

Questions and Answers – 12/18/2015

Funding Opportunity Announcement CDC-RFA-GH16-1607

Building Capacity to Deliver High Quality HIV Prevention, Care and Treatment Services for Key Populations and People Living with HIV in the Caribbean Region under the President’s Emergency Plan for AIDS Relief (PEPFAR)

	Question	Response
1.	The RFA advises that applicants should apply for the first budget period funding. Should we provide a five-year strategy but only first year activities?	<p>As stated on page 43 of the FOA The applicant’s proposed budget for year one must not exceed the award ceiling listed in, “Award Information.” If a funding amount greater than the award ceiling is requested for year one, the application will be considered non-responsive and will not be entered into the review process.”</p> <p>As stated on page 28 in Project Narrative: “It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section”</p> <p>As stated on page 21 in Work Plan “Applicants must submit a detailed work plan for the first year of the project and a high level plan for the subsequent years.”</p> <p>Applicant proposed budgets must not exceed the year one award ceiling. The work plan for the first year should be detailed, but the project narrative should include how the applicant will address outcomes and activities over the 5 year project period.</p>
2.	Please clarify whether the Evaluation and Performance Measurement Plan should cover only year 1 or the entire five year project period.	<p>Applicants must provide a plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA over the entire 5 year project period.</p> <p>Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.</p>
3.	Performance Measure HTC_TST has “non applicable” for Jamaica and Barbados for this KP testing annual target. Are we not to provide TA to these countries in this area? Please explain.	Currently, PEPFAR is not providing support for HTC_TST-related activities in Barbados. In Jamaica, PEPFAR support for HTC_TST-related activities is provided by another United States Government Agency. Therefore, FOA responses FOA should assume

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		that HTC_TST activities are not applicable for Barbados and Jamaica.
4.	<p>Performance Measure HTC_TST has a target group set for “Key Populations;” 2a is set to target positive “individuals”; Care_New is set to target “adults and children;” 2b Care_CURR is set to target “adults and children” and 2c TX_NEW is set to target “new adults and children.”</p> <p>1. Are the annual targets provided, National level targets to which this FOA will technically support or are these annual targets only for only a subset of CDC supported project sites (VICITS) that will be selected</p> <p>2. Is there a set number of target VICITS sites per country or will this be determined in collaboration by partners?</p> <p>3. Given that all indicators defined (other than one) are targeting individuals/adults and children other than the testing measure; is there also a set target for the number of positive KP linked to care, new treatment, etc. within the broader targets provided?</p>	<p>1. The described annual targets refer to all technical assistance activities supported through this FOA that align with PEPFAR Monitoring, Evaluation and Reporting (MER) indicators. Therefore, they contribute to national targets. In addition, the targets relate to type of technical assistance activity and therefore are not necessarily restricted exclusively to CDC-supported VICITS sites.</p> <p>2. The number of target VICITS sites will be determined in collaboration with each MOH and relevant stakeholders.</p> <p>3. For technical assistance activities at VICITS sites, there should be targets for the number of positive KP linked to care, new treatment, etc. (within the broader targets provided). These targets will be set, in collaboration with each MOH and relevant stakeholders, after the VICITS sites are selected.</p>
5.	<p>Monitoring Question 3 Performance Measure H2.3D-graduated from an in-service training institution or program.</p> <p>1. Is there a set standard for the type of training/standard for a training to be considered as having achieved this training goal? (number of hours? Accreditation? Etc.)</p> <p>2. Under this same measure it states that “in each country one PEPFAR supported facility will have met the minimum standard” to which it then gives country level target figures. Does this mean that the targets are the number of persons from a single facility that are trained? Seems very high if this is the case. If this is not the case—I am unclear as to what they mean.</p>	<p>1. There is not a set standard. Standards will be set in collaboration with the MOH and relevant stakeholders.</p> <p>2. These are not annual targets. The targets refer to the (cumulative) total over the five year project period.</p>
6.	<p>It is stated that most (except in exceptional cases) that staffing is covered by MOH budgets. Will we have the assurance that personnel needed for adherence support will be available and if not, would this type</p>	<p>There is no assurance that sites will have the necessary personnel to support the described activities because the sites will be selected post-award. In cases where there is inadequate staffing, and the MOH is not able to provide support for necessary personnel, the FOA may</p>

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	of position be considered for support through this award? Similar for testing and counseling; can we assume there will be sufficient capacity/personnel for mobile/outreach testing?	consider time-limited support for such personnel (with an associated plan to transition the position to the MOH, etc.).
7.	On pages 18-20, the RFA indicates that an outcome evaluation will be conducted. In which year of the award is this evaluation expected to occur?	<p>Please refer to pages 47-53 of the FOA for reporting requirements. CDC anticipates that an outcome evaluation will comprise of a baseline, midterm, and end line evaluation scheduled in years 1, 3 and 5 of the agreement. There may be a delay in the first year due to scale up.</p> <p>The successful applicant will be required to submit the applicant evaluation and performance measurement plan 6 months into the award. 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.</p>
8.	On page 39, the RFA presents the environmental mitigation plan and report requirement. On page 43, the RFA presents the data release plan requirement. Are these requirements at this proposal phase or post award?	These are not requirements of applicants. These are post award requirements.
9.	<p>The table on page 8, and pages 9-12 describe 5 categories of strategies the awardee is expected to provide TA on to MOHs in six countries. In this regard, for budgeting and program planning purposes, what is the CDC’s expectation regarding the number of activities to be implemented in each country during each year of the funded cooperative agreement? Should the awardee provide TA on</p> <p>a. One strategy per country per each year of the funded cooperative agreement (i.e., Country 1, Year 1: Strategy 1; Country 1, Year 2: Strategy 2; etc.) with the order of strategies to be negotiated with the MOHs according to their needs;</p> <p>b. One strategy in all countries for each year of the funded cooperative agreement (i.e., Countries 1-6, Year 1: Strategy 1;</p>	<p>Option “d” is the most applicable scenario. All technical assistance and support will be decided in collaboration with each MOH. For budgeting and program planning purposes, it is expected that the VICITS approach will be adapted in 1 site in every country. If shown to be effective, this approach may be expanded to other sites within each country (if applicable). For the remaining strategies, it is expected that 1-2 strategies will be implemented in each country during each project year.</p> <p>Also, please see the guidance provided in the “Budget Period Length” (p. 24): Note: 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. 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</p>

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	<p>Countries 1-6 , Year 2: Strategy 2; etc.), per question 2 below;</p> <p>c. All strategies in one country for each year of the funded cooperative agreement (i.e., Country 1, Year 1: Strategies 1-5; Country 2, Year 2: Strategies 1-5; etc.); or</p> <p>d. Some other mix of strategies and countries, to be described by CDC?</p>	<p>individual award range is requested, the application will be considered non-responsive and will not be entered into the review process.</p>
<p>10.</p>	<p>Related to the prior question, pages 14-18 describe key performance measures that some of the five categories of strategies address, including annual targets.</p> <p>a. In this regard, page 18 of the FOA indicates that by 2018 “each VICITS site (1 per country) has produced a KP/KPLHIV clinical cascade analysis.” Is the expectation that by OY2, a VICITS site will be operating in each of the 6 countries?</p> <p>b. Similarly, regarding the targets for each key performance measure, on page 17, are the targets for number of new health workers to be trained for a single PEPFAR-supported facility in each country, annual targets or targets for the full 5-year period?</p>	<p>a. Yes, it is expected that a VICITS site will be operating in each of the six countries by OY2. However, depending on the adaptation process some VICITS sites may be fully operational while others may not be. Targets will be adjusted accordingly.</p> <p>b. The training targets are for the full 5-year period</p>
<p>11.</p>	<p>Can CDC provide additional information on the nature of the VICITS “surveillance information system” referenced on page 10?</p> <p>a. Does CDC want the awardee to adapt an existing, already-developed, VICITS surveillance information system for each country?</p> <p>i. Is the expectation that the awardee will work with MOH/other partners to adapt and integrate this VICITS system into a country’s current reporting system?</p> <p>b. If the awardee is not expected to adapt an existing system for each country, is the expectation that the awardee develop a new VICITS surveillance information system for each country</p> <p>i. from scratch?</p> <p>ii. by adapting elements of each country’s current reporting system?</p> <p>c. If the awardee is expected to develop a new VICITS surveillance information system, should the medium of that system (electronic or paper-based)</p>	<p>The VICITS surveillance information system will be described in more detail upon award.</p> <p>a. CDC has surveillance information system protocol that will be adapted in collaboration with each MOH and relevant stakeholders. In some instances the entire system will be introduced, but in other instances technical assistance and support may occur to modify existing systems to meet the data standards of the VICITS surveillance information system.</p> <p>i. CDC does expect awardees will work with the MOH/other partners to adapt and integrate the VICITS system into a country’s current reporting system.</p> <p>b. It is unlikely that a system would be developed from scratch. It is likely that the awardee would adapt elements in each country’s current reporting system.</p> <p>c. This will depend on discussions with each MOH and relevant stakeholders. It is possible that a site may have a paper-based system, but the MOH would like to</p>

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	mirror the most common medium for the current reporting system in each country?	move toward an electronic system. So the systems may not necessarily mirror each other in that sense.
12.	Further, page 10 of the FOA indicates that the awardee will support the VICITS sites through the provision of equipment (HIS equipment, computers) and office supplies, but page 34 says “generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of equipment.” Please clarify, especially in terms of equipment needed to implement a VICITS surveillance system.	These needs will be identified in collaboration with each MOH and relevant stakeholders. The approved purchase of HIS equipment, computers, etc. may occur on a small scale and will follow the PEPFAR and HHS/CDC/ATSDR guidelines.
13.	Appendices have a 90 page limit according to FOA specifications; page 43. All appendices must be clearly listed in the Table of Contents and pages must be numbered sequentially. May we use header pages within the appendices to clarify the sections and NOT number the header pages; i.e., CV/Resumes, Organizational Chart, References, etc.? All other pages of the appendices would be numbered sequentially skipping the header pages.	As stated on page 43, If the total amount of appendices includes more than 90 pages, any pages after page 90 of the appendix 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. The Table of Contents will not be counted against the total, but all other pages in the appendix will be counted towards the total. Applicants desiring to include header pages, may instead consider just including a header on the relevant page without dedicating an entire page to the header.
14.	For a proposed pilot project for HIV screening in Belize, colleagues have recently submitted a small internal grant application to our organization. I was about to forward the CDC-RFA-GH16-1607 funding announcement (below) to them but see that it targets Barbados, The Bahamas, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Do you know of any funding sources or or funding opportunities that would include Belize as an eligible site – at CDC or other agencies?	Please visit www.grants.gov for funding opportunity announcements at CDC. Please visit http://www.acf.hhs.gov/hhsgrantsforecast/ for information on planned grant opportunities within HHS.