Mother-to-Child-Transmission (PMTCT)

Objective #3:

3. By October 2015 grantee will increase the proportion of pregnant women initiating ANC before their 20th gestational week from 35% to 85% whilst sustaining ANC HIV Testing and Counseling (HTC) rates above 85% in all supported districts through implementation of proven effective and targeted community level strategies.

Outcomes:

- Short-term:
 - Implementation of broad-based blood cold-chain (BCC) activities using multiple communication channels are implemented in 100% of all supported districts
- Intermediate:
 - 85% of pregnant women enroll for ANC around, or soon after 14 weeks, but before their 20th week of pregnancy
- Long-term:
 - Reduction in contribution of HIV related maternal morbidity and mortality to overall maternal mortality by at least 50%
 - Reduction of intrauterine and peri-natal MTCT rates contributing to overall MTCT reduction from the current 9% to <5%

Objectives #4 and #5:

4. By October 2015, grantee will increase retention in care for HIV positive pregnant women and their babies from ANC diagnosis to cessation of breastfeeding to 95% from the current 35% in all supported districts through implementation of community adherence support systems with defined community M&E systems that integrate with facility based PMTCT M&E systems, including the use of Safe Motherhood cards

and the national electronic health record (SmartCare) for monitoring and evaluating outcomes.

5. By October 2015, at least 95% of all HIV exposed babies will receive HIV testing in accordance to the global guidelines by age 18 months through grantee implementation of effective adherence support services and deployment of effective EID systems that embody fully functional sample courier and SMS technology for results return, as integral components of PMTCT programs.

- **Outcomes:**

- Short-term:

- Community level PMTCT programs that include comprehensive adherence support systems implemented in 100% of supported districts
- National and sub-national EID program coordination and management systems developed and implemented
- 100% of facilities in supported districts linked to a functional DBS sample courier and results return network with average 4 weeks turn-around time from collection of sample to results collection

- Intermediate:

- 95% retention of HIV positive women and their babies throughout pregnancy up to cessation of breastfeeding in all supported districts
- Coverage of at least 95% of all HIV exposed babies having all four scheduled HIV test by age 18 months

- Long-term:

- Coverage of full prophylaxis during pregnancy and breastfeeding for 95% of all mother/baby dyads in 100% of supported sites
- Reduced HIV related infant morbidity and mortality with early diagnosis and opportunities for linkage to treatment
- Comprehensive PMTCT out-come data available 100% of supported districts

Objective #6:

6. By October 2016, 100% of districts in each supported province will have a minimum of one functional emergency obstetric newborn care (EmONC) unit using the saving mothers giving life (SMGL) model that includes amongst other key interventions, comprehensive HIV&AIDS services for pregnant women for reduction of maternal mortality through grantee implementation of targeted interventions based on results of the SMGL pilot evaluation.

- **Outcomes:**

- Short-term:

- 100% of supported districts have at least one functional EmONC (SMGL) unit

- Intermediate:

- 95% of expected deliveries occur in an appropriate facility
- 100% of facility deliveries attended by skilled provider
- 95% of deliveries with complications occurring in facility with SMGL services

- Long-term:

- Reduction in maternal mortality by 50% with corresponding increase in maternal survival required for improved child survival

Objectives #7 - #9:

7. By October 2014, 85% of pregnant women and 80% of their male partners in 100% of supported districts will be screened for both HIV and syphilis in ANC services through grantee implementation of identified community and facility based interventions.

8. By October 2014, the grantee will increase treatment coverage of syphilis positive pregnant women in ANC services from current rates that are below 10% up to 80%

9. By October 2014, the grantee will increase the proportion of HIV positive discordant male partners of pregnant women who are immediately initiated on ART to 100% of those identified by implementing evidence based program models.

- **Outcomes:**

- Short-term:

- 100 of PMTCT facilities in supported districts will have been capacitated to provide joint partner integrated HIV and syphilis testing and treatment
- Intermediate:
 - 80% of male partners testing for HIV and syphilis with their pregnant partners in all supported facilities
 - 100% of HIV positive discordant male partners of pregnant women immediately initiated in life long ART
 - 100% of all facilities in supported districts have quality assurance/quality control (QA/QC) activities completed as per protocols each quarter
 - Project-end evaluation conducted
 - 80% of syphilis positive pregnant women receive full treatment in ANC settings
 - Reporting on indicators to WHO for tracking elimination status started
- Long-term:
 - Incident HIV during pregnancy and breastfeeding reduced by at least 80%
 - Elimination status as regards HIV MTCT and congenital syphilis attained

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

PART 2. FULL TEXT OF THE ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority:

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and

Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

Background:

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

Purpose:

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

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

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety; and
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

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

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation (research is not supported by this FOA).

Though the Zambia PMTCT program has attained and continues to have ANC coverage rates (94%, Zambia Demographic Health Survey ZDHS 2007) as well as high HIV testing rates in ANC settings (95%, Ministry of Health (MOH) annual report 2011), the program is not fully on course to attain the goal of EMTCT of HIV and increasing HIV free child survival by 2015 and to effectively contribute towards attainment of the broader Millennium Development Goal (MDG) No. 4.

In order to realign the Zambia program, there is a need to address emerging priorities that current programs did not include as objectives. Further, the Ministry of Health has recently prioritized additional global objectives that necessitate realignment of the President's Emergency Plan for AIDS Relief (PEPFAR) support to the maternal, newborn and child health services platform on which PMTCT programming has traditionally been implemented using a health systems strengthening approach.

- In order to effectively building capacity of the MOH provincial and district program management levels and support health facilities as Zambia moves to a WHO option B+ approach starting FY 2013, areas of the country that have been supported by CDC implementing partners will require additional support for expansion of appropriately tailored ART services as these will be required for a successful roll-out of option B+. This will serve not only HIV positive pregnant women, but also HIV positive male partners of pregnant women in discordant relationships, as now recommended by the Zambian ART guidelines. Additionally increasing coverage of couples HIV testing in ANC settings with the need to treat positive discordant partners as part of PMTCT prong-one (50% preliminary Annual Performance Report (APR) 2012), further necessitates the need to expand ART services tailored for ANC settings as well as appropriate program management capacity to support these services for a successful B+ roll-out.
- Additionally, current MOH PMTCT programs are strongly facility based and do not fully prioritize objectives that extend program support beyond the health facility into the community for effective adherence support systems that are

essential for EMTCT especially in the context of a WHO option B+ protocol implementation. A need therefore exists for support in defining community level PMTCT program models, development of clear protocols, and operational guidance and M&E systems for a standardized implementation. This proposed support is therefore intended to fill this gap and develop capacity at the provincial, district, and facility levels of the MOH for sustainable community PMTCT program implementation

- Implementation of a WHO option B+ protocol for PMTCT comes with it the need to use Efavirenz (EFV) based ART regimens in pregnancy, as more women with higher CD4 counts will require to be initiated on life-long treatment and will not be offered Nevirapine (NVP) based regimens. Whereas current WHO guidance no longer precludes use of EFV in pregnancy based on a relatively small follow-up cohort, it is recommended that birth defects surveillance systems be established along-side implementation of a B+ protocol in order to add to the body of knowledge on the safety of EFV use in pregnancy. Currently, the MOH does not have any systems in place for such long term BD surveillance. PEPFAR support to the MOH will therefore support the establishment of BD surveillance and build the capacity in the MOH to manage the BD surveillance system and data-base.
- High attrition rates along the PMTCT cascade, with suboptimal coverage of efficacious ARV regimens and early infant diagnosis (EID) compounded by weak program monitoring and evaluation (M&E) systems, have caused the national PMTCT program to fall short of its goal, rendering the program off-course for the goal of EMTCT. Over the past six years, robust models of PMTCT programming and service delivery have emerged with demonstrable potential for EMTCT in limited settings within the country through progressive refining of best practices. This funding opportunity announcement (FOA) is intended to facilitate the expansion of these successful models in the four CDC supported provinces of Zambia by shifting more PEPFAR support toward establishment of proven PMTCT program models in the MOH provincial, district and health facility levels in order to rapidly change the current picture of the cascade over the remaining period to the MDG end-point and beyond.

- Decreased support to the Ministry of Health (MOH) for the EID program over the past years has made it difficult for the PMTCT program to account for the outcomes of their PMTCT services. Availability of dried blood spot (DBS) commodities has been poor, coordination of the national DBS sample courier system has weakened, and there has been little visibility of overall coordination of the EID program at the national level. Whilst mechanisms are already in place to support pediatric HIV care and treatment services (PDCS/PDTX) for HIV infected children, systematic failures in EID have largely negated efforts aimed at improving linkages between PMTCT and PDCS/PDTX, thereby continuing to compromise child survival in Zambia. Consequently, this proposed support to strengthening EID in the Zambia MOH will be complementary with other government and PEPFAR efforts that are already supporting PDCS/PDTX and would render linkage efforts maximally successful and overall PDCS/PDTX services optimally effective.
- Through its campaign for accelerated reduction of maternal mortality in Africa (CARMMA), the MOH has identified HIV as one of the important indirect causes for maternal mortality, contributing to 10% of maternal deaths in Zambia, hence the packaging of PMTCT within a comprehensive model for saving mothers giving life (SMGL) that has been piloted during fiscal year (FY) 12 by the USG in four districts. Since maternal survival is in itself a determinant of child survival, there is need to provide support for the expansion and consolidation of the SMGL model especially in the high HIV prevalence areas of Zambia.
- From service delivery data (unpublished program data 2011) in the Southern Province, of Zambia, at least 4.7% of pregnant women tested syphilis positive out of the 50% that had a syphilis test in ANC, whilst none received treatment. It is expected that approximately 50% of these women will have a poor pregnancy outcome, e.g., stillbirth or congenital syphilis (CS). (Goldenberg, 2010) alone. Since syphilis is an easily treatable disease and strengthening screening and testing should occur on the same maternal newborn child health (MNCH) platform from which PMTCT is provided, the need to integrate HIV and syphilis elimination efforts within the MOH structures is logical and constitutes a

winnable integrated battle. Whereas piloting of this integrated winnable battle has been successfully supported during FY 12, there is need to provide support for wider roll-out of this model by supporting the domestication of this initiative in the MOH structures.

The goals and objectives of the program in Zambia are:

- To contribute towards a realignment and acceleration of the Zambia MOH PMTCT program towards EMTCT and HIV free child survival by 2015 in the four (4) provinces in Zambia that CDC supports.
- To making provision for support to fill identified gaps in recently prioritized MOH interventions that are intended to overall increase the likelihood of Zambia's attainment of MDG No.4 by 2015.

The programs specific objectives are as follows;

1. By October 2015, the grantee will increase the proportion of pregnant women initiating ANC before their 20th gestational week from 35% to 85% whilst sustaining ANC HTC rates above 85% in all supported districts through implementation of proven effective and targeted community level strategies
2. By October 2015, the grantee will increase retention in care for HIV positive pregnant women and their babies from ANC diagnosis to cessation of breastfeeding to 95% from the current 40% in all supported districts through implementation of community adherence support systems with defined community M&E systems that integrate with facility based PMTCT M&E systems based on identified successfully implemented models from grantees previous or current work
3. By October 2015 85% of all eligible HIV positive pregnant women will be initiated on life-long ART in all supported districts through grantee implementation of targeted evidence based interventions
4. By October 2015, at least 95% of all HIV exposed babies will receive HIV testing in accordance to the global guidelines by age 18 months through grantee implementation of effective adherence support services and deployment of

effective EID systems that embody fully functional sample courier and SMS technology for results return, as integral components of PMTCT programs.

5. By October 2018, 100% of PMTCT supported facilities will be fully implementing the WHO Option B+ protocol through grantee activities aimed at developing appropriate ART programs in each of the sites
6. By October 2018, 100% of districts in each supported province will have a minimum of one functional emergency obstetric newborn care (EmONC) unit using the SMGL model that includes amongst other key interventions, comprehensive HIV&AIDS services for pregnant women for reduction of maternal mortality through grantee implementation of targeted interventions based on results of the SMGL pilot evaluation
7. By October 2014, 85% of pregnant women and 80% of their male partners in 100% of supported districts will be screened for both HIV and syphilis in ANC services through grantee implementation of identified community and facility based interventions
8. By October 2014, the grantee will increase treatment coverage of syphilis positive pregnant women in ANC services from current rates of below 10% to 80%
9. By October 2014, the grantee will increase the proportion of positive discordant male partners of pregnant women who are immediately initiated on ART to at least 80% of those identified
10. By October 2014, grantee will increase the proportion of supported facilities using the national electronic health record system (SmartCare) for antenatal and maternity services to at least 60% and to at least 90% by October 2018

The purpose of this FOA is to facilitate the expansion in coverage of proven effective MNCH strategies and interventions within the Zambian MOH, which complement current PMTCT programs in order to accelerate Zambia' progress towards the goal of EMTCT and HIV-free child survival; and to ensure continuity of services in CDC supported provinces of Zambia. At least one award originating from this FOA is the continuation of CDC support of EMTCT activities in Southern Province. Additional

awards will be considered that address this program of work in areas outside of Southern Province, and/or applications addressing Southern Province might also propose geographic areas of need beyond Southern Province.

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 Zambian population and must also coordinate with activities supported by Zambian, 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 Zambia. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Zambia 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 listed by objective, as follows:

Part A: Adult Treatment (HTXS):

Objective #1 and #2:

1. By October 2018, 100% of PMTCT supported facilities will be fully implementing the WHO Option B+ protocol through grantee activities aimed at developing appropriate ART programs in each of the sites
2. By October 2015 85% of all eligible HIV positive pregnant women will be initiated on life-long ART in all supported districts through grantee implementation of targeted evidence based interventions

Activities and Outputs under Objectives #1 and #2:

- **Activity#1:** Conduct training in ART management for staff in all supported PMTCT facilities
- **Output #1:** All staff manning ANC services trained in management of uncomplicated ART patients

- **Activity#2:** Support the District Medical Offices (DMO) in all supported districts to set-up and implement routine mentoring programs targeting all PMTCT facilities through TA during district planning, designing mentoring schedules and training/mentoring the district mentorship teams
- **Output #2:** Number of health workers in each supported site who are trained and certified competent in initiating ART and monitoring non-complicated clients

- **Activity#3:** Support DMO's in all supported districts to implement ART service delivery for stable uncomplicated clients in all PMTCT facilities through TA during district planning, sites mapping, selection and prioritization, infrastructural improvements, procurement and installation of equipment, and implementation of routine support supervision and quality improvement systems
- **Output #3:** Systems established in targeted PMTCT facilities to enable delivery of ART using a static service model
- **Activity #4:** Support the DMO's in all supported districts to set-up and implement mobile ART programs to targeted facilities through TA during district planning, designing mobile ART schedules, procurement of equipment, and supporting fuel costs during initial years
- **Output #4:** Systems established in all supported districts through DMO's for the delivery of routine mobile ART services in targeted PMTCT facilities
- **Activity#5:** Through provision of technical and logistical support to the MOH, develop and implement a Birth defects Surveillance system at the University Teaching Hospital in parallel to implementation of option B+ (development of clinical data collection tools, creation of a data-base, procurement of equipment, hiring of staff, training of clinical and data staff, provision of resource for running costs)

Outputs for Activity #5:

- Surveillance staff hired
- Data tools developed and printed
- Data base created and installed
- Equipment procured

Part B: Prevention of Mother-to-child Transmission:

Objective #3:

3. By October 2015 grantee will increase the proportion of pregnant women initiating ANC before their 20th gestational week from 35% to 85% whilst sustaining ANC HTC rates above 85% in all supported districts through implementation of proven effective and targeted community level strategies.

Activities and Outputs under Objective #3:

- **Activity#1:** Implement a standardized model of engagement of community leaders (chiefs, religious leaders, political leaders) as agents of change in all served communities of supported facilities
- **Output #1:** Number of community leaders by category who would be developed into drivers of health seeking behavior change in their communities
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- **Activity#2:** Through collaboration with MOH structures (HQ, PMO's, and DMO's), strengthen site program monitoring through implementation of appropriate revisions and innovations to existing M&E tools to enable measurement of timing of ANC initiation
- **Output #2:** Operational systems established in supported sites for tracking and reporting on timing of ANC initiation

- **Activity#3:** Design, implement, and evaluate communication and service delivery program models for early enrollment of pregnant women into ANC specific to rural, peri-urban and urban settings
- **Output #3:** Documented best practice models disseminated and available for use in annual program planning by all stakeholders

Objectives #4 and #5:

4. By October 2015, grantee will increase retention in care for HIV positive pregnant women and their babies from ANC diagnosis to cessation of breastfeeding to 95% from the current 35% in all supported districts through implementation of community adherence support systems with defined community M&E systems that integrate with facility based PMTCT M&E systems, including the use of Safe

Motherhood cards and the national electronic health record (SmartCare) for monitoring and evaluating outcomes

5. By October 2015, at least 95% of all HIV exposed babies will receive HIV testing in accordance to the global guidelines by age 18 months through grantee implementation of effective adherence support services and deployment of effective EID systems that embody fully functional sample courier and SMS technology for results return, as integral components of PMTCT programs

Activities and Outputs under Objectives #4 and #5:

- **Activity#1:** Provide technical and logistical support to the MOH in the printing and dissemination of standardized community PMTCT service protocols complete with community held registers used for tracking HIV positive pregnant women and their babies
- **Output #1:** MOH standardized community held PMTCT registers deployed in all PMTCT facilities in supported provinces and districts
- **Activity#2:** Provide technical and logistical support to the MOH for training of provincial and district program managers, health facility staff and community health workers in the management of the community based PMTCT programs and related M&E system and its linkage with facility PMTCT M&E
 - **Outputs for Activity #2:**
 - Increased number of trained program managers in all supported provinces and districts
 - Increased number of trained facility health workers in all supported sites
 - Increased number of trained community health workers attached to all supported sites
- **Activity#3:** Support the DMO's in all supported districts to set-up and implement routine mentoring and support supervision tools and programs targeting all PMTCT facilities through TA during district planning, designing mentoring/support supervision schedules to support implementation/operationalization of the community PMTCT services and related M&E systems

- **Output #3:** Increased number of supported facilities with operational community PMTCT programs and M&E systems for enhanced adherence support to HIV positive pregnant women, their partners and their HIV exposed babies

- **Activity#4:** Support operations of community PMTCT services through an MOH standardized remuneration/incentive package for key community health/adherence support workers that are critical to the operations of the community PMTCT services
- **Output #4:** Increased number of active community health/adherence support workers attached to each supported facility

- **Activity#5:** Provide technical and logistical support to the MOH in protocol design and implementation of a formal evaluation of the community PMTCT program
- **Output #5:** Evaluation report produced and disseminated to all stakeholders for use in program planning and design

- **Activity#6:** Support strengthening of EID coordination and management at national and sub-national levels through provision of technical and logistical support to the MOH for establishment of a national EID coordination platform including standardized DBS commodities logistics systems and placement of coordination staff at MOH HQ with a clear exit strategy for staff support over the project life
- **Output #6:** Increased number of eligible health facilities in supported provinces and districts with SMS technology operationalized for return of EID results

- **Activity#7:** Provide technical and logistical support to MOH national and sub-national levels in planning for management of SMS technology systems at both levels including mapping sites for implementation and training program managers
- **Output #7:** Increased number of supported districts with functional lab sample courier units that that are fully operational

- **Activity#8:** In collaboration with MOH HQ, under-take deployment of SMS technology for rapid results return in all eligible health facilities including

procurement of equipment, financing installation and maintenance cost with a clear exit strategy for maintenance over the project life.

- **Output #8:** Increased number of facilities with no EID stock-outs in the last 6 months

Objective #6:

6. By October 2016, 100% of districts in each supported province will have a minimum of one functional emergency obstetric newborn care (EmONC) unit using the saving mothers giving life (SMGL) model that includes amongst other key interventions, comprehensive HIV&AIDS services for pregnant women for reduction of maternal mortality through grantee implementation of targeted interventions based on results of the SMGL pilot evaluation.

Activities and Outputs under Objective #6:

- **Activity#1:** Establish coordination mechanisms in new roll-out districts by collaboratively identifying office space with the DMO in each district, procuring office equipment and hiring field staff with a clear exit strategy running over the course of the project life
- **Output #1:** Increased number of districts with presence of grantee SMGL program coordination mechanism in place
- **Activity#2:** Procurement of program equipment including vehicles, SMS and other communication equipment, facility EmONC equipment for new implementation districts and facilities
- **Output #2:** Increased number of each equipment category procured per supported district
- **Activity#3:** Provide technical and logistical support to the MOH for training of provincial and district program managers, health facility staff and safe motherhood action group's (SMAG) in the management of the SMGL program and in specific requisite skills for service delivery

Outputs for Activity #3:

- Increased number of trained provincial/district program managers

- Increased number of trained provincial/district program mentors
- **Activity#4:** Support the DMO's in all supported districts to set-up and implement routine mentoring programs targeting all identified basic and comprehensive EmONC facilities through TA during district planning, designing mentoring schedules and training/mentoring the district mentorship teams

Outputs for Activity #4:

- Increased number of districts with operational mentoring systems that include SMGL service
- Increased number of health workers in each supported site who are trained and certified competent in SMGL related service provision
- **Activity#5:** Support DMO's in all supported districts to implement SMGL services through TA during districts needs assessments, district planning, site mapping, selection and prioritization, infrastructural improvements, installation of equipment, and implementation of routine support supervision and quality improvement systems
- **Output #5:** Increased number of fully operational SMGL service units in each supported district
- **Activity#6:** Support operations of SMGL services including the SMAG's and demand generation activities by filling-in district level operational resource gaps, with a clear exit strategy over the life of the project.
- **Output #6:** Increased number of fully operational SMGL service units in each supported district

Objectives #7 - #9:

7. By October 2014, 85% of pregnant women and 80% of their male partners in 100% of supported districts will be screened for both HIV and syphilis in ANC services through grantee implementation of identified community and facility based interventions.

8. By October 2014, the grantee will increase treatment coverage of syphilis positive pregnant women in ANC services from current rates that are below 10% up to 80%
9. October 2014, the grantee will increase the proportion of HIV positive discordant male partners of pregnant women who are immediately initiated on ART to 100% of those identified by implementing evidence based program models.

Activities and Outputs under Objectives #7 - #9:

Activity#1: Implement standardized and demonstrably proven models of engagement of community leaders (chiefs, religious leaders, political leaders) as agents of change to bring about increased male participation with their female partners in reproductive and child health services.

Output #1: Increased number of community leaders by category who would be actively engaged in driving health seeking behavior change in their communities.

Activity#2: Design, implement, and evaluate communication and service delivery program models for enhanced male engagement in ANC, specific to rural, peri-urban and urban settings

Output #2: Documented best practice models disseminated and available for use in annual program planning by all stakeholders.

Activity#3: Support MOH to assure commodity availability of HIV/syphilis test kits ARV's and Penicillin by supporting national level logistics management and filling-in operational resource gaps, with a clear exit strategy over the life of the project.

Outputs for Activity #3:

- Fully budgeted and financed annual plans at national and district levels available covering HIV/syphilis rapid test kits, ARV's and penicillin
- Increased number of facilities in supported districts with no stock-out of HIV/syphilis test kits, ARV's and Penicillin.

Activity#4: Support the DMO's in all supported districts to implement joint partner HIV and syphilis testing and treatment through TA during district planning, and provision of

technical and logistical support for implementation/operationalization through mentoring and support supervision targeting all PMTCT facilities

Output #4: Increased number of facilities in supported districts that have implemented joint partner HIV and syphilis testing and treatment in ANC settings

Activity#5: Provide technical and logistical support to supported districts in implementation of quality control activities for both HIV and syphilis rapid testing in ANC settings

Output #5: Increased number of PMTCT districts in supported areas with capacity to implement HIV and syphilis rapid test QA/QC activities

Activity#6: In collaboration with the WHO, provide technical and logistical support to the MOH in protocol design and implementation of a formal evaluation and development of a framework for measuring progress towards country elimination certification status

Outputs for Activity #6:

- Evaluation report produced and disseminated to all stakeholders for use in program planning and design
- Reporting framework developed for measuring progress towards country elimination status

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 strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).

10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, evaluate program implementation, manage and analyze data, conduct quality assurance, present and possibly publish program results and findings, and track finances.
11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.
12. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
13. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. CDC will provide technical assistance for activities.
16. Conduct service delivery site visits through the Site Monitoring System (SMS) to monitor and evaluate site capacity to provide high-quality HIV/AIDS services in all program areas by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement.
17. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
18. Supply the grantee with protocols for related evaluations.
19. Collaborate with grantee in identifying areas requiring evaluation, and participate in the development and implementation of protocols.

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: 2013

Approximate Current Fiscal Year Funding: \$10,000,000

Approximate Total Project Period Funding: \$50,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: 1-2

Approximate Average Award: \$5,000,000 (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: \$10,000,000 (This ceiling is for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Anticipated Award Date: September 2013

Budget Period Length: Twelve months

Project Period Length: Five years

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

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

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 least 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.

- a. Data Universal Numbering System: All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>. An AOR should complete the US D&B D-U-N-S Number Request Form online

or contact DUN and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to register for a DUNS number.

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

- b. System for Award Management: All applicant organizations must register in the System for Award Management (SAM). The SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as an awardee. The SAM number must be maintained with current information at all times during which it has an application under consideration for funding by CDC, and if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. Grants.gov: Registering your organization through www.grants.gov, the official HHS E-grant website, is the first step in submitting an application online. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

Cost Sharing or Matching

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Other

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

Special Requirements:

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 90 pages, any pages after page 90 of the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents as appendices.

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

Funding under this award will be subject to preferences based on programmatic needs and in-country strategic priorities. Applicants meeting the criteria specified in “Section V. Application Review Information” will receive additional points beyond the possible total of 100.

IV. APPLICATION AND SUBMISSION INFORMATION

Submission Dates and Times

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

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

Content and Form of Application Submission

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

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

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

Letter of Intent (LOI):

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

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

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

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

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

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

- **Project Context and Background (Understanding and Need):** Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- **Project Strategy - Description and Methodologies:** Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant’s technical approach/methods for implementing the proposed project. Describe the

existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;

- **Project Goals and Objectives:** Include the goals of the project and its SMART objectives (specific, measurable, achievable, relevant, and time-bound). These need to be consistent with the expected targets of the Country/Regional Operational Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;
- **Work Plan and Description of Project Components and Activities:** Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- **Project Outputs:** List the products (i.e. outputs) that will result from the activities to be implemented in this project and that are relevant to the objectives specified in the previous section (e.g., conduct data quality assessment once a year);
- **Project Outcomes:** Include the expected effects (i.e. outcomes) of project activities in the target populations and/or organizations (e.g., increased adherence to ART) that are relevant to the project goals and objectives. This will represent the project’s effectiveness;
- **Performance Indicators:** Include measures that will show progress in the achievement of project goals and objectives (e.g., percent of health care workers who graduated from a pre-service training at the end of the reporting period)
- **Timeline** (e.g., GANTT Chart); and
- **Management of Project Funds and Reporting.** Reporting should also address quarterly reports and PEPFAR Semi-Annual (SAPR) and Annual (APR) progress reports with robust data quality assurance and assessment procedures for reported data.

Project Budget Justification

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

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested. The detailed budget should identify costs associated with potential data collection activities from persons, personal records, or for laboratory specimen collection and testing that may result in a public report. For each of the potential data collection activities also state the costs for any preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation).

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

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

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 90 pages and can only contain information related to the following:**

- **Project Evaluation:** Include an evaluation plan that will describe how outputs and outcomes will be evaluated. The plan should address the following:
 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) The evaluation questions must highlight key measures for EMTC.
 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. The evaluation plan must be based on an actual case study of programs that the grantee has successfully implemented, and have demonstrable capability to produce comprehensive program monitoring data covering the whole PMTCT cascade
- **Curricula vitae** of current key staff who will work on the activity including, if applicable, the Principal Investigator, Business Official, Finance Administrator, key Technical lead and Cooperative Agreement Coordinator;
- **Job descriptions** of proposed key positions to be created for the activity including, if applicable, the Key Technical leads and Cooperative Agreement Coordinator;
- **Applicant’s Corporate Capability Statement;**
- **Letters of Support** (5 letters maximum) including the Ministry of Health; **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.
- **Organizational chart**

Additional information submitted via www.grants.gov should be uploaded in a PDF file format, and should be named accordingly. i.e.: Letters of support should be named “letters of support”

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
- Human subjects data collection funding restrictions which require submission of protocols will be submitted within six months of notification of such requirement, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer. All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.
- Needle Exchange – No funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- The recipient must use funds provided under the agreement for costs incurred in carrying out the purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.
 1. “Reasonable” means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
 2. “Allocable” means the costs are necessary to the award.
 3. “Allowable” means the costs are reasonable and allocable, and conform to any limitations set forth in the award.
- The recipient is encouraged to obtain the Grants Management Officer’s written determination in advance whenever the recipient is uncertain as to whether a cost will be allowable.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)

- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Public Financial Management Assessment Clause: The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.
- Prohibition on Funding for Abortions and Involuntary Sterilization: None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance or involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for any biomedical research which relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be obligated or expended for any country or organization if the President certifies that the use of these funds by any such country or organization would violate any of the above provisions related to abortions and involuntary sterilizations.
- Requirements for Voluntary Family Planning Projects

- (1) A family planning project must comply with the requirements of this paragraph.
- (2) A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- (6) The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including

those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

1. The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
 2. The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
 3. iii) The recipient must provide CDC such additional information about violations as CDC may request.
- Impact on Jobs in the United States: None of funds appropriated under titles III through VI of the FY12 Foreign Operations Appropriations Act may be obligated or expended to provide:
 1. Any financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United State production is being replaced by such enterprise outside the United States; or
 2. Assistance for any program, project, or activity that contributes to the violation of internationally recognized workers rights, as defined in section 507(4) of the Trade Act of 1974, of workers in the recipient country, including any designated zone or area in that country: Provided, that the application of section 507(4)(d) and (e) of such Act should be commensurate with the level of development of the recipient country and sector, and shall not preclude assistance for the informal sector in such country, micro and small-scale enterprise, and smallholder agriculture.

- **Defense Base Act:** Under a contract approved and financed by the United States or any executive department, independent establishment, or agency thereof (including any corporate instrumentality of the United States), or any subcontract or subordinate contract with respect to such contract, where such contract is to be performed outside the continental United States, under the Mutual Security Act of 1954, as amended (other than title II of chapter II thereof unless the Secretary of Labor, upon the recommendation of the head of any department or other agency of the United States, determines a contract financed under a successor provision of any successor Act should be covered by this section), and not otherwise within the coverage of this section, and every such contract shall contain provisions requiring that the contractor (and subcontractor or subordinate contractor with respect to such contract):
 1. Shall, before commencing performance of such contract, provide for securing to or on behalf of employees engaged in work under such contract the payment of compensation and other benefits under the provisions of this chapter, and
 2. Shall maintain in full force and effect during the term of such contract, subcontract, or subordinate contract, or while employees are engaged in work performed thereunder, the said security for the payment of such compensation and benefits, but nothing in this paragraph shall be construed to apply to any employee of such contractor or subcontractor who is engaged exclusively in furnishing materials or supplies under his contract.
- **Prohibition of Payments to United Nations Members:** None of the funds appropriated or made available pursuant to titles III through VI of the FY12 Foreign Operations Appropriations Act for carrying out the Foreign Assistance Act of 1961, may be used to pay in whole or in part any assessments, arrearages, or dues of any members of the United Nations, or, from funds appropriated by this Act to carry out chapter 1 of Part I of the Foreign Assistance Act of 1961, the costs for participation of another country's delegation at international conferences held under the auspices of multilateral or international organizations.

- Prohibition on Police Training: None of the funds made available to carry out this award, and none of the local currencies generated, shall be used to provide training or advice, or provide any financial support for police, prisons, or other law enforcement forces for any foreign government or any program of internal intelligence or surveillance on behalf of any foreign government with the United States or abroad.
- Prohibition on Military Assistance and Training: No funds awarded as part of this agreement may be used for military assistance or military training for a country.
- Prohibition on Assistance to Governments Supporting International Terrorism: The United States shall not provide any assistance to any country if the Secretary of State determines that the government of that country has repeatedly provided support for acts of international terrorism.
- Source and Nationality Restrictions: In carrying out programs under the Foreign Assistance Act, of 1961 as amended, the President shall take all appropriate steps to assure that, to the maximum extent possible, (1) countries receiving assistance under this Act contribute local currencies to meet the cost of contractual and other services rendered in conjunction with such programs, and (2) foreign currencies owned by the United States are utilized to meet the costs of such contractual and other services.
- Procurement Restrictions: Funds made available for assistance under the Foreign Assistance Act of 1961, as amended may be used for procurement—
 1. In the United States, the independent states of the former Soviet Union, or a developing country or
 2. In any other country, but only if—
 - a) The provision of such assistance requires commodities or services of a type that are not produced in and available for purchase in any country specified in paragraph 1; or
 - b) The President determines, on a case-by-case basis, that procurement in such other country is necessary

- i. To meet unforeseen circumstances, such as emergency situations, where it is important to permit procurement in a country not specified in paragraph 1, or
 - ii. To promote efficiency in the use of United States foreign assistance resources, including to avoid impairment of foreign assistance objectives.
- **Cargo Preference Act:** When the United States Government procures, contracts for, or otherwise obtains for its own account, or furnishes to or for the account of a foreign country, organization, or persons without provision for reimbursement, any equipment, materials, or commodities, or provides financing in any way with Federal funds for the account of any persons unless otherwise exempted, within or without the United States, or advances funds or credits, or guarantees the convertibility of foreign currencies in connection with the furnishing or obtaining of the equipment, materials, or commodities, the appropriate agencies shall take steps necessary and practicable to ensure that at least 50 percent of the gross tonnage of the equipment, materials, or commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) which may be transported on ocean vessels is transported on privately-owned commercial vessels of the United States, to the extent those vessels are available at fair and reasonable rates for commercial vessels of the United States, in a manner that will ensure a fair and reasonable participation of commercial vessels of the United States in those cargoes by geographic areas.
- **Fly America Act:** Federal employees and their dependents, consultants, contractors, grantees, and others must use U.S.-flag air carriers for U.S. Government-financed international air travel and transportation of their personal effects or property, if available.
- All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/guidance/branding/index.htm>.

The 8% Rule

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

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2013, the limit is no more than 8 percent of the country's FY 2013 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award

but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S.

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

Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this FOA. For example, the proposal should state that the applicant has \$_____ in FY 2013 grants and cooperative agreements (for as many fiscal years as applicable) in Zambia. For additional information concerning this FOA, please contact the Grants Management Officer for this FOA.

Prostitution and Related Activities

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

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary

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

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

The following definition applies for purposes of this clause:

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

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

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

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

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

The List of the members of GHC and InterAction is found at:

http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov (Grants.gov). If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management

Section (PGO TIMS) staff at (770) 488-2700 Email:pgotim@cdc.gov Monday-Friday 7:30am -4:30pm for further instruction.

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

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

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

Applications must be submitted electronically at www.grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from www.grants.gov on the deadline date. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the www.grants.gov website. The applicant must submit all application attachments using a PDF file format when submitting via www.grants.gov. Directions for creating

PDF files can be found on the www.grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

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

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

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

- (a) include the Grants.gov case number assigned to the inquiry by the Grants.gov support desk;**
- (b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center; and**

(c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline.

Paper applications submitted without prior approval will not be considered.

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

V. APPLICATION REVIEW INFORMATION

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the funding opportunity announcement GH13-1350. 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 Zambia and institutional capacity (both management and technical) based on successful programs previously implemented, 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? (3 points) Is there evidence of leadership support and evidence of current or past efforts to enhance PMTCT of HIV programming for elimination of MTCT? (10 points) Does the applicant have the capacity to reach rural and other underserved populations in Zambia? 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? (2 points)

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy for every objective covered by the application, including measurable time lines, clear monitoring and evaluation procedures that include coherent facility and community M&E systems, and specific activities for meeting the proposed objectives as appropriate? (5 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (2 points) Does the applicant describe activities that are evidence based, proven to be effective in the Zambian context through case studies of applicants previous or current work, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan for each objective covered by the application? (10 points) Does the applicant propose to build on and complement the current national response with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? Does the applicant include reasonable estimates of output targets? (For example, the numbers of sites to be supported, number of clients the program will reach measures of service quality) To what extent does the applicant propose to work with other organizations? (3 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 (15 points):

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? (10 points) If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Do the capacity building plans 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 (15 points):

Does the applicant demonstrate the local experience and capability to implement monitoring and rigorous evaluation of the projects with emphasis on dual elimination of HIV MTCT and congenital syphilis, and reduction in maternal mortality as appropriate based on objectives covered by the application? Does the applicant describe a monitoring system used to routinely review information and adjust program activities accordingly with a goal of EMTCT? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"? Do the monitoring plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide and other HHS/CDC requirements? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan and HHS/CDC priorities? (10 points) Does the evaluation plan address the components listed specified under the program evaluation section (i.e. evaluation questions, engagement of stakeholders, data sources and methods, results dissemination and use)? Is the evaluation plan feasible, ethical, methodologically sound and engage national stakeholders? (5 points) "Applicants must define specific output and outcome indicators in the proposal,

and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Understanding of the Problem (10 points):

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

Personnel (10 points):

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

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical

assistance in laboratory or pharmacy management? 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>.

Funding Preferences (30 points):

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

funding preferences will receive additional points beyond the possible total of 100 as follows:

- Preference will be given to local and indigenous organizations. (2.5 points)
- Preference will be given to organizations that focus on local indigenous partners. (2.5 points)
- Preference will be given to organizations in certain geographic areas. Applicants for support to Southern Province must have demonstrable presence in Southern Province, with evidence of capacity to support PMTCT service delivery in approximately 200 health facilities across the province. Applicants for Southern

Province may also propose additional areas in Zambia outside Southern Provinces. (10 points)

- Preference will be given to organizations that show evidence of actual implementation experience in deploying all components of the program models proposed in the application. (10 points)
- Preference will be given to applicants that incorporate gender concerns in the overall approach of the program (including those parts on “Technical Approach/Intended Results” that demonstrate the integration of gender concerns into its basic approach) and propose ways to create active participation of men and boys in the implementation of this project. Gender integration involves identifying and then addressing gender differences and inequalities during program and project design, implementation, monitoring, and evaluation. Since the roles and relations of power between men and women affect how an activity is implemented, it is essential that project and activity planners address these issues on an ongoing basis. CDC uses the term gender integration in planning and programming. Evaluation under this sub-factor will focus on the strength of the analysis of gender issues presented in the technical proposal, including, but not limited to, whether the proposal has a clearly articulated gender component that is woven through all of the activities (in the design, implementation, monitoring and evaluation) and describes how the different activities will address gender roles and equity. (5 points)

Depending on the actual application, applicants will be requested to implement some of the items listed below (1 – 10) in support of the women, girls, and gender equality focus area. In doing so, teams should (a) be vigilant about unintended programmatic consequences that could exacerbate gender inequality; (b) ensure that human rights are embedded in programs; (c) apply culturally-sensitive approaches that acknowledge the significance of traditions and reaffirm positive and protective norms; and (d) look for opportunities to improve gender relations.

1. Ensure equitable access to essential health services at facility and community levels.

2. Increase the meaningful participation of women and girls in the planning, design, implementation, monitoring and evaluation of health programs.
3. Monitor, prevent and respond to gender-based violence.
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.
5. Engage men and boys as clients, supportive partners, and role models for gender equality.
6. Promote policies and laws that will improve gender equality, and health status, and/or increase access to health and social services.
7. Address social, economic, legal and cultural determinants of health through a multi-sectoral approach.
8. Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.
9. Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout the health systems, from the community to national level.
10. Strengthen the capacity of institutions -- which set policies, guidelines, norms and standards that impact access to, and quality of, health-related outreach and services -- to improve health outcomes for women and girls and promote gender equality.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Division of Global HIV/AIDS and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not

advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled “Criteria.” The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Selection

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

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

- Preference will be given to local and indigenous organizations.
- Preference will be given to organizations that focus on local indigenous partners.
- Preference will be given to organizations in certain geographic areas. Applicants for support to Southern Province must have demonstrable presence in Southern Province, with evidence of capacity to support PMTCT service delivery in approximately 200 health facilities across the province. Applicants for Southern Province may also propose additional areas in Zambia outside Southern Provinces.
- Preference will be given to organizations that show evidence of actual implementation experience in deploying all components of the program models proposed in the application.
- Preference will be given to applicants that incorporate gender concerns in the overall approach of the program. Evaluation under this sub-factor will focus on the strength of the analysis of gender issues presented in the technical proposal, including, but not limited to, whether the proposal has a clearly articulated gender component that is woven through all of the activities (in the design, implementation, monitoring and evaluation) and describes how the different activities will address gender roles and equity.

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

Pre-Application Workshops

CDC Zambia will host a pre-application workshop within 10 days following posting of this announcement on www.grants.gov. Applicants interested in attending the pre-application workshop should contact HamJ@zm.cdc.gov regarding time, venue, and registration details no later than five days following the posting of this announcement. Questions proposed in the pre-application workshop will be posted as formal Q&A on www.grants.gov following the pre-application workshop.

VI. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application. Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail and/or e-mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements

- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966
(Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing
Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the
Rehabilitation Act of 1973
- AR-32 FY 2012 Enacted General Provisions

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

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

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

Reporting

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

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

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

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

1. Interim Progress Report: Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.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 Zambia and HHS/CDC guidance
- k. Pipeline Analysis – Expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Programmatic Impact Reporting:

- A. The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient’s agreement.
- B. The recipient must submit the original and two copies of annual and quarterly Performance reports. Annual reports must be due 90 calendar days after the award year and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

- C. Performance reports must generally contain, for each award, brief information on each of the following:
- i. A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan (section on M&E), any findings of an external entity, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data must be included in the reports and be related to cost data for computation of unit costs. Also included should be a brief description of the methods used to assure and assess the quality of the quantitative data, including any remediation taken to improve findings of poor data quality.
 - ii. Reasons why established goals for the performance period were not met, if appropriate.
 - iii. Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
 - iv. The recipient must immediately notify the awarding agency of developments that have a significant impact on the award-supported activities. Also, recipients must give notification immediately in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.
 - v. The recipient is required to submit in a timely manner both semi-annual and annual program results for all relevant programmatic indicators in accordance with U.S. government guidance.
3. Financial Reporting Clause (Federal Financial Report – SF-425): The recipient must submit the Federal Financial Report (FFR) SF-425 on a quarterly or annual basis. Additional financial information may be requested as required and directed by HHS/CDC. The following reporting period end dates must be used for quarterly

reports: March 31st, June 30th, September 30th, or December 31st. Quarterly FFR reports must be submitted no later than 30 days after the end of each reporting period. Annual reports must be submitted no later than 90 days after the end of the calendar quarter in which the budget period ends. A final FFR must be submitted no later than 90 days after the project or grant period end date at the completion of the award agreement.

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

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

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

4. Monitoring and Evaluation Reports:

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

5. Expenditure Analysis: Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

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

- i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
 - ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.
- D. Sub-recipient Audits.** The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.
 - i. "Covered" sub-recipient is one who expends \$300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
 - ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.
 - iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.
 - iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely

corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

- E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.
- F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.
- G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.
- H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.
- I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (1), (2), (4), (5), (6), (7) and (8) of this provision into all sub-agreements with non-U.S. organizations which meet the \$300,000 threshold of paragraph (3) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the \$300,000 threshold, must, at a minimum, incorporate paragraphs (7) and (8) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

7. Reporting of Foreign Taxes

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

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

- a) Annual Report. The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]
- b) Quarterly Report. The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.
- c) Terms: For purposes of this clause:
 - i. “Commodity” means any material, article, supplies, goods, or equipment;

- ii. “Foreign government” includes any foreign government entity;
 - iii. “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
 - d) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.
 - e) Contents of Reports. The reports must contain:
 - i. grantee name;
 - ii. contact name with phone, fax, and e-mail;
 - iii. agreement number(s) if reporting by agreement(s);
 - iv. reporting period;
 - v. amount of foreign taxes assessed by each foreign government;
 - vi. amount of any foreign taxes reimbursed by each foreign government;
 - vii. amount of foreign taxes unreimbursed by each foreign government.
 - f) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.
- 8. Final performance and Federal Financial 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.

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:

James Ham, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
CDC-GAP

C/O American Embassy
P.O. Box 31617
Lusaka, Zambia
Telephone: +260 211 257 515
E-mail: HamJ@zm.cdc.gov

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

Teresa Kidd, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2793
E-mail: tkidd@cdc.gov

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

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

For **submission** questions, contact:

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

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

VIII. Other Information

Amendments, Questions and Answers (Q&As)

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

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