**Amendment I (9/17/14)**

1. Pages 1 and 32. Changed Application Deadline Date from October 6,2014 to October 16, 2014

2. Pages 44-45: The 8% Rule. Removed final three paragraphs of the section because the 8% Rule does not apply in Cameroon.

**Funding Opportunity Announcement (FOA)**

# Expand Coverage and Improve the Quality of Facility and Community-Based Prevention of Mother to Child Transmission of HIV (PMTCT) Support for Rollout of Option B+ Services in the Littoral and Center Regions of Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR)

## CDC-RFA-GH15-1508

Division of Global HIV/AIDS
Center for Global Health
Centers for Disease Control and Prevention

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-GH15-1508. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

**A. Federal Agency Name**

Centers for Disease Control and Prevention

**B. Funding Opportunity Title**

Expand Coverage and Improve the Quality of Facility and Community-Based Prevention of Mother to Child Transmission of HIV (PMTCT) Support for Rollout of Option B+ Services in the Littoral and Center Regions of Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR)

**C. Announcement Type:**

New-Type 1

This announcement is only for non-research international activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

**D. Agency Funding Opportunity Number**

CDC-RFA-GH15-1508

**E. Catalog of Federal Domestic Assistance Number**

93.067 Global AIDS program

**F. Dates**

1. **Letter of Intent Deadline Date:** N/A

**Application Deadline Date:** October 16, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

**G. Executive Summary**

1. **Summary Paragraph**

The goal of this Funding Opportunity Announcement (FOA) in Cameroon is to reduce HIV-related maternal and child mortality by scaling up high-quality Prevention of Mother to Child Transmission (PMTCT) activities and strengthening treatment and care through the PMTCT platform. Specifically, it seeks to expand PMTCT coverage and improve uptake from approximately 34% to 90% in the Littoral and Center Regions of Cameroon, by integrating and scaling up PMTCT services into existing health facilities and promoting community-based PMTCT activities, including rolling out Option B+ following the national plans and guidelines.

Cameroon has developed a national roll out plan. The national plan for phased-in Option B+ roll-out would cover 247 sites in the four PEPFAR-supported regions (500 sites nationwide) in 2014, 691 (1,500) sites in 2015, 1,141 (2,500) sites in 2016, and 1,379 (3,000) sites in 2017. Necessary training and site preparedness to roll out B+ would follow the same phase-in approach and would result in training 7,500 providers, including 3,447 at PEPFAR-supported sites.

The model of PMTCT/ART service delivery to be implemented requires that HIV-positive pregnant women and mothers and their HIV-exposed or -infected infants receive their care and treatment at the

mother-and-child unit until 24 months post-partum and then be referred to HIV care and treatment services for long-term treatment and follow-up (SDM 1). So far, only 22 sites in Cameroon where Option B+ is currently being piloted implement this model. All other sites, pending their enrollment as per the national Option B+ roll-out plan, are still implementing Option A, referring treatment-eligible pregnant women (CD4 < 350/mm3) to ART services to receive ART while continuing their follow-up at the MNCH service (SDM 2). Their HIV-infected children are also referred to the nearest ART site as soon as their HIV diagnosis is confirmed. These sites will switch to SDM1 in line with the B+ roll-out.

To implement a robust Option B+ M&E framework, all B+ sites will have:

- PMTCT/MNCH registers, which have been printed, are currently being used in the four PEPFAR regions, and will soon be in use in all regions. Data from the PMTCT/MNCH registers are summarized monthly and sent to regional and national levels.
- ART registers, ART child cards, pharmacy registers, and appointment diaries to provide data on retention and follow-up.

With PMTCT serving as a platform to strengthen adult and pediatric treatment programs, funds will be used to support expanded high-quality PMTCT, care, and treatment services in the Littoral and Center regions. The program will provide technical assistance (TA) to ensure that all HIV positive pregnant women, spouse and children diagnosed with HIV receive a minimum package of services, based on assessed needs. Specifically, grantee(s) will begin supporting high-quality anti-retroviral therapy (ART) for adults and children.

| | |
|---|---|
| **a.** | **Eligible Applicants:** Fully Competitive |
| **b.** | **FOA Type:** Cooperative Agreement |
| **c.** | **Approximate Number of Awards:** 2 (one per region) |
| **d.** | **Total Project Period Funding:** None |
| **e.** | **Average One Year Award Amount:**<br>Littoral Region: $4,000,000.00<br>Center Region: $4,000,000.00 |
| **f.** | **Number of Years of Award:** 5 Years |
| **g.** | **Approximate Date When Awards will be Announced:** February 2015 |
| **h.** | **Cost Sharing and /or Matching Requirement:** N/A |

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background:

At 4.3%, Cameroon has one of the highest prevalence of HIV in West and Central Africa. Women of childbearing age in Cameroon are disproportionately affected by HIV/AIDS. HIV prevalence among pregnant women is 7.1%, with pockets of hyperendemicity of over 10% in antenatal care (ANC) centers in the urban Center, Littoral and Southwest (NACC 2012). Prevention of mother to child transmission of HIV (PMTCT) services in Cameroon are characterized by low coverage, poor coordination, virtual absence of a monitoring system, and deficient cadre of trained health professionals to carry out these services. PMTCT programs also face additional challenges in Cameroon due to overall low uptake of ANC and maternal and child health (MCH) services, poor tracking of HIV-positive women and children, and an unreliable drug/supply chain management system. All of these factors have contributed to a high rate of mother to child transmission of HIV, as well as maternal and infant mortality rates. Furthermore, only 45% of adults and 15% of children eligible for treatment and care services are receiving treatment.

Cameroon is one of 22 PMTCT priority countries, which account for more than 80% of HIV MTCT cases. During an Interagency Task Team (IATT) meeting in August 2012, the Government of Cameroon (GRC) took the decision to shift its national PMTCT program from Option A to Option B+ to better fulfill the global call to action for the elimination of mother to child HIV transmission (eMTCT). All 22 countries, including Cameroon, have been called to take on this global eMTCT goal and this is now in line with Cameroon's National Strategic Plan for HIV/AIDS by 2017.

PEPFAR Cameroon's vision is to scale up high-quality PMTCT activities and strengthen treatment and care services through the PMTCT platform and using a strategic regional approach in support of Government of the Republic of Cameroon's (GRC) push for virtual elimination of MTCT by 2015. The strategy is to prioritize activities that will ensure prongs 3 and 4 of PMTCT cascade, namely: prevention of mother to child transmission of HIV (MTCT), and treatment and care for mother, infant and family members. Currently, most PMTCT services are delivered at the district hospital level and treatment and care at the regional and a few district facilities. PEPFAR and the GRC are promoting a hub-and-spoke approach, which involves extending key services and establishing a standard package of PMTCT services (to include: basic ANC services, HIV testing and counseling (HTC), and prophylaxis for PMTCT) at the local health center level (spoke), while ensuring all district hospitals (hubs) offer the standard package of PMTCT services plus CD4 testing and antiretroviral therapy (ART) provision as B+ is rolled out. As an eMTCT country where PEPFAR has been a catalyst for quality PMTCT and Option B+ phase-in, Cameroon will require sustained support to consolidate and extend its gains, with PMTCT serving as a platform to strengthen adult and pediatric treatment programs. There are ~3,000 potential PMTCT sites and 160 treatment and care sites. These represent 550 PMTCT sites (300 in Littoral and 250 in Center regions) and 66 ART sites (26 in Littoral and 40 sites in Center). All treatment sites have PMTCT programs and the need to strengthen both programs is critical.

Since 2011, CDC has supported the GRC to improve PMTCT coverage and quality. Efforts to improve PMTCT with maternal, neonatal and child health (MNCH) resulted in the creation of a PMTCT technical working group (TWG); development of an integrated PMTCT/MNCH training curriculum, supervision guide, check lists, registers, and an integrated service-delivery model; and staff capacity building. CDC-supported PMTCT services in the Northwest and Southwest regions led to increases from 2011 to 2012 in the number of women attending ANC (28% increase), the number of PMTCT sites (20% increase), and the proportion of pregnant women tested for HIV increased by 24%. As of January 2014, CDC implementing partners (IPs) were supporting 628 PMTCT service-delivery sites (out of >3,000 sites nationwide). In 2013, CDC also supported the Ministry of Public Health (MoPH) to develop an operational plan to shift from Option A to Option B+, with a phased-in approach through 2017. A national document for task shifting was validated in 2013; implementation is expected to be accelerated alongside Option B+. This FOA will support the GRC to move toward its goal of eliminating MTCT and keeping mothers alive by extending the coverage and improving the quality of PMTCT and treatment and care services in two regions.

**a. Statutory Authorities**

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. The overarching purpose of this FOA

is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service. Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism.

**b. Healthy People 2020:**

Healthy People 2020 provides national health objectives for improving the health of all persons by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities. Additional information on Healthy People 2020 is available at http://www.healthypeople.gov.

**c. PEPFAR Priorities and Strategies**

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety; and
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation (research is not supported by this FOA).

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| This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf |
| **d. Other National Public Health Priorities and Strategies:** |
| N/A |
| **e. Relevant Work:** |
| N/A |

| 2. CDC Project Description |
|---|
| a. Approach: |
| |

| Activities | Outcomes | | |
|---|---|---|---|
| | Short Term Outcomes (1-2 Years) | Intermediate Outcomes (3-4 Years) | Long Term Outcomes (5+ years) |
| Implement PMTCT program interventions in line with current international and national policies and guidelines, including option B+ rollout | **Increased coverage of service outlets providing PMTCT services including ANC, labor and delivery (L&D) and ART services**<br><br>**Increased coverage of pregnant women tested and who know their HIV status**<br><br>**Increased coverage of HIV+ pregnant women who receive ARV to reduce MTCT (95% of total identified HIV+)**<br><br>**Increased Early Infant Diagnosis of HIV (EID) coverage for HIV exposed babies within 12 months of birth** | **Increased quality and coverage of PMTCT services among pregnant women**<br><br>**Increased EID coverage for HIV exposed babies within 12 months of birth**<br><br>**Increased ARV coverage with option B+ rollout to reduce MTCT for HIV positive pregnant women and their exposed babies** | **Maintained quality and coverage of PMTCT services among pregnant women and their exposed babies**<br><br>**Decreased new HIV cases among HIV exposed babies** |
| Strengthen adult and pediatric HIV treatment programs through expanded high-quality PMTCT, care, and treatment services | **Increased service outlets providing all of the following to at least 80% of People Living with HIV/AIDS (PLWH): Clinical assessment (WHO staging) or CD4 count or viral load; TB screening at last visit; cotrimoxazole (if eligible)**<br><br>**Increased coverage of HIV infected adults and children newly enrolled receive HIV care and support**<br><br>**Increased coverage of HIV infected adults and children newly enrolled and continued** | **Increased coverage of care and treatment services among HIV positive adults (including HIV+ pregnant women) and children** | **Improved quality and coverage of HIV treatment and care through quality PMTCT among HIV positive adults (including pregnant women) and children**<br><br>**Improved survival of HIV infected adults and children** |

| Activities | Outcomes | | |
|---|---|---|---|
| | Short Term Outcomes (1-2 Years) | Intermediate Outcomes (3-4 Years) | Long Term Outcomes (5+ years) |
| | **on ART** | | |
| Reinforce community-based PMTCT and linkages to ART treatment and care services | **Increased community competences on how to improve linkages to care and treatment of HIV infected adults (including HIV+ pregnant women) and children**<br><br>**Increased linkages to care and treatment facilities for HIV infected adults (including HIV+ pregnant women) and children** | **Increased community competences on how to improve linkages to care and treatment of HIV infected adults (including HIV+ pregnant women) and children**<br><br>**Increased linkages to care and treatment facilities for HIV infected adults (including HIV+ pregnant women) and children** | **Maintained community competences on how to improve linkages to care and treatment of HIV infected adults (including HIV+ pregnant women) and children**<br><br>**Maintained linkages to care and treatment facilities for HIV infected adults (including HIV+ pregnant women) and children** |
| Promote partnership, networking, and coordination | **Improved partnership and networking through coordination meeting reports and partnership agreements** | **Improved partnership and networking through coordination meeting reports and partnership agreements** | **Maintained partnership and networking through coordination meeting reports and partnership agreements** |
| Generate and promote the use of strategic information for program improvement | **Increased monitoring and evaluation (M&E) competences (in data entry, data quality assurance, data storage, and data analysis) for district and regional level staff**<br><br>**Improved appropriate M&E technology and standardized tools for district level sites** | **Increased M&E competences (in data entry, data quality assurance, data storage, and data analysis) for district and regional level staff**<br><br>**Improved appropriate M&E technology and standardized tools for district level sites** | **Maintained M&E competences (in data entry, data quality assurance, data storage, and data analysis) for district and regional level staff**<br><br>**Maintained appropriate M&E technology and standardized tools for district level sites** |
| Strengthen health systems through support | **Increased competences in epidemiology,** | **Increased competences in** | **Increased competences** |

| Activities | Outcomes | | |
|---|---|---|---|
| | Short Term Outcomes (1-2 Years) | Intermediate Outcomes (3-4 Years) | Long Term Outcomes (5+ years) |
| to pre-service trainings to the field epidemiology and laboratory training program (FELTP) | **surveillance and surveys for health care workers and able to support integration of HIV services with other health related programs** | **epidemiology, surveillance and surveys for health care workers and able to support integration of HIV services with other health related programs** | **in epidemiology, surveillance and surveys for health care workers and able to support integration of HIV services with other health related programs** |
| Collaborate with central and local health authorities towards ensuring sustainability and ownership | **Increased engagement of health districts (local authorities including councils, traditional rulers, health committees) in coordination of healthcare activities** | **Increased engagement of health districts (local authorities including councils, traditional rulers, health committees) in coordination of healthcare activities** | **Improved local authority endeavors towards sustainability and ownership** |

**i. Problem Statement:**

Cameroon is one of 22 priority countries for PMTCT, which has been a priority intervention in successive national strategic plans for HIV/AIDS. A 2012 sentinel site survey found HIV prevalence among pregnant women at 7.1%. Antenatal care (ANC) services were being provided at 2,999/3,500 health facilities (85%), but only 42% of pregnant women reported for first ANC (NACC 2012). Only 34% of expected pregnant women were tested for HIV, and 21% of expected HIV+ pregnant women received ARV prophylaxis. UNAIDS estimates that 15% of all HIV-infected people in Cameroon were pregnant women. More than one third of the estimated 1,019,341 pregnant women in the country were expected in Littoral and Center Regions. Although only 52% of them were seen at first ANC, nearly all of these were tested for HIV, and 7,713 were diagnosed HIV-positive (37% of the 20,807 diagnosed HIV-positive nationwide). Of the 17,386 HIV-positive pregnant women who received ARVs for PMTCT in the country, 7,807 (45%) were in the Littoral and Center regions. Countrywide, 12,312 (15%) HIV positive pregnant women received cotrimoxazole prevention therapy. Follow-up of HIV-exposed infants was weak countrywide, with only 15% of those expected receiving prophylactic ARVs, 8% cotrimoxazole prophylaxis, and 12% PCR HIV testing at 6 weeks (8.4% HIV-infected). Joint PMTCT efforts by the GRC and partners did not yield expected results. Geographic coverage was 64%, with a high MTCT rate of 21% (UNAIDS 2013), an increase in maternal mortality from 669/100,000 in 2004 to 782/100,000 in 2011, and persistently high child mortality (122/1,000, DHS 2011).

Based in part on preliminary findings of a 2013 PEPFAR-supported study of barriers to PMTCT uptake, bottlenecks include:

- Limited public knowledge about PMTCT and insufficient community mobilization
- Cost and socio-cultural barriers
- Limited geographic accessibility of services
- Weak program coordination, monitoring and evaluation (M&E), and supervision
- Weak PMTCT integration with mother, neonatal, and child health (MNCH)
- Recurrent stock-outs of HIV tests and ARVs
- Shortage of trained staff and weak site systems for service delivery
- Limited funding

**ii. Purpose**

The purpose of this FOA in Cameroon is to reduce HIV-related maternal and child mortality by ensuring geographic reach of comprehensive PMTCT services within the national MCH and reproductive health (RH) system, as well as strengthen treatment and care services. Specifically, it seeks to expand PMTCT coverage and improve uptake from approximately 34% to 90% in five years in the Littoral and Center Regions of Cameroon, by integrating PMTCT services into existing ANC health facilities and promoting community-based PMTCT activities including rolling out Option B+ following national plan and guidelines. This will not only focus on PMTCT as a stand-alone but PMTCT plus treatment and care services in these regions. Funds should also strengthen linkages between facility and community-based services to improve their effectiveness by increasing PMTCT utilization and follow-up of PMTCT clients (mother/infant pair) as well as improving linkages to comprehensive HIV services to ensure a continuum of care for pregnant HIV positive women, their spouse, and exposed infants.

PMTCT serving as a platform to strengthen adult and pediatric treatment programs funds will also support expanded high-quality PMTCT, care, and treatment services in the Littoral and Center regions. The program will provide technical assistance (TA) to ensure that all patients diagnosed with HIV receive a minimum package of services, based on assessed needs.

Specifically, grantee(s) will begin supporting high-quality ART for adults and children.

**iii. Outcomes**

PMTCT

Increased coverage of service outlets providing PMTCT services including ANC, L&D and ART services

- Number of service outlets providing PMTCT services according to national and international standards: 550 (300 in Littoral +250 Center) service outlets annually
- Number of service outlets achieving 90% ARV or ART coverage for HIV positive pregnant women (95% of service outlets): 523 (285 Littoral +238 Center)

Increased coverage of pregnant women tested and know their HIV status

- Number of pregnant women tested for HIV and know their results: 192,324 (90417 in Littoral + 101908 in Center) pregnant women annually
- Percentage of pregnant women tested for HIV and know their results amongst new ANC and labor and delivery (L&D) clients: 98% of pregnant women by the end of year five (The awardee(s) will be responsible for increasing testing coverage to 98% from the current regional baseline)

Increased coverage of HIV+ pregnant women who receive ARV to reduce MTCT (95% of total identified HIV+)

- Number of HIV infected women receiving antiretrovirals to reduce risk of mother-to-child transmission: 11,663 (4209 Littoral +7454 in Center) HIV positive pregnant women annually (This represents 95% of women who will test positive)

Early Infant Diagnosis (EID)

Increased EID coverage for HIV exposed babies within 12 months of birth

- Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth (91% of identified infants): EID targets are not counted here since they are already included in the targets set for the EID reference lab

Care and support

Increased service outlets providing all of the following to at least 80% of People Living with HIV/AIDS (PLWH): Clinical assessment (WHO staging) or CD4 count or viral load; TB screening at last visit; cotrimoxazole (if eligible)

- Number (%) of PEPFAR-supported HIV clinical care sites at which at least 80% of PLWH received all of the following during the reporting period: 1) clinical assessment (WHO staging) and/or CD4 count and/or viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole: (95% of service outlets): 523 (285 in Littoral +238 in Center)

Family Planning (FP) integration

Increased coverage of HIV service delivery points that are directly providing integrated voluntary family planning services

- Family Planning and HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services, 80% of PMTCT sites: 440 (240 in Littoral+200 in Center)

Increased coverage of HIV infected adults and children newly enrolled to receive HIV care support

- Number of HIV-infected adults and children newly enrolled in clinical care during the

reporting period and received at least one of the following at enrollment: clinical assessment (WHO staging) and/or CD4 count and/or viral load: 11,663 (4,209 in Littoral+7,454 in Center)

- Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) and/or CD4 count and/or viral load (DSD): 11,663 (4,209 in Littoral+7,454 in Center)
- Percentage of PLWH who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period, 80% of all HIV+ pregnant women: 10,022 (3,617 in Littoral+6,406 in Center)

Treatment

Increased coverage of HIV infected adults and children newly enrolled and continued on ART

- Number of adults and children newly enrolled on antiretroviral therapy (ART): 11,663 (4209 in Littoral +7454 in Center)
- Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD): 11,663 (4209 in Littoral +7454 in Center)
- Number of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (75%): No target for FY15
- Number of adults and children receiving antiretroviral therapy (ART) [current] (TA-only), represents 72% of the total number in the country: 71,311(31,659 in Littoral +39,652 in Center)

Training

Increased competencies and skills on PMTCT service delivery according to national and international standards

- Number of Health Workers trained in the provision of PMTCT according to national and international standards: 1,408 Health Workers annually
- Number of health care workers trained in epidemiology, surveillance and surveys and able to support integration of HIV services with other health related programs

**iv. Funding Strategy**

Applicants are expected to respond to one or more of the following regions:

a. Littoral Region
b. Center Region

Applicants must submit a separate application for the region they intend to implement or work in. In addition to the program narrative, the applicant must include a separate budget for each proposed region and on form SF 424, block 15, "Descriptive Title of Applicant's Project," the applicant must state the regions they are applying for work. Applicants should consider linkages between the various program areas within their application, either by proposing to provide linked services or by proposing to ensure linkages to existing services not specifically provided by the applicant. Competitive advantage is not given based on the number of activities proposed across regions. Applicants will be evaluated according to the strength of their responses per region. More than one applicant will not be funded for the same region under this award.

Applicants must use this version of the SF424 to specify their proposed regions in block 15: http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf

Failure to indicate the area of work in block 15 will make the application non-responsive.

**v. Strategies and Activities**

- Implement PMTCT program interventions in line with current international and national policies and guidelines, including option B+ rollout: Perform provider initiated opt-out HIV testing and counseling (HTC) with same day rapid HIV test results, as part of the standard package of antenatal, labor and delivery or post-delivery care. Counseling should include individual HIV risk assessment and prevention counseling as well as linkages to family planning services;
  - Provide combination HIV prophylaxis as recommended by the Ministry of Public Health (MoPH) for pregnant women and consistent with national and international guidelines, including appropriate triple combination therapy in the implementation of option B+;
  - Implement early infant HIV diagnosis (EID) sevices following national guidelines. Activities should include: 1) provision of general laboratory training on EID sample collection, packaging and shipment to reference laboratories; 2) data management and EID program monitoring; 3) implementation of national EID guidelines for follow-up of HIV-exposed and infected infants; and 4) linkages for early initiation of appropriate treatment for HIV positive infants;
  - Develop capacity of ANC staff including nurses, mid-wives, lab technicians and clinicians, to provide PMTCT (including option B+) and EID services. Training should include, but is not limited to: 1) PMTCT service delivery; 2) CD4 machine operation and standardized testing for lab personnel in relevant ANC clinics (this award provides funding for CD4 machines for sites supported under this cooperative agreement); and 3) collection of dried blood spot (DBS) for PMTCT nurses to improve EID uptake and follow-up by providing EID testing services onsite rather than referring women outside the ANC; and
  - Develop partnerships and provide appropriate linkages to comprehensive HIV care and support services to ensure a continuum of care for HIV positive pregnant women and their exposed infants. Linkages may include, but are not limited to: family planning services, safe infant feeding and support programs, partner and family HIV testing and counseling, home-based care, and orphans and other vulnerable children (OVC) services including health and child welfare services.

- Strengthen adult and pediatric treatment programs through expanded high-quality PMTCT, care, and treatment services:

  Adult care and treatment:
  - Linkage to pre-ART care and ART, in a continuum of care, contact tracing, partner notification, adherence promotion, and HIV testing and counseling for patients' family members
  - Cotrimoxazole prophylaxis
  - Screening for TB
  - Family-planning counseling
  - Positive Health Dignity and Prevention (PHDP) services as part of routine care
  - Malaria prevention counseling
  - Nutritional assessment, counseling, and support
  - Psychosocial support (e.g. through PLWH support groups, education on positive living and drug adherence, etc.)
  - Linkages to community-based services, including OVC care and support
  - Improved supply chain management
  - Training of providers

  Pediatric care and treatment:

- Early infant diagnosis (EID) and early initiation into care and ART for babies tested HIV-positive at 6 weeks of age
- Monthly pediatric clinic day (if a comprehensive day pediatric HIV clinic is not feasible) where babies enrolled in care and their caretakers receive consultations, drug refills, and counseling and support
- Nutritional assessment and counseling, with linkages to nutritional services
- Psychosocial support with linkages to support groups disaggregated by age and community-based OVC care and support services and education/counseling for caregivers
- Follow-up to promote adherence to therapy
- Early and progressive age-adapted disclosure of status to the children, starting at 8 years, and adherence and disclosure support, counseling, and health education according to age group, including for adolescents
- Support for early disclosure of HIV status to the children, starting at 8 years, and adherence
- Health education

• Reinforce community-based PMTCT and linkages to ART treatment and care services:
  - Establish a community PMTCT support model to increase PMTCT awareness, HIV testing and counseling, and PMTCT service uptake among women of childbearing age. This may include but is not limited to: 1) distributing PMTCT information education communication (IEC) materials; 2) providing HIV testing and counseling for women of child bearing age with a focus on testing pregnant women in remote/rural hard-to-reach communities; and 3) establishing a referral system for community and faith-based organizations, health committees, and women's groups etc. to refer HIV positive pregnant women identified during outreach efforts to health facilities.
  - Recruit and mobilize community resource persons to: 1) facilitate discussions on reproductive health, PMTCT, and male involvement in PMTCT and infant and young child feeding; 2) support family and partner HIV testing and counseling (including co-wives in polygamous settings), disclosure of serostatus, condom negotiation, and safer sex practices; 3) encourage women to attend ANC clinics with their partners at the first sign of pregnancy and partners/family members to be involved in the delivery of services; and 4) establish facility-based support groups for both HIV positive pregnant women and HIV positive mothers using the peer support Mothers2Mothers Care Model.
  - Establish a framework for male involvement in PMTCT such as the Men as Partners approach to reproductive health and couple counseling and testing.

• Promote partnership, networking and coordination:
  - Establish a linkage system between facility and community-based PMTCT partners, such as community development committees, community health workers, community-based organizations (CBO), faith-based organizations (FBO), support groups and community resource persons (peer health educators), to enhance coordination in program implementation. Using same community systems encourage linkages to health facilities for home deliveries, and care and treatment services at 6 weeks postpartum for HIV positive mothers and their HIV exposed infants and to community-based organizations for home based care (HBC), palliative care, OVC services and nutritional care and support, etc.
  - Collaborate with the GRC, UN agencies, Global Fund (GF), Clinton Foundation and other stakeholders in service delivery and to establish a national technical working group on

PMTCT/MCH to review program strategies, procedures and policies to help guide implementation of PMTCT.
- Establish collaborative links with Peace Corps to strengthen the outreach and community PMTCT component to increase PMTCT service coverage and uptake.

- Generate and promote the use of strategic information for program improvement:
  - Develop implementing partners' strategic information (SI) capacity through provision of appropriate technology, training and supervision at the district and site levels in data entry, data quality assurance, monitoring and evaluation (M&E), data storage, and data analysis. Ensure monitoring and evaluation systems are in line with the national M&E plan.
  - Evaluate each component of the PMTCT model developed, such that each of the individual components can be assessed independently, i.e. facility-based, community-based and coordination PMTCT activities.
  - Develop and disseminate best practices within the local context to improve PMTCT uptake and service delivery, which can be used by the GRC and other implementers to scale-up PMTCT services throughout Cameroon.

- Strengthen health systems through support to pre-service trainings to the field epidemiology and laboratory training program (FELTP):
  - This training program is designed to build a cadre of epidemiology professionals currently working for the MoPH and have an agreement to work or continue to work with the Ministry of Health and other government owned institutions following their training. The methodology is easily transferable to the partner governments or other organizations. The field epidemiologist will receive training on surveillance, survey, and epidemiological studies to better respond and support programs on HIV and other health related programs. The resident advisor and MoPH will assign students to various public health institutes including CDC and/or HIV implementing partner organizations to work on SI, Survey and surveillance for PMTCT, treatment and care, and other health related issues. The grantee will provide management and technical support to ensure the smooth running of the program. Specifically, as students will be assigned for specific projects, the grantee will provide logistical support for FELTP students to ensure smooth running of the program. This pre service training will ensure candidates are placed back to support the MoPH and serve as leaders within the national HIV and other health care programs.

- Collaborate with central and local health authorities towards ensuring sustainability and ownership:
  - Work collaboratively with the GRC, regional and district health authorities, village heads, and other relevant stakeholders to create an enabling environment for PMTCT to ensure long-term sustainability and local leadership in HIV and safe motherhood initiatives.

1. **Collaborations:** Left blank intentionally

a. **With CDC funded programs:**

Grantee(s) are expected to ensure solid collaboration with other CDC funded programs providing cross-cutting health systems strengthening support, including: 1) Coordination and M&E efforts including DHIS rollout provided by the National AIDS Control Committee (NACC) to fall within the context of "Three Ones"; 2) M&E capacity improvement provided by ICAP Columbia to harmonize tools and set up a data quality assurance (DQA) system; 3) Lab capacity strengthening provided by Global Health

| | |
|---|---|
| | System Solutions (GHSS) to ensure lab QA across the healthcare services and EID sample transportation; 4) Reinforced supervision in using quality supervision tool developed by UNICEF; 5) Option B+ rollout, task shifting implementation and adult & pediatric ART care and treatment to be jointly supported by the Directorate of Family Health (DFH) MoPH, the Directorate of Disease Control (DDC) and the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF).<br><br>Through enhanced collaboration with MoPH and relevant partners (GHSS, ICAP, EGPAF, UNICEF) grantee(s) will ensure quality integration at PMTCT/ART sites including: 1) Scale up of external quality assurance (EQA) in HIV rapid testing and CD4 testing with the implementation of logbooks at all sites for continuous monitoring of quality in HIV testing; 2) Use of electronic network devices with point of care (POC) CDC4 testing for continuous and remote monitoring of quality in CD4 testing at all sites; 3) Align Rapid Test Quality Improvement Initiative (RTQII) with PMTCT expansion such that new sites are included in RTQII implementation plan involving volunteer quality corps (VQC) who liaise with partners for effective program implementation; and 4) Participation in any eventual data quality assurance (DQA), service quality assurance (SQA), and quality improvement (QI) exercises. |
| **b.** | **With organizations external to CDC:** |
| | To liaise with other programs and ensure a continuum of care grantee(s) are also called upon to strongly collaborate with: 1) USAID and Peace Corps funded programs 2) the Global Fund that besides HIV/AIDS, also supports TB and Malaria; 2) UNFPA and ACMS (PSI equivalent for Cameroon) that potentially supports FP efforts, including provision of commodities and 3) National TB, EPI and Malaria programs. |
| **2.** | **Target Populations:** |
| | Pregnant women, HIV exposed infants and male partners will be targeted for PMTCT services while HIV positive adults and children will respectively be targeted for adult and pediatric treatment/care. Applicants should define target populations based on relevant criteria such as disease burden or public health impact using social determinant data to identify communities that are affected disproportionately (such as gender, geography, sexual orientation etc.) and plan to reduce or eliminate these disparities. |
| | **Inclusion:** |
| | N/A |

**b. Evaluation and Performance Measurement:**

**i. CDC Evaluation and Performance Measurement Strategy:**

Throughout the 5-year project, CDC Cameroon office will work with grantee(s) to monitor the progress of activities and evaluate programs for continuous quality improvement, to plan future activities and to collect and disseminate lessons learned. In addition, CDC Cameroon with grantee(s) will use outcomes including public health impact for an AIDS free Generation (*see Evaluation and Performance Measurement Matrix below*).

The key program partners for this FOA's evaluation and performance measurement planning process include the grantee(s); NACC; MoPH; international organizations; and implementing partners as needed, as well as the CDC Cameroon country office, particularly the project officer and the activity managers.

Evaluation exercises will be performed include but are not limited to the following processes:

- Biannual partners' meeting involving other CDC CoAg partners and other US agency funded partners during which experiences are shared, grounds for inter-partner collaboration are understood and important measures are taken to improve programs.
- CDC Headquarter (HQ) Country Management and Accountability Support (CMAS) performed every two years to document programmatic and financial oversight of field activities. During this visit, CDC's Procurement and Grant's Office (PGO) will perform grantee monitoring, provide technical assistance, and verify post-award audits as well as provide feedback to improve performance.
- CDC Activity Managers will conduct monthly visits with the grantee(s) to monitor work plans, track budgets, and document each visit.
- CDC staff accompanied by grantee staff will also conduct monthly site visits to PMTCT and ART sites within the scope of the site monitoring system (SMS).
- Following implementation of work plan, grantee(s) will have to provide and submit quarterly activity reports; semiannual progress reports (SAPR); and annual progress reports (APR) that report all achievements, including targets.
- Grantee(s) are expected to use consultancy services to conduct one mid-term and one final evaluation of project activities depending on the project period.

With regards to performance measures:

- Grantee(s) will report on relevant PEPFAR indicators and anticipated targets as shown in the outcome section above which will be reported on a quarterly basis through written reports submitted to the CDC country office. The CDC Cameroon office will also cross-check data quality and submit the quarterly reports to HQ Data for Partner Monitoring (DFPM). Quarterly reports from all CDC funded partners will equally serve as basis for CDC Cameroon office to report their semiannual progress report (SAPR) and annual progress report (APR) as part of PEPFAR Cameroon SAPR and APR. CDC will also assist grantee in setting up a data quality assurance (DQA) system to ensure data quality, which will entail verification of data

registered at site level. The grantee(s) will be able to develop additional measures relevant to mutually agreed upon activities. Potential PEPFAR indicators include the Monitoring, Evaluation and Reporting (MER) indicators and Sustainability Plan M&E indicators. Within the first six months of the award CDC Cameroon and grantee(s) will finalize targets.

Findings from all different types of evaluations will be shared as reports with the Ministry of Public Health (MoPH) and CDC and during various encounters including technical working group meetings and other presentations to MoPH and other stakeholders.

CDC Cameroon will use overall evaluation findings during the 5-year FOA period to establish key recommendations for partner and stakeholders on program implementation, effectiveness, sustainability, and continued program improvement upon completion of award.

Grantee(s) are required to allocate 5-10% of their award to support evaluation activities and is encouraged to work with M&E staff and professional evaluators to collect and use quality process and outcome evaluation data. Grantee(s) are required to submit to CDC Cameroon a detailed evaluation and performance management plan within the first six months of the project and work with program activity manager to ensure that the evaluation plan is feasible and consistent with proposed program activities, the intent of the FOA and CDC's evaluation approach. The specific evaluation and performance management plan should be based on the logic model provided and is consistent with the CDC evaluation and performance management requirements.

*See Evaluation and Performance Measures Matrix below*.

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| **Prevention of Mother to Child Transmission (PMTCT)** | | | | | | |
| To what extent are service outlets providing PMTCT services including ANC, L&D and ART services? | Process evaluation | Number of services outlets providing PMTCT according to national and international standards | Monitoring and Progress reports | Document review | Quarterly/Bi-Annually | During meetings with key stakeholders at the TWG to examine topics that still need to be improved, discuss barriers and best practices<br><br>Inter-partner and other stakeholders meeting |
| | | Number of service outlets achieving 90% of ARV or ART coverage for HIV positive pregnant women | Monitoring and Progress reports | Document review | Quarterly/Bi-Annually | |
| To what extent are pregnant women tested and know their HIV status? | Process evaluation | Number of pregnant women tested for HIV and know their results | Monitoring and Progress reports | Document review | Quarterly/Bi-Annually | |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | % of pregnant women tested for HIV and know their results among new ANC and L&D | Monitoring and Progress reports | Document review | Quarterly/Bi-Annually | Coordination meetings at health district and regional levels<br><br>Develop evaluation report<br><br>Develop and implement an improvement plan |
| To what extent HIV+ pregnant women are receiving ARV to reduce MTCT (95% of total identified)? | Process evaluation | Number (%) of HIV infected receiving antiretrovirals to reduce the risk of mother-to-child transmission | Monitoring and Progress reports | Document review | Quarterly/Bi-Annually | |
| To what extent is the program decreasing new HIV cases among HIV exposed babies? | Outcome evaluation | % of HIV infection among HIV exposed babies | Monitoring and Progress reports | Document review | Annually | |
| **Early Infant Diagnosis (EID)** | | | | | | |
| To what extent do HIV exposed infants receive a virological HIV test within 12 months of birth (91% of identified infants)? | Process evaluation | % of HIV exposed infants who receive a virological HIV test within 12 months of birth | Monitoring and Progress reports | Document review | Quarterly | During meetings with key stakeholders at the TWG to examine topics that still need to be improved, discuss barriers and best practices<br><br>Inter-partner and other stakeholders meeting<br><br>Coordination meetings at health district and regional levels<br><br>Develop evaluation report |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | | | | | Develop and implement an improvement plan |
| **Care and support** | | | | | | |
| To what extent are service outlets providing all of the following to at least 80% of PLWH: Clinical assessment (WHO staging) or CD4 count or viral load; TB screening at last visit; cotrimoxazole (if eligible)? | Process evaluation | Number (%) of PEPFAR-supported HIV clinical care sites providing all of the following to at least 80% of PLWH: Clinical assessment (WHO staging) or CD4 count or viral load; TB screening at last visit; cotrimoxazole (if eligible) | Monitoring and Progress reports | Document review | Quarterly | During meetings with key stakeholders at the TWG to examine topics that still need to be improved, discuss barriers and best practices<br><br>Inter-partner and other stakeholders meeting<br><br>Coordination meetings at health district and regional levels<br><br>Develop evaluation report<br><br>Develop and implement an improvement plan |
| To what extent do partners successfully link newly HIV diagnosed individuals to HIV care and treatment sites? | Process/ Outcome evaluation | Number(%) of HIV-infected adults and children newly enrolled in clinical care and received at least one of the following: Clinical assessment (WHO staging) | Monitoring and Progress reports Grantee's supervisor report on peer | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | or CD4 count or viral load | educators/ CBO activities | | | levels<br><br>Inter-partner and other stakeholders meetings<br><br>Improvement plans |
| | | % of PLWH who were screened for TB symptoms at last clinical visit to an HIV care facility | Monitoring and Progress reports | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional levels<br><br>Inter-partner and other stakeholders meetings<br><br>Improvement plans |
| | | Linkage strategy document and/or SOP developed and implemented | Monitoring and Progress reports | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional levels<br><br>Inter-partner and other stakeholders meetings |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | | | | | Improvement plans |
| To what extent do HIV service delivery points directly provide integrated voluntary family planning services | Process evaluation | % of HIV service delivery point supported by PEPFAR that are directly providing integrated voluntary family planning services | Monitoring and Progress reports | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional levels<br><br>Inter-partner and other stakeholders meetings<br><br>Improvement plans |
| **Treatment** | | | | | | |
| To what extent are HIV infected adults and children newly enrolled and continued on ART | Process evaluation | Number (%) of adults and children newly enrolled on ART | Monitoring and Progress reports | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional levels<br><br>Inter-partner and other stakeholders meetings |
| | | Number (%) of adults and children currently receiving ART | Monitoring and Progress reports | Document review | Quarterly | |
| | | Number (%) of adults and children known to be alive and on treatment 12 months after initiation of ART | Monitoring and Progress reports | Document review | Quarterly | |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | | | | | Improvement plans |
| **Trainings** | | | | | | |
| To what extent were competences and skills are strengthened on PMTCT service delivery | Process evaluation | Number of healthcare workers trained in the provision of PMTCT according to national and international standards | Monitoring/Progress reports | Document review | Quarterly | TWG meetings<br><br>Reports<br><br>Coordination meetings at health district and regional levels<br><br>Inter-partner and other stakeholders meetings<br><br>Improvement plans |
| | | Number of healthcare workers trained on M&E including data entry | Monitoring and Progress reports | Document review | Quarterly | |
| **Coordination** | | | | | | |
| To what extent is partnership and collaboration reinforced in the field | Process evaluation | Number of coordination meetings held with other partners in the field showing plans on proposed solutions | Meeting reports | Document review | Annually | Share reports with CDC and MoPH<br><br>Develop improvement plans |
| **Collaborate with Government to ensure towards sustainability and ownership** | | | | | | |
| To what extent has the district and regional level authorities demonstrated sustainability and ownership of the program | Process, and outcome evaluation | Number (%) of health district authorities engaged in planning, coordination and supervision of activities | Progress reports | Document review | Annually | Share reports with CDC and MoPH<br><br>Develop improvement plans |
| | | Number of CBOs trained to carryout community-based activities | Progress reports | Document review | Annually | |

| Evaluation Question | Type of Evaluation | Performance Measure | Data Source | Collection Method | Frequency of Collection | Dissemination and Utilization |
|---|---|---|---|---|---|---|
| | | Number of local councils engaged in following up community activities | Progress reports | Document review | Annually | |

**ii. Applicant Evaluation and Performance Measurement Plan:**

Applicants must provide an overall jurisdiction- or community-specific evaluation and performance measurement plan that is consistent with the CDC strategy. At a minimum, the plan must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions. Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.

**c. Organizational Capacity of Awardees to Execute the Approach:**

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at: http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

**d. Work Plan:**

Applicant must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project and a high level plan for the subsequent years.

**e. CDC Monitoring and Accountability Approach**

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardees progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timelines.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.
- Other activities deemed necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in HHS grants policy that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

**f. CDC Program Support to Awardees**

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator (OGAC).

2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the OGAC.

3. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.

4. Review and approve the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.

5. Meet on a regular basis with the grantee to assess expenditures in relation to approved work plan and modify plans as necessary.

6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.

7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by OGAC.

8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.

9. Provide in-country administrative support to help the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428.

10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly

publication of program results and findings, and the management and tracking of finances.

11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.

12. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.

13. Assist the grantee in developing and implementing quality-assurance criteria and procedures.

14. Facilitate in-country planning and review meetings for technical assistance activities.

15. Provide technical oversight for all activities under this award.

16. Conduct service delivery site visits through the Site Monitoring System (SMS) to monitor and evaluate site capacity to provide high-quality HIV/AIDS services in all program areas by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement.

17. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact.
    A. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
    B. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
    C. Impact Evaluation: measures net effects of program and prove of causality

18. Supply the awardee with protocols for related evaluations.

**B. Award Information**

**1. Type of Award:**

Cooperative Agreement: CDC's substantial involvement in this program is indicated in the "CDC program Support to Awardees" section of this document.

**2. Award Mechanism:**

U2G-Global HIV/AIDS Non-Research Cooperative Agreements

3. **Fiscal Year:**

2015

**4. Approximate Total Fiscal Year Funding:**

$8,000,000.00

5. **Approximate Total Project Period Funding:**

None

| | |
|---|---|
| **6.** | **Total Project Period Length:** |
| | 5 Years |
| **7.** | **Approximate Number of Awards:** |
| | 2 (one per region) |
| **8.** | **Approximate Average Award:** |
| | Littoral Region: $4,000,000.00<br>Center Region: $4,000,000.00 |
| **9.** | **Floor of Individual Award Range:** |
| | None |
| **10.** | **Ceiling of Individual Award Range:** |
| | $8,000,000.00 (This amount is subject to the availability of funds) |
| **11.** | **Anticipated Award Date:** |
| | April 1, 2015 |
| **12.** | **Budget Period Length:** |
| | 12 months<br><br>Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).<br><br>***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 individual award range is requested, the application will be considered non-responsive and will not be entered into the review process.*** |
| **13.** | **Funds Tracking:** |
| | Applicant is required to track fund by P-accounts/sub accounts for each project/cooperative agreement awarded. |
| **14.** | **Direct Assistance:** |
| | Direct assistance is not available through this FOA. |
| **15.** | **Indirect Costs:** |
| | 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. |
| **C.** | **Eligibility Information** |
| **1.** | **Eligible Applicants:** |
| | Eligible applicants that can apply for this FOA are listed below: |

Government Organizations:

- National Ministries of Health
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)[1] .
- American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- Political subdivisions of States (in consultation with States)

Non-government Organizations:

- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Tribal epidemiology centers
- Urban Indian health organizations
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- Research institutions (that will perform activities deemed as non-research)

Colleges and Universities

Community-based organizations

Faith-based organizations

For-profit organizations (other than small business)

Hospitals

Small, minority, and women-owned businesses

All Other

PEPFAR Local Partner definition:
To be considered eligible as a local partner under this Funding Opportunity Announcement, the applicant must submit supporting documentation demonstrating how their organization meets one of the three criteria listed below under the "PEPFAR Local Partner definition." The supporting documentation must be included in the Appendices of the application and must be labeled as "Eligibility Documentation for PEPFAR Local Partner Definition." Applicants that do not provide and/or label the supporting documentation required to meet the PEPFAR Local Partner definition above will not be considered eligible for review.

Under PEPFAR, a "local partner" may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below:

[1] A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership):
   a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved;
   b) must be at 75% for FY 2015 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3);
   c) at least 75% for FY 2015 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 75% for FY 2015 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and
   d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 75% for FY 2015 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization. Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the organization rests with the government.

Note: To be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the three criteria listed above.

**2. Special Eligibility Requirements:**

All applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. Applications that do not include a budget narrative and project narrative will be determined non-responsive. Complete applications will be jointly reviewed for responsiveness by HHS/CDC Division of Global HIV/AIDS and PGO. Non-responsive applications will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

**Non-Responsive Criteria**

The list below contains criteria for determining responsiveness to this FOA:

- Late submissions will be determined non-responsive. Please see section D, "Application and Submission Information," Part 4, "Submission Dates and Times" for the application deadline date. Please also see Section 16, "Other Submission Requirements" for information on technical difficulties and paper submission. All requests to submit a paper application must be received at least three calendar days prior to the application deadline.
- The applicant's proposed budget for year one must not exceed the ceiling of the individual award range listed in Section B, "Award Information." If a funding amount greater than the ceiling of the

individual award range is requested for year one, the application will be considered non-responsive and will not be entered into the review process.

- For multi-region FOAs: Applicants must prepare a separate application for each region listed in this FOA that they wish to apply for. The application must clearly specify the region on the title page of the project narrative. Applicants must also specify the region in the title of their project in Block 15 of the SF424. Applicants must use the version of the SF424 found at this link: http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf. Failure to indicate the region on the title page of the project narrative will result in a non-responsive determination for the application.

**Page Limitations**

- Applicants must abide by the page number limitation listed in Section D, #10 Project Narrative. Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
- 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.

**3. Justification for Less than Maximum Competition:**

N/A

**4. Other:**

N/A

**5. Cost Sharing or Matching:**

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

**6. Maintenance of Effort:**

Maintenance of Effort is not required for this program.

## D. Application and Submission Information

Additional materials that may be helpful to applicants: http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf.

**1. Required Registrations:**

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. **Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees

must provide their DUNS numbers before accepting any funds.

b. **System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. **Grants.gov:** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

| Step | System | Requirements | Duration | Follow Up |
|---|---|---|---|---|
| 1 | Data Universal Number System (DUNS) | 1. Click on http://fedgov.dnb.com/webform<br>2. Select Begin DUNS search/request process<br>3. Select your country or territory and follow the instruction to obtain your DUNS 9-digit #<br>4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number | 1-2 Business Days | To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711 |
| 2 | System for Award Management (SAM) formerly Central Contractor Registration (CCR) | 1. Retrieve organizations DUNS number<br>2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) | 3-5 Business Days but up to 2 weeks and must be renewed once a year | For SAM Customer Service Contact www.fsd.gov/US Calls: 866-606-8220 |
| 3 | Grants.gov | 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization | Same day but can take 8 weeks to be fully | Register early! Log into grants.gov and check AOR status until it shows you have been approved |

| | | | | |
|---|---|---|---|---|
| | | representative (AOR)<br>2. Once the account is set up the E-BIZ POC will be notified via email<br>3. Log into grants.gov using the password the E-BIZ POC received and create new password<br>4. This authorizes the AOR to submit applications on behalf of the organization | registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov) | |

**2. Request Application Package:**

Download the application package from www.grants.gov

**3. Application Package**

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-32-6348.

**4. Submission Dates and Times:**

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

a. **Letter of Intent (LOI) Deadline Date**: (must be postmarked by): N/A

b. **Application Deadline Date:** October 16, 2014 at 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. Late submissions will be considered non-responsive.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

**5. CDC Assurances and Certifications:**

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on www.grants.gov.
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Assurances and certifications submitted directly to CDC will be kept on file for 1 year and will apply to all applications submitted to CDC within one year of the submission date.

**6. Content and Form of Application Submission:**

Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

**7. Letter of Intent (LOI):**

A letter of intent is not applicable to this funding opportunity announcement.

**8. Table of Contents:**

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov. There is no page limit. The table of contents is not included in the project narrative page limit

**9. Project Abstract Summary:**

(Maximum of 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

**10. Project Narrative:**

(Maximum of 18 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed).

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. **Background:** Applicants should provide a description of relevant background information that includes the context of the problem (see CDC Background).
b. **Approach**
   **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information should help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description).

   **Purpose:** Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.

   **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes should indicate the intended direction of change (i.e., increase, decrease, maintain). See the program logic model in the Approach section of the CDC Project Description. In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they

anticipate.

**Strategy and Activities:** The applicant must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide[2] (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

1. **Collaborations:** Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC.

   Applicants must file letters of support from the Ministry of Public Health: Directorate of Family Health (DFH) and Directorate of Disease Control (DDC); National AIDS Control Committee; Global Funds; and Cameroon Baptist Convention Health Board (CBCHB) as part of the appendix, name the files "Letters of Support," and upload as PDF files at www.grants.gov.

2. **Target Populations:** Applicants must describe the specific target population(s) to be addressed in their jurisdiction to allocate limited resources, target those at greatest health risk, and achieve the greatest health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or community served that are disproportionately affected by the public health problem, and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

   **Inclusion:** N/A

c. **Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.

[2] http://www.thecommunityguide.org/index.html

- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. **Organizational Capacity of Awardees to Execute the Approach:**
Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must submit CVs/Resumes of the Project Director (Principal Investigator), Project Manager, Finance Manager, Accountant, Technical Supervisor(s)/Coordinator(s), and M&E Manager, as well as detailed job descriptions of these key positions. Applicants must also submit Organizational Charts and evidence of officially authorized existence in Cameroon. These items must be submitted as part of the appendix, clearly named "CVs/Resumes," "Job Descriptions," "Organizational Charts," and "Evidence of Officially Authorized Existence in Cameroon," and uploaded as PDF files at www.grants.gov.

**11. Work Plan:**

(Included in the Project Narrative- 18 page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

**12. Budget Narrative:**

Applicants must submit an itemized, line-item budget and narrative with staffing breakdown (i.e., name, position title, annual salary, percentage of time and effort, and amount requested) and justification for all requested costs for the first budget period. Budgets must be consistent with the purpose, objectives of the Emergency Plan, and the program activities listed in this announcement. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Alterations and Renovations
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

The detailed budget should identify costs associated with potential data collection activities from persons, personal records, or for laboratory specimen collection and testing that may result in a public report. For each of the potential data collection activities, also state the costs for any preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation).

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. All budget justification pages must be numbered.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Applicants should name this "Budget Narrative" and upload as a PDF file to www.grants.gov.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants should name this file "Indirect Cost Rate" and upload to www.grants.gov.

If a funding amount greater than the ceiling of the individual award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

**13. Tobacco and Nutrition Policies:**

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

**Tobacco Policies:**

1. Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee
2. Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee
3. Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee

**Nutrition Policies:**

1. Healthy food service guidelines should at a minimum, align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)
2. The following are resources for healthy eating and tobacco free workplaces:

http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
http://www.thecommunityguide.org/tobacco/index.html
http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm

**14. Intergovernmental Review:**

Executive Order 12372 does not apply to this program.

**15. Funding Restrictions:**

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC's budget guidelines.
- Pre-award costs may be allowable for successful applicants under this FOA prior to award.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- The applicant may contract with other organizations under this program; however 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.)
- All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
- Human subjects 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. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer. All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.
- Needle Exchange – No funds made available under this award may be used for needle exchange programs.
- The recipient must use funds provided under the agreement for costs incurred in carrying out the

purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.

- "Reasonable" means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
- "Allocable" means the costs are necessary to the award.
- "Allowable" means the costs are reasonable and allocable, and conform to any limitations set forth in the award.

- The recipient is encouraged to obtain the Grants Management Officer's written determination in advance whenever the recipient is uncertain as to whether a cost will be allowable.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Public Financial Management Assessment Clause: The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.
- It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: http://www.un.org/sc/committees/list_compend.shtml ). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.
- **Prohibition on Assistance to Drug Traffickers**
    - HHS/CDC reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/CDC who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
    - The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
    - The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
        - The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in

drug trafficking as defined in 22 CFR Part 140.

- **Conference Costs and Fees**
  U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the CDC in writing.
    - Definitions:
      - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
      - An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
      - A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.
- **Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials**
  IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.

  PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.
- **Attribution to PEPFAR**
    - All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: "This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH15-1508."
- **Abortion and Involuntary Sterilization Restrictions**
    - Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
    - Prohibition on Abortion-Related Activities:
      - No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to

have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
    - No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded
- **Prostitution and Sex Trafficking**
    - A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.
- **Trafficking in Persons Provision**
    - No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
        - engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
        - procure any sex act on account of which anything of value is given to or received by any person; or
        - use forced labor in the performance of this award.
    - If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employee's conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/CDC may, without penalty, (i) require the Grantee to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
    - For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.
    - The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees
- **Requirements for Voluntary Family Planning Projects**
    - A family planning project must comply with the requirements of this paragraph.
    - A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
    - (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning

acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
    - The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
    - The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
    - The recipient must provide CDC such additional information about violations as CDC may request.

- **Investment Promotion**
    - No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
    - In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
    - The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- **Worker's Rights**

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term "worst forms of child labor" means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

- **Contract Insurance Requirement**
  To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers' compensation insurance or security as required by HHS/CDC.
- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.
- **Conscience Clause**
  An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
  - Shall not be required, as a condition of receiving such assistance—
  - To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
  - To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
  - Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

- **Medically Accurate Information About Condoms**
  Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.
- **Financing of Terrorism**
  Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) (http://www.undemocracy.com/S-RES-1269(1999).pdf), UNSCR 1368 (2001) (http://www.undemocracy.com/S-RES-1368(2001).pdf), UNSCR 1373 (2001) (http://www.undemocracy.com/S-RES-1373(2001).pdf), and UNSCR 1989 (2011), both HHS/CDC and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/CDC funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.
- **Source and Nationality and Other Procurement Restrictions**
  - Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/CDC may otherwise agree in writing and as follows:
    - Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
    - Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.
  - The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
  - Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
  - Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification, to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.
  - Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
  - Eligible countries for procurement: HHS/CDC to identify for specific agreement.
  - Transportation
    - In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
    - Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise

agrees in writing:

- At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
- At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the Grantee on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

- **Environmental Impact Statement**
  HHS/CDC and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies.
  - The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:
    - Coversheet;
    - Narrative with project specific information, including level of effort;
    - Annexes:
      - Environmental Screening Form (Table 1);
      - Identification of Mitigation Plan (Table 2);
      - Environmental Monitoring and Tracking Table (Table 3);
    - Photos and Maps, as appropriate.
  - The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to HHS/CDC.
- **Branding**
  All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at http://www.pepfar.gov/reports/guidance/branding/index.htm
- **The 8% Rule**
  The 8% rule does not apply to Cameroon because the country is not required to have a Country Operations Plan (COP) in place.

**16. Other Submission Requirements:**

**a. Electronic Submission:** Applications must be submitted electronically at www.grants.gov. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then submit the application by uploading it at www.grants.gov website. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO TIMS staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov.

If Internet access is not available or if the forms cannot be accessed on-line, applicants may

contact the PGO TIMS staff at 770-488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 am–4:30 pm Eastern Standard Time (EST), except federal government holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

Do not use "special characters (i.e. %, &, * etc.) on the cover page of your application (form SF 424 – Application for Federal Assistance) as special characters are not recognized by the electronic system. Use of special characters may result in your application being rejected. When copy/paste is used on application documents, the grantee should ensure that text only is pasted. When extra, blank spaces at the end of the original are pasted into the new document it causes the system to reject the document.

a. **Tracking Number:** Applications submitted through www.grants.gov, are time/date stamped electronically and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document that the application has been submitted and initiates the electronic validation process before the application is made available to CDC.

c. **Validation Process:** Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a "submission receipt" email generated by www.grants.gov. A second email message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

d. **Technical Difficulties:** If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by HHS.

If Grants.gov is inoperable and cannot receive applications due to an emergency or other unanticipated event that results in the suspension of government operations (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical

difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must include the following three items:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## E. Application Review Information

### 1. Review and Selection Process:

Applications will be reviewed in three phases

#### a. Phase I Review:

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC Division of Global HIV/AIDS and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

#### b. Phase II Review:

An objective review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

Ability to Carry Out the Proposal (20 points):
Does the applicant demonstrate the local experience in Cameroon and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices? (10 points).
Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (5 points)
Is there evidence of current or past efforts to enhance HIV prevention, care and treatment in country? Where applicable, does the applicant have the capacity to reach rural and other underserved populations in Cameroon? Where applicable, does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (5 points)

Technical and Programmatic Approach (20 points):
Does the application include an overall strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed outcomes? (5 points)
Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and

those principles and goals? (5 points)
Does the applicant describe activities that are evidence-based, realistic, achievable, measurable, and culturally appropriate to achieve the goals of the President's Emergency Plan? (5 points)
Does the application propose to build on and complement the current national response with evidence-based strategies designed to meet the goals of the President's Emergency Plan? Does the application include reasonable estimates of output targets? (For example, the numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? (5 points)
The reviewers will assess the feasibility of the applicant's plan to meet the outcomes, congruency of application with the logic model, whether the proposed use of funds is efficient, and the extent to which the specific methods described are appropriate for the local culture.

Understanding of the Problem (10 points):
Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? (5 points)
Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? To what extent does the applicant justify the need for this FOA within the target community? (5 points)

Capacity Building (15 points):
Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively strengthen the capacity of local organizations and target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the sustainability of project results in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12" targets of the President's Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response? (15 points)

Monitoring and Evaluation (15 points):
Does the applicant demonstrate the local experience and capability to implement performance monitoring and rigorous evaluation of the project? Does the evaluation and performance measurement plan appropriately address the components specified in this announcement (i.e. key evaluation questions, types of evaluations to be conducted, performance measures (i.e. indicators), how often performance measures must be reported, how evaluation and performance measurement will track how target populations are affected by FOA strategies, how evaluation findings and performance measures will be used and yield findings to demonstrate the value of the FOA, and how results will be disseminated)? Does the applicant describe a performance monitoring system used to routinely review data and adjust program activities accordingly? Is the evaluation and performance plan consistent with the principles of the "Three Ones? Are there performance measures (i.e. indicators) developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide and other HHS/CDC requirements? Does the applicant demonstrate a system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan and HHS/CDC priorities? (15

points)

Personnel (10 points):
Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention, care and treatment activities; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):
Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community-based organizations, faith-based organizations or smaller non-governmental organizations; and where appropriate providing technical assistance in health system strengthening activities such as laboratory or pharmacy management? (10 points).
The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Budget (Reviewed Not Scored)
Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

**c. Phase III Review:**

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this FOA apply. Final selection and approval of activities will be prioritized in collaboration with CDC.

In addition, the following factors may affect the funding decision:

Funding Preferences (30 points):
In addition to direct consideration of findings from the Objective Review Panel, funding under this award will be subject to several preferences based on programmatic needs and in-country strategic priorities. Applicants meeting the criteria set forth in these funding preferences will receive additional points beyond the possible total of 100 as follows:

<u>Funding Preference 1</u> (10 points)
Applicants can apply to either funding preference 1A or funding preference 1B, using the

instructions below:

- Funding preference 1A: Preference to local and indigenous organizations
  - Deliverable 1A:
    - Letter from the PI clearly demonstrating how the organization meets one of the published criteria of a PEPFAR local partner, as listed in Section C.1 above; and
    - Local and indigenous organizations must demonstrate their authorization to operate in Cameroon by providing an official copy of the legal document signed by the Cameroon Ministry of Territorial Administration and Decentralization
  - Label for Deliverable 1A: Funding preference for local and indigenous organizations
- Funding preference 1B: international organizations with established authorized local presence.
  - Deliverable 1B: International organizations must demonstrate their authorized local presence in Cameroon with an official copy of legal document signed by the Cameroon Ministry of Territorial Administration and Decentralization.
  - Label for Deliverable 1B: Funding preference to international organizations with established authorized local presence

Funding Preference 2: Preference to organizations that demonstrate experience conducting similar work in the indicated regions (Littoral and Center) in Cameroon. (20 points)
Deliverable 2: At least one report describing similar work in the indicated regions (Littoral and Center) in Cameroon and the outcomes of that work.
Label for Deliverable 2: Funding preference for demonstrated experience

Each funding preference deliverable must be submitted as part of the appendix, clearly named using the label for the deliverable above, and uploaded as a PDF file at www.grants.gov. Funding preference points will not be awarded to applicants who do not provide the required deliverable for the applicable funding preference. Funding preference points will not be awarded to applicants who fail to label the supporting documentation as required to certify the deliverable for the funding preference.

**CDC will provide justification for any decision to fund out of rank order.**

**2. Anticipated Announcement and Award Dates:**

The anticipated announcement date is August 2014. The award date will be April 1, 2015.

## F. Award Administration Information

**1. Award Notices:**

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

**2. Administrative and National Policy Requirements:**

Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (If applicable applicants should be aware of the program's current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.)
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)

Potentially Applicable Public Policy Requirements

- False or Misleading Information
- Taxes: Certification of Filing and Payment of Taxes
- Fly America Act/ U.S. Flag Air Carriers
- National Environmental Policy Act

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce.

If applicable, award recipients will be required to submit an electronic version of the final, peer-

reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms.

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

**3. Reporting:**

**a. CDC Reporting Requirements:**

Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to applicants, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

**b. Specific Reporting Requirements:**

**i. Awardee Evaluation and Performance Measurement Plan:**

Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan should be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan should build on the elements stated in the initial plan, and should be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm

**ii. Annual Performance Report:**

(due no later than 120 days before the end of the budget period and serves as a continuation application).

This report must not exceed 35 pages excluding work plan and administrative reporting. Attachments are not permitted, but web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov no later than 120 days before the end of the

budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed
- **Evaluation Results** –Awardees must report evaluation results for the work completed to date (including any impact data)
- **Work Plan (maximum of 25 pages**) – Awardees should update work plan each budget period
- **Successes**
  - ✓ Awardees must report progress on completing activities outlined in the work plan
  - ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
  - ✓ Awardees must describe success stories
- **Challenges**
  - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
  - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
  - ✓ Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting (not subject to page limits)**
  - ✓ SF-424A Budget Information-Non-Construction Programs
  - ✓ Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section
  - ✓ Indirect Cost Rate Agreement
  - ✓ Pipeline Analysis – Expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low)
- **Measures of Effectiveness**
  - ✓ Include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Cameroon and HHS/CDC guidance

**iii. Performance Measure Reporting:**

CDC programs must require awardees to submit performance measures annually at a minimum, and may require reporting more frequently. Performance measure reporting should be limited to the collection of data. When funding is awarded initially, CDC programs should specify reporting frequency, required data fields, and format.

**iv. Monitoring Reporting and Evaluation:**

CDC programs must ensure that grantee's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring Reporting and Evaluation (MER) strategy and CDC's Data for Partner Monitoring Program (DFPM).

**v. Federal Financial Reporting:**

The annual FFR form (SF-425) is required and must be submitted through eRA Commons[3] within 90 days after the end of the calendar quarter in which the budget year ends. The report should include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

**vi. Final Performance and Financial Report:**

At the end of the project period, awardees must submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. The page limit for this report is not to exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures for the project period.
- Evaluation results – Applicants must report final evaluation results for the project period
- Impact of Results – Applicants must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425)

Awardees should e-mail the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

**4. Federal Funding Accountability and Transparency Act of 2006:**

Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

[3] https://commons.era.nih.gov/commons/

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/asfr/ogapa/aboutog/Grants%20Management%20Information/ffata_guidelines.html.

**5. Programmatic Impact Reporting and Monitoring:**

A. The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient's agreement.

B. The recipient must submit the original and two copies of annual and quarterly performance reports and quarterly pipeline analysis reports. Annual reports must be due 90 calendar days after the award year and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

C. Performance reports must generally contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan (section on M&E), any findings of an external entity, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data must be included in the reports and be related to cost data for computation of unit costs. Also included should be a brief description of the methods used to assure and assess the quality of the quantitative data, including any remediation taken to improve findings of poor data quality.
- Reasons why established goals for the performance period were not met, if appropriate.
- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
- The recipient must immediately notify the awarding agency of developments that have a significant impact on the award-supported activities. Also, recipients must give notification immediately in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.
- The Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).

The recipient is required to submit in a timely manner both semi-annual and annual program results for all relevant programmatic indicators in accordance with U.S. government guidance.

**6. Monitoring and Evaluation:**

A. The recipient must submit a monitoring and evaluation plan for approval, and carry out monitoring and evaluation activities in accordance with the approved monitoring and evaluation plan. 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.

B. HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Monitoring System and implementation of Data and Service Quality Assessments.

**7. Expenditure Analysis**

Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

**8. Audit, Books, and Records Clause:**

A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.

B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.

C. Partner Government Audit. If $300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:

i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.

ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the

Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.

D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.

i. "Covered" sub-recipient is one who expends $300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).

ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.

iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.

iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.

F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.

G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.

H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.

I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (1), (2), (4), (5), (6), (7) and (8) of this provision into all sub-agreements with non-U.S. organizations which meet the $300,000 threshold of paragraph (3) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the $300,000 threshold, must, at a minimum, incorporate paragraphs (7) and (8) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

**9. Reporting of Foreign Taxes**

A. Value Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
   a. grantee name;
   b. contact name with phone, fax, and e-mail;
   c. agreement number(s) if reporting by agreement(s);
   d. reporting period;
   e. amount of foreign taxes assessed by each foreign government;
   f. amount of any foreign taxes reimbursed by each foreign government;
   g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable

subgrants and other subagreements.

**10. Human Subjects Restrictions:**

Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHA Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Grantee has not been granted an exception to the deadlines specified above.

## G. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Omotayo Bolu, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Standard Chartered Bank Building
Hippodrome
Yaounde, Cameroon
Telephone: + 23722201500
Email: obb3@cdc.gov

For financial, awards management, or budget assistance, contact:

Arthur Lusby, Grants Management Officer
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K75
Atlanta, GA 30341
Telephone: 770-488-2865
Email: cmx3@cdc.gov

For assistance with submission difficulties related to www.grants.gov, contact:

www.grants.gov Contact Center: 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other submission questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348

## H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract (required form)
- CDC Assurances and Certifications (required form)
- Table of Contents for Entire Submission (no page limit)
- Project Narrative/Work Plan (maximum 18 pages)
- Budget Narrative (no page limit)
- SF424 (required form)
- SF424A (required form)

Applicants may submit additional information in an Appendix. The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages**. Any pages after page 90 of the appendix will not be considered for review. The following documents must be included in the application appendices:

- **Resumes/CVs of current key staff** who will work on the activity, including, but not limited to: Principal Investigator, Business Official, Project Manager
  - **Please refer to Section D, #10, part d, "Organizational Capacity of Awardees to Execute the Approach" for specific job descriptions required in this FOA, as applicable**
- **Job Descriptions** of proposed key positions to be created for the activity, including, but not limited to: Principal Investigator, Business Official, Project Manager
  - **Please refer to Section D, #10, part d, "Organizational Capacity of Awardees to Execute the Approach" for specific job descriptions required in this FOA, as applicable**
- **Letters of support:** See Collaborations section and Funding Preference section, as applicable
- **Memorandums of Understanding/Agreements (MOU/MOA):** See Collaborations section and Funding Preference section, as applicable
- **Organizational Chart**
- **Organizational Ability Description**
- **Evidence of Officially Authorized Existence in Cameroon**
- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms,** if applicable
- ***Funding Preference deliverables*:** See Funding Preference section in Section E, as applicable
  - ***If applying for the funding preference for local partner*,** the applicant must submit documentation to self-certify how the applicant meets the PEPFAR local partner definition listed in Section C, Eligibility Information in this FOA. The applicant must label the supporting documentation as "Eligibility Documentation for PEPFAR Local Partner Definition" and must clearly identify which criteria under paragraph 1, 2, or 3 their organization meets, and provide sufficient documentation to certify how their organization meets that criterion. Funding preference points will not be awarded to applicants who do not provide and/or label the supporting documentation required to meet the PEPFAR Local Partner definition.

Any additional information submitted via www.grants.gov must be uploaded in a PDF file format, and should be clearly labeled (i.e.: Letters of support should be named "letters of support").

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in www.grants.gov. All Q&As will be published on the DGHA Website http://www.cdc.gov/globalaids/global-hiv-aids-at-cdc/FOA.html.

All changes, updates, and amendments to the FOA will be posted to www.grants.gov following the approval of CDC.

For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found on Grants.gov website, at the following internet address: http://www.grants.gov.

## I. Glossary

**Administrative and National Policy Requirements, Additional Requirements (ARs):** outline the Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

**Authority:** Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of Global Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.

**Budget Period/Year:** the duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.

**Carryover:** Unobligated Federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

**Catalog of Federal Domestic Assistance (CFDA):** A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**CFDA Number:** The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

**Competing Continuation Award:** An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument establishing a binding legal procurement relationship between CDC and a

recipient obligating the latter to furnish a product.

**Cooperative Agreement:** An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

**Direct Assistance:** assistance given to an applicant such as federal personnel or supplies. See http://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html.

**Federal Funding Accountability And Transparency Act Of 2006 (FFATA):** Requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single website, www.USAspending.gov.

**Fiscal Year:** The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

**Grant:** A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term does not include: a Federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

**Grants.gov:** A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

**Health Disparities:** are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

**Healthy People 2020:** Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

**Inclusion:** Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

**Indirect Costs:** Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

**International public health work:** For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders ("legislation or other orders"), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grass Roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Maintenance of Effort:** A requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-Federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

**Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA):** is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

**New FOA:** Any FOA that is not a continuation or supplemental award.

**Non-Governmental Organization:** A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

**Notice of Award:** The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the individuals responsible for making award decisions.

**OGC:** Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

**Outcome:** The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

**Performance Measures:** Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Plain Writing Act of 2010:** The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. www.plainlanguage.gov

**Procurement and Grants Office (PGO):** PGO is the only entity within CDC which can obligate federal funds. PGO provides non-programmatic management for all CDC financial assistance activities (grants and cooperative agreements) and manages and awards all CDC contracts.

**Program Strategies:** Public health interventions or public health capabilities.

**Program Official:** The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similar staff member.

**Project Period Outcome:** An outcome that will result by the end of the FOA period of funding.

**SAM:** The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

**Statute:** An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

**Statutory Authority:** A legal statute that provides the authority to establish a Federal financial assistance program or award.

**Technical Assistance:** The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

**Work Plan:** The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.