

Questions and Answers – 9/30/2014- Updated 10/9/2014
Funding Opportunity Announcement CDC-RFA-GH15-1548

Supporting HIV and Tuberculosis Response in the Kingdom of Lesotho through District-based Comprehensive Prevention, Care and Treatment Programs and Health Systems Strengthening under the President’s Emergency Plan for AIDS Relief (PEPFAR)

Questions and Answers by email

Q:

Considering the current political situation in Lesotho and challenges in safety and mobility throughout the country, can an extension of two-weeks be issued to ensure adequate proposal development takes place with safety and appropriate precautions?

R:

The application deadline date for this FOA will not be extended.

Q:

Letters of Support

- a. Is there a cap on the number of letters that can be submitted?
- b. The FOA states on p33: *Applicants must file letters of support from the Government of Lesotho and the Ministry of Health (MOH), name the files “Letters of Support,” and upload as PDF files at www.grants.gov.* – The MOH is one of the divisions under the Government of Lesotho. Can CDC clarify if they anticipate receiving 2 separate letters?

R:

Applicants are required to submit a letter of support from the Government of Lesotho and a letter of support from the Ministry of Health. It is at the applicant’s discretion to submit additional letters of support. The page limits of the appendix apply.

Q:

Can you please clarify whether the “Application Evaluation and Performance Measurement Plan” should be included as a part of the technical narrative or as an appendix? This RFA states that it should be included as part of the narrative (see p 33), but it also states it should be included in the appendix (see p. 60).

R:

The Application Evaluation and Performance Measurement Plan should be included in the Project narrative as described on page 33. The FOA will be amended to remove reference to including it in the appendix.

Q:

Can you clarify if the approximate number of awards may exceed one?

R:

As stated on page 2 and page 27 there will be only 1 award under this FOA.

Q:

What are the submission requirements for named consultants and sub awardees?

R:

There are no particular submission requirements for named consultants and sub awardees. All submittal requirements are the responsibility of the prime applicant.

Q:

Are activities proposed at the national level to support district level objectives appropriate?

R:

The proposed activities are guided by the National HIV strategic plan and Lesotho COP 14 Technical priorities. These activities are guiding activities. It's expected that the Implementing Partner will work closely with district health team to come up with additional interventions that address the specific situations in the different districts.

Q:

In Section A.2 of the FOA (CDC Project Description), specific outcomes are bolded. Are the bolded outcomes a higher priority than the non-bolded outcomes?

R:

The bolded outcomes are expected to be achieved during the 5 year project period.

Q:

To what extent may applicants adjust the activities listed in Section 2 of the FOA (CDC Project Description)?

R:

As stated on page 15 of the FOA in the Strategies and Activities section, "The awardee will be responsible for designing and implementing strategies and activities in the package of services to improve district and national for HIV care treatment and support. CDC-suggested strategies and activities represented in the logic model are based on (1) evidence of effectiveness or improved health outcome or (2) experience with previous CDC-funded, HIV care programs. Once implemented, strategies and activities that are part of the package of interventions should be conducted throughout the project period." The adjustment of existing activities and design of new activities is at the discretion of the applicant.

Q:

On page 34 of the FOA, applicants are asked to submit CVs/resumes and job descriptions for the Country Director/Chief of Party, Technical Advisors, and the Monitoring and Evaluation Advisor. However, on page 61 of the FOA, applicants are asked to include CVs/resumes and job descriptions for the Principal Investigator, Business Official, and Project Manager. Please clarify for which key staff CVs/resumes and job descriptions are required.

R:

Applicants should submit resumes of Country Director/Chief of Party/Principal Investigator, Business Official, Project Manager, Technical Advisors, and the Monitoring and Evaluation Advisor.

Q:

Are applicants permitted to submit resumes/CVs for personnel other than the required key staff?

R:

Applicants are permitted to submit additional resumes/CVs for personnel other than the required key staff. The decision is at the discretion of the applicant. The page limit of the appendices applies.

Q:

In section E.B of the FOA (Applicant Review Information, Phase II Review), the total number of points is equal to 90. Please clarify whether there is an evaluation criteria missing from the FOA that would bring the total amount of points to 100.

R:

The total number of points in the Phase II Review section adds to 100.

Q:

Would it be possible for CDC to make any evaluations of the previous project (FOA PS09-930/Mechanism ID:13987) publically available?

R:

There are no evaluation reports of previous projects available.

Q:

Are applicants required to submit a detailed budget and budget narrative for the budget period length of twelve months or would CDC prefer a detailed budget and budget narrative for the entire project period length of five years?

R:

The budget period length as stated on page 27 is 12 months. Applicants must 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.

Q:

What is the minimum level of effort percentage required for each key staff proposed?

R:

The level of effort is at the discretion of the applicant.

Q:

On page 27 of the FOA, CDC states, "Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period." If a sub-recipient proposed in an application does not have a NICRA, will CDC reimburse their indirect costs if they are itemized in the detailed budget and a justification is provided?

R:

The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period (for domestic organizations only).

Q:

Could CDC please provide a suggested template or example for the work plan? If not, could CDC kindly provide more specific guidance in addition to the description on page 34 of the FOA? Specifically, would CDC prefer that the applicant include dates for expected implementation of each activity?

R:

As stated on page 34 of the FOA, Applicants are required to submit the work plan as part of the Project Narrative. It should be consistent with Part II Full Text, 2. CDC Project Description, d Work Plan on page 24 of the FOA.

Q:

Would CDC please explain what is intended by the resource tracking system noted on p11 and again on p17? Are the resources intended to be human resources or financial resources?

R:

For the districts to make progress on achieving district targets and contribute to national HIV and TB targets, data about funding needs, sources of funding, funding gaps and expenditures are important at district level; Such data can be also be used to ensure that there is no duplication of effort and available resources are properly leveraged. This is also to support the districts to spend resources that have been mobilized for TB and HIV interventions. Human resources tracking in key district hospital departments and health centers like MNCH, ART and TB, the partner should be able to support the district with HIV/TB capacity planning and assist district health team to predict situations that may affect implementation of HIV/TB related interventions.

Q:

We noted that the CDC Project Description, on page 6, had many outcomes in bold font, while others were in standard font. Can CDC please explain what was intended by this added emphasis?

R:

The outcomes highlighted in bold font are expected to be achieved during the Total Project Period.

Q:

Would CDC please explain what is intended by the resource tracking system noted on p11 and again on p17? Are the resources intended to be human resources or financial resources?

R:

For the districts to make progress on achieving district targets and contribute to national HIV and TB targets, data about funding needs, sources of funding, funding gaps and expenditures are important at district level; Such data can be also be used to ensure that there is no duplication of effort and available resources are properly leveraged. This is also to support the districts to spend resources that have been mobilized for TB and HIV interventions. Human resources tracking in key district hospital departments and health centers like MNCH, ART and TB, the partner should be able to support the district with HIV/TB capacity planning and assist district health team to predict situations that may affect implementation of HIV/TB related interventions.
