

Questions and Answers – 12/23/2015

Funding Opportunity Announcement CDC-RFA-GH16-1653

Provision of Comprehensive HIV Care, Treatment, and Support Programs in the United Republic of Tanzania under the President’s Emergency Plan for AIDS Relief (PEPFAR)

	Question	Response
1.	Can you please clarify if it is allowed to apply as a sub-recipient with two different organizations for this RFA.	It is at the discretion of the applicant on how to apply. Organizations are eligible to apply alone, as consortia, and or in a prime sub-recipient arrangement.
2.	Is CDC expecting 1 proposal for all 6 regions, or proposals for individual regions, or proposals for groups of regions as defined on page 39?	The scope of the application is ultimately at the discretion of the applicant. However, At Phase II Review, objective reviewers assess applications against all of the requirements of the FOA using the phase II review criteria.
3.	What are the ART targets for each district to reach 80% of people on ART?	Please refer to page 18 - 19 of the published FY 2015 COP Strategic Development Summary (SDS) at http://www.pepfar.gov/documents/organization/250304.pdf for a table of ART targets to reach 80% saturation for scale-up districts in Tanzania.
4.	How many are the scale up Districts? The FOA has mentioned 10 Districts while on the shared list by CDC it shows 11 Districts	Please refer to page 15 – 16 of the published FY 2015 COP Strategic Development Summary (SDS) at http://www.pepfar.gov/documents/organization/250304.pdf for a table of all current scale-up districts in Tanzania. This does include 11 districts These may change with future COPs.
5.	With regards to the scale up and saturated sites, which facilities are required to have QI teams and /or which facilities are required to have QI activities only?	All sites are required to have QI teams.
6.	What are current numbers of people on ART in each district expected at baseline (September 30, 2016)?	Please refer to page 18 - 19 of the published FY 2015 COP Strategic Development Summary (SDS) at http://www.pepfar.gov/documents/organization/250304.pdf for a table showing expected current on ART (2015) for scale-up districts in Tanzania. The number for September 30, 2016 is not available.
7.	The previous awards included a strong role of IP in technical assistance to CTCs for supply chain management (stock management practices, database installation and use, etc.). This component is completely absent from the FOA. Who is expected to fill this technical assistance role? Is it this award, another IP or is it government of Tanzania?	While the Supply Chain Management component is not explicit, the FOA supports the provision of comprehensive HIV Care, Treatment, and Support services at the sites, districts and RHMTs which includes supply chain management capacity building and support.

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8.	The summary paragraph on Page 4 states that home-based care is part of implementation on this FOA. Can CDC clarify if the award should provide any direct support to the home-based care component, or if the role is meant to focus on linking CTCs to existing home-based care programs?	The role of the implementing partner is to focus on linking CTCs to existing home base care programs. This award will not provide any direct support to the home-based care component.
9.	How does CDC envision the relationship between the larger TA grant (CDC-RFA-GH16-1648) and this award with regards to service delivery innovations? What is the anticipated mechanism for introducing new innovations in service delivery: This FOA identifying and implementing innovations with the CHMTs; or this FOA implementing innovations identified by the other TA grant with the RHMT?	The single TA FOA is for a partner with advanced technical capacity to provide select technical assistance and capacity building to multiple partners who are supporting implementation of quality HIV services. The TA partner will not work with facilities. The implementing partner for this award will request TA from the TA partner as agreed upon by CDC program officers. Implementation of innovations is the responsibility of the implementing partner awarded through this FOA with the approval of the CDC program officer.
10	The Matrix of approaches on page 8 does not include “community care and engagement” yet this is listed as a major strategy on page 12 and is directly linked to 5 indicators. Please clarify that community care and engagement is an approach for this FOA.	Community care and engagement focusing on linkage and retention of PLHIV in care and treatment services is a major strategy for this FOA.
11	On what time frame is the IP expected to summarize and present analyses related to the 3 evaluation questions (page 15)? Is it semi-annually or only at end of project?	The FOA states “Information will be disseminated semi-annually.”
12	This project is non-research but has 3 required evaluation questions. Is the award allowed to include costs related to ethical review and clearance processes in Tanzania?	These routine program evaluation activities, utilizing routinely collected program information, are not anticipated to result in public dissemination and thus ethical review should not be required. Requests to consider external dissemination must be reviewed and approved by the CDC project officer; this would require a full protocol.
13	Will the project be expected to budget for capacity-building activities for CHMTs and LPTFs when the capacity building is facilitated by the other 2 FOAs (1650 and 1652)? How should the project reserve funding	The applicants should consider these issues in their application and propose activities and budgets that they consider to be the highest priority.

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	for these kinds of activities in the Year 1 budget?	
14	Can CDC provide a summary of the kinds of activities that home-based care IPs are expected to undertake at community level in scale-up districts with CDC funding?	The only engagement with the HBC partners is to work with the implementing partner from this FOA to facilitate the linkage of PLHIV from community to CTCs and to support retention in care and treatment.
15	If the project is expected to cover HBC, will the IP going to carry out community testing?	This FOA does not support Home-based care services.
16	Are proposed projects required to cover all the listed regions and populations in the RFA, or may projects focus on one region and a few populations?	The scope of the application is ultimately at the discretion of the applicant. However, At Phase II Review, objective reviewers assess applications against all of the requirements of the FOA using the phase II review criteria.
17	If a proposed project focuses on all regions, must separate proposals be submitted per region?	This is a single FOA requiring a single application.
18	Is the award ceiling amount of \$9,422,167 per year ceiling or total project amount ceiling (page 18)? Also, is the award ceiling amount per region?	The award ceiling is the year 1 award ceiling for the entire funding opportunity. There is not a ceiling per region or per activity.
19	On page 21, the RFA notes cost sharing is not required although cost leveraging is encouraged. Will proposals be evaluated based on cost leveraging and specific amounts organizations have leveraged?	Applications will be evaluated according to the Phase I, II, and II review criteria. Cost sharing and/or leveraging will not be evaluated.
20	Is the one page Project Abstract included in the page limitations for the Project Narrative (18 pages)?	The 1 page Project Abstract is not included in the 18 page project narrative limit. The Project Abstract is a separate submittal. It is not submitted as a component of the Project Narrative.