

Q&A for CDC-FOA-GH14-1409: *Population-based HIV Impact Assessments in Resource-Constrained Settings under PEPFAR.*

The following questions were submitted by potential applicants. The answer for each question is listed underneath it in bold text.

- 1) If there are any templates or outlines for three items listed in the appendices section, namely “Documentation to demonstrate capacity to support several large, national, general population-based data collection systems”, “Demonstrated experience in measuring population-based health outcomes” and “Demonstrated experience in laboratory-based measuring of HIV and HIV-related biomarkers”.

Answer: There are no specific templates for these items. Documentation for these items may include past reports, evaluations, publications, or other written materials.

- 2) If CDC has priority countries for Year 1.

Answer: As of this time, no priority countries have been identified.

- 3) Referencing the geographic scope of the project and the number of awards you expect to make (1-2), it seems to suggest that you are seeking one or two partners that will implement across all of the multiple countries listed in the scope, rather than seeking several partners implementing in fewer countries.

Answer: It is expected that 1 or more partners would implement across the multiple countries as described in the FOA.

- 4) FOA page. 31 provides information to be included in the project narrative. FOA p. 34 describes information to be included in the appendices. In addition to those requirements, may applicants provide the following information and have it not be considered as a part of the page count: a table of contents, a title page, a cover letter, and a list of acronyms?

Answer: The designated page limit of 25 maximum pages (Font size: 12 point, unrounded, Times New Roman, double spaced, with page margin size of One inch) pertains to the project narrative. Table of contents, a title page, a cover letter, and a list of acronyms do not count towards the page limit.

- 5) We are concerned that the form sections listed on FOA page 32-35 do not correspond to the evaluation criteria (FOA page 54-58) on which applicants will be judged. In order for the government to more easily assign a score for applications may applicants organize the Project Narrative based on the evaluation criteria?

Answer: Applicants may consider organizing the Project Narrative based on the evaluation criteria; however the project narrative must include the elements listed in the FOA on pages 32-33.

- 6) Under “Application Deadline Date” on FOA p. 30, there is no application deadline date. Please confirm the application deadline date and time.

Answer: Application deadline date is May 5, 2014, 11:59pm, Eastern Standard Time (EST).

- 7) FOA page p.48 requires applicants to create and follow an Environmental Mitigation Plan and Report (EMPR). May applicants provide a summary of their corporate environmental policy to satisfy this requirement? Will CDC add the EMPR to the list of allowed appendices on pp. 34-35 of the FOA?

Answer: Applicants may provide a summary of their corporate environmental policy in the appendices. This additional element will not be added to the list of allowed appendices on pages 34-35 of the FOA, however additional information that is submitted via www.grants.gov should be uploaded in a PDF file format, and should be named accordingly.

- 8) The first bullet on FOA page 37 states that awardees may not generally use HHS/CDC/ATSDR funding for furniture or equipment. Two questions:
- Local laboratories may not have sufficient equipment to conduct the analysis required by this FOA. May applicants use funds from the cooperative agreement to purchase lab equipment for local partners?
 - If funds may not be used for lab equipment, please describe expectations for local laboratories participation and capacity (e.g., will CDC provide funds through other means to provide lab equipment?)

Answer: Although funds may not generally be used for funding for furniture or equipment, applicants may propose the purchase of equipment and furniture within their application as necessary. The proposed spending must be clearly identified in the budget and supported by the budget narrative.

- 9) FOA page 12 states “**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.**” Is CDC expecting a national-level facility surveys/ assessments as part of this procurement? If not a facilities assessment, how will this expectation be measured?

Answer: The FOA sentence is revised as follows: “The grantee must show measurable progressive reinforcement of the capacity of participating local partners, health facilities, and laboratories to conduct grant-related activities as well as progress towards the sustainability of activities.” CDC is not expecting the awardee to conduct a national-level facility survey as part of this cooperative agreement. As described elsewhere in the FOA, the grantee should demonstrate a measurable approach to capacity strengthening of local, participating institutions.

- 10) FOA page 38 states: “**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.)** Does “delivery of prevention services” apply to this procurement?

Answer: No.

- 11) FOA page 33 states “**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.**” Will CDC provide a plug number for contributions from other donors, so that all applicants are using similar assumptions?

Answer: CDC does not plan to provide a plug number for contributions from other donors.

- 12) For for-profit institutions, is fee allowable for this cooperative agreement?

Answer: If this question is related to fee for service, all costs must be designated as direct or indirect and detailed out and should not be lumped into one category, “Fee.”

- 13) Please clarify which form for the certifications is the correct form as the certification statements are the same on both forms – PHS-5161-1-CERTIFICATIONS (referenced on page 61) or the form found at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm> (referenced on page 31).

Answer: For details on submission via grants.gov, this link is helpful: http://www.cdc.gov/od/pgo/funding/docs/Applying_to_CDC_Funding_Opportunities_2013_02_25_v2%205_FI_NAL.pdf. The link provides the required list of forms, which are also part of the PHS5161 form referenced.

- 14) Additional Requirement AR-32, on page 60 of the FOA, includes Section 203 which caps salaries at the Executive Level II rate. The link refers to salary caps effective January 2012. OPM’s most recent salary caps have an effective date of January 2014. The two rates are different, January 2012’s rate is \$179,700 and January 2014’s rate is \$181,500. Please clarify which salary cap we should be using.

Answer: Please utilize the Executive Level II rate, effective for Jan 2014.

15) Per AR-32, referenced on page 60, please confirm whether this FOA will be funded with Prevention and Public Health Funds (PPHF).

Answer: No, this award will not be funded with PPHF funds.

16) Page 10 of the FOA it states: **“Improve data availability and use of country-owned data sets while ensuring data integrity, participant confidentiality and security and appropriate data use through robust data governance implemented through cloud-based data warehousing strategies incorporated into assessment system design from the incept.”** Several questions:

- a. Is the applicant expected to have cloud hosting capabilities?
- b. Will the applicant be able to lease and charge the government for cloud storage?
- c. Is cloud storage required to be in the United States or can be located overseas?

Answer: Cloud-based data warehousing strategies should be considered as a possible improvement in real-time monitoring of survey implementation and more timely data analysis. Cooperative agreement funds for cloud storage may be used. No decision has been taken as to the location of such cloud storage.

17) Could CDC clarify the number of assessments to take place in Year 1 and in total?

Answer: The number of assessments to be initiated in year 01 is 10. By the end of year 02, at least 10 assessments are expected to be completed. By project years 3-4, 10 or more assessments are expected to be completed, and 15-20 additional assessments are expected to be initiated. The total number of assessments to be completed during the 5 year period of the cooperative agreement should be 25, in 18 or more countries.

18) Can CDC share details of the anticipated assessment in year 01 (country, sample size, etc.)

Answer: The number of assessments to be initiated in year 01 is 10 as specified on page 15 of the FOA. As of this time, specific countries have not been identified for year 01. Sample size considerations for each country will be based upon anticipated levels of HIV prevalence and incidence, design effect, and precision around the estimates by geographic level, including which populations or geographic areas should be oversampled to measure program or epidemic trends of interest. Other considerations include the desired analyses and estimates to be obtained both at the national and sub-national level, the anticipated change in incidence, and the expected precision around such trends.

19) Can CDC provide the country schedule/timeline for assessments

Answer: The number of assessments to be initiated in year 01 is 10 as specified on page 15 of the FOA. The total number of assessments to be completed during the 5 year period of the cooperative agreement is 25, in 18 or more countries.

20) What information should be included in the “Plan for technology transfer and capacity strengthening”. Does CDC have a template?

Answer: CDC does not have a template for the ‘plan for technology transfer and capacity building’. Applicants should consider approaches that would facilitate technology transfer and capacity building of in-country public health surveillance institutions in the design and implementation of the population-based HIV impact assessments.

21) In the evaluation criteria for M&E how many points are allotted to “Does the applicant have an evaluation and performance measurement plan? ...”

Answer: As indicated on page 56, the description of an initial ‘evaluation and performance measurement plan’ is part of the 10 points under monitoring and evaluation.

22) What does CDC mean by “assessment conduct”?

Answer: 'Assessment conduct' as stated on page 10 of the FOA refers to the implementation of the assessment (survey).

- 23) Since countries or impact assessment details are not provided for Year 1, should the budget plan be illustrative?

Answer: The budget plan should be as illustrative as possible to meet the short-term (year 1-2) outcomes as described on pages 13-16 of the FOA.

- 24) What portion of the funds will be via COP funding versus HOP?

Answer: The portion of funds which will originate from COP funding versus other funds will be dependent on the specific country.

- 25) Given the FOA's emphasis on increasing the efficiency and return on survey investments, can CDC clarify its expectations regarding the expected coordination or relationship between FOA activities and ongoing US government-funded survey activities, such as DHS.

Answer: CDC will work with the grantee(s) to ensure coordination between the FOA activities and other ongoing US government funded survey activities.

- 26) Does CDC anticipate that the activities outlined GH-1409 will make use of already existing methodology and tools? If so, are these methodologies and tools likely to be those used for prior AIDS Indicator Surveys?

Answer: Activities outlined in the FOA may make use of existing methodologies and tools as appropriate to reaching the goals and objectives as described.

- 27) Is it likely that the scale of proposed assessments (whether national or sub-national) will depend upon the size of the country? Should we plan a nationally representative impact assessment in a large country, like Nigeria?

Answer: The scale of the proposed assessments may depend on the size of the country and for larger countries may be sub-national (focused in specific regions) rather than nationally representative. Other factors may be considered as well, such as the distribution (magnitude) of the HIV epidemic.

- 28) Which ten countries would be prioritized for initiating the assessment in the first year?

Answer: As of this time, specific countries have not been identified for year 01.

- 29) On page 35 of the FOA, CDC ask for Documentation to demonstrate capacity to support several large, national, general population based data collection .." could CDC specify the type of documentation it would like to receive?

Answer: There are no specific templates for these items. Documentation for these items may include past reports, evaluations, publications, or other written materials.

- 30) Should technical appendices be uploaded as a single combined file (i.e., "Appendices.pdf") or as separate files (i.e., "Project Evaluation.pdf," "CurriculaVitae.pdf," "JobDescriptions.pdf," etc.)?

Answer: This is the applicant's prerogative. If uploading as one appendix, please include a table of contents. The applicant is expected to follow the guidance listed on page 36 of the FOA regardless of whether they choose to upload as one appendix or as individual files.

- 31) On page 37, the FOA states, "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." Given this statement, should we assume there is no infrastructure in place for computer systems and biorepository and allocate costs for all equipment needs in our budget?

Answer: Funds from the cooperative agreement award may be used to purchase required equipment to conduct the required activities as described in the FOA.

32) If multiple awards are made, how will CDC determine the split of the total funding amount?

Answer: Applications will be funded in order by score and rank, as stated on page 59 of this FOA. If multiple awards are made, CDC will determine the funding based on the availability of funds at the time of the award.

33) Is the Environmental Mitigation Plan due post-award, and if so, should we budget for the preparation of it?

Answer: Yes, the Environmental Mitigation Plan will be due post-award. Plans will be discussed with the successful applicant upon selection. Applicants should not budget for the preparation of this plan.

34) Does the FOA require submitting protocols to all countries within the first year? (per page 36: *Human subject's 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.*)

Answer: Protocols for the initial set of countries for the first year should be submitted within the first year for human subject review.

35) Could CDC clarify if the "25+ assessments" to be completed, as indicated in the outcomes table (Pg 18) would be for conducting assessments in 25+ individual countries, or would it include multiple assessments in some countries?

Answer: '25+ assessments' may include multiple assessments in some countries. Please see our answer to Q17.

36) On page 9, #1: "Support the implementation of country-led, population-based HIV impact assessments to measure HIV-relevant services uptake and health outcomes and to monitor and inform policy and programming." What is the expected level of involvement of the local governments, with regards to implementation of the assessments?

Answer: The level of involvement of local governments may vary by country but it is expected to include leadership via a national technical advisory group, as well as participation in field implementation, testing of biological specimens, data analyses and dissemination and the development of data sharing agreements.

37) Should we expect that the MOH/national laboratories would conduct the laboratory tests?

Answer: MOH/national laboratories are the preferred sites for conducting laboratory tests if adequate infrastructure and capacity exists within country.

38) Are the funds for these surveys expected to come from each country's operational plan or from the headquarters operational plan?

- a. Will the methodology need to be guided by funds available per country, or (presuming a strong and impactful protocol) will funds be made available to allow for scaled implementation?

Answer: The portion of funds which will originate from COP funding versus other funds will be dependent on the specific country.

39) Under activities, CDC mentions adapting a protocol to country specific situations. Is it expected that an outline of the proposed survey methods is submitted with the application, does CDC have a protocol/method in mind that they would like to have adapted, or will the protocol/method be developed collaboratively post-award?

Answer: Country-specific protocols and methods will be developed collaboratively post-award.

40) Can we expect CDC-HQ to be involved in the development of methodologies and/or implementation of the assessments or would it be left to each CDC local office?

Answer: CDC-HQ and CDC local offices will be collaboratively engaged in survey planning and may provide technical assistance in the implementation of the assessments.

- 41) Does CDC expect any resistance from local government to “hub-based administration” of data collection and management, or “cloud-based” storage of data, especially if data were to reside outside of the country border?
b. Will CDC help to address such issues via the data sharing and publication agreement (DSPA)?

Answer: CDC does not expect local government resistance in a hub-based administrative approach for data collection or cloud-based storage of data but will help address such issues regarding data-sharing and publication agreements, as necessary.

- 42) At this point, does CDC have a preference as to what type(s) of biological samples are collected and stored? E.g., whole blood, DBS, swab/culture, etc.?

Answer: Venous blood / plasma is the preferred type of specimen to be collected. CDC will work collaboratively on the development of standard operation procedures (SOPs) for the collection, processing, transportation and storage of biological samples for laboratory testing.