



Centers for Disease Control and Prevention

Center for Global Health

Engagement of FBOs and CBOs/PNFPs to Support and Sustain HIV Epidemic Control in the
Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH20-2069

Application Due Date: 03/09/2020

Signature

Date

Engagement of FBOs and CBOs/PNFPs to Support and Sustain HIV Epidemic Control in the
Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH20-2069

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-GH20-2069. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Engagement of FBOs and CBOs/PNFPs to Support and Sustain HIV Epidemic Control in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH20-2069

E. Assistance Listings (CFDA) Number:

93.067

F. Dates:

- | | |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | N/A |
| 2. Due Date for Applications: | 03/09/2020, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

The national prevalence is 6.2%; 7.6% and 4.7% among females and males, respectively. The country has a generalized HIV/AIDS epidemic, and is working to attain epidemic control by 2020 and sustain gains well beyond. Non-governmental organizations (NGOs), including organizations like those in the private not-for-profit (PNFP) sector and faith-based organizations (FBOs), are key players in provision of comprehensive HIV services in Uganda because they serve hard to reach communities. They have been important stakeholders in the HIV response even before the commencement of PEPFAR and are key to the PEPFAR Uganda program and its sustainability strategy. This NOFO aims to engage and build technical, financial, and organizational capacity of organizations with access to these hard-to-reach communities, including faith communities, and facilities with access to these communities to address

identified gaps in the HIV and TB service delivery. The recipient(s) will work with line Ministries and U.S. Government (USG) recipients to set up systems to support and provide technical assistance to selected high-volume service delivery facilities with access to these communities who have been otherwise difficult to reach; to work with these communities; and to implement continuous quality improvement (CQI) and innovative interventions to address other priority activities highlighted in this NOFO.

- a. Eligible Applicants:** Open Competition
- b. NOFO Type:** Cooperative Agreement
- c. Approximate Number of Awards:** 2
The expected number of awards is 1-2.

d. Total Period of Performance Funding: \$0
The Approximate Project Period of Performance Funding/Estimated Total Funding for the Total 5 year Project Period is None. The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for years 2-5 will be set at continuation.

e. Average One Year Award Amount: \$5,000,000
The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is \$5,000,000. The expected number of awards is 1-2. Exact amounts for each award under this NOFO will be determined at the time of award. Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

- f. Total Period of Performance Length:** 5
- g. Estimated Award Date:** 09/30/2020

h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Uganda has a total population of 42.8 million. The total burden of HIV in Uganda in 2019 is estimated at 1,385,653 based on Spectrum estimates and recent UPHIA data. The overall HIV prevalence is 6.2%, with a prevalence of 7.6% among females and 4.7% among males. The country has a generalized HIV epidemic, and is working with limited resources to steadily attain epidemic control by 2020 and sustain the gains well beyond. This calls for efficient utilization of available external and domestic public health resources, strategic investments, and engagement of key stakeholders for greater impact.

NGOs, including the PNF sector and FBOs, are key players in the provision of TB and HIV prevention, care and treatment services in Uganda. Evidence shows that local organizations that serve these hard-to-reach communities, like PNFs and FBOs, support at least 42% of health service delivery in Uganda with over 13,000 health workers in their facilities. They have been important stakeholders in the fight against HIV in the country even before the commencement of PEPFAR. The successes realized by these local organizations have informed overall global investments in HIV. Work with indigenous organizations is the hallmark of the PEPFAR Uganda program and a key element of its sustainability strategy. Continued engagement with these local organizations with access to these communities is necessary in order to attain epidemic control, and to build and ensure ownership, management and technical capacity for quality service delivery. This NOFO aims ultimately to engage and build technical, financial, and organizational capacity within organizations that are able to reach these communities, their leaders and their facilities to address identified gaps in HIV and TB service delivery. The recipient(s) will work with line Ministries and USG recipients to set up systems to support and provide technical assistance to select high-volume service delivery facilities with access to these hard-to-reach these communities; to work with these communities; and to implement CQI and innovative interventions to address other priority activities highlighted in this NOFO in the first year. Thereafter, the scope will expand to additional priority activities in subsequent years and throughout the life of the project. The select facilities in identified districts and regions will be determined in the course of implementation of PEPFAR support for the HIV response in Uganda. The recipient(s) will identify and work to address systems and programmatic gaps along the HIV and TB cascades at facility and community levels. The recipient(s) will also ensure routine reporting, implementation and utilization of Health Information Systems (HIS) solutions, and support CQI for improved patient care.

b. Statutory Authorities

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

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. The overarching purpose of this NOFO 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 2030

N/A

d. Other National Public Health Priorities and Strategies

Under the leadership of the Office of the U.S. Global AIDS Coordinator (OGAC), 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, recipients 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 NOFO).

PEPFAR defines national HIV epidemic control as the point at which the total number of new infections falls below the total number of deaths from all causes among HIV-infected individuals (the classic R_0 to R_i approach to infectious diseases), with both declining. This definition of epidemic control does not suggest near-term elimination or eradication of HIV as may be possible with other infectious diseases, but rather suggests a decline of HIV-infected persons in a population, achieved through the reduction of new HIV infections when mortality among people living with HIV (PLHIV) is steady or declining, consistent with natural aging. Critically, however, a country will not be able to maintain epidemic control if program efforts are not sufficiently sustained and new infections are allowed to rebound or death rates to increase.

Effective December 1, 2018, in addition to the specific activities listed in the Strategies and Activities section of this NOFO, all CDC PEPFAR cooperative agreements resulting from this

NOFO may address the following activities, where and when appropriate, that focus U.S. government resources and activities toward achieving and sustaining the HIV/AIDS epidemic:

- Optimize HIV testing and treatment strategies to reach undiagnosed populations living with HIV, especially young adults, men, and key populations. These strategies may include or build upon traditional methods and activities related to outbreak detection, investigation, and response. Responding to recent infections or ongoing patterns of transmission will be prioritized.
- Focus on prevention among children, adolescents, young adults, and members of vulnerable and key populations.
- Support surveillance activities and programs, along with information systems, that improve understanding of HIV epidemiology, remaining gaps, and informed future programming.
- Support efforts to maintain quality for laboratory systems and activities, including diagnostics and viral load measurement.
- Actively use epidemiologic, program, and financial/cost data to ensure implementation of high quality, cost-effective programs to improve partner performance and increase epidemiologic impact.
- Support country-led, sustainable programming by working with and implementing activities through indigenous partners, including faith communities and faith-based organizations (FBOs), HIV network organizations and community-based organizations directly servicing communities and populations at-risk and most affected by HIV to build local capacity.
- Strengthen policy and financial contributions by partner governments in the HIV/AIDS response.
- Support activities, interventions, and programs to find, treat, and prevent Tuberculosis (TB) among PLHIV and to identify and treat HIV among people infected with TB.
- Support efforts to prevent, detect, respond, and treat infectious and non-infectious diseases that impact PLHIV and populations affected by HIV.

The Epidemic Control language immediately listed above is in effect under this NOFO from December 1, 2018 through the remainder of the project period.

The President's Emergency Plan for AIDS Relief (PEPFAR) is committed to protecting children from abuse, exploitation and neglect in order to decrease their vulnerability to HIV/AIDS. Consistent with underlying authorities, PEPFAR seeks to ensure that children and youth obtaining services through PEPFAR programming are also protected from abuse, exploitation, and neglect in CDC PEPFAR-supported programs.

To that end, because activities to be funded under this award may involve children or personnel coming into contact with children, Recipients of CDC PEPFAR funds agree to ensure compliance with host country and local child welfare and protection legislation or international standards, whichever gives greater protection, and with U.S. law, where applicable. Further, Recipients of CDC PEPFAR funding are strongly encouraged to: 1) have in place policies and procedures that prohibit recipient personnel from engaging in child abuse, exploitation, or neglect; 2) consider child safeguarding in project planning and implementation to determine potential risks to children that are associated with project activities and operations; 3) apply

measures to reduce the risk of child abuse, exploitation, or neglect, including, but not limited to, limiting unsupervised interactions with children; prohibiting exposure to pornography; and complying with applicable laws, regulations, or customs regarding the photographing, filming, or other image-generating activities of children; 4) promote child-safe screening procedures for personnel, particularly personnel whose work brings them in direct contact with children; and 5) have a process for ensuring that personnel and others recognize child abuse, exploitation, or neglect, report allegations, investigate and manage allegations, and take appropriate action in response to such allegations. It is also strongly encouraged that Recipients include the above provisions in any applicable code of conduct for its personnel implementing PEPFAR-funded activities.

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>

e. Relevant Work

Through PEPFAR, HHS/CDC works with host countries and key recipients to design a customized program of assistance that is aligned to the host nation's health and HIV strategic plans and related policy frameworks. Under this principle and that of country ownership, this NOFO is aligned to the Ugandan Ministry of Health (MOH) public health HIV response and the revised National HIV Strategic Plan 2015/16-2019/20 (page 16-44, <http://www.aidsuganda.org>). The successful applicant(s) of this NOFO will make contributions to global commitments and goals, as well as the country's HIV response goals and priorities for the attainment of the national goal of "Towards Zero new infections, Zero HIV and AIDS-related mortality and morbidity, and Zero discrimination."

The work that will occur under this NOFO relates to past programs supported through FBOs and/or Community Based Organizations (CBOs) and PNFPs to implement HIV services in Uganda. This NOFO builds upon previous PEPFAR-supported work in Uganda by FBOs related to the national HIV response, including NOFO CDC-RFA-GH12-1209.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

<u>Strategies and Activities</u>	<u>Short-Term Outcomes</u>	<u>Intermediate Outcomes</u>	<u>Long-Term Outcomes</u>
Strategy 1: Work with Ministries and decentralized health authorities to provide technical assistance to select high volume facilities to address case identification and linkage through CQI, mentorship, supervision, and performance monitoring for sustained epidemic control	<p>Increased oversight of HIV and TB services by FBOs and/or CBOs and PNFPs</p> <p>Improved human resources for health (HRH) and access to adequate quantities of HIV-related commodities</p>	<p>Increased efficiencies in HIV service provision in FBOs and/or CBOs and PNFPs facilities</p> <p>Increased organizational capacity and competencies of FBOs and/or CBOs and PNFPs to engage communities and provide comprehensive HIV and TB services</p>	<p>Improved quality of patient services</p> <p>Increased demand and access to HIV and TB prevention and care services</p>
Strategy 2: Build technical, financial, and organizational capacity of FBOs and/or CBOs and PNFPs leadership, communities, and facilities to address identified gaps in HIV and TB service delivery	<p>Improved identification and linkage of HIV+ adults and children to HIV care services and target groups to HIV prevention services</p> <p>Increased linkage of affected and infected children, adolescent girls and young women (AGYW), and men to HIV and TB programs</p>	<p>Increased ART coverage, adherence, and retention of people living with HIV (PLHIV)</p> <p>Improved TB treatment rates for TB/HIV clients</p>	<p>Reduced HIV and TB incidence</p> <p>Reduced HIV transmission (including MTCT)</p>
Strategy 3: Provide technical assistance for HIV Testing and Prevention Services; sustainable elimination of mother-to-child transmission of HIV (EMTCT) and maternal and child health (MCH) programs; and TB and TB/HIV programming.	<p>Improved Intensified Case Finding (ICF) and TB treatment among TB/HIV patients</p>	<p>Improved TB treatment rates for TB/HIV clients</p>	<p>Reduced HIV and TB related mortality</p>
Strategy 4: Provide technical assistance to improve HIV treatment services at supported sites, ensure retention and viral suppression of all patients	<p>Increased coverage of adults and children on treatment who receive a viral load (VL) test</p>	<p>Increased PLHIV who are virally suppressed</p>	<p>Increased ability of FBOs and/or CBOs and PNFPs to plan, coordinate, and monitor the HIV and TB response</p>
Strategy 5: Ensure routine reporting, implementation, and utilization of HIS solutions, and support CQI for improved patient care	<p>Improved timeliness, accuracy, quality, and completeness of health information at FBOs and/or CBOs and PNFPs supported health facilities</p>	<p>Improved data use for programming and increased efficiencies in HIV and TB services</p>	

i. Purpose

This NOFO will support indigenous organizations, like FBOs and/or CBOs and PNFPs, that can reach these communities, and those communities themselves in Uganda to complement existing efforts by the Government of Uganda (GOU), development partners, civil society, and other stakeholders to attain and sustain HIV epidemic control in Uganda by 2020 and beyond.

Through this NOFO, recipient(s) will provide technical assistance to supported facilities to address programming challenges and gaps throughout the HIV prevention and treatment cascade through FBOs and/or CBOs and PNFPs facilities.

ii. Outcomes

CDC may require or allow applicants to propose additional related project period outcomes other than those identified in the NOFO.

Short-Term Outcomes:

- Increased oversight of HIV and TB services by FBOs and/or CBOs and PNFPs
- Improved HRH and access to adequate quantities of HIV-related commodities
- Improved identification and linkage of HIV+ adults and children to HIV care services and target groups to HIV prevention services
- Increased linkage of affected and infected children, AGYW, and men to HIV and TB programs
- Improved ICF and TB treatment among TB/HIV patients
- Increased coverage of adults and children on treatment who receive a VL test
- Improved timeliness, accuracy, quality, and completeness of health information at FBOs and/or CBOs and PNFPs supported health facilities

Intermediate Outcomes:

- Increased efficiencies in HIV service provision in FBOs and/or CBOs and PNFPs facilities
- Increased organizational capacity and competencies of FBOs and/or CBOs and PNFPs to engage communities and provide comprehensive HIV and TB services
- Increased ART coverage, adherence, and retention of PLHIV
- Improved TB treatment rates for TB/HIV clients
- Increased PLHIV who are virally suppressed
- Improved data use for programming and increased efficiencies in HIV and TB services

iii. Strategies and Activities

Implementation strategies and activities include:

Strategy 1: Work with Ministries and decentralized health authorities to provide technical assistance to select high volume facilities to address case identification and linkage through CQI, mentorship, supervision, and performance monitoring for sustained epidemic control. The recipient(s) will:

- Work with national level structures to update national HIV and related guidelines and conduct data and program reviews to keep track of the progress made towards epidemic control.
- Collaborate with MOH, Regional Referral Hospitals (RRHs), and District Health Teams (DHTs) to conduct joint supervision, monitor service delivery, quarterly performance reviews, inter/intra-district experience sharing and best practices, mentorship, and

coaching, and support the use of performance management and CQI as the foundation for service delivery improvement.

- Support coordination efforts at national and sub national levels of faith-based networks implementing HIV and TB activities at facility and community levels.
- Contribute to strengthening the national health system with the capabilities and full participation of organizations that work with or have access to faith communities to maximize attainment of the national health goals.

Strategy 2: Build technical, financial, and organizational capacity of FBOs and/or CBOs and PNFPs leadership, communities, and facilities to address identified gaps in the HIV and TB service delivery. The recipient(s) will:

- Support addressing structural and health systems barriers to provision and utilization of quality HIV and TB services in facilities that work with faith communities
- Support building institutional technical, financial, and organizational capacity of FBOs and/or CBOs and PNFPs networks in the provision of quality and sustainable HIV and TB service delivery.
- Collaborate with MOH and relevant stakeholders to absorb PEPFAR seconded HRH and align the available HRH to the HIV and TB burden targeting high volume sites and implement performance management strategies to improve productivity.
- Support development of capacity to address systems, policy, organizational, and workforce requirements for strengthening sustainable indigenous FBOs and/or CBOs and PNFPs capacity to respond to the epidemic.
- Collaborate with GOU and CBOs to support community engagement and demand creation initiatives for comprehensive HIV and TB service delivery.
- Identify and support community based FBOs and/or CBOs and PNFPs actors who will help to achieve TB outcomes and HIV epidemic control.
- Identify and work on priorities to address identified issues and bottlenecks within the FBOs and/or CBOs and PNFPs networks and communities for attainment of epidemic control.
- Support to ensure adequate systems within the FBOs and/or CBOs and PNFPs networks to sustainably plan, manage, and support HIV service delivery, workforce capacity and development, health commodity supply chain, HIS, laboratory, financing, leadership and governance, and quality improvement (QI) systems.
- Strengthen laboratory quality management systems for CQI, and sample transportation/ results transmission system for HIV related testing. The recipient(s) will support the following laboratory quality management systems:
 - Laboratory VL monitoring capabilities
 - Strengthen laboratory specimen transportation, testing and results transmission hubs for early infant diagnosis (EID), VL monitoring, and other HIV related testing.
 - Strengthen laboratory supply chain and logistics management systems, including building capacity for laboratory supply chain management.
 - Implement and support the laboratory supervision performance assessment and recognition strategy, preventive equipment maintenance biosafety and waste management.

- Support core laboratory, information and supply chain management systems within FBOs and/or CBOs and PNFPs health facilities to attain district and national performance standards.
- Improve access to quality laboratory services through implementation of laboratory quality management systems and strengthening laboratory management towards accreditation (SLMTA). Support distribution of Proficiency Testing (PT) panels to all testing sites and ensure proper documentation of corrective action.
- Collaborate with the Uganda National Health Laboratory Services to implement basic laboratory information system at Health Centre IIIs and above to improve laboratory data capture, its aggregation, and transmission for analysis into usable information.
- Support human resource development for sustainable laboratory services in the FBOs and/or CBOs and PNFPs facilities through training, mentorships, and coaching.
- **Support the national commodity supply.** The recipient(s) will work with the national commodity supply chain systems to:
 - Ensure adequate quantities of TB and HIV-related commodities such as antiretrovirals (ARVs), and laboratory reagents.
 - Support FBOs and/or CBOs and PNFPs facilities to conduct accurate quantification, forecasting, and stock-management for essential medicines, TB, HIV and other health supplies, including those for the laboratory.
 - Work with national warehouses and distribution actors, MOH/Pharmacy Division, DHTs, FBOs and/or CBOs and PNFPs facilities, and other TA providers to ensure uninterrupted supply availability of TB and HIV commodities, including test kits, ARVs, and other essential medicines, laboratory reagents, etc.
 - Work with the DHTs and FBOs and/or CBOs and PNFPs facilities to ensure that the real time ARV stock status dashboard (RASS) is being implemented and used for timely decision-making process
- **Support patient-centered care through the implementation of linked clinical and laboratory HIS at community and facility-based service points.** The recipient(s) will support implementation of interconnected HIS including governance, including but not limited to:
 - Support the establishment of clients, providers, facilities, and HIV case registries in the supported FBOs and/or CBOs and PNFPs facilities, and support establishment of related platforms of hosting clients, providers, and facilities registries.
 - Support the procurement and installation of:
 - hardware to support electronic medical records (EMR) for point of care (POC) functionality (Android phones, PCs, tablets, Laptops, Biometric readers)
 - power solutions (solar systems for sites not connected to the national grid, and power backups for those with intermittent power)
 - Support Internet connectivity at all high-volume sites - including Laboratory

Hubs

- Support installation and maintenance of HIS systems at FBOs and/or CBOs and PNFPs facilities
- Support rapid site assessments for implementation of EMRs and other HIS
- Support the implementation of interoperable HIS guidelines, solutions, and standards built on open architecture for HIV and other case-based surveillance
- In collaboration with MOH, Monitoring and Evaluation Technical Support (METS) project, RRHs, and districts, support FBOs and/or CBOs and PNFPs health facility QI teams to review and utilize program data for planning, reporting, and performance improvement to address gaps identified during support supervision, data quality assessments (DQA), and other program reviews.

Strategy 3: Provide technical assistance for HIV Testing and Prevention Services; sustainable EMTCT and MCH programs; and TB and TB/HIV programming. Use targeted HTS models to improve identification of PLHIV in FBOs and/or CBOs and PNFPs facilities, sites, and communities in selected districts. The recipient(s) will support the following HTS interventions:

- Implement Index testing with assisted partner notification (APN) for contacts exposed to HIV infections by individuals who are newly identified with HIV, unsuppressed, and those with new risk. GBV related to APN should be monitored, documented, reported, and appropriately managed.
- Enhance data analysis and use: Support quality data collection, analysis, dissemination, and use to track site level HTS including monthly reviews of yield from different approaches by level.
- Institute case finding strategies for children and adolescents with a high risk of HIV including systematic provider-initiated testing and counseling (PITC) for children and adolescents in high burden areas.
- Establish a standardized, functional network of trained, supervised faith-based community- and facility-level structures to ensure high quality of services across the clinical continuum.
- Work with MoH, communication partners, and other stakeholders to raise demand for HTS for the different sub-populations.
- Implement Voluntary Medical Male Circumcision (VMMC) services at selected sites targeting men aged 15 years and above.

Strategy 4: Provide technical assistance to improve HIV treatment services at supported sites, ensure retention and viral suppression of all patients in care, and where applicable, provide ART services to all eligible PLHIV as outlined in the latest national HIV prevention, care and treatment guidelines. The recipient(s) will:

- **Adult PLHIV population:** The recipient(s) will:
 - Support ART initiation, adherence and retention for PLHIV in care.
 - Support implementation of the universal “Test and Start” HIV treatment strategy and adopt utilization of more efficient models of service delivery in alignment

- with WHO 2015 guidance and national treatment guidelines.
- Work with MOH to provide routine VL testing and achieve the goal of 95% viral suppression among those on ART.
- Utilize QI approaches: The recipient(s) will utilize QI approaches to support linkage adherence and retention along the continuum of HIV care.
- Coordinate faith-based health facility activities and staff, linkage facilitators, CBOs, PLHIV networks and groups which will be effectively utilized to provide HIV care and support interventions at community level.
- **Pediatric and adolescent HIV care and treatment:** The recipient(s) will:
 - Increase pediatric and adolescent ART coverage, retention rates, monitoring, and quality of services, in addition to provision of other pediatric care and support interventions in alignment with the “MOH integrated Health care services package for HIV prevention, Treatment and Care services for Uganda.”
 - Provide support to sites to improve pediatric and adolescent viral load suppression (VLS) rates to 95% in line with the UNAIDS and national goals by ensuring maximal use of optimal pediatric ARV formulations for children less than three years.
 - Improve linkages and referrals between faith-based facility and community services and ensure adequate and bi-directional linkages between OVC and pediatric care and treatment services.
 - Improve pediatric and adolescent data quality (accuracy, completeness, and reliability).
 - Provide all ART beneficiaries at all supported faith-based sites with optimal ARV regimens with the goal of improving VLS for children, adolescents, and adults.
 - The recipient(s) will ensure the TLD transition and regimen optimization is implemented and monitored in a coordinated manner including DHT engagement, capacity building, mentorship, support supervision, CQI, commodity availability, and program reporting into the national systems.
- Support implementation of Retention intervention packages to achieve sustained VLS among target sub-populations.
- Support implementation of the Advanced Disease Management (ADM) guidelines at all supported faith-based facilities. The recipient(s) will be expected to implement ADM guidelines at faith-based health facilities. This will support efforts to improve quality of life among HIV+ Clients in the HIV program, reducing the number of clients identified with advanced disease.
- Other Care interventions:
 - Provide cotrimoxazole prophylaxis; screening and management of common OIs; nutritional assessment counseling and support (NACS); and management of moderate to severe malnutrition using ready to use therapeutic food (RUTF), as per national guidelines.
 - Strengthen FBOs and/or CBOs and PNFPs facility community linkages to support adherence, retention, and client-centered service delivery models including for AGYW, men, and pregnant and breastfeeding women (PBFW).
 - Identify and implement effective strategies to link clients from and within communities to facilities ensuring a continuum of care.

- Improve coverage and provide quality, integrated MCH and eMTCT interventions in accordance with National and PEPFAR program policies and guidelines. The recipient(s) will:
 - Support FBOs and/or CBOs and PNFPs facilities to provide comprehensive MCH services/eMTCT services across the PMTCT/EID continuum of care.
 - At community level, recipient(s) will work with CBOs, village health teams (VHTs) or relevant community structure, and FBOs and/or CBOs and PNFPs to identify, register, and refer all PBFW to attend antenatal care (ANC) and post-natal care (PNC) services respectively. Recipient(s) will scale up male partner testing through innovative approaches
 - Implement Group ANC/PNC for Pregnant and Breastfeeding (PBF) AGYW, aged 15-24 years: A Differentiated Service Delivery (DSD) model of care per MoH guidelines using an adolescent appropriate service delivery approach.
 - Strengthen family and community engagement for timely EID testing within 0-2 months and completion of 18 months final outcome for HIV Exposed Infants (HEIs).
 - Engage communities and conduct male partner sensitization for improved male partner involvement in ANC/PMTCT services.
 - Address structural and health systems barriers to provision and utilization of quality MCH/PMTCT services, for example HRH gaps, poor infrastructure in ANC/MCH, high SGBV rates, high teenage pregnancy rates, high risk sexual behavior among AGYWs, stigma and discrimination.

- **Support TB prevention and cure in HIV-affected and unaffected populations.** Recipient(s) will support:
 - Work with providers, FBOs and/or CBOs and PNFPs sites, communities and DHTs to increase TB case detection, improve treatment success rates, improve monitoring and evaluation (M&E) for TB, reduce burden of TB among HIV patients, and reduce burden of HIV among TB patients in the supported FBOs and/or CBOs and PNFPs facilities in alignment with the National TB/HIV collaborative guidelines.
 - The recipient(s) will support TB screening among PLHIV at every clinic visit, ensure access to diagnostic evaluation (for those with presumptive TB) including quality smear microscopy and GeneXpert- MTB/RIF, offer Isoniazid preventive therapy to those with no evidence of active TB; and ensure all supported sites have and implement TB infection control plans.
 - Strengthen facility-community structures to support linkage, to TB treatment, adherence, and retention among HIV positive TB patients.
 - Support PITC of TB clients and providing HIV care and treatment to those found to be co-infected.
 - Work with the DHTs, and the national M&E teams to support FBOs and/or CBOs and PNFPs facilities strengthen the existing TB QI approaches including EQA for TB tests, use of TB registers and dispensing logs, and quality of reporting on TB/HIV in district health information systems (DHIS2).
 - Provide clinical mentorship for clinicians and laboratorians on TB/HIV co-infection management

- Special focus will be on integration of TB in MCH care settings, improving childhood TB diagnostic and treatment capacity at FBOs and/or CBOs and PNFPs health facilities.
- Engage FBOs and/or CBOs and PNFPs health facilities to diagnose and treat TB and support the quantification /ordering process for anti-TB drugs through the supply chain designated recipients.
- **Implement OVC interventions aimed at improving viral suppression and retention among HIV+ children/adolescents including HIV+ pregnant adolescents in care.**The recipient(s) will support:
 - OVC services with focus on pediatric/adolescent case finding, supporting viral ICF suppression, preventing new infections/Violence against children (VAC) among 10-14 years and AGYWs. This will include improving case finding among children and adolescents, using the validated screening tool, and linkage of those eligible to HTS and other HIV services.
 - Interventions aimed at risk reduction for AGYWs 15-17 years and risk avoidance for children 9-14 years using evidence-based curricula.
 - Work towards strengthening the case management system at both district and community level to ensure support of the social protection services.
- **Scale up risk avoidance and risk reduction of HIV/VAC among children 9-14 years of age through:**
 - Implementation of curricula targeting parents/children and the community to prevent VAC.
 - Support 100% of GBV survivors to access services.

Strategy 5: Ensure routine reporting, implementation, and utilization of HIS solutions, and support CQI for improved patient care. Support MOH efforts to deploy and implement EMR systems that are interconnected to other systems (Lab and dispensing) which conform to the national eHealth Enterprise Architecture, Interoperability framework and standards at FBOs and/or CBOs and PNFPs facilities. The core activities include:

- Support MOH initiatives to establish systems architecture to support case registries, health information exchanges, and communications infrastructure. Deployed solutions should support patient unique identification.
- Implement tiered EMR systems depending on clients' volumes at supported FBOs and/or CBOs and PNFPs facilities.
- Implement POC data entry at various service delivery areas and points in FBOs and/or CBOs and PNFPs facilities.
- Support procurement of hardware to support data capture at key entry points.
- Support internet connectivity initiatives for supported FBOs and/or CBOs and PNFPs sites.
- Support provision of sustainable power solutions at FBOs and/or CBOs and PNFPs sites that are not connected to the national power grid.
- Support capacity building activities at FBOs and/or CBOs and PNFPs facilities that will ensure that facility staff have the capabilities to use all the HIS solutions provided.
- M&E reporting and CQI interventions for improved program performance. Recipient(s) will support:

- PEPFAR MER report generation through Ugandan EMRs and paper-based Health Management Information System tools.
- Facility level M&E technical support to all PEPFAR supported sites and community linkage to submit complete data timely through the TB/HIV surge dashboard and the established national systems (DHIS2, OVC management information system and HIBRID) as required per the PEPFAR MER reporting requirements to reach the UNAIDS 95-95-95 goals.
- Monitor and report on the recency testing and mortality using the available national or alternative PEPFAR HIS.
- Work with an SI related above mechanism and the regional comprehensive mechanisms to ensure ≥ 95 percent linkage to treatment is achieved with ≥ 95 percent retention.
- Build capacity for reporting HIV cohort data through the EMRs with unique identifiers.
- Track performance and provide an update using a CDC Uganda approved standard quarterly reporting template.
- Demonstrate data quality of all PEPFAR MER indicators with < 5 percent variation as demonstrated by implementing mechanism (IM) driven or PEPFAR driven DQAs.
- Demonstrate increased capacity for program data utilization at facility level; identify, initiate, and collaborate with comprehensive mechanisms on data driven QI collaborative projects as well as scale up best CQI practices.
- Demonstrate efforts to strengthen evaluation of CDC PEPFAR supported programs and strategies using a Result Based and M&E approach.
- Conduct periodic program evaluations and disseminate findings and scale up best practices where possible. Conduct SIMS/Surge for quality approaches to advance key interventions and focusing on core indicators to increase HIV positive yield with fewer tests, improve linkage and retention in treatment, VLS ensure data quality, monitor ARV stock outs, plus enhance TB case finding and treatment completion.

In furtherance of the underlying purpose of this announcement, Recipient is expected to provide copies and/or access to all data, software, tools, training materials, guidelines, and systems developed under this NOFO to Ministry of Health and other relevant stakeholders for appropriate use. CDC should be provided access consistent with applicable grants regulations.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

The recipient(s) will be expected to collaborate with GOU ministries and institutions and other CDC-funded programs that have a role in achieving the NOFO outcomes, including the following:

- MOH to develop conducive policy and guidelines for the national HIV response and attainment of epidemic control.
- USG M&E designated recipient(s) to support the strengthening of electronic reporting

systems including DHIS2, M&E, clinical QI initiatives, district led programming, population case-based surveillance, and HIS within supported districts.

- The Supply Chain designated recipient, in addition to national level stakeholders to support the logistics and supply chain management systems in the targeted districts of intervention.
- UVRI on strengthening of HIV-related PT.
- Central Public Health Laboratories support to laboratory hubs in strengthening the specimen transportation and results transmission systems in order to reduce result turnaround time.
- Work with and support other CDC-funded non-HIV health related programs/initiatives such as Global Health Security, Global Immunization Disease, and others within the geographic scope of this NOFO.

b. With organizations not funded by CDC:

The recipient(s) will be expected to collaborate with other PEPFAR USG agencies, National programs, and other organizations that have a role in achievement of the NOFO goals and objectives including:

- USG HRH designated recipients to strengthen human resource management functions at national, regional, and district levels including staff performance management and functionality of Human Resource Information System (HRIS) to improve human resource planning.
- Ministry of Gender, Labor and Social Development (MGLSD) and other appropriate government institutions to develop conducive policy and guidelines for the national HIV response attainment of epidemic control.
- Other faith networks and FBOs and/or CBOs and PNFPs that provide HIV and TB services and implement similar services in the selected regions and districts, and potentially across Uganda.
- RRHs and District Local Governments to support planning and implementation of national policies and guidelines at faith-based health facilities.
- Bilateral and multilateral organizations including key UN agencies; Global Fund; Development Partners supporting the national HIV response.

2. Target Populations

The target populations for this NOFO include:

- At the national and regional level, organizations working with hard-to-reach communities, like faith communities, including FBOs and/or CBOs and PNFPs, and their leadership
- At the district and health facility level, the staff and service providers at these organizations
- Training, mentorships, and coaching of FBOs and/or CBOs and PNFPs sites on guidelines and tools for reaching marginalized communities.
- Men, women, and children obtaining services at supported FBOs and/or CBOs and

PNFPs facilities

- At the community level, PLHIV with focus on tailored service delivery to faith-based communities, while upholding principles of client confidentiality, patient rights, and non-discrimination
- Specific (sub-) populations who may benefit from this NOFO include men, AGYW, HIV+ children, pregnant and lactating mothers, male partners, pediatric/adolescent clients, prisoners, OVC, and appropriate linkages and referrals for Key Populations and Priority Populations. Applicants must outline approaches to ensure the delivery of quality services to these populations.

The recipient(s) will use data to identify communities that are disproportionately affected by the HIV epidemic and propose activities to reduce or eliminate these disparities.

a. Health Disparities

N/A

iv. Funding Strategy

Applicants to this NOFO are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

Applications must not exceed this amount. Applicants should submit the SF-424A as part of their application which shows all components for the budget period and the amounts should exactly match what is being requested for funding. Please note the following key points on component funding:

- Component funding must be setup at the time of the application.
- Each component must be a discrete set of activities with an associated budget. Setting up components based on time (i.e., quarterly) is an appropriate distinction of activities, provided activities are clearly outlined.
- Applicants should submit SF-424As as part of their applications which show all components for the budget period. If more than 4 components exist, multiple SF-424As will be needed.
- Any component that is not funded at the time of new award may be deemed "Approved but Unfunded (ABU)". There is no guarantee that all components will be funded in a budget period as ABU components are subject to the availability of funds.
- If, during the technical review, the program office approves a budget that differs from what was submitted at application (reflected in the budget markup), a revised budget will be required in conjunction with the response to the technical review. This revised budget is due within 30 days of the start of the budget period. Any future components will not be awarded until the revised budget is submitted and approved.
- Once components are awarded, funds cannot be redirected between components. Component ceilings cannot change throughout the budget period.

Applicants are encouraged to consider the following in the development of their budgets and budget narratives:

For Year 1, CDC anticipates an Approximate Total Fiscal Year Funding/Average One Year

Award Amount/Approximate Average Award of \$5,000,000 with the following components:

- Component 1- COP20 Q1 Targets
- Component 2- COP20 Q2 Targets
- Component 3- COP20 Q3 Targets
- Component 4- COP20 Q4 Targets
- Component 5- COP20 Scale up Targets
- Component 6- Special Funds

These amounts are subject to approval and the availability of funds.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC expects that routine performance data is reviewed, cleaned, and used for program management. To this effect, the recipient(s) should hold regular review meetings to discuss performance and use data in program QI activities.

Recipient(s) should allocate funds made available under this NOFO for both evaluation activities and performance monitoring. While the final funding amount will be agreed upon by both CDC and the recipient(s), a minimum of 10% of funds should be allocated for monitoring activities and 5% of funds used for evaluation activities.

PERFORMANCE MONITORING

Performance will be assessed through use of both PEPFAR MER and non-MER indicators. Recipient(s) will be responsible for reporting on but not limited to the MER indicators listed below; applicants should propose additional relevant MER and non-MER indicators as part of their initial Evaluation and Performance Management Strategy. Other activities to assess performance will include SIMS and Surge tools and visits.

Targets and Reporting Frequency

Illustrative indicators, targets, and reporting frequencies corresponding to Year 1 of the NOFO are shown below. Unless otherwise indicated, the reporting periods for MER indicators will mirror the PEPFAR MER indicator reporting frequency (quarterly, semi-annually, and annually). Targets and reporting frequencies may be adjusted or new targets identified in subsequent years based on implementation of HIV/AIDS epidemic control strategies and program priorities. Any gaps or unmet needs not fulfilled in the first year will affect the targets of the subsequent years. Additional information regarding MER reporting is included in the PEPFAR MER 2.0 (V2.3) guidance.

PEPFAR (MER) Process and Outcome Measures:

- **HIV Testing**
 - **TB_STAT**: Percentage of new and relapse TB cases with documented HIV status [**Target**: 100%; Frequency – Quarterly]

- **PMTCT_STAT**: Percentage of pregnant women with known HIV status at antenatal care [**Target**: 100%; Frequency – Quarterly]
- **PMTCT_HEI_POS**: Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age [**Target**: 100%; Frequency – Quarterly]
- **PMTCT_FO**: Percentage of final outcomes among HIV exposed infants registered in a birth cohort [**Target**: 100%; Frequency – Annual]
- **PMTCT_EID**: Percentage of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 12 months of age [**Target**: 100%; Frequency – Quarterly]
- **OVC_HIVSTAT**: Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to recipient [**Target** 100%; Frequency – Semi-Annual]
- **HTS_TST**: Number of individuals who received HIV Testing Services and received their test results [**Target** 100%; Frequency – Quarterly]
- **HTS_TST_POS**: The number of persons who received HIV testing services and received a positive result [**Target**: 100% of those who received HIV Testing Services and test results; Frequency – Quarterly]
- **HTS_INDEX**: Number of individuals who were identified and tested using Index testing services and received their results [**Target**: 100% of those who received HIV Testing Services and test results; Frequency – Quarterly]
- **Treatment**
 - **PMTCT_ART**: Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy [**Target**: 100%; Frequency – Quarterly]
 - **TX_TB**: Proportion of ART patients screened for TB in the semiannual reporting period who start TB treatment [**Target**: 100% of TB sputum positive patients screened; Frequency – Semi-Annual]
 - **TX_NEW**: Number of adults and children newly enrolled on antiretroviral therapy (ART) [**Target**: 100% of adults and children with HIV positive results; Frequency – Quarterly]
 - **TX_ML**: Number of ART patients with no clinical contact since their last expected contact [**Target**: 5% of ART patients with no clinical contact since their last expected contact; Frequency – Semi-Annual]
 - **TX_CURR**: Number of adults and children currently receiving antiretroviral therapy (ART) [**Target**: 95% TX_NEW and TX_CURR patients; Frequency – Quarterly]
 - **TX_RET**: Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART [**Target**: 95% retention of adults and children on ART at 12months; Frequency – Annually]
 - **TB_ART**: Proportion of HIV-positive new and relapsed TB cases on ART during TB treatment [**Target** 100%; Frequency – Quarterly]
- **Viral suppression**
 - **TX_PVLS**: Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months [**Target** 95%; Frequency –

Quarterly]

- **Prevention**

- **VMMC_CIRC**: Number of males circumcised as part of the voluntary medical male circumcision for HIV prevention program within the reporting period [**Target**: 95%; Frequency – Quarterly]
- **TB_PREV**: Proportion of ART patients who completed a standard course of TB preventive therapy [**Target**: 95%; Frequency – Semi-Annual]
- **OVC_SERV**: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV [**Target**: 100%; Frequency – Semi-Annual]
- **GEND_GBV**: Number of people receiving post-gender-based violence clinical care based on the minimum package [**Target**: 100% of post-GBV people that required clinical care; Frequency – Annual]
- **AGYW_PREV**: Percentage of adolescent girls and young women (AGYW) that completed the DREAMS primary package of evidence-based services/interventions [**Target**: 90%; Frequency – Semi-Annual]

- **Health Systems**

- **SC_STOCK**: Percentage of stock status observations from storage sites where commodities are stocked according to plan, by level in supply system [**Target**: 100%; Frequency – Semi-Annual]
- **LAB_PTCQI**: Number of PEPFAR-supported laboratory-based testing and/or Point-of-Care Testing (POCT) sites engaged in continuous quality Improvement (CQI) and proficiency testing (PT) activities [**Target**: 100%; Frequency – Annual]
- **HRH_PRE**: Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre [**Target**: 80%; Frequency – Annual]
- **HRH_CURR**: Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR, as well as total spend on these workers [**Target**: 100%; Frequency – Annual]
- **EMR_SITE**: Number of PEPFAR-supported facilities that have an electronic medical record system within the following service delivery areas: HIV Testing Services, Care & Treatment, Antenatal or Maternity Services, Early Infant Diagnosis or Under Five Clinic, or TB/HIV Services [**Target**: 100%; Frequency – Annual]

- **Impact MER Proxy Indicators:**

- **HTS_RECENT**: Percentage of persons aged ≥ 15 years newly diagnosed with HIV-1 infection who have a test for recent infection result of ‘recent infection’ during the reporting period [**Target**: 100%; Frequency – Quarterly]
- **TX_ML**: Number of ART patients with no clinical contact since their last expected contact [**Target**: 5% of ART patients with no clinical contact; Frequency – Semi-Annual]. This will be disaggregated by status of Died (confirmed), previously undocumented patient transfer (confirmed), traced patient (unable to locate) and did not attempt to trace patient to be in position to

track mortality rates among PLHIVs on ART.

Non-MER: Additional Performance Measures (Custom Indicators)

Applicants should propose additional custom performance measures to monitor achievement of outcomes not directly measured by PEPFAR (MER) indicators. Custom indicators should include process and outcome measures directly correlated with the logic model. Proposed indicators will be reviewed and refined in the first 6 months of the project period. Below are examples of additional process and outcome measures for the strategies/activities and outcomes previously discussed in the logic model and associated narrative sections.

- Linkage of PLHIV to ARV treatment: # of New PLHIV on ART/# New PLHIV [Target 95%; Frequency of reporting: Quarterly]
- ART adherence: % of PLHIVs taking 95% of ART medication [Target: 100%; Frequency of reporting: quarterly]
- % of eligible TX_NEW clients that received baseline CD4 [Target: >90%; Frequency of reporting: Quarterly]
- % of facilities that provide Serum Cryptococcal Ag tests [Target: >90%; Frequency of reporting: Annually]
- % of facilities that provide all the 6 PHDP messages [Target: >90%; Frequency of reporting: Quarterly]
- % of PLHIV have received PHDP services at their last visit [Target: 90%; Frequency of reporting: Quarterly]
- % of HIV+ clients screened for nutrition (NACS) [Target: 100%; Frequency of reporting: Quarterly]
- % of malnourished clients provided with RUTF for treatment [Target: 100%; Frequency of reporting: Quarterly]

Data Sources for MER and Custom Indicators: Program data, surveillance data, electronic or paper-based medical records, patients tracking systems, surveys, etc.

Dissemination of Results: dissemination channels (including public domains) and audiences where evaluation results will be shared.

EVALUATION

The potential evaluation questions and/or topics below are examples of what the recipient(s) may be expected to answer through evaluation(s). Applicants should include at least 1, but no more than 3 potential evaluation questions. The applicant should consider the following areas when developing evaluation questions:

Topics

- HIV positive identification, linkage to treatment, VLS rates and retention (Early retention) and annual retention [Process/Outcome Evaluation]
- FBOs and/or CBOs and PNFPs coordination and sustainability of PEPFAR supported health facilities (Process Evaluation)

Data Sources: Program data, surveillance data, patients, electronic or paper-based medical records, patients tracking systems health care workers, focus groups, in-depth interviews, surveys, etc.

Dissemination of Results: dissemination channels (including public domains) and audiences where evaluation results will be shared, potentially including meetings, conferences, or journals. A report will be generated in line with PEPFAR Evaluation Standards of Practice.

In addition, recipient(s) may be required to conduct a costing analysis or economic evaluation of implemented interventions or activities at the end of project to determine:

- Cost and/or unit costs, and cost drivers of interventions or activities
- Cost-effectiveness of interventions or activities

Evaluations are expected to align with national, PEPFAR, and agency priorities and programmatic gaps, and will be reviewed and approved as part of the Country Operational Plan (COP). As such, the evaluation questions listed in this announcement may be amended based on feedback from OGAC during the annual COP review process.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. 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)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

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).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should submit the following materials in their appendix:

- Statement of Experience (maximum 5 pages) demonstrating organizational capacity to address the requirements of the NOFO and specifically in the following areas:
 - Experience with implementation and oversight of comprehensive HIV service delivery at FBOs and/or CBOs and PNFs health facilities
- CVs/Resumes for key personnel who will work on the project, including but not limited to the PI, Business Official, Program Manager, and M&E Manager.
- Job Descriptions for key personnel, including but not limited to those listed above. Job descriptions should also be provided for any key positions to be created at the regional and district-level that are necessary for project development and implementation.
- Organizational Chart (maximum 1 page)
- Financial Management Statement (maximum 5 pages) that describes the following:
 - Systems and procedures used to manage funds
 - Procurement procedures
 - Previous experience managing budgets greater than \$2,000,000

These above requested appendix materials should demonstrate organizational capacity in the following areas:

- Technical capacity to support a comprehensive District Led HIV/AIDS response, capacity to manage service delivery in multiple districts and/or regional blocks with a clear understanding of both national, sub national, and decentralized local issues that contribute to the HIV epidemic
- Ability to coordinate and collaborate with existing PEPFAR recipients and other donors, including the Global Fund and other USG Departments and agencies involved in implementing PEPFAR
- Ability to manage program performance, evaluation, performance monitoring, financial reporting, and have capacity to manage the required funds in accordance with the HHS Grants Policy
- Experience implementing Uganda's national HIV/AIDS response

Applicants must title these documents in their appendix as follows: "Experience," "CVs/Resumes," "Job Descriptions," "Organizational Chart," "Financial Statement" and upload it at www.grants.gov.

d. Work Plan

Applicants 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 recipients, site visits, and recipient 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 recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

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 recipient for a briefing on applicable U.S. Government, HHS/CDC, and 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 OGAC.
2. Review and make recommendations as necessary to the process used by the recipient to select key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement, as part of the PEPFAR COP review and approval process, managed by OGAC.
3. Review and approve recipient's annual work plan and detailed budget, as part of the

- PEPFAR COP review and approval process, managed by OGAC.
4. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
 5. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
 6. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
 7. Meet on an annual basis with the recipient 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 COP review and approval process, 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 recipient meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB).
 10. Collaborate with the recipient 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 recipient. 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 Paperwork Reduction Act of 1995 (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 recipient 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 recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
 17. Ensure the recipient'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, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program

(DFPM).

18. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome, or economic.
 - 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. Economic Evaluation: justifies the investment, and determines the efficiency and economic impact of interventions.
19. Supply the recipient with protocols for related evaluations.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U2G
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	\$5,000,000
5. Approximate Period of Performance Funding:	\$0

This amount is subject to the availability of funds.

The Approximate Project Period of Performance Funding/Estimated Total Funding for the Total 5 year Project Period is None. The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for years 2-5 will be set at continuation.

Estimated Total Funding:	\$0
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	2

The expected number of awards is 1-2.

8. Approximate Average Award:	\$5,000,000 Per Budget Period
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The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is \$5,000,000. The expected number of awards is 1-2. Exact amounts for each award under this NOFO will be determined at the time of award. Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

9. Award Ceiling:	\$0 Per Budget Period
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This amount is subject to the availability of funds.

The Award Ceiling is None. Please refer to the Approximate Total Fiscal Year Funding, Average One Year Award Amount, and Approximate Average Award for the anticipated total

funding amount for Year 1. This amount is approximate and is subject to the availability of funds.

10. Award Floor: \$0 Per Budget Period
None.

11. Estimated Award Date: 09/30/2020

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Ministries of Health

2. Additional Information on Eligibility

This is a fully competitive NOFO. In addition to the entities listed above in the text field entitled “Eligible Applicants,” the following entities are eligible to apply for this NOFO:

- Government Organizations:
 - Political subdivisions of States (in consultation with States)
- Non-government Organizations:
 - Alaska Native health corporations
 - Tribal epidemiology centers
 - Urban Indian health organizations
 - Nonprofit with 501C3 IRS status (other than institution of higher education)
 - Nonprofit without 501C3 IRS status (other than institution of higher education)
 - Research institutions (that will perform activities deemed as non-research)
- Colleges and Universities
- Community-based organizations
- Faith-based organizations (FBOs)
- For-profit organizations (other than small business)
- Hospitals
- Small, minority, and women-owned businesses
- All Other

The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for this NOFO is \$5,000,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

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” and “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.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. 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 <https://www.sam.gov/SAM/>.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the

"Applicant Registration" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ 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 https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 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 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		behalf of the organization	SAM account before applying on grants.gov)	
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2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) 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 OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: N/A

b. Application Deadline

Due Date for Applications: **03/09/2020**, 11:59 p.m. U.S. Eastern Standard Time, at 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.

Date for Information Conference Call

N/A

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

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 with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://wwwn.cdc.gov/grantassurances/>

[\(S\(mj444mxct51lnrv1hljjmaa\)\)/ Homepage.aspx](#)

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.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic,

budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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 is not requested or required as part of the application for this NOFO.

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 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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number 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 following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients

should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must 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. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance 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 programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. 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. For further information about CDC's requirements under PRA see <https://www.cdc.gov/od/science/integrity/reducePublicBurden/>.
- 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, data management plan (DMP), 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).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

The Project Narrative must include a heading titled Organizational Capacity of Applicants to Implement the Approach, under which applicants should include a brief description of their organizational capacity.

A list of materials specific to this NOFO that must be submitted in the appendix is included in Part II Section 2. A. 2 c. Organizational Capacity of Recipients to Implement the Approach. Additional instructions on appendix submittal requirements can be found in Section H Other Information.

11. Work Plan

(Included in the Project Narrative's 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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must 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
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at 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 Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. 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). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients 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.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients 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.

16. Copyright Interests Provisions

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.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- 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 recipients](#).
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).
- Indirect costs on grants awarded to foreign organizations and foreign public entities, and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization. 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).
- 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 recipients 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. Any enforcement of this provision is subject to courts’ orders in *Alliance for Open Society International v. USAID* (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

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 Recipient 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 narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
 - The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

Financing of Terrorism

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) ([http://www.undemocracy.com/S-RES-1269\(1999\).pdf](http://www.undemocracy.com/S-RES-1269(1999).pdf)), UNSCR 1368 (2001) ([http://www.undemocracy.com/S-RES-1368\(2001\).pdf](http://www.undemocracy.com/S-RES-1368(2001).pdf)), UNSCR 1373 (2001) ([http://www.undemocracy.com/S-RES-1373\(2001\).pdf](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 Recipient 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-GH20-2069.”

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, 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) 2020, the limit is no more than 8 percent of the country's FY2020 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-recipient. 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-recipients, 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 NOFO. 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 NOFO 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 NOFO. For example, the proposal should state that the applicant has \$ _____ in FY2020 grants and cooperative agreements (for as many fiscal years as applicable) in the country(ies) covered by this NOFO. For additional information concerning this NOFO, please contact the Grants Management Officer for this NOFO.

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 Operational 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 recipient'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, Evaluation, and Reporting(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>.

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 DGHT 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 Recipient has not been granted an exception to the deadlines specified above.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<http://www.cdc.gov/grants/additionalrequirements/ar-25.html>

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail 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 business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed 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 NOFO. 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 Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get_Started%2FGet_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives 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@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 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:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO 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, OGS 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 eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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.

i. Approach

Maximum Points:25

How well does the proposal reflect knowledge and understanding of Uganda's national HIV/AIDS response and strategies to support the current level of national response and efforts to attain epidemic control? (15 points)

How well does the proposal address innovative and sustainable solutions to the outlined activities based on the comparative advantage of FBOs and/or CBOs and PNFPs communities? (10 points)

ii. Evaluation and Performance Measurement

Maximum Points:25

To what extent does the applicant describe an initial project evaluation strategy that includes

timeframe, key stakeholders, evaluation questions, how these will be measured, and how findings will be disseminated? (15 points)

To what extent does the applicant describe a system for reviewing and adjusting program activities based on performance monitoring and evaluation information obtained? (10 points)

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:50

To what extent does the applicant demonstrate experience with implementation and oversight of comprehensive HIV service delivery at health facilities that serve faith-based communities? (25 points)

To what extent does the applicant demonstrate the local experience in Uganda and institutional capacity (both management and technical) to achieve the goals of the NOFO with documented good governance practices and technical expertise in comprehensive HIV care? (15 points)

How well does the applicant demonstrate history of collaboration and existing relationships with FBOs and/or CBOs and PNFPs health facilities countrywide proposed under this NOFO, and the ability to coordinate and collaborate with faith-based networks, line Ministries, existing PEPFAR partners, etc.? (10 points)

Budget

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 PEPFAR? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

c. Phase III Review

In addition, the following factors also may affect the funding decision: Funding Preferences

Applicants to this NOFO will be scored based on direct consideration of findings from the Objective Review Panel and, as applicable, responsiveness to the funding preference listed below. Applicants meeting the criteria set forth in this funding preference will receive additional points beyond the possible total of 100 as follows:

PEPFAR Local Partner Funding Preference (30 points)

Applicants must submit supporting documentation and a narrative letter by and through an authorized representative in the Appendices of the application and labeled as "Local Partner Preference" to be considered to receive the Phase III Local Partner Funding Preference points under this NOFO. This documentation must demonstrate how the organization meets one of the three criteria listed below under the "PEPFAR Local Partner definition." For each of the criteria

listed below, a description of the supporting documentation is provided. Applicants that do not provide labeled supporting documentation to meet the PEPFAR Local Partner definition below will not be considered for, nor receive, the Funding Preference points as noted under Phase III Review.

Applicants may choose to submit one supporting document to demonstrate how the applicant meets multiple portions of the definition. If one document is submitted, it must be clearly noted in the accompanying narrative letter from the authorized representative.

Any supporting documentation not submitted in English must be described in the accompanying narrative letter from the authorized representative. Submissions may be verified for accuracy.

<u>PEPFAR Local Partner Definition/Eligibility Criteria by Paragraph</u>	<u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u>
<p><u>Paragraph (1)</u> 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</p>	<p>Authorized representative must provide the following documents, plus a letter describing how the documents support that the organization meets the definition under Paragraph (1) of the PEPFAR Local Partner Definition:</p> <ul style="list-style-type: none"> • Evidence of principal place of business (i.e., certificate of registration/incorporation in country, contact information including physical address, etc.) <p>If applicant is a sole proprietorship, applicant must provide evidence that the owner of the sole proprietorship meets the requirements above, along with evidence of such ownership (e.g., certificate of registration, organization, or incorporation).</p>

<u>PEPFAR Local Partner Definition/Eligibility Criteria by Paragraph</u>	<u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u>
<p><u>Paragraph (2)</u> an entity (e.g., a corporation or partnership):</p> <p>(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;</p> <p>(b) must be at 75% for FY2020</p>	<p>Applicants other than sole proprietorships, by and through an authorized representative, must provide the following supporting documents plus a letter on the organization’s official letterhead describing how these documents support that the organization meets each separate sub-paragraph of Paragraph (2) of the PEPFAR Local Partner Definition (i.e., sub-paragraphs (2)(a), (2)(b), (2)(c), and (2)(d)):</p> <ul style="list-style-type: none"> • For sub-paragraph (2)(a), the supporting documentation may include but is not limited to: official documentation from a national or sub-national government issuing organization providing valid evidence of the organization’s incorporation or legal

<p>beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a);</p> <p>(c) at least 75% for FY2020 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 FY2020 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and</p> <p>(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</p>	<p>organization in the country and the principal place of business (i.e., certificate of registration, organization, or incorporation). In addition to describing how these documents support sub-paragraph (2)(a), the supporting letter must include a statement confirming that the organization is incorporated or legally organized under the laws of, and has its principal place of business in, the country</p> <ul style="list-style-type: none"> • For sub-paragraph (2)(b), the supporting documentation may include but is not limited to: evidence of organization and, where appropriate, ownership; a list of the individual officers and/or owners with corresponding titles and roles; and, the citizenship/permanent resident status of each individual officer and/or owner(s). In addition to describing how these documents support sub-paragraph (2)(b), the letter must include a statement confirming that the entity is at least 75% for FY2020 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of the country (including an exact percentage) • For sub-paragraph (2)(c), the supporting documentation may include but is not limited to: organizational chart and/or staffing list of all staff denoting each staff member's name, position title, and corresponding citizenship or permanent residency status in country. In addition to describing how these documents support sub-paragraph (2)(c), the letter must include a statement providing calculations of the exact percentages of full staff and senior level staff who are citizens or lawfully admitted permanent residents of the country and confirming that at least 75% for FY2020 of the entity's full staff are citizens or lawfully admitted permanent residents of the country, and that at least 75% for FY2020 of the entity's senior staff are citizens or lawfully admitted permanent residents of the country • For sub-paragraph (2)(d): <ul style="list-style-type: none"> ○ If the entity does not have a Board of Directors: the letter must include a statement indicating that the entity does not have a Board of Directors ○ If the entity does have a Board of Directors: a list of the members of the Board of Directors denoting each Board Member's name and corresponding citizenship or permanent
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	<p>residency status in country. In addition to describing how these documents support subparagraph (2)(d), the letter must include a statement indicating the entity has a Board of Directors, and noting the exact percentage of members of the Board that are citizens or lawfully admitted permanent residents of the country to demonstrate that it is at least 51%</p>
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<p align="center"><u>PEPFAR Local Partner Definition/Eligibility Criteria by Paragraph</u></p>	<p align="center"><u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u></p>
<p><u>Paragraph (3)</u> 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.</p>	<p>Principal Investigator (PI) must provide documentation depicting the organization’s relationship with the government (e.g., an organizational chart, legislation, statute, or charter), as well as a letter describing how the organization is a partner government ministry, sub-unit of government ministry, or parastatal organization in country, and describing the government's partial ownership of the entity.</p>

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this NOFO apply. After completion of the Phase II Review, applicants are placed in rank order based on their overall score from the objective review panel and funding preference if applicable. In the event two or more applicants are tied for top ranked, CDC will conduct a further review of the applicants tied for highest rank. CDC will deem the applicant with the highest overall score in the Approach section as top ranked. In the event there is still a tie, CDC will move to the Applicant’s Organizational Capacity Section to Implement the Approach and will deem the applicant with the highest overall score in that section as top ranked. Final selection and approval of activities will be prioritized in collaboration with CDC.

Any statements of performance submitted by applicants in response to this NOFO will be assessed for accuracy. In the event past performance described is not aligned with actual performance as documented in an official federal agency report (Corrective Action Plan, Site

Improvement Plan, Data for Accountability, Transparency and Impact Monitoring (DATIM) target reporting, or similar), CDC may fund out of rank order.

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

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated announcement date is August 2020. The award date will be September 30, 2020.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity 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 these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

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 Center for Global Health Assistance Awards:

- AR-35: Protecting Life in Global Health Assistance

ARs applicable to HIV/AIDS Awards:

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

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-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.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to

determine applicability of evidence-based approaches to different populations, settings, and contexts; and

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

<u>Report</u>	<u>When?</u>	<u>Required?</u>
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Performance Measure Reporting	Annual reports due 90 calendar days after the award year and quarterly reports due 30 days after the reporting 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
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
Payment Management System (PMS) Reporting	Quarterly reports due January 30, April 30, July 30, and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients 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.

Recipient Evaluation and Performance Measurement Plan (required): 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 NOFO 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 NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

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.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to 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:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards

achieving the period of performance outcomes described in the logic model and work plan.

- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

Performance Measure Reporting (required):

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.

Additionally, the following terms apply to all performance measure and evaluation plans and reports:

CDC programs must ensure that recipient'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, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).

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.

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 Standards of Practice and must be published on a publically available Internet website, upon approval from CDC offices.

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.

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.

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 budget period. 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, recipients are required to submit a letter of explanation to OGS 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 period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients 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.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000. For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

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 recipient 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 recipient did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient 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 recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Dr. Donna Kabatesi, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

U.S. Embassy, Plot 1577 Ggaba Road, Kampala

P.O. Box 7007 Kampala

Email: hlv8@cdc.gov

Grants Staff Contact

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

Percy Jernigan, Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

2939 Flowers Road, MS TV1

Atlanta, GA 30341

Telephone: (770) 488-2811

Email: ibj7@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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:

- **Applicants must submit the following documents in the appendix and title them as follows: “Experience,” “CVs/Resumes,” “Job Descriptions,” “Organizational Chart,” “Financial Statement”, as found in the “Organizational Capacity of Recipients to Implement the Approach” section, and upload it at [grants.gov](https://www.grants.gov).**
- **Letters of Commitment**, if applicable. Applicants may submit letters of commitment. Letters of commitment refer to statements of active participation and financial involvement in the project. Letters of commitment are different from letters of support. As stated below under Page Limitations, letters of support are not requested and will not be referred to reviewers.
- **Negotiated Indirect Cost Rate Agreement**, if applicable
- **Non-profit organization IRS status forms**, if applicable
- **PEPFAR Local Partner Funding Preference supporting documentation:** See “Phase III Review,” as applicable. *If applying for the PEPFAR Local Partner Funding Preference,*
 - Applicants must submit supporting documentation and a narrative letter by and through an authorized representative in the Appendices of the application and labeled as “Local Partner Preference” to be considered to receive the Phase III Local Partner Funding Preference points under this NOFO. This documentation must demonstrate how the organization meets one of the three criteria listed under the “PEPFAR Local Partner definition.” For each of the criteria, a description of the supporting documentation is provided in the table under “Phase III Review.” Applicants that do not provide labeled supporting documentation to meet the PEPFAR Local Partner definition will not be considered for, nor receive, the Funding Preference points as noted under “Phase III Review”.
 - Applicants may choose to submit one supporting document to demonstrate how the applicant meets multiple portions of the definition. If one document is submitted, it must be clearly noted in the accompanying narrative letter from the authorized representative.
 - Any supporting documentation not submitted in English must be described in the accompanying narrative letter from the authorized representative. Submissions may be verified for accuracy.

Any information submitted via 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”).

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.
- Applicants must abide by the submission requirements for the project narrative and appendix. Materials required in the project narrative submitted in the appendix will not

be reviewed. Materials submitted in the appendix that are not requested in the NOFO will not be reviewed.

- Applicants must abide by the submission requirements for the appendix. Materials submitted in the appendix that are not requested in the NOFO will not be referred to reviewers. Letters of support are not requested and will not be referred to reviewers.
- 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. All applications will be initially reviewed for completeness by CDC OGS staff.

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, by email to pepfarfoas@cdc.gov and 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. Questions received more than 15 days after the NOFO is published on www.grants.gov will not be considered and a response will not be provided.

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

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

Other CDC NOFOs can be found on Grants.gov website, at the following internet address: <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 NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see 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).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings (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.

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

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 applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 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 over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (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 by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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>.

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 NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at 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.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

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: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people 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: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered 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/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf.

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, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating 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) or 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.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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 persons 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 Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement 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.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO’s funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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>.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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: Authority provided by legal statute that establishes a federal financial assistance program or award.

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.

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

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

NOFO-specific Glossary and Acronyms

PEPFAR Local Partner Definition:

Under PEPFAR, a “local partner” may be an individual, a sole proprietorship, or an entity. However, to be considered a local partner, the applicant must submit supporting documentation demonstrating how their organization meets at least one of the three criteria listed 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 FY2020 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a);
- c. at least 75% for FY2020 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 FY2020 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) 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.