Funding Opportunity Announcement (FOA)

Implementing Technical and Science Support Services (TSSS) in the Republic of Rwanda under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH15-1570

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

Contents

Part I. Overview Information 1

A. Federal Agency Name 1
B. Funding Opportunity Title 1
C. Announcement Type: 1
D. Agency Funding Opportunity Number 1
E. Catalog of Federal Domestic Assistance Number 1
F. Dates 1
G. Executive Summary 1

Part II. Full Text 2

A. Funding Opportunity Description 2
1. Background: 2
a. Statutory Authorities 4
b. Healthy People 2020: 4
c. PEPFAR Priorities and Strategies 5
d. Other National Public Health Priorities and Strategies: 5
e. Relevant Work: 5
2. CDC Project Description 6
a. Approach: 6
i. Problem Statement: 13
ii. Purpose 13
iii. Outcomes 13
iv. Funding Strategy 15
v. Strategies and Activities 16
b. Evaluation and Performance Measurement: 19
i. CDC Evaluation and Performance Measurement Strategy: 19
ii. Applicant Evaluation and Performance Measurement Plan: 25
c. Organizational Capacity of Awardees to Execute the Approach: 25
d. Work Plan: 25
e. CDC Monitoring and Accountability Approach 25
f. CDC Program Support to Awardees 26

B. Award Information 27
1. Type of Award: 27
2. Award Mechanism: 27
3. Fiscal Year: 27
4. Approximate Total Fiscal Year Funding: 27
5. Approximate Total Project Period Funding: 28
6. Total Project Period Length: 28
7. Approximate Number of Awards: 28
8. Approximate Average Award: 28
9. Floor of Individual Award Range: 28
10. Ceiling of Individual Award Range: 28

11. Anticipated Award Date: ... 28
12. Budget Period Length: ... 28
13. Funds Tracking: ... 28
14. Direct Assistance: ... 28
15. Indirect Costs: ... 29
C. Eligibility Information ... 29
1. Eligible Applicants: ... 29
2. Special Eligibility Requirements: ... 29
3. Justification for Less than Maximum Competition: ... 29
4. Other: ... 30
5. Cost Sharing or Matching: ... 30
6. Maintenance of Effort: ... 30
D. Application and Submission Information ... 30
1. Required Registrations: ... 30
2. Request Application Package: ... 31
3. Application Package ... 31
4. Submission Dates and Times: ... 31
5. CDC Assurances and Certifications: ... 32
6. Content and Form of Application Submission: ... 32
7. Letter of Intent (LOI): ... 32
8. Table of Contents: ... 32
9. Project Abstract Summary: ... 32
10. Project Narrative: ... 32
11. Work Plan: ... 34
12. Budget Narrative: ... 34
13. Tobacco and Nutrition Policies: ... 35
14. Intergovernmental Review: ... 36
15. Funding Restrictions: ... 36
16. Other Submission Requirements: ... 45
E. Application Review Information ... 46
1. Review and Selection Process: ... 46
a. Phase I Review: ... 46
b. Phase II Review: ... 46
c. Phase III Review: ... 46
2. Anticipated Announcement and Award Dates: ... 46
F. Award Administration Information ... 47
1. Award Notices: ... 47
2. Administrative and National Policy Requirements: ... 47
3. Reporting: ... 48
a. CDC Reporting Requirements: ... 48
b. Specific Reporting Requirements: ... 48
i. Awardee Evaluation and Performance Measurement Plan: ... 48

ii. Annual Performance Report: 49
iii. Performance Measure Reporting: 50
iv. Monitoring Reporting and Evaluation: 50
v. Federal Financial Reporting: 50
vi. Final Performance and Financial Report: 50
4. Federal Funding Accountability and Transparency Act of 2006: 51
5. Programmatic Impact Reporting and Monitoring: 51
6. Monitoring and Evaluation: 52
7. Expenditure Analysis 52
8. Audit, Books, and Records Clause: 52
9. Reporting of Foreign Taxes 54
10. Human Subjects Restrictions: 55
G. Agency Contacts 55
H. Other Information 56
I. Glossary 57

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-GH15-1570. 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

Implementing Technical and Science Support Services (TSSS) in the Republic of Rwanda 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-GH15-1570

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: December 6, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

Informational conference call or pre-application workshop if held in person for potential applicants: N/A

G. Executive Summary

1. **Summary Paragraph**

The Technical Science, and Support Services (TSSS) announcement is the mechanism through which the CDC-Rwanda program, under the President's Emergency Plan for AIDS Relief (PEPFAR), will support the following:

- Evidence-based decision making, technical leadership, and coordination for quality HIV prevention and care and treatment services;
- Strengthening and improvement of the quality of laboratory services throughout the network; and,
- Assurance and maintenance of a low-risk voluntary donor base for safe, adequate blood.

The TSSS announcement is to solicit one award comprising three distinct components. Overall, the announcement will seek to provide Rwanda with the resources to strengthen local capacity to respond to HIV/AIDS effectively and efficiently as well as to build a sustainable national HIV/AIDS program based on evidence. The primary objective is to equip health professionals with skills and knowledge to provide high-quality services that reduce morbidity, mortality, and improve the overall quality of life and life productivity of people living with HIV (PLHIV) in Rwanda. Additionally, this component will support

strategic information systems to track treatment outcomes such as viral load suppression, as well as staff training and supervision of services provided to PLHIV. The information generated will provide evidence for decision making and trigger positive changes to programmatic and service delivery practices.

The Rwandan Ministry of Health (MOH) mandates the top tier reference laboratory to oversee and coordinate the national laboratory network. This component will focus on coordinating this network based on a comprehensive approach of capacity-building, quality testing, and accreditation. Through coordination, site visits, monitoring of health facilities, mentorship, and trainings, the aim is to build the capacity of health facilities to carry out clinical laboratory tests. In addition, this component will support decentralization and sample transportation to increase geographical access to specialized testing for support of prevention, clinical care, and the monitoring of treatment failure of ARVs. Laboratory information systems will also be scaled-up and linked to other electronic health information systems. To ensure the accuracy and reliability of the results, support will be provided to external quality assurance (EQA) and national quality assurance programs. International accreditation will be a priority for systems strengthening of integrated laboratory services.

To strengthen the blood safety program of Rwanda, all blood and blood products for clinical use are ensured to be free of transfusion transmissible infections including HIV. This will be done through an integrated approach to safe blood through continued recruitment and maintenance of a voluntary low-risk blood donor base, decentralization of screening of all blood units for transfusion transmissible infections (TTIs), and the storage and distribution of blood and blood products. In addition, blood bank information systems will be maintained and linked to other electronic health information systems. Achievement of these goals will require the application of national guidelines and the procurement of laboratory equipment and reagents. Capacity building, implementation of quality management systems, and international accreditation will also be priorities.

a.	**Eligible Applicants:** Single Eligibility
b.	**FOA Type:** Cooperative Agreement
c.	**Approximate Number of Awards:** 1
d.	**Total Project Period Funding:** None
e.	**Average One Year Award Amount:** $12,078,648.00 total Fiscal Year funding: $6,102,522.00 for Component A $1,950,142.00 for Component B $4,025,984.00 for Component C
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:

HIV prevalence still remains a public health concern in Rwanda. The 2010 Demographic and Health Survey (DHS 2010) show HIV prevalence in Rwanda is 3% among the general population. HIV prevalence is three times higher in urban areas (7.1%) compared to rural areas (2.3%). Even though the country has

a generalized epidemic, different dynamics and drivers exist among certain KPs, increasing their risk of HIV infection and its transmission to the general population. These groups include female sex workers (FSWs) and men who have sex with men (MSM), along with their sexual partners. According to the 2012 Modes of Transmission (MOT) model, stable heterosexual relationships constitute 65% of new infections, including discordant couples.

To respond to the HIV epidemic over the last decade, Rwanda expanded clinical and prevention services to increase the geographical coverage and access to care to achieve universal ART access. With support from PEPFAR and other international donors, Rwanda increased the number of health facilities with the capacity to provide HIV prevention and care and treatment services, including laboratory testing. ART services in Rwanda have enrolled more than 130,000 HIV patients at over 450 health facilities.

The Rwanda Ministry of Health (MOH) recognizes the critical role medical laboratories play in delivering quality health care. MOH has strengthened Rwanda's tiered laboratory network by leveraging funding from HIV/AIDS prevention, care, surveillance, and treatment programs to improve integrated laboratory services countrywide. The network is linked to a sample referral and transportation system that ensures access to clinical tests nationwide. With support from CDC, 37 district hospitals outside Kigali have a sample transportation system which delivers patient samples for specialized tests such as viral load (VL), early infant diagnosis (EID), and genotyping as well as quality assurance retesting samples from the network to NRL.

Rwanda currently has an excellent blood supply and distribution system. With support from CDC, the MOH focused on national efforts to combat HIV transmission through provision of safe blood as a central prevention strategy. CDC funding supported rehabilitation of central and regional blood transfusion centers, procurements of reagents, supplies, equipment, and staff trainings. Today, Rwanda has five functional Regional Centers for Blood Transfusion (RCBT) in each province. All blood units collected are screened at Kigali National Center for Blood Transfusion (NCBT) for transfusion transmissible infections and fractionated to the respective blood components. Regional blood centers focus on blood collection, distribution, and storage. To ensure continued success in the provision of safe, adequate blood in all regions, Rwanda will need support in: 1) Improved and sustained quality in blood donation and blood transfusion activities; 2) Increased access to safe and adequate blood; 3) Capacity-building and systems strengthening of NCBTs through trainings and international accreditation; 4) Ensured sustainability through a cost-recovery plan.

In collaboration with CDC, MOH improved its health information system, including the implementation of a laboratory information system (LIS) at NRL to improve sample management. However, LIS is yet to be scaled up to the laboratory network. In addition, a database of all blood donors is maintained using a Blood Establishment Computer System (BECS) at all blood transfusion centers to support traceability.

Currently, the degree of institutionalization of quality assurance in the health sector is still low and quality assurance is weak at all levels of the health system. There is not yet a fully functional structured system for measuring compliance to standards with the aim of improving care and treatment outcomes. However, Rwanda has recently launched a series of activities to improve the quality of care delivered in different health services through trainings, implementation of standards, quality assessments and using continuous quality improvement methods. To strengthen systems across all areas, MOH is pursuing accreditation of the National Center for Blood Transfusion as well as the tiered laboratory network.

These new initiatives in the country require qualified human resources at different levels of the Rwanda health care provision system. Current monitoring and evaluation interventions as well as collection and

use of surveillance data need to be continued in order to document past performance and inform future direction of the program, along with improvement in accurate and timely strategic information.

This announcement responds to the needs of Rwanda's Health Sector Strategic Plan III and HIV National Strategic Plan (NSP) 2013-2018. The NSP's overall prevention goals are to reduce new HIV infections, improve quality of care in people living with HIV (PLHIV), and reduce HIV-related morbidity and mortality. In turn, these efforts will contribute to PEPFAR's goal of an AIDS-free generation. To promote sustainability and high quality of HIV, laboratory, and blood safety services, PEPFAR supports organizational and institutional strengthening through the capacity building of health care providers.

For the past 10 years, CDC support to Rwanda through the PEPFAR program, focused on several programmatic areas including HIV prevention; care and treatment; laboratory services; and strengthening Rwanda capacity to improve surveillance systems and management of national HIV/AIDS programs. Key prevention and care interventions provided so far include Prevention of Mother to Child Transmission (PMTCT), HIV Testing and Counseling (HTC), Voluntary Medical Male Circumcision (VMMC), care and treatment for HIV/AIDS, screening, diagnosis, and treatment of sexually transmitted infections and opportunistic infections (OIs). CDC has supported the strengthening of the HIV surveillance system, monitoring of the HIV/AIDS program, implementation of LIS and BECS, as well as national accreditation of the laboratory network and CNTS.

Training strategies as recommended by the national policy include Training of Trainers (TOT) at the district levels conducted by the MOH central level entities and Training of Providers (TOP) conducted by district hospitals. Capacity building of the health workforce is done through quality improvement activities, mentorship, supervision and trainings including the Field Epidemiology and Laboratory Program (FELTP) that has been supported by PEPFAR for the past four years and managed by the Rwanda University School of Public Health.

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).

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	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities				
Develop, update, print and disseminate national policies, national clinical norms, guidelines, job aids, and standardized data collection tools for the management of HIV, other related opportunistic infections, and comorbidities	Developed and disseminated national policies, national clinical norms, guidelines, job aids, and standardized data collection tools Available policies, national guidelines, job aids, and standardized data collection tools used at sites level	**Improved uptake and implementation of standardized HIV/AIDS prevention, care and treatment service delivery guidelines and policies in supported sites**	**Improved quality of prevention, HIV care and treatment and other related diseases service delivery** **Increased ART coverage for HIV positive pregnant women** **Increased proportion of PLHIV receiving adequate follow-up care (including regular clinical assessment, CD4 and VL testing, TB screening as well as Cotrimoxazole prophylaxis)**	**Increased proportion of adults and children known to be alive and on treatment after initiation of antiretroviral therapy**
Conduct integrated trainings for health care providers to improve coordination, collaboration, and communication across different health programs	Trained health care providers through integrated curriculum Health facilities with integrated programs (e.g., TB/HIV, Family Planning,)	**Improved coordination and integration of services at health facilities** **Increased collaboration amongst TB and HIV programs** **Increased collaboration amongst Family Planning and HIV programs**	**Increased linkage into care** **Increased proportion of health facilities with TB cases knowing their HIV Status** **Increased service delivery points with co-infected TB cases on ART** **Increased service delivery points providing integrated**	**Improved sustainable HIV program and health system** **Improved quality of services and health care systems**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
			voluntary family planning services	
Train public health professionals through the FELTP Program	Graduated Public health professionals from the FELTP program	**Enhanced disease surveillance and outbreak responses**	**Increased utilization and application of skills to respond to outbreaks in a timely, efficient and effective manner**	
Provide comprehensive HIV care and treatment and task shifting trainings to health providers in order to improve prevention, quality of care and management of HIV/AIDS, comorbidities, and other chronic conditions	Trained health care providers in HIV prevention, care and treatment, comorbidities and other chronic conditions	**Increased task-shifting in the areas of pediatric care and treatment and prescription of second line anti-retroviral therapy (ART)**	**Increased knowledge and skills of health care providers in managing HIV, HIV comorbidities, and chronic diseases**	**Reduced HIV incidence** **Increased retention of PLHIV enrolled in the HIV Program** **Increased viral suppression for PLHIV on ART since 12 months**
Conduct supportive supervision visits to District hospitals	Reports from supportive sites visits conducted at District health hospitals	**Increased documented routine supportive supervision visits to HIV care and treatment sites in District**		**Improved and sustained quality of services provided to PLHIV**
Train health care providers on continuous quality improvement techniques	Health providers trained on quality improvement techniques	**Increased adoption of a quality improvement approach to delivering services at health facilities**	**Increased clinical services delivery sites with quality improvement activities implemented**	
Train and supervise public health professionals to conduct surveillance and survey activities (Disease Surveillance, Behavioral Surveillance Survey, AIDS Indicators Survey, DHS, etc.)	Local public health professionals trained in surveillance activities Supervisions conducted	**Improved routine surveillance data reporting of epidemiology and laboratories surveillance activities at national level** **Improved utilization of approved surveys and surveillance protocols**	**Improved availability of reliable and accurate data**	**Improved program management and decision making based on data** **Improved evidence-based and high quality programs based on**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
				surveillance and surveys' findings
Develop protocols for surveillance and survey actvities	Surveillance and survey protocols developed Surveillance and survey findings disseminated at site level and published in peer-reviewed journals	**Increased knowledge and skills of local staff to conduct quality surveillance and survey activities**		
Generate and collect quality data for evidence based decision making	Semi/annual program performance, monitoring, and program evaluation progress reports	**Increase in utilization of high quality data for decision making and program implementation**	**Improved quality of surveillance data for evaluating program performance**	
Component B: Strengthening Laboratory Services				
Support the development of a 5-year laboratory national strategic plan (NSP; 2015-2019) and policy document in line with the Rwanda Health Sector Strategic (HSSP III (2013-2018) Plan	Developed 5-year Laboratory NSP, National Quality Assurance and other Policy documents and Operational Plan in line with Rwanda national HSSP III	**Increased integration and standardization of laboratory services in tiered laboratory system**	**Increased adherence to national guidelines at sites providing comprehensive quality and integrated laboratory services**	**Country led comprehensive policies for integrated laboratory services**
Train health facilities on clinical laboratory services to support HIV/AIDS program	Health facilities have trained workforce able to carry out HIV-related tests	**Increased adherence of health facilities providing HIV related tests according to national guidelines**	**Increased number of facilities able to perform high quality HIV rapid diagnostic tests in health facilities**	**Improved Laboratory services infrastructure with national coverage**
Conduct mentorship and supervision visits	Sites receiving scheduled and as needed site mentorship and supervision visits	**Increased capacity of sites to maintain quality testing, enact corrective actions, and adhere to national guidelines**	**Improved laboratory services offering high quality, rapid testing services**	
Support decentralization of specialized tests to regional referral, provincial or district	Functional provincial laboratories with specialized testing and a sample referral	**Increased access to VL, EID and genotyping in selected provincial hospital**	**Improved care due to increased utilization of laboratory services**	**Maintained national network of laboratory services**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
hospitals and optimize sample transportation in regional referral networks	system National and regional sample transportation systems in all 4 provinces outside of Kigali Operational provincial laboratories providing geographical coverage and cost saving technologies for specialized testing countrywide	**laboratories** **Decreased turnaround time for VL and EID**		**that offer complex testing**
Enroll new laboratories and support those in process in international accreditation process and strengthen laboratory systems in line with the SLMTA	New laboratories assessed and ranked in the international laboratory accreditation process		**Improved quality of laboratory services and management systems**	**Internationally recognized clinical laboratories nationwide**
Assure quality through participation in EQA and Implementation National Rapid Testing Quality Improvement Initiative (NRTQII) based on national policy and WHO guidelines on HIV Rapid Testing	Quality managers trained in quality assurance in the tiered laboratory network Quality Assurance of HIV rapid testing and HIV related tests Utilization of logbook data analysis tool to monitor performance and corrective actions Annually certified HIV rapid test providers	**Improve quality of HIV Rapid Test**	**Increased accuracy in HIV Rapid Test**	**Improved quality of data on HIV epidemic**
Build capacity for laboratory	Laboratory technicians trained	**Increased adherence to**		**Sustained**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
safety and equipment management at all health facilities	on lab safety annually Laboratories' equipment maintenance plan developed and implemented	**laboratory safety and equipment management plans**		**integration of safe laboratory practice and equipment management in laboratory services**
Scale up the use of Laboratory Information System (LIS) into the district and referral hospitals to improve laboratory surveillance reporting	District and referral hospitals with connected and functional LIS	**Improved workflow and electronic sample management systems; decreased turnaround time for results; improved samples storage with electronic tracking**	**Improved laboratory documents and records management** **Improved reporting of laboratory surveillance**	**Increased utilization of LIS by referral and district hospitals using LIS**
Collaborate with the MOH to interface LIS with Electronic Medical Records (EMR)	LIS and EMR interfaced Laboratory data generated for linkages and wrap around programs	**Improve turnaround time for clinical Laboratory results** **Reduction of number of entry points for data collection**	**Improved patient care** **Enhanced linkage and data corroboration between lab and clinical care**	**Better data for improved decision making for patient care and treatment**
Support deployment of new technologies based on national plan and PEPFAR guidance for improved laboratory services	National Reference Laboratory and laboratory network validate use of new technologies such as point of care diagnostics	**Increased availability of new technologies in clinical services sites**	**Increased access to quality testing in clinical services sites**	**Improved care through use of new diagnostic technologies**
Component C: Strengthening Blood Safety and Transfusion Services				
Support blood collection through community mobilization, sensitization, expansion, and maintenance of blood donor data base	Sustained blood donation from low risk blood donors Blood units collected	**Increased awareness and utilization of blood donor database** **Increased collection and availability of safe blood**		**Sustained adequate blood supply countrywide**
Routine safety screening for transfusion transmissible infections (TTIs) and hemovigilance for all blood	Blood units and blood products screened for TTIs available nationwide	**Minimized transfusion transmissible infections and adverse reactions**		**Safe blood, cold-chain storage, and distribution system countrywide**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
units; fractionation, storage, and distribution for blood and blood products; reference cross match typing		**Increased efficiency in use of blood and blood products**		
Decentralize laboratory screening of TTIs to regional blood transfusion centers	Decentralized laboratory screening services Established centers for laboratory screening for TTIs	**Expanded capacity for TTIs screening**	**Increased laboratory capacity for blood screening**	**Sustained reduction of medical transmission of TTIs**
Support introduction of new blood testing technology according to national and PEPFAR guidelines	Adopted new technologies in blood transfusion services		**Increase efficiency in use of safe blood and blood products**	**Improved blood processing systems**
Training health care providers (blood donation/blood transfusion centers and health care providers) in blood safety and appropriate use of blood and blood products	Competent technical staff ensuring safe blood in all blood transfusion centers Competent transfusion committees in hospitals and clinic implementing appropriate use of blood	**Increased staff knowledge on blood screening and blood transfusion services**	**Improved competencies and skills of blood safety staff**	**Improved clinical care through safe blood transfusion practices**
Revise National Blood Transfusion (NBT) policy and develop guidelines and tools	Developed guidelines and blood safety policies	**Improved safe blood services countrywide according to standards**		**Maintained standardized blood safety policies**
Upgrade and maintain Blood Establishment Computer System (BECS) in all centers of blood transfusion	Maintained BECS in all centers of blood transfusion	**Improved electronic blood establishment records**	**Improved reporting and electronic blood safety data management**	**Improved electronic records for blood safety data**
Establish linkage between BECS and hospital EMR	Interoperability of BECS and Electronic Medical Records (EMR) implemented	**Improved traceability of blood donor/blood transfusion recipients**	**Improved patient care**	**Improved use of blood safety data for patient care, adverse effect surveillance, follow-up and link to**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
				care of TTI cases
Expand and maintain the Quality Management System (QMS) Program	Quality assurance policy in place Quality Officers trained EQA for all NCBT centers maintained	**Improved quality in blood safety practices at CBTs**		**Improved country led best quality practices in blood transfusion services**
Improve standards by system strengthening in line with international guidelines on Blood Bank/Transfusion Services; internal and external assessments; apply for international accreditation	Internal and external assessments	**Improved standards through International Accreditation for Centers for Blood Transfusion in Rwanda**	**Maintained standards through international accreditation**	**Country owned, sustainable internationally accredited standards in blood transfusion services in Rwanda**

i. Problem Statement:

As access to HIV services as well as geographic coverage improved tremendously in Rwanda, quality of care remains at the core of the country's HIV/AIDS program. Retention and adherence to ART services constitute immense challenges given factors such as the high turn-over of health care workers at HIV/AIDS service delivery sites. Strengthening laboratory systems is also a priority that will require both implementation of the Quality Assurance program nationwide to all health facilities providing testing services and continued pursuance of accreditation of the laboratory network due to needed decentralization of laboratory capacities. Furthermore, it is essential to address gaps in Rwanda's national blood transfusion and blood safety program, such as quality assurance and accreditation. Ultimately, coordination and integration of quality health services as well as capacity building at all levels of Rwanda's health sector are critical for sustaining reductions in morbidity, mortality, and HIV transmission towards achieving an AIDS-free generation.

ii. Purpose

The purpose of this announcement is to: provide Rwanda with resources to strengthen local capacity to respond to HIV/AIDS effectively and efficiently as well as to build a sustainable national HIV/AIDS program; strengthen the capacity of the top tier reference laboratory to perform and oversee laboratory services in Rwanda and to promote the quality of a laboratory network; and maintain an adequate safe blood supply with the implementation of a National Blood Transfusion policy and the capacity-building of the Regional Centers for Blood Transfusion, and health facilities.

Objectives:

- Improve the quality of care and treatment programs of HIV/AIDS, Sexually Transmitted Infections (STIs), Hepatitis B and C, TB, opportunistic infections, other related comorbidities, and chronic diseases as well as strengthen the strategic information capacity of Rwanda to implement high quality monitoring, evaluation, surveillance, and survey initiatives
- Build capacity of Rwanda health professional through quality improvement activities, mentorship, supervision, and trainings including the Field Epidemiology and Laboratory Program (FELTP)
- Support a national decentralized, high quality laboratory system according to the national Norms and Standards to enhance capacity for testing and clinical monitoring
- Promote a strengthened blood program in Rwanda with improved data management, traceability of donors and recipients, quality assurance programs, and accreditation

iii. Outcomes

Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities

- Improved uptake and implementation of standardized HIV/AIDS prevention, care and treatment service delivery guidelines and policies in supported sites
- Improved quality of prevention, HIV care and treatment and other related diseases service delivery
- Increased proportion of adults and children known to be alive and on treatment after initiation of antiretroviral therapy
- Increased ART coverage for HIV positive pregnant women
- Increased proportion of PLHIV receiving adequate follow-up care (including regular clinical assessments, CD4 and VL testing, TB screening as well as Cotrimoxazole prophylaxis)
- Improved coordination and integration of services at health facilities

- Increased collaboration amongst TB and HIV programs
- Increased collaboration amongst Family Planning and HIV programs
- Increased linkage into care
- Increased proportion of health facilities with TB cases who know their HIV status
- Increased service delivery points with co-infected TB cases on ART
- Increased service delivery points providing integrated voluntary family planning services
- Improved sustainable HIV program and health system
- Improved quality of services and health care systems
- Enhanced disease surveillance and outbreak responses
- Increased utilization and application of skills to respond to outbreaks in a timely, efficient and effective manner
- Increased task-shifting in the areas of pediatric care and treatment and prescription of second line anti-retroviral therapy (ART)
- Increased knowledge and skills of health care providers in managing HIV, HIV comorbidities, and chronic diseases
- Reduced HIV incidence
- Increased retention of PLHIV enrolled in the HIV Program
- Increased viral suppression for PLHIV on ART since 12 months
- Increased documented routine supportive supervision visits to HIV care and treatment sites in District
- Improved and sustained quality of services provided to PLHIV
- Increased adoption of a quality improvement approach to delivering services at health facilities
- Increased clinical services delivery sites with quality improvement activities implemented
- Improved routine surveillance data reporting of epidemiology and laboratories surveillance activities at national level
- Improved utilization of approved surveys and surveillance protocols
- Improved availability of reliable and accurate data
- Improved program management and decision making based on data
- Improved evidence-based and high quality programs based on surveillance and surveys' findings
- Increased knowledge and skills of local staff to conduct quality surveillance and survey activities
- Improved program management and decision making based on data
- Improved quality of surveillance data for evaluating program performance

Component B: Strengthening Laboratory Services

- Increased integration and standardization of laboratory services in tiered laboratory system
- Increased adherence to national guidelines at sites providing comprehensive quality and integrated laboratory services
- Country led comprehensive policies for integrated laboratory services
- Increased capacity of health facilities providing HIV related tests according to national guidelines
- Increased number of facilities able to perform high quality HIV rapid diagnostic tests in health facilities
- Improved Laboratory services infrastructure with national coverage
- Increased capacity of sites to maintain quality testing, enact corrective actions, and adhere to national guidelines

- Increased access to VL, EID and genotyping in selected provincial hospital laboratories
- Decreased turnaround time for VL and EID
- Improved care due to increased utilization of laboratory services
- Maintained national network of laboratory services that offer complex testing
- Improved quality of laboratory services and management systems
- Internationally recognized clinical laboratories nationwide
- Increased accuracy in HIV Rapid Test
- Improved quality of data on HIV epidemic
- Increased adherence to laboratory safety and equipment management plans
- Sustained integration of safe laboratory practice and equipment management in laboratory services
- Improved workflow and electronic sample management systems;
- Improved sample storage through electronic tracking
- Improved electronic laboratory documents and records management
- Improved reporting of laboratory surveillance
- Increased utilization of LIS by referral and district hospitals using LIS
- Improve turnaround time for clinical Laboratory results
- Reduction of number of entry points for data collection
- Improved patient care
- Enhanced linkage and data corroboration between lab and clinical care
- Better data for improved decision making for patient care and treatment
- Increased availability of new technologies in clinical services sites
- Improved care through use of new diagnostic technologies

Component C: Strengthening Blood Safety

- Increased blood units collected
- Increased donor base and blood units from all regions in the country
- Sustained adequate blood supply countrywide
- Minimized transfusion transmissible infections and adverse reactions
- Increased efficiency in use of blood and blood products
- Safe blood, cold-chain storage, and distribution system countrywide
- Expanded capacity for TTIs screening
- Increased efficiency in use of safe blood and blood products
- Increased staff knowledge on blood screening and blood transfusion services
- Improved clinical care through safe blood transfusion practices
- Maintained standardized blood safety policies
- Improved electronic blood establishment records
- Improved reporting and electronic blood safety data management
- Improved traceability of blood donor/blood transfusion recipients
- Improved use of blood safety data for patient care, adverse effect surveillance, follow-up and link to care of TTI cases
- Improved country led best quality practices in blood transfusion services
- Country owned, sustainable internationally accredited standards in blood transfusion services in Rwanda

iv. Funding Strategy

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

Component A. Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS

Epidemic and Related Comorbidities
Component B. Strengthening Laboratory Services
Component C. Strengthening Blood Safety and Transfusion Services

Applicants must submit a separate application for the program area they intend to implement or work in. In addition to the program narrative, the applicant must include a separate budget for each proposed program area and on form SF 424, block 15, "Descriptive Title of Applicant's Project," the applicant must state the program area 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 program areas. Applicants will be evaluated according to the strength of their responses per program area. More than one applicant will not be funded for the same program area under this award.

Applicants must use this version of the SF424 to specify their proposed program area 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

Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities

- Develop, update, print and disseminate national policies, national clinical norms, guidelines, job aids, and standardized data collection tools for the management of HIV and other related opportunistic infections and comorbidities
- Conduct integrated trainings for health care providers to improve coordination, collaboration, communication across different health programs
- Train public health professionals through the FELTP Program
- Provide comprehensive HIV care and treatment and task shifting trainings to health providers in order to improve prevention, quality of care and management of HIV/AIDS, comorbidities, and other chronic conditions
- Conduct supportive supervision visits to District hospitals
- Train health care providers on continuous quality improvement techniques
- Train and supervise public health professionals to conduct surveillance and survey activities (Disease Surveillance, Behavioral Surveillance Survey, AIDS Indicators Survey, DHS, etc.)
- Develop protocols for surveillance and survey activities
- Generate and collect quality data for evidence based decision making

Component B: Strengthening Laboratory Services

- Conduct regular site monitoring, supervision, and mentorship to ensure new facilities have capacity to perform quality HIV related serology and clinical laboratory tests
- Provide technical support to health facilities in the decentralization of laboratory test according to National Norms and Standards (e.g. VL, EID, and new technologies)
- Build capacity of laboratory network staff to improve skills on testing and implementation of new technologies, overall management, and service provision
- Systematically support laboratories in a stepwise laboratory improvement process towards accreditation (SLIPTA) focusing on the 12 elements in SLMTA tool through internal and external audits

- Implementation of Internal and External Quality Assurance programs in PEPFAR supported sites including performance and corrective actions
- Implement the Rapid Testing Quality Improvement Initiative for HIV testing in accordance with Government of Rwanda (GOR) and PEPFAR guidelines
- Scale-up the implementation of laboratory safety and hazardous waste disposal programs for the tiered laboratory network
- Scale-up the LIS from National Reference Laboratory (NRL) to the network and adapt new technologies to improve the efficiency in management and laboratory service delivery
- Collaborate with the MOH to interface LIS with EMR for enhanced linkage and data corroboration
- Lead laboratory harmonization and annual quantification for laboratory commodities

Component C: Strengthening Blood Safety and Transfusion Services

- Conduct blood donor drives countrywide, community sensitization, mobilization, and expansion of recruitment to build a nationwide low risk non remunerated base
- Perform the blood transfusion laboratory screening tests: screening all blood units for transfusion transmissible infections, ensure cross-match typing of all blood units, hemovigilance system to monitor for adverse effects, and fractionating all blood units to respective components
- Develop and implement national and site-specific guidelines, protocols, and SOPs for management of blood products according to the national policy regarding infectious disease.
- Maintenance of equipment, storage, and distribution of safe blood to health facilities
- Support introduction of new blood testing technology according to national and PEPFAR guidelines
- Capacity building through training of laboratory and equipment maintenance staff and medical personnel in hospitals and clinics on appropriate blood use
- Upgrade and maintain Blood Establishment Computer Systems (BECS)
- Implement interoperability layer between BECS and national EMR
- Improve standards by internal and external assessments, implement international blood bank/blood transfusion guidelines (international standards) and apply for accreditation.

1. **Collaborations:** Left blank intentionally

a. **With CDC funded programs:**

Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities

- The applicant is expected to work with other national and international CDC funded programs to build health care workers' capacity to provide high quality services and implement quality improvement activities. The applicant is also expected to work with other CDC funded programs involved in tracking treatment outcomes and in program monitoring and evaluation. Thus, the applicant will work with health facilities, various Ministry of Health entities and international partners funded through CDC working in the area of capacity building and guidelines development. A special collaboration with the other host country institutions will be needed to implement the Rwanda Field Epidemiology and Laboratory Training Program (FELTP).

Component B: Strengthening Laboratory Services

The partner is expected to work with a number of CDC funded programs, including other MOH funded entities in:

- implementation of quality HIV testing
- ensuring quality laboratory tests for clinical monitoring
- articulating training needs for competent laboratory workforce
- implementing surveillance surveys, strategic information and electronic data systems as well as monitoring and evaluation of quality in laboratory services

Component C: Strengthening Blood Safety and Transfusion Services

- The grantee of this component will implement activities in collaboration with various Minister of Health (MOH) entities and international partners funded by CDC to promote blood safety in Rwanda

b. With organizations external to CDC:

Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities

- The applicant is expected to work with other key national and international stakeholders involved in the HIV response to improve the quality of care provided to patients and reinforce strategic information systems. These include the Ministry of Health, health facilities that are funded through other PEPFAR USG agencies such as USAID and DOD, as well as Global fund supported institutions and facilities. The applicant will also work closely with UN institutions including UNAIDS, UNICEF, UNFPA and WHO to adapt and/or develop HIV policies and guidelines.

Component B: Strengthening Laboratory Services

- The partner is expected to work closely with other funded partners involved in laboratory services and system strengthening. These include other PEPFAR-funded programs, the Global Fund, World Bank, WHO/AFRO and regional partners such as African Society for Laboratory Medicine (ASLM). The partner will collaborate with other MOH, Ministry of Education, and Government of Rwanda agencies as well as private sector and NGOs involved in laboratory services or training laboratory workforce.

Component C: Strengthening Blood Safety and Transfusion Services

- The partner will collaborate with other stakeholders such as USAID, Global Fund, and WHO to strengthen blood safety in the Republic of Rwanda.

2. Target Populations:

N/A

Inclusion:

N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities

Throughout the 5-year FOA period, CDC-Rwanda will work with grantee to demonstrate program impact through process and outcome evaluations of funded activities. The performance monitoring of this project will be conducted through periodic reports that the awardee will submit to CDC-Rwanda and through analysis of the following technical assistance key indicators that the grantee will need to report on:

- Percentage of sites achieving 90% ARV or ART coverage for HIV+ pregnant women
- Percentage of adults and children that initiated ART with an undetectable viral load at 12 months (<1000 copies/ml)
- Percentage of clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, Cotrimoxazole
- Percentage of clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months
- Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy
- Percentage of ART sites achieving a 75% ART retention rate
- Percentage of health facilities with 95% of registered TB cases who know their HIV status
- Percentage of health facilities at which 80% of registered TB cases who are HIV-positive are on ART
- Percentage of district hospitals with documented routine supportive supervision visits to 75% of HIV care and treatment sites supported by the district
- Proportion of district hospitals supervised on a quarterly basis
- Proportion of health facilities with at least two persons trained for comprehensive HIV care and treatment and/or task shifting
- Number of health professionals who graduated from a pre-service training institution during the reporting period

Monitoring will be also be insured through regular site visits at various health facilities. Additionally the grantee will be requested to share the reports of all the analysis of surveillance data or any evaluation carried out with PEPFAR support.

It is strongly recommended that 5-10% of the budget be allocated to the monitoring and evaluation activities under this FOA.

Component B: Strengthening Laboratory Services

Throughout the 5-year FOA period, CDC Rwanda will work with grantee to demonstrate program impact through process and outcome evaluations of funded activities. The long term outcome of this FOA is to strengthen laboratory systems countrywide to provide high quality laboratory services and support prevention, care, treatment and management, and surveillance of

diseases in Rwanda. The supported partner will track activities of the tiered laboratory system and report on three indicators twice a year. The assessed indicators will be:

- The number of health facilities with capacity (infrastructure, equipment and personnel) to do clinical laboratory tests and visited quarterly for technical support and performance monitoring
- The number of laboratories attaining the minimum acceptable standards towards international accreditation
- Proportion of supported laboratories participating and passing at least one nationally implemented proficiency testing in EQA program

Evaluation of the indicators will be done through the following methods

- Annual and semi-annual report (APR and semi-APR) submission to CDC
- Quarterly site visits with recommendations
- Scheduled internal and external audits of the laboratories enrolled in the accreditation process in line with WHO/SLIPTA program.
- Dissemination of program outcomes through publication of manuscripts or presentations of data in national, regional and international forums

It is strongly recommended that 5-10% of the budget be allocated to the monitoring and evaluation activities under this FOA.

Component C: Strengthening Blood Safety

Throughout the 5-year FOA period, CDC Rwanda will work with grantee to demonstrate program impact through process and outcome evaluations of funded activities. The grantee must comply with all CDC management requirements for meeting participation and progress and financial reporting for this FOA, and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

The partner will be evaluated in the semi-annual and annual report (APR and semi-APR) submission to CDC on the following indicators:

- The number of blood units collected annually
- Number of low risk blood donors maintained annually
- Number of center of blood transfusion with international accreditation

Evaluation of the indicators will be done through the following activities:

- Conduct quarterly CDC sites visit to monitor and evaluate the program performance and respond together to challenges identified during the period.
- Regular technical advice and review of activities and monthly expenses by the CDC/Activity Manager and project officer whenever necessary
- Scheduled internal and external assessments in line with blood bank/blood transfusion international accreditation process

In collaboration with CDC, present at national or international meetings and publish findings in peer-reviewed scientific journals. CDC will monitor and ensure adherence to data sharing agreements between the implementing partner, Government of Rwanda, United State Government, and other relevant partners in the area of implementation.

It is strongly recommended that 5-10% of the budget be allocated to the monitoring and evaluation activities under this FOA.

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
Component A: Strengthening the Ministry of Health's Capacity to Respond to the HIV/AIDS Epidemic and Related Comorbidities					
To what extent is the program successful in providing quality clinical services to PLHIV and achieving viral load suppression?	Percentage of clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, Cotrimoxazole **Target: 80%**	Patient Charts	Assessment	Year 3 and Year 5	Workshop Report
	Percentage of health facilities at which 80% of registered TB cases who are HIV-positive are on ART **Target: 90%**	TB Registers	Sites Inventory	Annually	
	Percentage of health facilities with 95% of registered TB cases who know their HIV status **Target: 80%**		Annual Performance Report		
	Percentage of sites achieving 90% ARV or ART coverage for HIV+ pregnant women **Target: 90%**	Facility registers			
	Percentage of ART sites achieving a 75% ART retention rate **Target: 90%**	ART Registers	Site Reports		
	Percentage of adults and children that initiated ART with an undetectable viral load at 12 months (<1000 copies/ml) **Target: 80%**	Patients Charts	Assessment	Year 3 and Year 5	
To what extent do the service delivery sites	Percentage of district hospitals with documented routine supportive supervision visits to 75% of	Supervision reports	Document Review	Year 3 and Year5	Report Meeting with

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
get oversight to ensure the quality of HIV services is maintained and sustained over time?	HIV care and treatment sites supported by the district **Target: 90%**				key stakeholders
	Address clinical HIV program processes or outcomes and have documented process results in the last 6 months **Target: 70%**	Documentation of Quality improvement projects	Annual Performance Report	Annually	
How has the project contributed to increase and improve the workforce in the health sector?	Number of Health Providers who received an in-service training on comprehensive HIV care and treatment	Sites/MOH staff training records	Annual Performance Reports	Annually	Reports
	Number of Health Providers who received an in-service training on task shifting				
	Number of individual who graduated from the FELTP program	University Records	University Records/Alumni Documentation		
Component B: Strengthening Laboratory Services					
What is the coverage and reach of the national laboratory network?	Number of health facilities that have capacity to do clinical laboratory tests and visited quarterly for technical support and performance monitoring **Target: 50**	Routine program data monitoring	Partner reports, indicator reports	Semi-annually	Annual Reports, PEPFAR indicators, Monitoring and Evaluation reports
	Number of laboratory technicians trained on specialized testing: **Target: 105**	Routine reports on trainings	Partners' Training Reports		
	Number of laboratories receiving equipment maintenance service contract **Target: 33**	Partner's Budget reports	Monthly spending plans		
	Number of laboratories performing Viral Load and Early Infant Diagnosis **Target:7**	Laboratory network capacity records	Site visit reports		
How can the improved laboratory standards be sustained?	Number of laboratories enrolled and meeting the minimum standards of international accreditation **Target: 50**	WHO/SLMTA assessments	Partners' Accreditation Activities Reports		Annual Reports, SLMTA reports, national and

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
					international conferences
	Number of laboratories with international accreditation **Target: 10**	International Accreditation Award	Partners' Reports		
How can reliability and accuracy of test results be assured?	Number of lab sites participating in proficiency testing(PT) **Target:250**	Laboratory network reports on PT	Quality Assurance records	Semi-annual	Annual Reports, PEPFAR indicators, Monitoring and Evaluation reports
	Proportion of laboratories passing PT **Target 95%**				
Component C: Strengthening Blood Safety and Transfusion Services					
What is the capacity of blood collection countrywide?	# of blood units collected per year **Target: at least 50,000 units**	Routine program data	Partners' Progress Reports	Semi-annually	Annual Report, PEPFAR Indicators, Monitoring and evaluation reports
How safe is the blood transfused to recipients?	Proportion of blood units screened for transfusion transmissible infections (TTIs) **Target: 100%**				
	Number of laboratories with capacity to screen TTIs **Target:3**				
	Number of centers of blood transfusion with BECS for electronic traceability from vein to vein **Target: 5**				
How is the reliability and accuracy of blood processing assured?	Number of centers for blood transfusion with QMS in place **Target: 5**	Site visits and assessment reports			
	Number of quality officers trained **Target: 10**	Training records, Partners budget reports			
	Number of health care workers trained on blood safety and appropriate use of blood and blood products	Training records, Partners budget reports			

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
	Target: To be determined in collaboration with CDC Rwanda team				
How can the improved standards in blood safety be sustained?	Number of centers for blood transfusion accredited internationally **Target: 2**	International Accreditation Award			

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:

$12,078,648.00 total Fiscal Year funding:

$6,102,522.00 for Component A
$1,950,142.00 for Component B
$4,025,984.00 for Component C

5.	**Approximate Total Project Period Funding:**
	None
6.	**Total Project Period Length:**
	5 Years
7.	**Approximate Number of Awards:**
	1
8.	**Approximate Average Award:**
	$6,102,522.00 for Component A $1,950,142.00 for Component B $4,025,984.00 for Component C
9.	**Floor of Individual Award Range:**
	None
10.	**Ceiling of Individual Award Range:**
	$12,078,648.00 total Fiscal Year funding: $6,102,522.00 for Component A $1,950,142.00 for Component B $4,025,984.00 for Component C (This amount is subject to the availability of funds)
11.	**Anticipated Award Date:**
	April 1, 2015
12.	**Budget Period Length:**
	12 months 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). ***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:

Rwanda Ministry of Health, Rwanda Biomedical Centre

2. Special Eligibility Requirements:

N/A

3. Justification for Less than Maximum Competition:

The Rwanda Biomedical Centre (RBC) is an agency of the Government of Rwanda (GOR) Ministry of Health (MOH) and was created by law No54/2010 January 25, 2011. RBC was established as the national coordinating body for HIV/AIDS related interventions in Rwanda. RBC has the mandate to: establish and implement national HIV/AIDS controls strategy and policy; serve as the central organization for coordinating the development of national strategies and action plans with broad input from stakeholders involved in HIV/AIDS control from public sector and civil society; and sensitize the general population about HIV prevention and control.

RBC also has the mandate to coordinate a multi-sector approach to HIV/AIDS activities within the country. Within the organizational structure of RBC are the following governmental entities: The Institute for HIV/AIDS, Disease, Prevention and Control (IPDPC), National Reference Laboratory and the National Center for Blood Transfusion. These GOR entities are what qualify RBC as the only organization to implement the activities set forth in this announcement.

The Institute for HIV/AIDS, Disease Prevention and Control (IHDPC) coordinates all national clinical programs for HIV/AIDS, malaria, TB and other epidemic services. Its priority areas are the care and treatment of PLWHA, expansion of VCT, PMTCT and VMMC services, and epidemiological surveillance of HIV/AIDS.

The National Reference Laboratory (NRL) has a mandate to oversee, support and develop a national laboratory program aligned with the decentralized health system. NRL develops policies and regulations for medical laboratories, conducts specialized testing, monitors the performance and operation of other laboratories in Rwanda, and establishes relations and collaborations with other national and international agencies carrying out similar responsibilities. No other agency in the public or private sector performs this responsibility. The need of the laboratory network to support the healthcare system is critical in the fight against HIV/AIDS in Rwanda.

The National Center for Blood Transfusion (NCBT) has been granted autonomy by the GOR to provide blood transfusion services to the people of Rwanda. It provides a comprehensive service to ensure an adequate and safe supply of blood and blood products. It is the only entity that provides blood transfusion services for the country. NCBT provides a full range of services including recruitment and retention of non-remunerated donors, screening of blood for transfusion transmissible infections such as HIV, Hepatitis B and C, and Syphilis.

Justification for single eligibility memo approved on September 9, 2014.

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 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instruction to obtain your DUNS 9-digit # 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 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 representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

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:** December 6, 2014, 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[1] (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.

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).

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

- 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.
- 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.

For Component A, applicants must submit CVs/Resumes of the Principal Investigator, Business Official, Co-Principal Investigator, Care and Treatment Program Manager, Continuous Quality Improvement Specialist, Mentorship Activities Coordinator, FELTP Coordinator, Surveys Coordinator, and M&E Specialist. For Component A, applicants must also submit detailed job descriptions of the Care and Treatment Program Manager, Continuous Quality Improvement Specialist, Mentorship Activities Coordinator, FELTP Coordinator, Surveys Coordinator, and Monitoring and Evaluation (M&E) Specialist. For Component A, applicants must also submit Organizational Charts.
For Component B, applicants must submit CVs/Resumes of the Principal Investigator, Business Official, Co-Principal Investigator, Program Manager, Quality Manager, and LIS Manager. For Component B, applicants must also submit a detailed job description of the Quality Officer. For Component B, applicants must also submit Organizational Charts.
For Component C, applicants must submit CVs/Resumes of the Principal Investigator, Business Official, Co-Principal Investigator, Project Manager, Quality Officer, and Marketing and Communication Officer. For Component C, applicants must also submit detailed job descriptions of the Program Director, Quality Officer, and Marketing and Communications Officer. For Component C, applicants must also submit Organizational Charts.

These items must be submitted as part of the appendix, clearly named "CVs/Resumes Component A," "Job Descriptions Component A," "Organizational Charts Component A,""CVs/Resumes Component B," "Job Descriptions Component B," "Organizational Charts Component B,""CVs/Resumes Component C," "Job Descriptions Component C," and "Organizational Charts Component C," 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-GH15-1570."
- **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 President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

  To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2015, the limit is no more than 8 percent of the country's FY 2015 PEPFAR program funding (excluding U.S. Government management and staffing costs), or $2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

  Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for

programs in the country(ies) covered by this FOA. For example, the proposal should state that the applicant has $_____ in FY 2015 grants and cooperative agreements (for as many fiscal years as applicable) in Rwanda. For additional information concerning this FOA, please contact the Grants Management Officer for this FOA.

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.

b. 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:

N/A

c. Phase III Review:

N/A

2. Anticipated Announcement and Award Dates:

The anticipated announcement date is February 2015. 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 Rwanda 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[2] 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)

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

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.

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 semi-annual Performance reports and quarterly pipeline analysis reports. Annual reports must be due 90 calendar days after the award year and semi-annual 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 semi-annual performance report must also include staffing status (filled vs. vacant) for PEPFAR-supported positions; program narrative providing overview of program activity during the reporting period, major findings, significance of those findings, identification of barriers encountered, how barriers were addressed if applicable, reasons why goals were not met, and a discussion of assistance needed to resolve the situation; summary of project activities, preferably in a work plan format with status for each activity (completed, in progress, postponed, modified). Brief narrative that elaborates on status; list of performance or outcome measures/indicators agreed upon in the Country Operational Plan process and their associated targets; progress in attaining the agreed upon targets; success stories, if any; summary of financial progress showing approved budget per CDC budget categories, liquidations, obligations, and unobligated balance. Brief narrative if it appears that there will be un-obligated funds at the end of the current budget period and detailed actions that will be taken to obligate this amount. If there appears that there are/will be insufficient funds, detailed justification for the shortfall and list actions to be taken to bring obligations in line with authorized funding level.

The recipient is required to submit in a timely manner quarterly, 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. Valued 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:

Pamela Gruduah, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
US Embassy Kigali
2657 Avenue de la Gendarmerie
Kigali, Rwanda
Telephone: 404-533-8505 (VOIP) +250 252 96619 (office)
Email: pgruduah@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 must 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, that document 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**
- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms,** if applicable

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.