

Questions and Answers – 9/15/2014

Funding Opportunity Announcement CDC-RFA-GH15-1585

Strengthening Regional and Community Health Systems through Support for Field Epidemiology under PEPFAR

Questions and Answers by email

Q:

The FOA asks for a detailed budget and justification for one year only. The SF424 forms, however, require budget information for all five years. Should we enter \$0 for years 2-5 on the SF 4242 form or should we project costs for all five years and indicate the estimated costs for years 2-5 on the sf 4242 budget forms?

R:

You are correct that only the first budget period funding is requested. Your budget and budget narrative must propose the first year of funding only and must not exceed the ceiling of the individual award range, as instructed on page 23. You may leave the future year funding blank.

Q:

What does the field work consist of?

R:

Examples of field work include: epidemiological and surveillance data collection and analysis, participation in outbreak investigations, evaluating disease surveillance systems, etc., Here is a link to an article that describes the Central America program <http://www.human-resources-health.com/content/6/1/27>

Q:

How is this intermediate level meant to interact with the basic and advanced FELTP group?

R:

There is expectation that there will be interactions between the intermediate, basic, and advanced levels FELTP. Example, intermediate level trainees could help train and mentor basic level trainees and advanced level trainees could help mentor/train intermediate level trainees, etc., however, the planning and assessment phase mentioned in the FOA will determine how best these interactions will occur.

Q:

Is there a lab component to this intermediate level?

R:

There is no laboratory component to the intermediate level training.

Q:

While RHMT and DHMT are specifically mentioned does CDC have a specific cadre in mind for this training e.g. MD, AMO etc.?

R:

There is no specific cadre in mind; according to the FOA the eligibility of the trainees will be determined during the planning and assessment phase(s).

Q:

What language do you expect the training to be in?

R:

Can the materials be translated to Swahili? The training is expected to be in English. Currently, there is no plan to translate all the materials into Swahili

Q:

Can we get access to the FETP materials they want us to use in the curriculum?

R:

FETP training materials will be made available to the awardee.

Q:

Is there an expected total number of trainees (target) for the program? The RFA states, "approximately 30 persons will be trained per year;" however, it is not stated what the total number of trainees should be over the 5 year program. Is it expected that a total of 150 people will be trained (30 persons x 5 years), or is the total output more flexible based on the grantee's programmatic approach (For example, a scenario in which the program trains approx. 30 people per year after it has been established, allowing for development and start-up on the first year(s) of the program.)?

R:

A total number is not provided but one of the outcomes is increased number of trained epidemiologists so the more trained will be considered better. More is better, but not strictly held to 150, given the time needed for assessment and planning.

Q:

Is there a preferred educational home for this intermediate program—university system (under Ministry of Education) or the NTA (vocational training) system governed by NACTE and MOHSW?

R:

This should be addressed in the assessment to be done by the awardee.

Q:

We wanted to confirm with you the instruction for a single spaced submission of the Project Narrative, which is at the top of page 20 of the RFA document. The RFA states, "Maximum of 18 pages, single spaced...".

R:

Yes, the instruction is for the project narrative to be single spaced. The Project Narrative is a "maximum of 18 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed"
