

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

Please note: the grantee is responsible for accurate translation of all reports, and should submit French-language versions to the local HHS/CDC office in Abidjan and English-language versions to the HHS/CDC Grants office in the United States, by the established deadlines. See the HHS/CDC project management officer in Abidjan for more details.

## VII. Agency Contacts

We encourage inquiries concerning this announcement. For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Monica Nolan, Director, HHS/CDC/Projet RETRO-CI, 2010 Abidjan Place, Dulles, Virginia 20189-2010, Telephone: (225) 21-25-41-89, E-mail: [mnolan@cdc.gov](mailto:mnolan@cdc.gov).

For financial, grants management, or budget assistance, contact: Shirley Wynn, Contract Specialist, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-1515, E-mail: [zbx6@cdc.gov](mailto:zbx6@cdc.gov).

## VIII. Other Information

Applicants can find this and other HHS funding opportunity announcements on the HHS/CDC Web site, Internet address: <http://www.cdc.gov> (Click on "Funding" then "Grants and Cooperative Agreements"), and on the Web site of the HHS Office of Global Health Affairs, Internet address: <http://www.globalhealth.gov>.

Dated: August 12, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention,  
U.S. Department of Health and Human  
Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Expansion of HIV/AIDS Care Training Activities in the Republic of Kenya Under the President's Emergency Plan for AIDS Relief

*Announcement Type:* New.

*Funding Opportunity Number:* AA174.

*Catalog of Federal Domestic*

*Assistance Number:* 93.067.

*Key Dates: Application Deadline:* September 12, 2005.

#### I. Funding Opportunity Description

**Authority:** This program is authorized under Sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. 241 and 242], as amended and Section 104 of the Foreign Assistance Act of 1961, 22 U.S.C. 2151b, and under Public Law 108-25 (United States Leadership against HIV/AIDS, Tuberculosis and Malaria Act of 2004) [22 U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Kenya are to treat at least 250,000 HIV-infected individuals and care for 1,250,000 HIV-affected individuals, including orphans.

**Purpose:** The purpose of the program is to support implementation of HIV treatment training programs in Kenya as part of President Bush's Emergency Plan for AIDS Relief. Access to anti-retroviral treatment for HIV in Kenya is expanding rapidly, and the needs for human capacity development are very substantial. The National AIDS and STD Control Program of the Kenyan Ministry of Health (MOH) has developed training curricula; there is a need for partners to conduct these trainings and develop and provide programs for follow up.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Plan for AIDS

Relief and one (or more) of the following performance goal(s) for the National Center for HIV, STD, and TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: Initiate, expand or strengthen HIV/AIDS prevention, care, treatment and support activities globally. They will also continue to contribute to the goals of the President's Emergency Plan for AIDS Relief (The Emergency Plan) to prevent seven million new infections, provide ten million people with care and support (including those orphaned/vulnerable by HIV/AIDS) and place two million people on anti-retroviral treatment.

This announcement is only for non-research activities supported by HHS/CDC. If applicants propose research, HHS/CDC will not review the application. For the definition of "research," please see the HHS/CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>.

**Activities:** The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Kenya. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The awardee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in Kenya will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the Office of the U.S. Global AIDS Coordinator. The awardee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS

Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee activities for this program are as follows:

1. Adapt training materials related to a continuum of HIV treatment from facility-based care (including the provision of anti-retroviral therapy {ART}) to care at the community level (home-based care), in collaboration with Kenyan and U.S. Government agencies and non-governmental organizations in Kenya.

2. Conduct classroom and practical training related to HIV treatment.

3. Provide follow-up trainings, continuing medical education, and supportive supervisory visits for trainees to ensure optimal quality of program implementation following classroom training.

4. Participate in the provision of HIV care at supported sites to maintain familiarity with clinical practice and the challenges faced by those who provide HIV care in these settings, and to assist with current staffing shortages at the supported clinics.

5. Assist with integration of HIV care with other interventions, such as home-based care, tuberculosis (TB) treatment, malaria treatment, and other HIV-related care through training and supportive supervision.

6. Develop plans for sustainable training programs (*i.e.*, through linkages with local training facilities).

7. Provide regular and timely reports of activities to both the Kenya USG interagency team and to appropriate Ministry of Health Officials on indicators as required by the Emergency Plan and the Kenya National AIDS Strategic Plan.

**Administration:** Winning applicants must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement. (See HHS Activities and Reporting sections below for details.) Winning applicants must comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS/CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Organize an orientation meeting with the awardee to brief them on applicable U.S. Government, HHS, and Emergency Plan expectations,

regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.

2. Review and approve the process used by the awardee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator. Participate in the training of health staff for the program activities.

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

4. Review and approve awardee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

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

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

7. Meet on an annual basis with awardee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

8. Participate in technical review meetings during the implementation of the program.

9. Review training materials and plans to ensure quality of these materials.

10. Assist in the identification of trainees; support implementation of programs by the trainees; and participate in the evaluation of programs implemented by the trainees.

11. Play an active role in development of curricula and training courses, including provision of technical assistance.

12. Work with other stakeholders, including faith- and community-based organizations, to continuously evaluate curriculum and training needs, and adapt training as necessary to meet the program needs in Kenya.

13. Working with the awardee, HHS will develop a monitoring evaluation system to monitor the impact of the programs, consistent with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

Measurable outcomes of the program will be in alignment with the following performance goals for the Emergency Plan:

#### A. Prevention

Number of individuals trained to provide HIV prevention interventions, including abstinence, faithfulness, *and, for populations engaged in high-risk behaviors*,<sup>1</sup> correct and consistent condom use.

1. Abstinence (A) and Be Faithful (B)

- Number of community outreach and/or mass media (radio) programs that are A/B focused.

- Number of individuals reached through community outreach and/or mass media (radio) programs that are A/B focused.

#### B. Care and Support

1. Confidential counseling and testing.

- Number of patients who accept confidential counseling and testing in a health-care setting.

- Number of clients served, direct.

- Number of people trained in confidential counseling and testing, direct, including health-care workers.

2. Orphans and Vulnerable Children (OVC)

Number of service outlets/programs, direct and/or indirect.

- Number of clients (OVC) served, direct and/or indirect.

- Number of persons trained to serve OVC, direct.

3. Palliative Care: Basic Health Care and Support

- Number of service outlets/programs that provide palliative care, direct and/or indirect.

<sup>1</sup> Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.

- Number of service outlets/programs that link HIV care with malaria and tuberculosis care and/or referral, direct and/or indirect.

- Number of clients served with palliative care, direct and/or indirect.
- Number of persons trained in providing palliative care, direct.

#### C. HIV Treatment With ART

- Number of clients enrolled in ART, direct and indirect.
- Number of persons trained in providing ART, direct.

#### D. Strategic Information

- Number of persons trained in strategic information, direct.

#### E. Expanded Indigenous Sustainable Response

- Project-specific quantifiable milestones to measure:
  - a. Indigenous capacity-building.
  - b. Progress toward sustainability.

## II. Award Information

**Type of Award:** Cooperative Agreement. HHS involvement in this program is listed in the Activities Section above.

**Fiscal Year Funds:** 2005.

**Approximate Total Funding:** \$2,000,000 (This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** One or Two.

**Approximate Average Award:** \$250,000 (This amount is for the first 12-month budget period, and includes direct and indirect costs).

**Floor of Award Range:** None.

**Ceiling of Award Range:** \$400,000 (This ceiling is for the first 12-month budget period.)

**Anticipated Award Date:** September 15, 2005.

**Budget Period Length:** 12 months.

**Project Period Length:** Four years.

Throughout the project period, HHS' commitment to continuation of awards will be conditioned on the availability of funds, 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, as determined by the annual review and approval of Country Operational Plans, managed by the U.S. Global AIDS Coordinator.

## III. Eligibility Information

### III.1. Eligible Applicants

Public and private non-profit organizations and by the Kenyan national government, local governments in Kenya, and their agencies may submit applications, such as:

- Public, non-profit organizations
- Private, non-profit organizations
- Small, minority and women-owned businesses

- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations

Applicants must meet the following criteria:

1. Have at least three years of documented experience in implementing HIV training programs in Kenya with a focus on developing follow-up support to ensure optimal program implementation following training.

2. Have an existing program in Kenya and/or existing partnerships with national and local MOH staff and training institutions in Kenya such that the applicant can begin training activities with little start-up time.

3. Have demonstrated skills related to working through, and building the local capacity of MOH staff at the national, provincial, district and facility levels to plan and implement training programs.

4. Have experience in developing training programs across a continuum of care in HIV, from health facility to community.

5. Have experience in promoting the multi-disciplinary approach to HIV care outlined in the policy of the National AIDS and STD Control Program in Kenya and the 5-year strategy of the President's Emergency Plan for AIDS Relief.

Competition for this cooperative agreement is limited to the types of organizations listed above because of the uniqueness of the specific activities for this project and the location of where the majority of the work will be performed. The types of organizations listed above are those that have direct experience with performing this type of activity.

The organizations listed below are those that are excluded from competition:

- Federally recognized Indian tribal governments
- Indian tribes
- Indian tribal organizations
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

The organizations listed directly above are excluded from competition because inherently they neither have a mandate to, nor have the resources, skills or experience to, provide the types of services requested as part of this cooperative agreement.

### III.2. Cost Sharing or Matching Funds

Matching funds are not required for this program. Although matching funds are not required, preference will go to organizations that can leverage additional funds to contribute to program goals.

### III.3. Other

If you request a funding amount greater than the ceiling of the award range, HHS will consider your application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

**Special Requirements:** If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC will consider late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.

**Note:** Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

## IV. Application and Submission Information

### IV.1. Address To Request Application Package

To apply for this funding opportunity use application form PHS 5161. HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement at [www.grants.gov](http://www.grants.gov).

Application forms and instructions are available on the HHS/CDC Web site, at the following Internet address: <http://www.cdc.gov/od/pgof/forminfo.htm>.

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. We can mail application forms to you.

#### IV.2. Content and Form of Submission

**Application:** You must submit a project narrative with your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25 if your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point un-reduced
- Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.

- Your application MUST be submitted in English

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

- Plan—What is the plan for this project?
- Methods—What methods will be used to conduct activities?
- Objectives—What objectives will be achieved by undertaking this project?
- Timeline—When will activities be undertaken and objectives reached?
- Staff—What staff will be employed to implement the activities?
- Understanding—What is the understanding of this project and the impact it will have on HIV/AIDS treatment in Kenya?
- Need—What is the need for this project in Kenya?
- Performance Measures—What evaluation procedures will be used to determine if the objectives of the project are being met?
- Budget and justification of planned expenditures. Budget is only requested for the first year of program activities. The budget justification will not be counted in the page limit stated above.

You may include additional information in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitae
- Organizational Charts
- Job descriptions of proposed key positions to be created for the activity
- Quality-Assurance, Monitoring-and-Evaluation, and Strategic-Information Forms
- Applicant's Corporate Capability Statement
- Letters of Support
- Evidence of Legal Organizational Structure

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or

cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC Web site at: <http://www.cdc.gov/od/pgo/funding/pubcomm.htm>. If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

#### IV.3. Submission Dates and Times

**Application Deadline Date:**

September 12, 2005.

**Explanation of Deadlines:**

Applications must be received in the HHS/CDC Procurement and Grants Office by 4 p.m. Eastern Time on the deadline date.

You may submit your application electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed online through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the applications electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically with Grants.gov, your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure that the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives your submission after closing because: (1) Carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HHS/CDC will

consider the submission as having been received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of your submission. If you have a question about the receipt of your application, first contact your courier. If you still have a question, contact the PGO-TIM staff at: 770-488-2700. Before calling, please wait two to three days after the submission deadline. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

#### IV.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

#### IV.5. Funding Restrictions

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.
- Funds may not be used for reimbursement of pre-award costs.
- Funds may not be used for any new construction.
- Antiretroviral drugs—the purchase of ARVs, reagents, and laboratory equipment for antiretroviral treatment projects require pre-approval from HHS/CDC officials.
- Needle exchange—No funds appropriated under this solicitation shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following

exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).

- An annual audit of these funds is required by a U.S. based audit firm with international branches and current licensure/authority in country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by HHS/CDC. The audit should specify the use of funds and the appropriateness and reasonableness of expenditures.

- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

**Prostitution and Related Activities:** The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the

public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'" addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this

document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing your budget on the HHS/CDC web site, at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

#### IV.6. Other Submission Requirements

**Application Submission Address:** HHS/CDC strongly encourages you to submit electronically at: [www.grants.gov](http://www.grants.gov). You will be able to download a copy of the application package from [www.grants.gov](http://www.grants.gov), complete it offline, and then upload and submit the application via the Grants.gov site. We will not accept e-mail submissions. If you are having technical difficulties in Grants.gov, you may reach them by e-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7 a.m. to 9 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommended that you submit your grant application by using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. You may find direction for creating PDF files on the Grants.gov web site. Use of file formats other than Microsoft Office or PDF could make your file unreadable for our staff; or

Submit the original and two hard copies of your application by mail or express delivery service to the following address:

Technical Information Management Section—AA174, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341.

**V. Application Review Information****V.1. Criteria**

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application and will be an element of evaluation.

Your application will be evaluated against the following criteria:

**1. Plan (30 Points)**

Does the applicant demonstrate an understanding of the national cultural and political context and the technical and programmatic areas covered by the project? Does the applicant display knowledge of the five-year strategy and goals of the President's Emergency Plan, such that it can build on these to develop a comprehensive, collaborative project to meet the goals of the Emergency Plan in Kenya? Does the applicant describe strategies that are pertinent and match those identified in the five-year strategy of the President's Emergency Plan and activities that are evidence-based, realistic, achievable, measurable and culturally appropriate in Kenya to achieve the goals of the Emergency Plan? Does the plan include quantitative process and outcome measures?

**2. Methods (30 Points)**

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant describe a plan to progressively build the capacity of local organizations and of target beneficiaries and communities to respond to the epidemic?

**3. Personnel (20 Points)**

Do the staff members have appropriate experience? Are the staff roles clearly defined? As described, will the staff be sufficient to accomplish the program goals?

**4. Need (20 Points)**

To what extent does the applicant justify the need for this program within the target community?

**5. Budget and Justification (Reviewed, But Not Scored)**

Is the itemized budget for conducting the project, along with the justification, reasonable and consistent with stated objectives and planned program activities?

**V.2. Review and Selection Process**

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. All persons who serve on the panel will be external to the U.S. Government Country Program Office. The panel may include both Federal and non-Federal participants.

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

It is possible for one organization to apply as lead grantee with a plan that includes partnering with other organizations, preferably local. Although matching funds are not required, preference will be go to organizations that can leverage additional funds to contribute to program goals.

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

- No award will be made without the concurrence of the U.S. Embassy and the HHS/CDC representative for Sudan.
- HHS/CDC will provide justification for any decision to fund out of rank order if there are other factors beyond the concurrence of the U.S Embassy.

**V.3. Anticipated Announcement and Award Dates**

September 15, 2005.

**VI. Award Administration Information****VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

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

45 CFR Part 74 and Part 92.

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

The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements

• AR-25 Release and Sharing Data  
Applicants can find additional information on these requirements on the HHS/CDC web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

**VI.3. Reporting Requirements**

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
- b. Current Budget Period Financial Progress.
- c. New Budget Period Program Proposed Activity Objectives.
- d. Budget.
- e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for Kenya.
- f. Additional Requested Information.

2. Annual progress report, due 90 days after the end of the budget period.

3. Financial status report, due no more than 90 days after the end of the budget period.

4. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

**VII. Agency Contacts**

We encourage inquiries concerning this announcement.

For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, U.S. Department of Health and

Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Elizabeth Marum, Project Officer, HHS/CDC, Mbagathi Way, Off Mbagathi Road, Nairobi, Kenya, Telephone: 254 20 271 3008, E-mail: [Emarum@cdcnairobi.mimcom.net](mailto:Emarum@cdcnairobi.mimcom.net).

For financial, grants management, or budget assistance, contact: Diane Flournoy, Grants Management Specialist, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2072, E-mail: [Dflournoy@cdc.gov](mailto:Dflournoy@cdc.gov).

### VIII. Other Information

Applicants can find this and other HHS/CDC funding opportunity announcements on the HHS/CDC Web site, Internet address: <http://www.cdc.gov> (Click on "Funding" then "Grants and Cooperative Agreements"), and on the Web site of the HHS Office of Global Health Affairs, Internet address: <http://www.globalhealth.gov>.

Dated: August 12, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.*

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BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Request for Application (RFA) AA212]

#### **Building and Strengthening the Development of the Republic of Haiti's Central HIV/AIDS Quality-Assurance/Quality-Control (QA/QC) Laboratory and the Associated National Network of QA/QC Laboratories in Haiti, as Part of the President's Emergency Plan for AIDS Relief; Notice of Intent To Fund Single Eligibility Award**

##### **A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to fund the President's Emergency Plan for AIDS Relief (The Emergency Plan). The plan has called for immediate action to turn the tide of HIV/AIDS in Africa and the Caribbean. The initiative hopes to prevent at least seven million new HIV infections, place two million people on

treatment, and provide care for ten million people, including orphans and vulnerable children. An essential element of preventing new cases of HIV infection is to ensure that high-risk groups have adequate access to screening, treatment, and care facilities.

Haiti's HIV prevalence rate in adults is estimated to be between 3.1 and 5.6 percent according to the Haitian Ministry of Health-Ministère de la Santé Publique et de la Population (MSPP) and the 2004 Annual Report from the Joint United Nations Programme on HIV and AIDS (UNAIDS), respectively. Access to prevention and treatment is limited to the Haitian population due to the underdeveloped public health infrastructure and lack of clinical capacity. In order to improve this capacity, this Cooperative Agreement has been developed to provide much needed funding and resources.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

##### **B. Eligible Applicant**

This is a single eligibility request for application (RFA) from MSPP. No other applicants are solicited.

The MSPP is the government. They have the authority and responsibility for both regulation and QA/QC of all Laboratories within the country. They are responsible for establishing norms and standards for laboratories.

The MSPP, as the government, is the only entity that has the authority to establish and operate the entire public health system which includes departmental hospitals and clinics where ARV services are being provided. The Ministry has developed public/private partnerships to help manage some of these sites but even at those sites that are managed by the private sector they are ultimately accountable to the MSPP for services provided and quality care. The MSPP still maintains a supervisor role for these sites.

The role of regulation and standard setting at a national level is inherently governmental. In order to fulfill its role in this area the Haitian Ministry of Health needs to have the capacity to independently verify compliance through a central HIV/AIDS quality assurance/quality control laboratory. If a private or non-governmental laboratory were allowed to take on this role it would call into question the independence of the results in order to favor laboratories associated with that organization.

##### **C. Funding**

Approximately \$2,765,000 is available over a five year project period. \$553,000

is available for a 12-month budget period in FY 2005, to be awarded September 15, 2005. Funding estimates may change.

##### **D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Telephone: 770-488-2700.

For program technical assistance, contact: Kathy Grooms, CDC Global AIDS Program, 1600 Clifton Road, NE, Mailstop E-04, Atlanta, GA 30333. Telephone: 404-639-8394. E-mail: [Kgrooms@cdc.gov](mailto:Kgrooms@cdc.gov).

For financial, grants management, or budget assistance, contact: Vivian Walker, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341. Telephone: 770-488-2724. E-mail: [VEW4@CDC.GOV](mailto:VEW4@CDC.GOV).

Dated: August 12, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10110, CMS-10136, CMS-10162, and CMS-R-0021]

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to