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

Strategic Scale up of Community-Based HIV Testing and Counselling (CBHTC) and Linkage to Treatment to Optimize Response for Epidemic Control (SCORE Project) in Swaziland under the President’s Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH16-1646
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C. Announcement Type:
D. Agency Funding Opportunity Number
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F. Dates
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**Part I. Overview Information**

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to CDC-RFA-GH16-1646. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

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<tr>
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<td>Strategic Scale up of Community-Based HIV Testing and Counselling (CBHTC) and Linkage to Treatment to Optimize Response for Epidemic Control (SCORE Project) in Swaziland under the President’s Emergency Plan for AIDS Relief (PEPFAR)</td>
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<td>C. Announcement Type:</td>
<td>New-Type 1</td>
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<td>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: <a href="http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf">http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf</a></td>
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<td>1. Summary Paragraph</td>
<td>The purpose of this funding opportunity announcement (FOA) is to provide quality CBHTC services across the four regions in Swaziland, using targeted community-based approaches to identify HIV-positive individuals and link them to care and treatment facilities and to link HIV-negative males, 15 years and older, to voluntary medical male circumcision (VMMC) services, in line with Decision Makers Program Planning Tool Model (DMPPT 2.0) which is used to examine the HIV incidence impact of different age and geographic prioritization scenarios for circumcision programs. The partner will work as the PEPFAR lead for CBHTC, referral and linkages to care and treatment; scale-up quality HIV testing in priority community locations and populations such as men, adolescent girls, young women, factory workers, and seasonal workers at plantations (excluding men who have sex with men and female sex workers) and in communities around PEPFAR-supported treatment facilities; and collaborate with the Government of the Kingdom of Swaziland (GKOS) and other stakeholders to strengthen national systems to ensure HIV+ clients are linked to care and treatment and HIV negative men to VMMC. This requires robust tracking systems in order to monitor level of linkage to care and treatment and to VMMC</td>
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services. Identifying HIV and linking them to treatment and care is the essential first step in the cascade to achieving UNAID’s 90-90-90 goals for epidemic control in Swaziland.

### Eligible Applicants: Open Competition

### FOA Type: Cooperative Agreement

### Approximate Number of Awards: 1

### Total Project Period Funding: None

### Average One Year Award Amount: $2,500,000

### Total Project Period Length: 5 Years

### Approximate Date When Awards will be Announced: July 2016

### Cost Sharing and /or Matching Requirement: N/A

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### Part II. Full Text

#### A. Funding Opportunity Description

1. **Background:**

   **a. Overview**

   Swaziland has a severe generalized HIV epidemic. The current annual adult HIV incidence is estimated to be 2.4%. HIV prevalence among adults 18-49 years is 31%. In February 2015, Swaziland adopted the WHO 2013 treatment guidelines ([http://www.who.int/hiv/pub/guidelines/arv2013](http://www.who.int/hiv/pub/guidelines/arv2013)) in a phased implementation of antiretroviral therapy (ART) at CD4 <500. The UNAIDS 90-90-90 strategy ([http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf](http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf)) requires that 90% of people living with HIV (PLHIV) are identified and linked to treatment. Since 2006, PEPFAR has supported GKOS to scale up a combination of CBHTC and provider-initiated HIV testing and counseling (PIHTC). PIHTC is the responsibility of other partners. As Swaziland moves towards epidemic control, the need to identify PLHIV who are not sick and therefore will not be found in health facilities becomes paramount. To reach the 90-90-90 goals by 2017, PEPFAR/Swaziland will need to assist GKOS in the identification of an additional 40,314 PLHIV; link 31,036 of these PLHIV to treatment; and virally suppress 27,932 individuals. The HIV positivity yield from CBHTC has decreased over the past several years. There is a need for more strategic focusing in priority locations and with persons at higher risk of infection. Finding the remaining undiagnosed positives and linking them to treatment will require the use of a mix of different approaches in a more effective and efficient way so that the yield from community testing increases. In order to improve linkages to treatment, PEPFAR is currently piloting a community linkages strategy (CommLink) to learn lessons on how a combination of case management, enhanced counseling and enrollment to care at the community level will increase linkage to treatment. CommLink will be scaled up under this FOA.

   Approximately 9,000 females and 11,000 males will need to be newly identified as HIV positive through CBHTC to reach the 90-90-90 goals by the end of 2017. Target groups in which there are still significant numbers of undiagnosed HIV infections include adolescent girls and young women 15 -29 years, men greater than 20 years old, and orphans and vulnerable children (OVC). The military and key populations (sex workers and men who have sex with men) also need increased access to HIV testing and counseling (HTC). However, HTC in these groups is being addressed through other implementing partners and CBHTC to address these populations is not part of this award. Current data reveals a higher yield of HIV positivity from CBHTC in persons greater than 15 years (7.8% overall; males 10.6% and females 5.4%) compared to persons less than 15 years (1.8% overall; males 2.2% and females 1.4%). With the present approach, HIV positivity yields for newly diagnosed PLHIV
differ by regions with the following results: HhoHho 3%, Lubombo 2%, Manzini 6%, and Shiselweni 2%. Therefore, there is a strong need for improved targeting of populations and locations where there is increased risk of HIV infection.


- To have all children, adolescents, women, and men tested for HIV and know their status;
- To improve availability, access, and utilization of HIV prevention and treatment services by populations at increased risk of HIV infection. These include young girls and women, and especially men.

b. Statutory Authorities


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.

c. Healthy People 2020:

N/A

d. Other Public Health 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. 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. 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](http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf)

e. Relevant Work:

PEPFAR supports scale up of HTC through two mechanisms: CBHTC and PIHTC awards. These awards assisted Swaziland to increase the number of people who report having been tested and receiving their test results in the previous 12 months to 54% and 66%, respectively. In 2014, 52% and 67% of people who tested positive through CBHTC and PIHTC respectively have been confirmed as linked to care. Work on PIHTC will not be included in the awardee’s work plan. This FOA builds on PEPFAR’s work in CBHTC while looking for better strategies to increase HTC yield of those who test HIV positive; increase linkage to treatment for PLHIV; and improve linkages to VMMC for HIV negative males 15 years and older. This FOA also builds on the current PEPFAR CommLink pilot, testing whether a combination of case management, enhanced counseling and enrollment to care at the community level will increase linkage to treatment. Lessons from this pilot should inform future planning around linkage to care and treatment.

2. CDC Project Description:

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<td>Provide technical assistance to Ministry of Health (MOH) to strengthen national systems for CBHTC and linkage to services</td>
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<td>Collaborate with regional stakeholders to support active enrollment of new positives into care and treatment</td>
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<td>Implement quality assured focused CBHTC and linkage approaches</td>
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<td>Implement CBHTC strategies to effectively link all PLHIV into care and treatment and all HIV negative males 15 years and older to VMMC</td>
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*Bold indicates project period outcome*
### i. Purpose

The purpose of the FOA is to assist GKOS to strategically identify over 90% of all PLHIV; improve yield of individuals newly testing positive from CBHTC; improve linkages of identified PLHIV to ART facilities; and improve linkages of HIV-negative males 15 years and older to VMMC services.

### ii. Outcomes

The following are the expected outcomes of this FOA:

#### Short-Term Outcomes:

- Increased adherence to CBHTC and linkage guidelines and SOPs by trained HCWs and CWs through trainings at the national level and support to update guidelines and SOPs
- Increased implementation of CommLink in all regions – CommLink findings to be incorporated into CBHTC programs to improve linkages to care and treatment
- Improved competencies of trained HCWs and CWs on the provision of community-based HIV services. Quality improvement (QI) and supportive supervision activities to improve reliability of community based test results
- Increased number of newly tested individuals among PEPFAR priority population. PEPFAR expects partner to identify undiagnosed positives in order to reach the target of 90% of all HIV positives being diagnosed by 2017.
- Increased follow-up of PLHIV in the community by HCWs and CWs
- Increased linkage of PLHIV into care and treatment
- Increased linkage of HIV males greater than 15 years in VMMC
- Increased routine use of data on linkage to care and treatment facilities and VMMC services
- Improved accuracy and reliability of HTC, test results. Partner should be conducting proficiency testing quarterly and results should show 100% concurrence.

#### Intermediate Outcomes:

- Improved timeliness of linkage into care and treatment services at health facilities and VMMC services for HIV negative males 15 years and older
  - To ensure that 90% of all positives are put on ART, the partner will use evidence-based interventions for community-facility linkages, including scaling up of CommLink to ensure that all clients who test positive are actively linked to ART facilities within 3 months. It is expected that at least 90% of those testing positive at community level should be linked to care and treatment.

#### Long-Term Outcomes:

- Increased knowledge of HIV status among the population of Swaziland
  - The partner will contribute to this population level outcome by scaling up testing at the community level. In line with PEPFAR 3.0, the partner will contribute to identifying new HIV positives to support the achievement of 90% of all HIV positives knowing their HIV status by 2017 and linking them to care so that 90% of them will be initiated on treatment. The partner will employ strategies to identify new testers and those who are more likely to test positive to ensure all PLHIV who are not aware of their status or are not in care are identified by the end of
the project period.

### iii. Strategies and Activities

**Provide technical assistance to MOH to strengthen national systems for CBHTC and linkage to care, treatment, and VMMC.**

- Updated SOPs, job aides and referral training tools, using lessons learned from CommLink, to improve quality of testing and linkage services
- Roles and responsibilities of the ART program and HTC program clearly defined, including at the facility level
- Performance standards for HTC at the community level established

**Collaborate with regional stakeholders to support active enrollment of new positives into care and treatment.**

The CBHTC partner will collaborate with PEPFAR regional clinical partners and the Regional Health Management Teams (RHMT) to ensure that they combine efforts to identify 90% of PLHIV in the respective regions and actively link them to care and treatment by implementing CommLink activities and other best practices for community-facility linkages. The partner will collaborate with these regional clinical partners to strengthen regional-level structures and systems for referral and linkages. Working in strong collaboration/partnership with the RHMTs, the CBHTC partner will support active enrollment of new positives into care and treatment at the community level. Expected outputs include:

- Strategy for RHMTs to provide supportive supervision for quality CBHTC, referrals and linkage to treatment and VMMC services developed and implemented
- Strategy to achieve 90% testing coverage developed in PEPFAR-supported regions, in collaboration with the regional clinical PEPFAR partners, using index case approach to test partners and families, as well as targeting communities with high disease burden
- Ongoing collaboration with clinical partners to ensure active linkage to treatment through community ART initiation
- Develop strategic partnerships with tertiary educational institutions and male-dominated companies with seasonal workers, such as citrus, cane, pulp timber companies and transport organizations, to reach workers with testing and early linkage to ART treatment and, if appropriate, to VMMC services for males 15 years and older.

**Implement quality assured focused CBHTC and linkage approaches, employing national guidelines, SOPs, and job aides.**

- Scale up HIV testing in priority locations, priority populations, and in communities around ART facilities earmarked by PEPFAR for ART scale-up
- The partner will strengthen active linkage to support scale up of ART in DREAMS Initiative communities, targeting adolescent girls, young women and especially men as defined by Swaziland’s DREAMS strategy. The DREAMS strategy generally focuses on 17 Tinkhundla in Swaziland, targeting adolescent girls and young women age 15-24 years and men age 20-34 years. Under DREAMS, this FOA will specifically focus on increased testing for men in the 17 DREAMS Tinkhundla. Subject to MOH approval, the awardee will implement test and treat for HIV positive older men in these Tinkhundla.
- Should community-based ART initiation be rolled out in Swaziland, the partner may assist community-based ART initiation, working in collaboration with PEPFAR clinical partners
The partner will also focus on reaching OVCs with HTC
- Emphasis will be placed on using innovative approaches such as index case approach to increase positive test yield, as well as targeting clients who have never tested or previously tested negative and are more likely to be HIV positive
- The partner will also be expected to scale-up couple HTC (CHTC), and family testing using an index patient approach and other innovative community-based interventions
- The CBHTC partner will collaborate with regional clinical partners to ensure PIHTC and CBHTC complement each other in a synergistic manner to identify and link at least 90% of all HIV-positives to treatment
- To ensure quality test results, the partner will participate in HTC quality assurance (QA) activities, such as proficiency tests, as well as implement quality control measures and QI activities

Expected outputs are:
- Clear strategy to find and test at least 90% of PLHIV, in partnership with the PEPFAR regional clinical partners
- 90% of people who test positive at the community level are successfully linked to treatment
- 80% of males 15 years and older who test HIV-negative at the community level have been linked to VMMC

Implement CBHTC strategies to effectively link all PLHIV into care and treatment and all HIV negative males 15 years and older to VMMC.
- The partner is expected to implement innovative approaches to ensure everyone who tests positive is linked to treatment and males 15 years and older who test negative are linked to VMMC services. This will include working with the clinical partners to establish ART initiation structures at the community level to facilitate active HIV-positive patient linkage to treatment.
- The part will be expected to monitor and review HTC linkages data using MOH patient data and in collaboration with PEPFAR treatment and VMMC implementing partners, develop tracking systems to help monitor patients linked to VMMC and treatment.

Materials developed under this award shall be provided to the MOHCC for its use and to CDC, consistent with applicable grants regulations.

1. Collaborations:
   a. With other CDC programs and CDC-funded programs:
      - The awardee will be expected to work with:
        - The regional clinical partners (ICAP and URC) to ensure CBHTC complements PIHTC in priority locations in Lubombo and Manzini regions and that together, the two activities scale up HTC for priority individuals in the region, and that people who test positive at those priority locations are successfully linked to treatment.
        - The lead CDC lab partner (ICAP) to improve access to and quality of point of care (POC) services and laboratory information systems, including QA of both HIV testing and associated counseling at the facility level and introduction of new technologies.
        - The MOH-CDC Cooperative Agreement (focusing on health systems strengthening and quality management) to define performance standards for
CBHTC and quality management strategies and implement them at the community level.

- The lead CDC epidemiology/research partner (ICAP) to coordinate major activities to ensure strengthening of local counterparts in epidemiology and use of evidence to shape programs and policy.

### b. With organizations not funded by CDC:

The awardee will be expected to work with:

- The U.S. Agency for International Development (USAID)-funded regional clinical partner for Hhohho and Shiselweni regions (currently AIDSFree represented by EGPAF) to ensure CBHTC complements PIHTC in priority locations in Hhohho and Shiselweni regions and that, the two activities scale-up HTC to benefit all categories of individuals in the region, and that people tested at those priority locations are successfully linked to treatment
- The USAID-funded health management information systems (HMIS) partner (currently Institute for Health Measurement) to ensure coordination regarding implementation and ongoing improvement of the HMIS system (including introduction of M-health technologies) in health care facilities
- The USAID-funded supply chain systems partner (currently MSH) to ensure coordination regarding implementation and ongoing improvement of the supply chain system for health care commodities in health care facilities
- The USAID-funded VMMC partner (CHAPS) to ensure coordination and linkages between HTC and VMMC
- National Emergency Response Council for HIV/AIDS (NERCHA) to coordinate implementation of Global Fund activities
- Other key development partners such as MSF and CHAI on the implementation and coordination of national, regional, and community-level activities
- RHMTs to establish synergies for facility and CBHTC to meet regional targets and linkages to care and VMMC

### 2. Target Populations:

This FOA targets the national population with regards to HTC, referral and linkages policies, guidelines, and SOPs; the RHMTs through collaborations with the regional partners with regards to linking patients from communities to facilities; Swaziland-specific DREAMS Priority populations and Tinkhundla; and people with unknown HIV status, especially males, in communities around health facilities earmarked for ART scale up.

#### a. Inclusion:

N/A

#### iv. Funding Strategy

N/A

### b. Evaluation and Performance Measurement

#### i. CDC Evaluation and Performance Measurement Strategy

Rationale: Throughout the five year FOA period, CDC Swaziland will work with awardee to demonstrate program impact through process and outcome evaluation of funded activities. CDC Swaziland will use process evaluation to assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes.
CDC Swaziland will use outcome evaluation to assess whether funded activities are leading to intended outcomes including public health impact for epidemic control.

CDC Swaziland will conduct mid-term (year 3) and end term evaluation (year 5). The evaluation will be conducted in accordance with PEPFAR evaluation standards.

The evaluation will include the following key questions:
- To what extent has the proportion of individuals who are aware of their HIV status and linked to appropriate services (treatment and VMMC) increased, with special focus on PEPFAR priority populations?
- To what extent have national systems been developed for quality CBHTC and linkage to care and treatment?
- To what extent has the partner implemented quality control and QA activities to ensure high quality test results?

The following performance indicators will be monitored, which were selected based on PEPFAR Swaziland’s pivots for reaching epidemic control in Swaziland:

**Indicator:** Number of individuals who received HTC services for HIV and received their test results, disaggregated by sex, age, sub-national unit (SNU), and community strategy.
**Annual Targets (n%/):** 160,000  
**Primary Data Source:** Client files, HTC registers, Program reports  
**Frequency:** Quarterly

**Indicator:** Number (%) of individuals who newly tested positive disaggregated by sex, age, SNU, and community strategy.  
**Annual Targets (n%/):** 9,600 (6% yield)  
**Primary Data Source:** Client files, HTC registers, Program reports  
**Frequency:** Quarterly

**Indicator:** Number (%) of clients eligible for and received CommLink services, disaggregated by sex, age, SNU and community strategy.  
**Annual Targets (n%/):** 9,120 (95% of new positives)  
**Primary Data Source:** Client files, HTC registers, Program reports  
**Frequency:** Quarterly

**Indicator:** Number (%) of newly diagnosed HIV positives who have been successfully linked to care and treatment within 3 months.  
**Annual Targets (n%/):** 8,640 (90% of newly diagnosed)  
**Primary Data Source:** Client files, HTC registers, Pre-ART and ART registers, Program reports  
**Frequency:** Quarterly

**Indicator:** Proportion of consented HIV negative adult males (age 15+) whose referral/contact details have been provided to the VMMC partner (entered into a database) for follow up.  
**Annual Targets (n%/):** 95%  
**Primary Data Source:** Client files, HTC registers, Referral forms, VMMC database, Program reports  
**Frequency:** Quarterly
Indicator: Proportion of HTC providers who participated in quarterly proficiency panel tests.
Annual Targets (n/%): 100%
Primary Data Source: HTC providers’ files, Proficiency test reports, Site Improvement through Monitoring System (SIMS) reports, Program reports
Frequency: Quarterly

Indicator: Proportion of proficiency tests that resulted in 100% score.
Annual Targets (n/%): 100%
Primary Data Source: HTC providers’ files, Proficiency test reports, SIMS reports, Program reports
Frequency: Quarterly

The information generated from routine monitoring and mid-term evaluation will be used to guide program strategies and implementation designs. The end of term evaluation will be used to design future CDC awards. CDC will also share the information with MOH, NERCHA, and civil society to inform policy decisions.

The partner is expected to dedicate a minimum of 10% of its budget for monitoring and evaluation purposes.

CDC will lead in conducting mid-term and end-term evaluations. CDC will also provide assistance for receiving timely clearance or approvals from the Associate Director for Science (ADS) office for the evaluation. CDC’s other roles will include leadership in setting annual targets, identifying appropriate performance indicators as necessary as well providing technical guidance and review on work plans and performance reporting/reports.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.
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](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). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardees progress in achieving the desired outcomes.
- Ensuring 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 include, but are not limited to, the following:

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 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 (Public Health Service Form 5161).

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 site visits through the Site Improvement through Monitoring System (SIMS), in
compliance with PEPFAR requirements, to monitor and evaluate clinical and community service delivery site capacity to provide high-quality HIV/AIDS services in all program areas and 'above-site' capacity to perform supportive or systemic functions, by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.

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

<p>| | |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>1.</strong> Funding Instrument Type:</td>
<td>Cooperative Agreement: CDC’s substantial involvement in this program is indicated in the “CDC program Support to Awardees” section of this document.</td>
</tr>
<tr>
<td><strong>2.</strong> Award Mechanism:</td>
<td>U2G-Global HIV/AIDS Non-Research Cooperative Agreements</td>
</tr>
<tr>
<td><strong>3.</strong> Fiscal Year:</td>
<td>2016</td>
</tr>
<tr>
<td><strong>4.</strong> Approximate Total Fiscal Year Funding:</td>
<td>$2,500,000</td>
</tr>
<tr>
<td><strong>5.</strong> Approximate Project Period Funding:</td>
<td>None</td>
</tr>
<tr>
<td><strong>6.</strong> Total Project Period Length:</td>
<td>5 Years</td>
</tr>
<tr>
<td><strong>7.</strong> Expected Number of Awards:</td>
<td>1</td>
</tr>
<tr>
<td><strong>8.</strong> Approximate Average Award:</td>
<td>$2,500,000</td>
</tr>
<tr>
<td><strong>9.</strong> Award Ceiling:</td>
<td>$2,500,000 (This amount is subject to the availability of funds).</td>
</tr>
<tr>
<td><strong>10.</strong> Award Floor:</td>
<td>None</td>
</tr>
<tr>
<td><strong>11.</strong> Estimated Award Date:</td>
<td>September 30, 2016</td>
</tr>
<tr>
<td><strong>12.</strong> Budget Period Length:</td>
<td></td>
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</table>
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. Direct Assistance:

Direct assistance is not available through this FOA.

### C. Eligibility Information

#### 1. Eligible Applicants:

Eligible applicants that can apply for this FOA are listed below:

Eligibility Category:
- State governments
- County governments
- City or township governments
- Special district governments
- Regional organization
- U.S. Territory or Possession
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Native American tribal organizations (other than Federally recognized tribal governments)
- Native American tribally designated organization
- Public Housing Authorities/Indian housing authorities
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- Individual
- For profit organizations other than small businesses
- Small businesses
- Hispanic-serving institution
- Historically black colleges and universities
- Alaska native and native Hawaiian serving institutions
- Non-domestic (non-US) entity

**Other:**
- Ministries of Health
- Tribal epidemiology centers
• Urban Indian health organizations
• Research institutions (that will perform activities deemed as non-research)
• Colleges and Universities
• Community-based organizations
• Faith-based organizations
• Hospitals
• Small, minority, and women-owned businesses
• All Other eligible organizations

2. Special Eligibility Requirements:

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

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

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

(2) an entity (e.g., a corporation or partnership):
   a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved;
   b) must be at 75% for FY2015 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3);
   c) at least 75% for FY2015 of the entity’s staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 75% for FY2015 of the entity’s senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and
   d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 75% for FY2015 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization. Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the organization rests with the government.
Note: To be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the three criteria listed above.

<table>
<thead>
<tr>
<th>3. Justification for Less than Maximum Competition:</th>
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<tbody>
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<td>N/A</td>
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</table>

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<tr>
<th>4. Cost Sharing or Matching:</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
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<tr>
<th>5. Maintenance of Effort:</th>
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<tbody>
<tr>
<td>Maintenance of Effort is not required for this program.</td>
</tr>
</tbody>
</table>

### D. Application and Submission Information

Additional materials that may be helpful to applicants:

<table>
<thead>
<tr>
<th>1. Required Registrations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An organization must be registered at the three following locations before it can submit an application for funding at <a href="http://www.grants.gov">www.grants.gov</a>.</td>
</tr>
<tr>
<td>a. <strong>Data Universal Numbering System:</strong> 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 &amp; Bradstreet (D&amp;B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.</td>
</tr>
<tr>
<td>The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <a href="http://fedgov.dnb.com/webform/displayHomePage.do">http://fedgov.dnb.com/webform/displayHomePage.do</a>. The DUNS number will be provided at no charge.</td>
</tr>
<tr>
<td>If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.</td>
</tr>
<tr>
<td>b. <strong>System for Award Management (SAM):</strong> 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 <a href="http://www.SAM.gov">www.SAM.gov</a>.</td>
</tr>
<tr>
<td>c. <strong>Grants.gov:</strong> The first step in submitting an application online is registering your organization at <a href="http://www.grants.gov">www.grants.gov</a>, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at <a href="http://www.grants.gov">www.grants.gov</a>.</td>
</tr>
<tr>
<td>All applicant organizations must register at <a href="http://www.grants.gov">www.grants.gov</a>. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.</td>
</tr>
<tr>
<td>Step</td>
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<td>------</td>
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</tbody>
</table>
| 1    | Data Universal Number System (DUNS)         | 1. Click on [http://fedgov.dnb.com/webform](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](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](http://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](http://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](http://www.grants.gov)

3. **Application Package**

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity from [www.grants.gov](http://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 1-888-232-6348.

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.

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

   b. **Due Date for Applications:** **February 4, 2016, 11:59 p.m. U.S. Eastern Standard Time**, on [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. **CDC Assurances and Certifications:**

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://www.cdc.gov/grantassurances/](http://www.cdc.gov/grantassurances/)

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://www.cdc.gov/grantassurances/](http://www.cdc.gov/grantassurances/)

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

6. Content and Form of Application Submission:

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent (LOI):

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

8. Table of Contents:

(There is no page limit. The table of contents is not included in the project narrative page limit) The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

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.

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).

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. 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. Failure to follow the guidance and format may negatively impact scoring of the application.

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

i. Purpose: Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes: Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategy and Activities: Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance
Measurement Plan, how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

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) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section in the CDC Project Description

   a. Inclusion: N/A

c. **Applicant Evaluation and Performance Measurement Plan**

   Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

   - How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at [http://www.hhs.gov/asfr/ogapa/aboutog/ogpoe/gpd2-02.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/ogpoe/gpd2-02.pdf). For further information about CDC’s requirements under PRA see [http://www.hhs.gov/ocio/policy/collection/](http://www.hhs.gov/ocio/policy/collection/).
   - How key program partners will participate in the evaluation and performance measurement planning processes.
   - Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

   Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

   - Describe the type of evaluations (i.e., process, outcome, or both).
   - Describe key evaluation questions to be addressed by these evaluations.
   - Describe other information (e.g., measures, data sources).

   Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

d. **Organizational Capacity of Applicants to Implement the Approach**

   Applicant must address the organizational capacity requirements as described in the CDC Project Description.

   Applicants must submit Curricula Vitae (CVs)/Resumes of the Principal Investigator (PI), Country Director, Technical Director, and Business Officer, as well as detailed job descriptions of these key positions. CVs/Resumes should show experience with CBHTC in international setting.

   Applicants must also submit Organizational Charts.

   Applicants should also submit a summary statement of past experience and at least one annual
10. Additional Information:

Applicants must name this file “CVs/Resumes,” “Job Descriptions,” “Organizational Charts,” “Summary of Experience” or “Annual Report” and upload it 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

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.

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/grants/interestedinapplying/applicationresources.html

Applicants must 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 costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan.
The award ceiling for this FOA is $2,500,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

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. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 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](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.thecommunityguide.org/tobacco/index.html](http://www.thecommunityguide.org/tobacco/index.html)

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
• Comparison of expenditures with budget amounts for each Federal award.
• Written procedures to implement payment requirements.
• Written procedures for determining cost allowability.
• Written procedures for financial reporting and monitoring.

15. **Health Insurance Marketplaces:**
A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: [www.HealthCare.gov](http://www.HealthCare.gov).

16. **Intergovernmental Review:**
Executive Order 12372 does not apply to this program.

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

18. **Copyright Interests Provision**
This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC’s Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient’s submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient’s submitting author must also post the manuscript through PMC within twelve (12) months of the publisher’s official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. **Funding Restrictions:**
Restrictions that must be considered while planning the programs and writing the budget are:

- Awarded funds may not be used for research.
- Awarded funds may not be used for clinical care except as allowed by law.
- Awarded funds may only be used for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, award recipients may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any proposed expenditure for such items must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- 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.
- 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), with the following exception: the American University, Beirut, and the World Health Organization. Indirect costs will not be paid (either directly or through subaward) 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 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.

**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.
• **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.

• **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.

• **Needle Exchange**
No funds made available under this award may be used for needle exchange programs.

• **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

• **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 narcotic 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.
• 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.

• Restriction on Assistance for Military or Paramilitary Purposes or for Police and Prisons
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.

• UN Security Council Sanctions List
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.

• 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.

- **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.

- **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.

- **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.

• 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-GH16-1646.”

• PEPFAR 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
• **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.

• **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.

- 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) 2016, the limit is no more than 8 percent of the country’s FY2016 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 FY2016 grants and cooperative agreements (for as many fiscal years as applicable) in the country(ies) covered by this FOA. For additional information concerning this FOA, please contact the Grants Management Officer for this FOA. The 8% rule does not apply to Brazil, Cameroon, Mali, Senegal, Sierra Leone, Central America Regional Office, or the Asia Regional Office because these countries are not required to have a Country
Operations Plan (COP) in place.

- **Monitoring and Evaluation Section (SIMS)**
  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 Improvement through Monitoring System.

- **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). All evaluations conducted with PEPFAR funds must submit an evaluation report following the format included in Appendix C of PEPFAR Evaluation Standards of Practice [http://www.pepfar.gov/documents/organization/247074.pdf](http://www.pepfar.gov/documents/organization/247074.pdf).

- **Human Subjects Restrictions for PEPFAR Awards**
  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.

  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.

## 20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee’s assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

## 21. Other Submission Requirements:

a. **Electronic Submission**: Applications must be submitted electronically at [www.grants.gov](http://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](http://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 1.1 page 102 http://www.grants.gov/documents/19/18243/GrantsgovApplicantUserGuide.pdf/ce754626-c2aa-44bc-b701-30a75bf428c8

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.

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 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 CDC GMO/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. Review and Selection Process

1. Review and Selection Process:
   Applications will be reviewed in three phases

   a. Phase I Review:
      All applications will be initially reviewed for completeness by CDC PGO staff. Complete applications will be jointly reviewed for responsiveness by HHS/CDC Division of Global HIV/AIDS and PGO. **Non-responsive applications will not advance to Phase II review.** Applicants will be notified the application did not meet eligibility and/or published submission requirements.

   **Non-Responsive Criteria**
   The list below contains criteria for determining responsiveness to this FOA:
   - Late submissions will be determined non-responsive unless a request for extension is approved following the procedure outlined in “Other Submission Requirements, Paper Submission”. Please see “Application and Submission Information,” “Submission Dates and Times” for the application deadline date. Please also see, “Other Submission Requirements” for information on technical difficulties and paper submission. All requests to submit a paper application must be received at least three calendar days prior to the application deadline.
   - The applicant’s proposed budget for year one must not exceed the award ceiling listed in, “Award Information.” If a funding amount greater than the award ceiling is requested for year one, the application will be considered non-responsive and will not be entered into the review process.

   **Page Limitations**
   - Applicants must abide by the page number limitation listed in Section D, #10 Project Narrative. Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
   - If the total amount of appendices includes more than 90 pages, any pages after page 90 of the appendix will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents as appendices.

   b. Phase II Review:
      A review panel will evaluate complete, eligible applications in accordance with the criteria below.

   **Approach: 50 points**
   Does the applicant describe CBHTC and linkage activities that are evidence-based, realistic, achievable, measurable, and culturally appropriate to support the achievement of finding the undiagnosed positives of the first 90 in the 90-90-90 UNAIDS goals? (5 points)

   Does the applicant propose reasonable plans to collaborate with PEPFAR Regional Clinical Partners to complement each other in a synergistic way to find PLHIV in the targeted populations and locations (5 points)
Does the applicant outline a clear and realistic strategy to improve CBHTC test yield using strategic approach? (10 points)

Are plans to establish active linkage to treatment between CBHTC and PIHTC clearly outlined, with plans on how to track linkage to treatment, building on current national response? (10 points)

Are plans to establish active linkage to VMMC services for HIV males 15 years and older clearly outlined with plans on how to track linkages to VMMC services? (5 points)

Are there clear strategies for demand creation, stigma reduction, and efforts to ensure that men are reached at the right places with testing and linked to treatment? (10 points)

Does applicant describe evidence-based strategies to implement quality-assured testing and counseling? Including a system for quality control and ensuring client satisfaction? (5 points)

**Evaluation and Performance Measurement: 25 points**

Does the applicant demonstrate the regional experience in Southern Africa and capability to implement performance monitoring and rigorous evaluation of the project? (10 points)

Does the evaluation and performance measurement plan appropriately address the components specified in this announcement (i.e., key evaluation questions, types of evaluations to be conducted, performance measures (i.e., indicators), how often performance measures must be reported, how evaluation and performance measurement will track how target populations are affected by FOA strategies, how evaluation findings and performance measures will be used and yield findings to demonstrate the value of the FOA, and how results will be disseminated)? (10 points)

Are performance measures (i.e., indicators) developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the PEPFAR Indicator Guide and other HHS/CDC requirements? (5 points)

**Applicant’s Organizational Capacity to Implement the Approach: 25 points**

Does the applicant demonstrate the previous experience providing CBHTC in the Southern Africa region, including capacity building of MOH at the national level, HCWs, and community-based service providers to provide sustainable services; and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices? (5 points)

To what extent has the applicant demonstrated previous experience in working with MOH at national and regional levels, and supporting national systems for CBHTC scale up, referrals and linkage to care? (5 points)

Does the organization employ staff with appropriate international and local experience who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? (5 points)

Does the staff plan adequately involve local individuals and organizations? Is staff involved in this project qualified to perform the tasks described? (5 points)

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? (5 points)
**Budget (Reviewed Not Scored)**

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

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

c. **Phase III Review:**

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

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

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

The anticipated announcement date is July 2016. The award date will be September 30, 2016.

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 75, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: [http://www.cdc.gov/grants/additionalrequirements/index.html](http://www.cdc.gov/grants/additionalrequirements/index.html)

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- 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-33: Plain Writing Act of 2010, P.L. 111-274
• AR-34: Affordable Care Act, P.L. 111-148

ARs applicable to HIV/AIDS Awards:
• 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-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• 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

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.


3. Reporting:

Reporting provides 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 awardees, 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 quality and 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.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMO listed in the “Agency Contacts” section of the FOA copying the CDC Project Officer.

<table>
<thead>
<tr>
<th>Report</th>
<th>When?</th>
<th>Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awardee Evaluation and Performance Measurement Plan</td>
<td>6 months into award</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual Performance Report (APR)</td>
<td>120 days before end of budget period. Serves as yearly continuation application.</td>
<td>Yes</td>
</tr>
<tr>
<td>Performance Measure Reporting</td>
<td>Annual reports due 90 calendar days after the award year and quarterly reports due 30 days after the reporting period</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Report | When? | Required?
--- | --- | ---
Federal Financial Reporting Forms | 90 days after end of calendar quarter in which budget period ends | Yes
Final Performance and Financial Report | 90 days after end of project period. | Yes
Audit, Books, and Records | When applicable, within 30 days of completion of the audit and no later than nine months after the end of the period under audit | Yes, as applicable
Reporting of Foreign Taxes | Quarterly reports due April 15, July 15, October 15, and January 15 | Yes
Expenditure Analysis | Annually, in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year | Yes

### a. Awardee Evaluation and Performance Measurement Plan (required):

With support from CDC, awardees must elaborate their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

This plan should provide additional detail on the following:

**Performance Measurement**
- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

**Evaluation**
- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

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, PEPFAR’s Evaluation Standards of Practice, and CDC’s Data for Partner Monitoring Program (DFPM).

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 Improvement through Monitoring System and implementation of Data and Service Quality Assessments.

b. Annual Performance Report (APR) (required):
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures** – 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 findings from process or outcome evaluations.)
- **Work Plan** – Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
  - Awardees must report progress on completing activities and progress toward achieving the project period outcomes described in the logic model and 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 must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
  - 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 must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes
- **Administrative Reporting (No page limit)**
  - 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

The awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (required):

CDC programs require more frequent reporting of performance measures than annually in the APR. CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

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.

Performance reports must 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 any findings of an external entity, or both.
• 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 or adverse conditions which materially impair the award-supported activities.
• The Quarterly 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 Pipeline Analysis report must contain the project period, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.

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

The recipient is required to submit in a timely manner all program results for all relevant programmatic indicators in accordance with U.S. government guidance. All evaluation reports (with or without CDC authors) must adhere to the PEPFAR evaluation standard of practice and must be published on a publically available Internet website, upon approval from CDC offices.

d. Federal Financial Reporting (FFR) (required):
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect 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 to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required):
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:
• Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
• Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
• Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
• Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

f. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

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:

**g. Reporting of Foreign Taxes (required):**

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 VATEntreporting@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.

h. Audit, Books, and Records Clause (required):
   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 (A), (B), (D), (E), (F), (G) and (H) of this provision into all sub-agreements with non-U.S. organizations which meet the $300,000 threshold of paragraph (C) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the $300,000 threshold, must, at a minimum, incorporate paragraphs (G) and (H) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in 2 CFR 200 and 45 CFR 75.

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i. **Expenditure Analysis (required):**

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.

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**G. Agency Contacts**

CDC encourages inquiries concerning this announcement.

For *programmatic technical assistance*, contact:

Caroline Ryan, MD, MPH, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention  
PEPFAR Swaziland, Embassy Campus, Mbabane, Swaziland  
Telephone: +268-24043100  
Email: cgr8@cdc.gov ryanCA@state.gov

For financial, awards management, or budget assistance, contact:  
Angie Tuttle, Grants Management Officer  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS K75  
Atlanta, GA 30341  
Telephone: 770-488-2863  
Email: aen4@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 as necessary and appropriate to the application 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:

- Please refer to **“Organizational Capacity of Awardees to Execute the Approach”** for specific requirements in this FOA, as applicable such as  
  - Resumes/CVs of current key staff who will work on the activity  
  - Organizational Chart  
- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms**, if applicable
- **Funding Preference deliverables**: See “Phase III Review,” as applicable
  - **If applying for the funding preference for local partner**, the applicant must submit documentation to self-certify how the applicant meets the PEPFAR local partner definition listed in Section C, Eligibility Information in this FOA. The applicant must label the supporting documentation as “Eligibility Documentation for PEPFAR Local Partner Definition” and must clearly identify which criteria under paragraph 1, 2, or 3 their organization meets, and provide sufficient documentation to certify how their organization meets that criterion. Funding preference points will not be awarded to applicants who do not provide and/or label the supporting documentation required to meet the PEPFAR Local Partner definition.

Any additional information submitted via [www.grants.gov](http://www.grants.gov) must be uploaded in a PDF file format, and should be clearly labeled (i.e.: Organizational Chart should be named “organizational chart”).

### 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](http://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](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](http://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](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](http://www.grants.gov).

### I. Glossary

**Activities**: The actual events or actions that take place as a part of the program.

**Administrative and National Policy Requirements, Additional Requirements (ARs)**: Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/grants/additional requirements/index.html](http://www.cdc.gov/grants/additional requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**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 government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

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

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under 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: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http://www.cdc.gov/grants/additionalrequirements/index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
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 for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition 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 a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.


Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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 effects of prevention activities.

Inclusion: Both the meaningful involvement of a community’s members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State’s process. Visit the following web address to get the current SPOC list https://www.whitehouse.gov/omb/grants_s pac/.
**International public health work:** For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization’s intent to submit an application.

**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.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.

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

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

**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 (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**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.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

**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:** Plain Writing Act of 2010, Public Law 111-274 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](http://www.plainlanguage.gov)
**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**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 occur by the end of the FOA’s funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation [http://www.phaboard.org](http://www.phaboard.org).

**The System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.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 the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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**FOA specific Glossary and Acronyms**

N/A