



Centers for Disease Control and Prevention

Center for Global Health

Advancing Sustainable Implementation of Comprehensive HIV/TB Services for Epidemic Control in the Republic of Mozambique under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH21-2155

04/19/2021

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Part I. Overview

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-GH21-2155. 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:

Advancing Sustainable Implementation of Comprehensive HIV/TB Services for Epidemic Control in the Republic of Mozambique 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)).

Amendment I: Questions and Answers (Q&A) and Additional Updates

The purpose of this amendment is to include the updates as listed below.

This amendment includes questions and answers (Q&A) in Section H. Other Information.

Any applicant who downloaded the application package prior to March 24, 2021 (3/24/2021) must restart their application package due to a mandatory update to the HHS Checklist in the required application package forms in Grants.gov. Restarting the application process is required

because the HHS Checklist will be removed from the application package on March 24, 2021. NOTE: Once the applicant logs into Workspace, there will be a warning informing them that the application forms have changed for the NOFO they are applying for.

There is a change to the supporting documentation requirements under Criteria **(2) Entity other than a sole proprietorship**, eligibility area (2) of the Phase III PEPFAR Local Partner Funding Preference on pages 53-55.

Applicants should also note that implementation and enforcement of the PLGHA Standard Provision is waived effective immediately. This change is due to the Presidential Memorandum, “[Memorandum on Protecting Women’s Health at Home and Abroad](#),” signed on January 28, 2021, which revoked the January 23, 2017, Presidential Memorandum implementing the PLGHA policy, and thereby rescinded the PLGHA Policy. Accordingly, CDC confirms that the Funding Restriction referring to the United States Protecting Life in Global Health Assistance policy, and the Administrative and National Policy Requirement AR-35: Protecting Life in Global Health Assistance, which were included in the original publication, have been removed and are no longer applicable to this NOFO.

Applicants should also note that a Letter of Intent (LOI) is **not** requested or required as part of the application for this NOFO. Applicants do **not** need to submit an LOI.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH21-2155

E. Assistance Listings Number:

93.067

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

04/19/2021

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph

This NOFO aims to implement comprehensive and evidence-based HIV and TB prevention, care, support, and treatment interventions in established facilities and in communities in Mozambique. Included is support for the following areas: human resources for health (HRH); gender-based violence (GBV); Care and Treatment (C&T) of people living with HIV (PLHIV) and TB; Cervical Cancer Screening, Prevention and Treatment of Pre-cancerous Lesions (CECAP); Voluntary medical male circumcision (VMMC); Positive Health, Dignity and Prevention (PHDP); health system strengthening; laboratory; Data Quality Assessments (DQAs);

Health Communication; and other technical areas that are critical to achieving epidemic control. Recipients will be expected to provide Direct service Delivery (DSD), technical assistance (TA) and capacity building to host governmental institutions as well as other stakeholders/partners involved in providing HIV and TB services in Mozambique. Implementation will be at national, provincial, district, and sub-district levels. These activities will be implemented in prioritized health facilities located in the following provinces (number of health facilities per province given in parentheses): Maputo City (28), Maputo (57), Gaza (98), Inhambane (49), Zambezia (144), Nampula (59), Cabo Delgado (44). Additional sites may be added based on continued analysis of the HIV burden within Mozambique.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

7

The expected number of awards is 6-7.

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:

\$ 25,000,000

The Approximate Total Fiscal Year Funding amount for Year 1 is \$150,000,000. The expected number of awards is 6-7.

For this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award.

f. Total Period of Performance Length:

5

g. Estimated Award Date:

September 30, 2021

h. Cost Sharing and / or Matching Requirements:

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.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Mozambique has a population of approximately 32.5 million. The 2015 Immunization, Malaria and HIV/AIDS survey (IMASIDA) showed the national HIV prevalence to be 13.2%; although there was substantial variation in regional HIV prevalence, ranging from 25.1% in Southern provinces to 3.7% in Northern provinces. As of 2020, 2.3 million people are estimated to be living with HIV in Mozambique, including 150,000 children. There is a higher HIV prevalence among women of childbearing age (15.1% vs 10.2% in men) and especially among young women aged 20-24 years (13.3% vs 5.3% in young men). Asymptomatic young men who are not on treatment are responsible for 66% of new HIV infections among young women 15-24 years of age. Major gaps in HIV testing, antiretroviral therapy (ART) and viral load (VL) coverage remain among adolescent boys and adult men (aged 15-49 years) at 49%-27%-74%, respectively. Men are more likely to drop out of treatment, with a higher proportion having dropped out for longer than six months, requiring new approaches to trace and reintegrate into treatment. As of October 2019, 1.34 million (53%) of all PLHIV were estimated to be on ART. In terms of the UNAIDS 95-95-95 targets, in Mozambique, 72% of PLHIV are aware of their status, 72% of those who know their status are on ART, and there is 81% viral suppression among those on treatment.

The following are notable challenges affecting cross-cutting areas: 45.5% of women aged 15-49 years experienced intimate or other type of partner violence (IDS, 2011); Inadequate coverage and capacity of essential laboratory diagnostics for PLHIV include VL coverage of only 56% for ART patients; Insufficient coverage of Key Population (KP) appropriate health services; Only 30% of the adult population have adequate knowledge about forms of HIV prevention and transmission (IMASIDA, 2015); 6 out of 10 PLHIV experienced some form of HIV related discrimination (HIV Stigma Index, 2013); and constrained HRH with 8.5 doctors, 28.5 nurses, 7.0 laboratorians, 9.0 pharmacists, and a total of 110.8 health care workers (HCW) per 100,000 people (Ministry of Health/ Ministério da Saúde (MISAU), 2019).

The approach of this NOFO is to implement interventions that aim to support the continuum of response for HIV/TB in Mozambique. This will be achieved by providing direct support for comprehensive and evidence-based prevention, care, support and treatment interventions within HIV and TB facilities and communities. This includes, but is not limited to, the following cross-cutting areas: HRH, GBV, CECAP, Prevention of vertical transmission of HIV (PMTCT), Syphilis and Hepatitis B (HBV), Pharmacy, Laboratory, Surveillance and surveys, Health systems strengthening, Health economics, Health communication, Sexual prevention, Epidemiologic assistance, DQA, Monitoring and evaluation (M&E), Information systems, and Impact and program evaluation. The recipients will be expected to provide support to host governmental institutions and other stakeholders/partners involved in providing HIV and TB services in Mozambique. Recipients will be expected to work at national, provincial, district, and sub-district level to achieve the objectives of this NOFO.

These activities will be implemented in prioritized high-volume health facilities in the following provinces (number of health facilities per province given in parentheses): Maputo City (28),

Maputo (57), Gaza (98), Inhambane (49), Zambezia (144), Nampula (59), Cabo Delgado (44). Additional sites may be added based on continued analysis of the HIV burden within Mozambique.

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 PEPFAR, 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 in a manner consistent with the purposes of this NOFO.

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, use, and share 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 the integration of activities that promote

Global Health Initiative principles. As such, recipients may be requested to participate in the following programmatic 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 performance metrics, monitoring and evaluation and the quality of related data; and
- Promote research, development, and innovation to develop a body of knowledge, enhance awareness and increase the skills and abilities of stakeholders (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 and continuing throughout the five-year project period established under this NOFO, 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 (CBOs) 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 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.

In addition, 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 NOFO 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 NOFO 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

This NOFO is a follow-on to activities currently funded through CDC-RFA-GH16-1634, CDC-RFA-GH15-1556 and CDC-RFA-GH16-1632, under which comprehensive HIV and TB support is provided at both central level as well as in 7 provinces (Maputo City and Maputo province, Gaza, Inhambane, Zambezia, Nampula, and Cabo Delgado). The support provided and lessons learned include:

C&T:

The goal is timely provision of ART to all eligible populations including children, pregnant women, and TB/HIV co-infected patients. Mozambique, in alignment with overall goals established by the OGAC, has directed substantial effort toward achieving epidemic control. Though Mozambique is still in pursuit of this goal, steady improvement has been observed since 2012 in terms of declining new HIV infections and total deaths. CDC Mozambique is applying lessons learned from a prior NOFO which demonstrated that a site-level partner management strategy is indispensable for continuous quality improvement to address the persistent causes of underperformance and low treatment retention.

Maternal and child health:

CDC Maternal and child health program in Mozambique oversees programming and implementation in the following areas: PMTCT, Syphilis and HBV programs aimed at eliminating new infections in infants and improving the health of infected mothers through supported access to effective C&T; C&T for HIV in children and adolescents including access to treatment and the psychosocial support needed to facilitate adherence and retention for children, adolescents and families; Care for HIV exposed and infected infants including prophylactic therapies for exposed infants and robust support for national infant testing platforms; PHDP programs including a focus on preventing infections in adolescent girls and young women (AGYW) and women at risk of infection during pregnancy and the postpartum period; GBV prevention and post violence care, GBV/Intimate Partner Violence (IPV) screening and care for victims of violence programming; Cervical cancer screening, prevention and treatment programming for women living with HIV.

Prevention:

The implementation of the HIV prevention program in Mozambique through CDC is mainly focused on the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS), HIV testing services (HTS), VMMC, Pre-Exposure Prophylaxis (PrEP), and KP programs. The DREAMS program has been successfully reaching a significant number of AGYW in selected DREAMS districts and the program will be scaled up from 9 to 32 districts in COP20. The HIV Testing and Counselling program has been contributing significantly to achieve the first 90 and with the introduction of the new testing and counselling registers, Mozambique is now able to effectively measure linkages from HIV testing to the C&T services. Community index case testing and provider-initiated testing modalities have been contributing significantly to the increased number of new HIV positive cases identified. The VMMC program has achieved in

FY20 (Quarters 1 and 2) 46% of the annual target (405,008) having performed 185,108 VMMC procedures. For the remainder of COP19, PEPFAR decided to focus only on men aged 15+ years. Some districts, particularly in the southern provinces of Gaza, Maputo, and Maputo City have already achieved saturation (80% +). The PrEP program was successfully rolled out in Mozambique initially as a pilot for sero-discordant couples in Zambezia. Later, it expanded to include KP and young woman aged 18-24 years old in Manica and Nampula. In COP20, PrEP will be implemented nationally covering all provinces. The KP program is currently being supported by the clinical partners and the aim is to have all ART sites providing KP appropriate services.

HRH, Supply chain, and Infrastructure:

CDC supports strategic distribution and hiring of key personnel that are critical to reaching the 95-95-95 targets including nurses, clinical officers, pharmacy technicians and laboratory technicians as well as community HCWs. During the last years, CDC Mozambique has increased investments on more DSD staff hiring for the health facilities and scaled down on the TA staff. To improve staff capacity there is also an increased investment in on-the-job training and distance learning training, while reducing in-person trainings. To increase availability of services and improve delivery of medicines and laboratory commodities, CDC Mozambique has supported minor infrastructure improvements in health facilities and last mile medicines delivery and specimen transport through clinical implementing partners (IPs).

Laboratory:

CDC has made significant progress in the past years to strengthen laboratory networks to ensure that PLHIV have access to high quality, timely, accurate, and reliable laboratory services. Increased investment in laboratory systems led to the establishment of 15 VL/ early infant diagnoses (EID) laboratories, with capacity to conduct 1 million VL tests a year, and accessible through specimen referral systems supported by clinical IPs. Electronic laboratory information and results delivery systems have been set up and turnaround time for result delivery decreased significantly to under 20 days. Additionally, laboratory quality improvement and proficiency testing programs have been decentralized to 6 provinces. Continued investment through the NOFO should build upon progress made so far and through seamless coordination of the laboratory-clinical interface, implement systems and programs that improve coverage and timely access to VL/EID, TB and other HIV related diagnostic tests, guarantee quality test results and increased use of results for timely patient management.

Epidemiology, Surveillance, and M&E:

HIV Surveillance activities and epidemiologic studies are carried out at the national and sub-national level and are primarily led by the Instituto Nacional de Saúde (INS) and MISAU. Within this context, surveillance is defined as the collection, use, and the analysis of data from dedicated, periodic surveys, clinic-based data systems, or sentinel activities designed specifically to measure indicators for HIV, risk behaviors and other predictors associated with HIV transmission. In addition to survey data, the surveillance and monitoring of the HIV epidemic also includes secondary analysis and interpretation of routinely collected program data such as patient-level clinical and laboratory systems (e.g., MozART, DISA), and facility-level reporting platforms (e.g., SIS-MA). At the facility level, these systems receive critical support from the activities in this NOFO, and it is essential that a collaborative relationship exist between the

recipients and the public health institutions in Mozambique.

Health Communication:

Since the inception of the PEPFAR program in Mozambique, CDC has been collaborating with the Mozambican National AIDS Council, MISAU, and multilateral and civil society partners to help strengthen health communication interventions that are implemented in the context of the national response to the dual HIV and TB epidemics. Through its financing and TA, CDC supported several health communication initiatives aimed at complementing health programs for preventing and controlling both diseases. Examples include the MISAU's VMMC, PrEP, Post Exposure prophylaxis (PEP), GBV, and Pediatric and Adult ART communication programs. CDC works with its partners to address critical health literacy gaps among PLHIV that are known to affect their adherence to and retention on C&T programs and has recently implemented two national campaigns for pediatric ART promotion and VL demand creation. In addition, CDC and its partners are working with the MISAU to implement a nationally designed "HIV Undetectable = Untransmissible" campaign and other interventions that seek to reduce HIV-related stigma and discrimination in the country. Other initiatives include the support to a strategic marketing campaign for increasing men's adherence to HIV treatment services and a faith-based engagement program to disseminate messaging for reduction of barriers to the uptake of services among clients.

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. Support the hiring and on-going training of HCW dedicated to the provision of high-quality facility and community-based TB and HIV services	Improved capacity of health workers at the facility and community level	Increased coverage of high-quality HIV and TB related services among PLHIV	Reduced HIV incidence
Strategy 2: Implement evidence-based strategies for the prevention of HIV transmission among the general, pregnant and lactating, and elevated risk populations	Expanded coverage of core prevention and treatment services among targeted populations	Increased participation and engagement of targeted populations in prevention services (Ex. VMMC, PrEP, GBV DREAMS)	Reduced morbidity and mortality due to TB and HIV/AIDS
Strategy 3. Implement evidence-based strategies for identification, linkage, retention, and viral suppression of PLHIV with specific interventions for youth, men, pregnant and lactating women and KP	Improved HIV case identification and linkage to treatment services	Improved adherence to ART and retention among all sub population groups including Adults, Children and adolescents	Reduced rates of mother-to-child transmission of MTCT
Strategy 4. Strengthen laboratory networks to provide timely, accurate and reliable results for diagnosis and treatment monitoring	Increased HIV and TB-related health literacy among clients and population at large	Increased patient access to and acceptance of ART	Reduced mortality due to cervical cancer among women living with HIV
Strategy 5. Implement, update and maintain high quality data systems for monitoring the HIV program and clinical patient management	Increased capacity of laboratory services, knowledge and understanding of quality standards	Increased retention on ART	Reduced morbidity and new HIV infection as result of GBV
Strategy 6. Implement site-level quality improvement initiatives for addressing service delivery gaps/barriers	Increased coverage of functional HIS systems for data capturing	Increased viral suppression through HIV and TB services	Improved patients' HIV and TB-related health outcomes
	Improved, reliability, and accessibility of HIV program data	Improved coverage of cervical cancer screening and testing among PLHIV	Reduced prevalence of HIV-related stigmatizing and discriminatory attitudes towards PLHIV
	Increased use of electronic systems for patient and program monitoring	Expanded implementation of quality management systems and assessments across laboratory network	
	Improved understanding of site-specific barriers affecting patient outcomes	Improved program and patient monitoring	
		Improved use of data for decision making	

i. Purpose

The purpose of this NOFO is to support the Government of Mozambique in achieving control of the HIV epidemic, through delivery of high quality, evidence-based HIV and TB services implemented using sustainable models of community and facility-based services that cover the full continuum of response.

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:

- **Improved capacity of health workers at the facility and community level:** Improved capacity includes having the relevant human resources and training in the identification, linkage to treatment, and viral suppression of PLHIV. Relevant human resources include clinical, laboratory and pharmacy staff as well as lay staff such as community workers, mentor mothers, and counselors.
- **Expanded coverage of core prevention and treatment services among targeted populations:** Target populations for HIV C&T services include children, adolescents, adults and Pregnant and breast-feeding women living with HIV.
- **Improved HIV case identification and linkage to treatment services**
- **Increased HIV and TB-related health literacy among clients and population at large**
- **Increased capacity of laboratory services, knowledge and understanding of quality standards**
- **Increased coverage of functional HIS systems for data capturing**
- **Improved, reliability, and accessibility of HIV program data**
- **Increased use of electronic systems for patient and program monitoring**
- **Improved understanding of site-specific barriers affecting patient outcomes:** Site-level barriers for patient access to high-quality care may fall in some or all of these categories: HRH, availability, timing and linkage of services offered, special services for target population groups, patient flow organization within the health facility, community engagement.

Intermediate Outcomes:

- **Increased coverage of high-quality HIV and TB related services among PLHIV:** Service coverage is one of the most important mid-term/intermediate metrics measured as progress towards achieving UNAIDS 95-95-95 targets and includes timely identification of undiagnosed HIV and TB, selection of appropriate treatment regimens, and monitoring for anticipated therapeutic effect.
- **Increased participation and engagement of targeted populations in prevention services (Ex. VMMC, PrEP, DREAMS):** target populations are adult men aged 15+ years, AGYW, KP and other at-risk populations
- **Improved adherence to ART and retention among all sub population groups including Adults, Children and Adolescents:** Early (1 and 3 month) and long term (12

months) retention in treatment is critical to achieve favorable outcomes of PLHIV, particularly for children, adolescents and youth and will contribute to achieving epidemic control. Target groups include populations at risk of poorer outcomes due to age, occupation, gender or geographic setting.

- **Increased patient access to and acceptance of ART**
- **Increased retention on ART**
- **Increased viral suppression through HIV and TB services**
- For increased patient access, retention and viral suppression, the key areas of focus include adherence and psychosocial support; patient education and patient centered care at ART initiation and during subsequent visits; identification and resolution of barriers to treatment adherence and viral suppression. This targets PLHIV and TB/HIV coinfecting patients of all gender and age groups.
- **Improved coverage of cervical cancer screening and testing among eligible PLHIV**
- **Expanded implementation of quality management systems and assessments across laboratory network**
- **Improved program and patient monitoring**
- **Improved use of data for decision making:** Data sources include but are not limited to the mortality bulletins, ART retention bulletins, Violence Against Children Survey (VACS), KP biobehavioral surveys (BBS) among MSM, FWS, and PWID, population-based HIV seroprevalence surveys, ANC sentinel surveillance, HIV case-based surveillance, HIV drug resistance surveillance, and other special studies.

Long-Term Outcomes:

- **Reduced morbidity and mortality due to TB and HIV/AIDS**
- **Improved patients' HIV and TB-related health outcomes**
- **Reduced prevalence of HIV-related stigmatizing and discriminatory attitudes towards PLHIV**

iii. Strategies and Activities

For this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award.

Strategy 1: Support the hiring and on-going training of HCWs dedicated to the provision of high-quality facility and community-based TB and HIV services

- Provide additional qualified HCWs and community HCWs to ensure delivery of health care service at facility and community levels
- Train and mentor providers on provision of ART services and optimized ART regimens at facility and community levels

- Train HCW to provide quality integrated post GBV care including PEP, clinical and routine GBV and IPV screening, document survivors' injuries/evidences, monitor and evaluate
- Routinely create opportunities for training health professionals and lay counsellors on communication skills and health literacy techniques for improved interpersonal communication with clients

Strategy 2: Implement evidence-based strategies for the prevention of HIV transmission among the general, pregnant and lactating women, and elevated risk populations

- Implement the DREAMS program and DREAMS layering tool to track beneficiaries across interventions
- Implement community and facility index case testing in targeted provinces
- Support the delivery of VMMC services in supported provinces with a focus on males aged 15+ years
- Support the continued expansion of PrEP services and outreach to KP
- Engage with and integrate the relevant findings of the most up-to-date epidemiological and HIV surveillance products of the National Health Observatory at the INS, and other research institutions into the implementation plans for prevention activities. These products include but are not limited to mortality bulletins, ART retention bulletins, Violence Against Children Survey (VACS), KP biobehavioral surveys (BBS) among MSM, FWS, and PWID, Population-based HIV seroprevalence surveys, ANC sentinel surveillance, HIV case-based surveillance, HIV drug resistance surveillance, and other special studies.
- Develop and implement health communication interventions that focus on promoting healthy HIV and TB-related behaviors among clients and population at large for supporting disease prevention and control efforts
- Develop and implement social mobilization and community engagement activities that support effective implementation of HIV and TB prevention programs

Strategy 3: Implement evidence-based strategies for identification, linkage, retention, and viral suppression of PLHIV with specific interventions for youth, men, pregnant and lactating women and KP

- Develop and implement strategies to ensure early identification and linkage to ART of children and adolescents living with HIV
- Ensure that children and adolescents living with HIV have access to optimized ART regimens and reach viral suppression
- Support the establishment of a cadre of adolescent mentors to support disclosure, preventive follow up and other retention activities for adolescents and youth
- Ensure that all HIV+ women are screened for cervical cancer according to MISAU national guidance and linked to treatment as appropriate and possibly in the same day

- Implement the national guidelines with efficiency to ensure that all pregnant women attending ANC know their HIV, Syphilis and HBV status, that those infected access quality C&T
- Support implementation of national Mentor Mothers strategy to help with case management and psychosocial support for pregnant and breastfeeding women, their HIV-exposed and infected infants and families
- Ensure high quality implementation of guidelines to provide services to children according to their needs
- Strengthen provider usage of TB diagnostic network to maximize provision of appropriate treatment to co-infected PLHIV
- Implement evidence-based health communication interventions for improving HIV and TB treatment literacy among clients and population at large
- Develop and implement HIV and TB-related stigma and discrimination reduction strategies
- Engage with and integrate the relevant findings of the most up-to-date epidemiological and HIV surveillance products of the National Health Observatory at the INS, and other research institutions into the implementation plans for identifying, linkage and retention activities. These products include but are not limited to mortality bulletins, ART retention bulletins, VACS survey results, KP BBS studies among MSM, FWS, and PWID, population-based HIV seroprevalence surveys, ANC sentinel surveillance, HIV case-based surveillance, HIV drug resistance surveillance, and other special studies.

Strategy 4: Strengthen laboratory networks to provide timely, accurate and reliable results for diagnosis and treatment monitoring

- Strengthen the provincial level management to implement national laboratory policy and improve efficiency of provincial laboratory services
- Support diagnostic capacity building through implementation of new technologies, multiplexing and appropriate training and competency assessments of staff in HIV and TB related diagnostic tests
- Support efficient integrated specimen referral systems to ensure timely access to testing and expedited results delivery
- Support expansion and maintenance of electronic remote test order and result return systems (E.g., DISA link) in PEPFAR supported sites and integration of laboratory information systems with open MRS and other relevant systems
- Support provincial laboratory quality improvement (QI) programs (such as SLMTA, RTCQI, utilization of VL scorecard) for HIV related and TB diagnostic tests
- Support implementation of Mozambique's HIV rapid test quality improvement guideline including national guidelines for Tester and Site Certification
- Support remediation plans for all laboratories and POCT sites with failed proficiency tests and or low assessment or audit scores
- Support implementation and expansion of provincial level Laboratory External Quality Assurance (EQA) programs (including proficiency testing) for HIV and TB related tests

- Support implementation of a provincial laboratory biosafety program and a waste management plan with emphasis on VL/EID waste management
- Implement laboratory commodity management and information systems

Strategy 5: Implement, update and maintain high quality data systems for monitoring the HIV program and clinical patient management

- Support data collection and data cleaning activities at the facility and community level, ensuring access to accurate, timely and reliable results
- Routinely update all health facility data systems, ensuring that systems are running on most recent software updates and aligned with national guidelines for data system management
- Build capacity of staff in using and managing the data systems for improved patient management
- Any systems development activities, including hardware procurement, should be coordinated with CDC Mozambique HIS, INS and MISAU DPC to ensure they align with Mozambique National HIS guidelines
- Collaborate with the INS, the CDC, and other research institutions to implement the necessary data systems and SOPs to allow the ongoing use of clinical data for epidemiologic studies and HIV surveillance activities
- As needed, complete data analyses and special studies to inform and address specific implementation challenges, with findings applied to programmatic interventions

Strategy 6: Implement site-level quality improvement initiatives for addressing service delivery gaps/barriers

- Conduct routine DQAs at the facility level and use the results to support data quality improvement initiatives
- Ensure robust in-service, distance, and traditional provider supervision and mentorship is available to address findings from site-level quality improvement visits
- Ensure HF are conducting internal and external evaluations of GBV services using GBV QA tool
- Support community health committees (or similar community-driven social groups) that help to promote effective collaboration between health facilities and communities for problem solving and service delivery improvement

In furtherance of the underlying purposes of this NOFO, Recipient is expected to provide copies of 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, including HHS/CDC, for appropriate use consistent with underlying authorities.

1. Collaborations

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

The recipients will be expected to collaborate with other CDC-funded programs and partners whether facility- or community based, to achieve the NOFO objectives.

b. With organizations not funded by CDC:

The recipients will be expected to collaborate with other PEPFAR USG agencies, all levels of host government, international, national, civil society, as well as local organizations that have a role in achieving the NOFO goals and objectives.

2. Target Populations

The target populations for this NOFO include persons in the general population; infected, affected or exposed to HIV and TB. In addition, specific interventions for populations that face higher risk for HIV and TB disease compared to the general population should be targeted. These groups include but are not limited to:

- Adolescents and young adults
- Young women aged 15-24 years
- Male partners of pregnant women
- Children of HIV-infected adults
- Migrant mine workers and prisoners
- KP (MSM, CSW)

The number and names of health facilities at the time of the award may be changed depending on epidemiologic profile of HIV and TB disease. Facilities that have a high burden of HIV and TB will likely be prioritized for epidemiological control.

Recipients are expected to use epidemiologic, and social determinants, and surveillance data to identify communities disproportionately affected by HIV and TB in the target areas to ensure that program activities appropriately cover these populations. Recipients should ensure that in supported sites, services are accessible and available to all patients regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or socio-economic status.

a. Health Disparities

N/A

iv. Funding Strategy

The Approximate Total Fiscal Year Funding amount for this NOFO is \$150,000,000. Applications must not exceed this amount. However, for this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the

geographic scope for each award under this NOFO will be determined at the time of award.

Component Funding: It is required that all PEPFAR-funded cooperative agreements be formulated for component funding. Please review the following key points about 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. Distinguishable component budget narratives are required. Setting up components based on time (i.e., quarterly) is an appropriate distinction of activities, provided activities are clearly outlined.
- 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. Each component has its own approved amount and cannot be funded above the established amount. The combined total of all components must total the requested amount.
- If more than 4 components are proposed, multiple SF-424s 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 or effective statute.
 - Components do not have to be awarded in order. All ABU components are eligible to receive funding once (and if) funds become available.
 - If funding becomes available, multiple components can be funded through the same funding action (single NOA).
 - If funding is awarded for an amount less than the ABU component approved amount, it is not possible to fund the difference at a later time. Components can only be funded once.
- If, during the funding confirmation, the Program Office approves a budget that differs from what was submitted at the time of application (reflected in the budget markup), a revised budget may be required in addition to the technical review responses. If required, the revised budget is due within thirty (30) days of the start of the budget period. If required, technical review responses will also be due within thirty (30) days of the start of the budget period and must be submitted separately from revised budget applications. Future funding for ABU components will not be awarded until a revised budget, if required, is submitted and approved by CDC.
- Once components are awarded, funds cannot be redirected between components. Awarded component funds may be redirected within component object class categories.

It is critical to ensure programmatic performance of all U.S. taxpayer dollars. When developing the annual work plan, please be advised that the FY2021 COP guidance requires that CDC take decisive action if an implementing partner is underperforming programmatically during any quarter of a fiscal year.

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 amount of \$150,000,000. For this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 with the below listed components, instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award. Applicants must specify a descriptive title for each corresponding column shown on the SF-424A, followed by the total (cumulative) in the column to the far right of the SF-424A. For Example:

- Component 1: COP21 Q1 Targets/Activities;
- Component 2: COP21 Q2 Targets/Activities;
- Component 3: COP21 Q3 Targets/Activities;
- Component 4: COP21 Q4 Targets/Activities;
- Component 5: COP21 Additional Targets/Activities.

Funding provided under this NOFO is subject to the availability of funds. The total number of years for which federal support has been programmatically 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. All future year funding will be based on satisfactory programmatic progress 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 recipients should hold regular review meetings to discuss performance and use data in program quality improvement activities.

Recipients 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 recipients, a minimum of 8% of funds should be allocated for monitoring activities and 5% of funds used for evaluation activities.

PERFORMANCE MONITORING

Performance measures will include both PEPFAR (MER) and non-MER indicators. The recipients will be responsible for reporting on but not limited to the MER indicators listed below, relevant host country indicators collected through SISMA and enhanced monitoring indicators as proposed by PEPFAR and the MISAU. Applicants should propose additional relevant PEPFAR MER and non-MER indicators as part of their initial Evaluation and Performance Measurement Strategy. Applicants may access MER Guidance and resource materials at the following link: <https://datim.zendesk.com/hc/en-us/sections/200929315-MER>.

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 (v2.4) guidance.

PEPFAR MER Process and Outcome Measures:

- **GEND_GB**V: Number of people receiving post-GBV clinical care based on the minimum package [Target: 36,776; Reporting Frequency: Semi-Annual]
- **FPINT_SITE**: Number of service delivery points supported by PEPFAR that are providing fully integrated voluntary family planning services [Target: 3,600; Reporting Frequency: Annual]
- **KP_PREV**: Number of KP reached with individual and/or small group-level HIV prevention interventions designed for the target population [Target: 26,714; Reporting Frequency: Semi-annual]
- **PP_PREV**: Number of priority populations reached with standardized HIV prevention intervention(s) that are evidence-based [Target: 833; Reporting Frequency: Semi-annual]
- **PrEP_CURR**: Number of individuals that received oral PrEP during the reporting period [Target: 36,243; Reporting Frequency: quarterly]
- **PrEP_NEW**: Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period [Target: 34,828; Reporting Frequency: Quarterly]
- **TB_PREV**: Among those who started a course of TPT in the **previous reporting** period, the number that completed a full course of therapy (for continuous IPT programs, this includes the patients who have completed the first 6 months of isoniazid preventive therapy (IPT), or any other standard course of TPT such as 3 months of weekly isoniazid and rifampine, or 3-HP) [Target: 100%: 990,000; Reporting Frequency: Semi-annual]
- **CXCA_SCRN**: Number of HIV-positive women on ART screened for cervical cancer [Target: 208,785; Reporting Frequency: Semi-annual]
- **HTS_INDEX**: Number of individuals who were identified and tested using Index testing services and received their results [Target: 540,571; Reporting Frequency: Quarterly]
- **HTS_TST**: Number of individuals who received HIV Testing Services (HTS) and received their test results [Target: 4,573,389; Reporting Frequency: Quarterly]
- **PMTCT_EID**: Number of infants who had a first virologic HIV test (sample collected) by 12 months of age during the reporting period [Target: 73,301; Reporting Frequency: Quarterly]
- **PMTCT_FO**: Number of HIV-exposed infants with a documented outcome by 18 months of age disaggregated by outcome type [Target: 100,000; Reporting Frequency: Annual]

- **PMTCT_HEI_POS:** Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age [Target: No Target; Reporting Frequency: Quarterly]
- **PMTCT_STAT:** Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1) [Target: 1,276,594; Reporting Frequency: Quarterly]
- **TB_STAT:** Number of new and relapsed TB cases with documented HIV status, during the reporting period [Target: 66,888; Reporting Frequency: Quarterly]
- **CXCA_TX:** Number of HIV-positive women on ART at PEPFAR supported sites who are eligible for cryotherapy, thermocoagulation or LEEP, in other words CXCA_SCRN_POS [Target: 11,000; Reporting Frequency: Semi-annual]
- **PMTCT_ART:** Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy [Target: 103,225; Reporting Frequency: Quarterly]
- **TB_ART:** Number of TB cases with documented HIV-positive status who start or continue ART during the reporting period [Target: 32,711; Reporting Frequency: Quarterly]
- **TX_CURR:** Number of adults and children currently receiving ART [Target: 1,469,578; Reporting Frequency: Quarterly]
- **TX_ML:** Number of ART patients with no clinical contact or ARV pick-up for greater than 28 days since their last expected clinical contact or ARV pick-up [Target: 30,000; Reporting Frequency: Quarterly]
- **TX_NEW:** Number of adults and children newly enrolled on ART [Target: 367,887; Reporting Frequency: Quarterly]
- **TX_RTT:** Number of ART patients with no clinical contact or ARV pick-up for greater than 28 days since their last expected contact who restarted ARVs within the reporting period [Target: 80,000; Reporting Frequency: Quarterly]
- **TX_PVLS:** Number of ART patients with suppressed VL results (<1,000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months [Target: 1,319,887; Reporting Frequency: Quarterly]
- **TX_TB:** Number of ART patients who were screened for TB at least once during the semiannual reporting period. [Target: 1,380,607; Reporting Frequency: Semi-annual]
- **EMR_SITE:** Number of PEPFAR-supported facilities that have an electronic medical record (EMR) system within the following service delivery points: HIV Testing Services, C&T, Antenatal or Maternity Services, EID or Under Five Clinic, or TB/HIV Services [Target: 470; Reporting Frequency: Annual]
- **LAB_PTCQI:** Number of PEPFAR-supported laboratory-based testing and/or Point-of-Care Testing sites engaged in CQI activities. [Target: 480; Reporting Frequency: Annual]
- **SC_ARVDISP:** Number of ARV bottles (units) dispensed within the reporting period by ARV drug category [Target: 1,469,578; Reporting Frequency: Semi-Annual]
- **SC_CURR:** The number of ARV drug units (bottles) at the end of the reporting period by ARV drug category [Target: 4,800,000; Reporting Frequency: Semi-Annual]

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. 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.

- % of patients newly initiating ART 2 months prior to the reporting period end date (one-month retention) that returned for 2nd clinical consultation or 2nd ART pick-up within 33 days of treatment initiation [Target: 80%; Reporting Frequency: Monthly]
- % of active patients on ART (Non-pregnant, non-breastfeeding women, or non-TB Treatment) who have been enrolled on one or more DSD models [Target: 80% of Eligible; Reporting Frequency: Monthly]

Data Sources for MER and Custom Indicators: Data sources may include registers, tally sheets, EPTS, iDART, paper patient records, quarterly progress reports, surveillance and survey report and other program monitoring tools.

EVALUATION

Evaluations specific to the PEPFAR program in Mozambique help guide future program objectives and overall understanding of the effectiveness of interventions in controlling the HIV epidemic. The evaluation topics below are examples of areas that the recipients may be expected to answer through process or outcome evaluation(s). Applicants should include at least 1, but no more than 3 potential evaluation questions.

Sample Evaluation Topics:

- Improvement in retention and adherence of pregnant women on ART in the prevention of mother to child transmission of HIV [Outcome Evaluation]
- Assessment of the implementation and scale up of DSD models to improve retention and adherence among HIV patients [Process Evaluation]
- Assessment of the scale up and expansion of DISA Link for improving return of lab results for improved patient management [Process Evaluation]

Evaluation Data Sources: Data sources may include registers, tally sheets, electronic and paper patient records, partner progress reports, focus groups, in-depth interviews, surveys and other program monitoring tools.

Dissemination of Evaluation Results: Dissemination channels may include local and international conferences and forum abstract presentations, conference poster displays, manuscripts, bulletins, reports, presentations to technical working groups and stakeholder meetings, and other approved products in print and electronic media. The primary intended users of evaluation results and findings will be the wider program stakeholders. All evaluation reports will be publicly available on PEPFAR resource sites. CDC and stakeholders will use overall evaluation findings during the five-year NOFO period to share and implement key recommendations to strengthen program implementation and effectiveness, sustainability, and continued program improvement upon completion of the award.

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

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

Evaluations and strategy should align with national, PEPFAR, and agency requirements and priorities, and will be reviewed and may require approval as part of the Country Operational Plan (COP). As such, the example evaluation topics listed in this NOFO 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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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, the applicant 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 must provide supporting documentation to show evidence of their organizational capacity to implement the approach. Documentation supporting this element must be submitted in the appendix, clearly labeled, and easily identifiable. Applicants must submit the following materials in their appendix:

- Statement of Experience (maximum 10 pages) demonstrating organizational capacity to address the requirements of the NOFO and specifically in the following areas:
 - Description of resources in place in one or more of the provinces where implementation is anticipated (Cabo Delgado Province, Gaza Province, Inhambane Province, Maputo City, Maputo Province, Nampula Province, or Zambezia Province) to facilitate prompt initiation of the CoAg with no interruption of services. Please describe active staff on payroll (including through subcontracts) and physical offices and equipment.
 - History of successfully working with Mozambican national government officials of relevance to perform the activities in this NOFO. National government entities of relevance include the Mozambican MISAU (National HIV Program, Directorate of Public Health, Directorate of Medical Assistance, or Directorate of Planning and Cooperation), the Center of Medications and Medical Supplies, and National Institute of Health.
 - History of successfully working with a Mozambique Provincial health office in one or more of the provinces where implementation is anticipated (Cabo Delgado Province, Gaza Province, Inhambane Province, Maputo City, Maputo Province, Nampula Province, or Zambezia Province).
 - Experience increasing the size of an HIV treatment program as measured by percentage growth of the number of PLHIV on treatment (TX_CURR) over time in previous work. Applicants should provide specific examples which include organizational role (prime or sub-recipient); relevant timeframes (examples should be recent i.e., within the previous 5 years); description of context and, if outside of Mozambique, how the context is similar to that in Mozambique; and project budget and funding source(s). Applicants should provide continuous data up to the present time period if their programs are still active and from the full geographic extent of their programs rather than pre-selecting certain time periods or certain geographic subsets.
- CVs/Resumes for key personnel (including but not limited to the Principal Investigator (PI), Business Official, C&T Lead, M&E Lead)
- Job Descriptions for key personnel including but not limited to those listed above
- 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 up to \$25,000,000

Applicants must title these documents in their appendix as follows: “Experience,” “CVs/Resumes,” “Job Descriptions,” “Organizational Chart,” “Financial Statement” and include

in the Table of Contents.

d. Work Plan

Applicants must include a work plan within the Project Narrative 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

If funded, a cooperative agreement, as defined by the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224, 31 USC 6301 et seq.), will be used as the funding mechanism to award funds. CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds and is not intended to gain stricter controls. CDC will coordinate, facilitate, collaborate, and/or intervene to programmatically effectuate performance under the award, consistent with applicable law and regulations. The substantial involvement responsibilities enumerated in this NOFO and any additional substantial involvement responsibilities will be used to benefit the program.

Under a cooperative agreement, CDC is responsible for normal oversight and monitoring activities. Examples of normal oversight and monitoring activities are listed below:

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 approve recipient's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by OGAC.
3. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
4. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
5. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
6. 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.
7. Provide technical oversight for all activities under this award.

Above and beyond the normal oversight and monitoring examples, CDC's substantial involvement includes, but is not limited to, the following activities:

1. Involvement in the review and selection of key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement. This is solely limited to reviewing and making 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.
2. Provide technical assistance, as mutually agreed upon, and revise annually in concert with the recipient 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.
3. 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).
4. 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.
5. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. Data collections funded under this award, in particular 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.

6. Provide continuous 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.
7. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
8. Facilitate and/or participate in in-country planning and review meetings for technical assistance activities.
9. 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 collaborating strategically with the recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
10. Coordinate with the recipient to 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 (ESoP), and CDC's Data for Partner Monitoring Program (DFPM).
11. Provide ethical reviews in order to direct and/or facilitate desired changes, 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.
12. Supply the recipient with protocols for related evaluations.

As described in current COP guidance, quarterly performance thresholds should be monitored throughout the year. In addition to CDC's substantial involvement, the agency will conduct normal oversight and monitoring activities to effectuate program performance.

Underperformance in achieving established programmatic targets may result in corrective action being taken as outlined in current COP guidance. Corrective action may include the implementation of a Target Improvement Plan (TIP) and/or a Corrective Action Plan (CAP) to assist recipients with meeting established programmatic targets.

The agency will assess recipients' level of effort, including any preventative action taken, and any extenuating circumstances internal and external to the recipient when considering a TIP and/or CAP. Be advised that any changes made to the COP guidance related to substantial

involvement and the monitoring of quarterly and annual performance PEPFAR targets will become effective and implemented in accordance with the revised/new COP guidance. These changes may impact the agency's substantial involvement and/or how it ensures the achievement of recipients' quarterly and annual PEPFAR targets.

The use of a TIP and/or CAP does not replace or reduce the Federal regulations promulgated in 45 CFR § 75.371. If a recipient fails to comply with Federal statutes, regulations or the terms and conditions of its cooperative agreement, CDC or the pass-through entity may impose additional conditions, as described in 45 CFR § 75.207. If CDC or the pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, CDC or the pass-through entity may take one or more actions legally available.

B. Award Information

1. Funding Instrument Type:

CA (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:

2021

4. Approximate Total Fiscal Year Funding:

\$ 150,000,000

5. Total 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. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

7

The expected number of awards is 6-7.

8. Approximate Average Award:

\$ 25,000,000

Per Budget Period

The Approximate Total Fiscal Year Funding amount for Year 1 is \$150,000,000. The expected number of awards is 6-7.

For this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award.

9. Award Ceiling:

\$ 0

Per Budget Period

This amount is subject to the availability of funds.

The Award Ceiling is None. Please refer to the Approximate Total Fiscal Year Funding 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:

September 30, 2021

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.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

99 (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 Mariana 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

In addition, eligibility extends to applicants that have satisfied all regulatory requirements of their governing entities that could otherwise compromise the integrity and resources provided by this program. This includes compliance with the Foreign Contribution Regulation Act (FCRA) enacted by the Parliament of India, by the 42nd Act of 2010 and similar or related Acts. Eligibility is also extended to applicants that meet the criteria established in CDC’s pre-award risk assessment.

The Approximate Total Fiscal Year Funding amount for this NOFO is \$150,000,000. CDC will consider any application requesting an award higher than \$150,000,000 as nonresponsive and it will receive no further review. However, for this NOFO, applicants are strongly encouraged to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000 instead of applying to the full \$150,000,000 Approximate Total Fiscal Year Funding amount for Year 1. Applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award.

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](http://www.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)	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	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or

		number, verify & update information under DUNS number		call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	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	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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)

Number Of Days from Publication N/A

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 04/19/2021

04/19/2021

11:59 pm 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.

Due Date for Information Conference Call

N/A

5. Pre-Award Assessments

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

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 <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, 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 45 CFR 75 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. 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.

15. 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.

16. 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.

Indirect Costs

Indirect costs on grants awarded to foreign organizations and foreign public entities are only available as provided by 45 CFR 75.414. All requests for indirect costs must be submitted in the budget. 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

HHS/CDC will assess the applicant's systems required to manage the activities supported with funds provided under this NOFO. Should an award be made, it is expressly conditioned upon that assessment, as well as any measures, mitigation, or means by which the applicant has or will address any vulnerabilities or weaknesses found in the assessment. The applicant 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 any resulting 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

Conference costs and fees for any member of a foreign government's delegation to an

international conference sponsored by a multilateral organization under this award may not be used without express written approval of the Grants Management Officer/Grants Management Specialist and the CDC project officer.

- 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 recipients 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 sub-recipient 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 sub-recipient has violated paragraph 1 of this section or that an employee of the contractor or sub-recipient 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 sub-recipient, HHS/CDC may, without penalty, (i) require the Recipient to terminate immediately the contract or sub-award 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 sub-recipient.
- The recipient must include in all sub-agreements, including sub-awards and contracts, a provision prohibiting the conduct described in sub-section a by private party sub-recipients, 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 Recipient agrees not to disburse, or sign documents committing the Recipient 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 Recipient shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
 - The Recipient 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 Recipient 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 Recipient 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 sub-agreements, including contracts and sub-awards, 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 recipient 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 Recipient is requested or wishes to provide assistance in areas that involve workers' rights or the Recipient requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Recipient must notify HHS/CDC and provide a detailed description of the proposed activity. The Recipient must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Recipient must ensure that all employees and sub-contractors 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 sub-contracts 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 Recipient requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Recipient must notify HHS/CDC and provide a detailed description of the proposed activity. The Recipient must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Recipient must ensure that its employees and sub-contractors 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 sub-contracts 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 sub-contractors (a) provide, before commencing performance under any contracts or sub-contracts 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 sub-contracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and sub-contractors 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 source and nationality restrictions as provided in 22 CFR 228, and having their source and nationality in countries as listed in Geographic Code 937 or 935 or as HHS/CDC may otherwise agree in writing.

Environmental Impact Statement

HHS/CDC and the Recipient 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 Recipient is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. 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 the HHS/CDC. The Recipient will need to discuss this requirement with the Grants Management Officer/Grants Management Specialist.

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-GH21-2155."

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>. This guidance does not govern the use of the HHS and/or CDC logo; express written permission via a license must be obtained prior to the use of the HHS and/or CDC logo separate from the PEPFAR brand.

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.

Project Officer prior approval is also required for registration fees for virtual scientific conference attendance for IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR, which may be authorized if funds are available. Please note that use of cooperative agreement funds to attend scientific conferences by non-presenters and non-oral poster presenters is not authorized, except by Partner Government Officials with approval of the PEPFAR Deputy Principals.

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.

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 adhere to planning and reporting requirements as outlined in the PEPFAR ESoP including posting a final evaluation report detailing adherence to all evaluation standards on a publicly accessible website within 90 days of completion. https://datim.zendesk.com/hc/en-us/article_attachments/360040023292/PEPFAR_evaluation_standards_of_practice_v3.1_October_2019.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.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

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

18. 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 1 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: 35

To what extent does the application present a cogent, well-designed programmatic approach to HIV testing and prevention that utilizes the best international practices? **(10 points)**

To what extent does the application present a cogent, well-designed programmatic approach to HIV treatment in the general population as well as HIV treatment tailored to other priority populations such as AGYW, young men, miners and KP that utilizes the best international practices? **(10 points)**

To what extent does the application present a cogent, well-designed programmatic approach to HIV treatment among pregnant and lactating women and children that utilizes the best international practices? **(10 points)**

To what extent does the application present a cogent, well-designed programmatic approach to strengthening HIV laboratory networks that utilizes the best international practices? **(5 points)**

ii. Evaluation and Performance Measurement

Maximum Points: 25

How well does the applicant describe creating or supporting an effective system for timely collection of site-level data to provide programmatically actionable information? **(10 points)**

To what extent does the applicant describe an effective approach to reviewing and adjusting program activities based on performance monitoring and evaluation information obtained through the above system? **(15 points)**

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

To what extent does the applicant have resources in place in one or more of the provinces where implementation is anticipated (Cabo Delgado Province, Gaza Province, Inhambane Province, Maputo City, Maputo Province, Nampula Province, or Zambezia Province) so as to facilitate prompt initiation of the award with no interruption of services? Resources to be considered include active staff on payroll (including through sub-contracts) and physical offices and

equipment. **(10 points)**

To what extent does the applicant demonstrate a history of successfully working with Mozambican national government officials of relevance to perform the activities in this NOFO? National government entities of relevance include the Mozambican Ministry of Health (National HIV Program, Directorate of Public Health, Directorate of Medical Assistance, or Directorate of Planning and Cooperation), the Center of Medications and Medical Supplies, and National Institute of Health. **(10 points)**

To what extent does the applicant demonstrate a history of successfully working with a Mozambique Provincial health office in one or more of the provinces where implementation is anticipated (Cabo Delgado Province Gaza Province, Inhambane Province, Maputo City, Maputo Province, Nampula Province, or Zambezia Province)? **(10 points)**

To what extent does the applicant demonstrate sustained, successful experience with percentage growth of HIV positive persons receiving treatment (TX_CURR) through recent work in a large HIV program in a Mozambican or similar context? **(10 points)**

Budget

Maximum Points: 0

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 (10 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 prime applicant organization meets at least one of the three criteria listed below under the “PEPFAR Local Partner definition” at the time of application. Funding preference points do not apply to sub-recipients/partners or consortium members.

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 must meet the requirements of the local partner definition at the time of application submission in order to be eligible for funding preference points. Funding preference points will not be awarded on a scale for partially meeting the definition.

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 by Criteria</u>	<u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u>
<u>Individual</u> An individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country or region 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	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: • Evidence of principal place of business (i.e., certificate of registration/incorporation in country, contact information including physical address, etc.) 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).
<u>PEPFAR Local Partner Definition/Eligibility by Criteria</u>	<u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u>
<u>Entity other than a sole proprietorship</u> (such as, a corporation or not-for-profit) must meet all three areas of eligibility: (1) EITHER must be incorporated or legally organized under the laws	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 all three areas of eligibility under this criterion of the PEPFAR Local Partner Definition: • For eligibility area (1), the supporting documentation may include but is not limited to: official documentation

of, and have its principal place of business in the country served by the PEPFAR program with which the entity is involved OR must exist in the region where the entity's funded PEPFAR programs are implemented; (2) EITHER must be at 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country, OR at least 75% of the entity's staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country; and (3) 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	from a national or sub-national government issuing organization providing valid evidence of the organization's incorporation or legal organization in the country or region and the principal place of business (i.e., certificate of registration, organization, or incorporation). In addition to describing how these documents support eligibility area (1), 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 or region; • For eligibility area (2), 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 eligibility area (2), the letter must include a statement confirming that the entity is at least 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country (including an exact percentage); OR ○ a statement within the letter that certifies that at least 75% of the entity's full staff at the time of application are citizens or lawfully admitted permanent residents of the country and that the entity has records to substantiate this if it becomes necessary. The letter must also include a statement providing calculations of the exact percentages of full staff who are citizens or lawfully admitted permanent residents of the country; • For eligibility area (3): ○ 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
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	corresponding citizenship or permanent residency status in country. In addition to describing how these documents support eligibility area (3), 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%
<u>PEPFAR Local Partner Definition/Eligibility by Criteria</u>	<u>Supporting Documentation (to be labeled as “Local Partner Preference”)</u>
<u>Government Ministries and Parastatals</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 may be fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations.	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.

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 would consider any inaccuracies in determination of ranking

False statements or claims and misrepresentation or mischaracterization of any information in connection to the application, if funded, may result in legal enforcement action, up to and including termination, as authorized by law.

Applicants should note that in furtherance of the activities and priorities of the PEPFAR program, CDC reserves the right to fund applications 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

Applicants will receive notification of their application status by the end of August 2021. The award date will be September 30, 2021.

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 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	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):

If funded, the recipient is responsible for managing and monitoring each project, program, sub-award, function or activity supported through awarded funds. Recipients must monitor sub-awards to ensure that sub-recipients have met the programmatic impact requirements as set forth in the sub-recipient'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, and planned action steps to be taken to meet established goals.
- 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 an award.

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 ESoP, 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 should an award be made available, must require a provision to this effect in all sub-awards or contracts financed by PEPFAR resources. 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 ESoP and must be published on a publicly 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 through the Payment Management System (PMS). 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)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). 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.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Sherry

Last Name:

Gilbert

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Avenida Zedequias Manganhelas 267, Maputo City – Mozambique

Telephone:

N/A

Email:

vgy8@cdc.gov

Grants Staff Contact

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

First Name:

Shicann

Last Name:

Phillips

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Road, MS TV1

Atlanta, GA 30341

Telephone:

770.488.2809

Email:

ibq7@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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages, single spaced, 12 point font, 1-inch margins, number all pages.** Any pages after page 90 of the appendix will not be considered for review. The following documents may 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 include in the Table of Contents.**
- **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 prime applicant organization meets at least one of the three criteria listed under the “PEPFAR Local Partner definition” at the time of application. Funding preference points do not apply to sub-recipients/partners or consortium members. 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 must meet the requirements of the local partner definition at the time of application submission in order to be eligible for funding preference points. Funding preference points will not be awarded on a scale for partially meeting the definition.
 - 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 as part of the appendix 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.
- Application materials must be submitted in 12pt font.
- 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.
- 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 NOFO 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>.

Amendment I: Questions and Answers (Q&A) and Additional Updates

The purpose of this amendment is to include the updates as listed below.

This amendment includes questions and answers (Q&A) in Section H. Other Information.

Any applicant who downloaded the application package prior to March 24, 2021 (3/24/2021) must restart their application package due to a mandatory update to the HHS Checklist in the required application package forms in Grants.gov. Restarting the application process is required because the HHS Checklist will be removed from the application package on March 24, 2021. NOTE: Once the applicant logs into Workspace, there will be a warning informing them that the application forms have changed for the NOFO they are applying for.

There is a change to the supporting documentation requirements under Criteria (2) Entity other

than a sole proprietorship, eligibility area (2) of the Phase III PEPFAR Local Partner Funding Preference on pages 53-55.

Applicants should also note that implementation and enforcement of the PLGHA Standard Provision is waived effective immediately. This change is due to the Presidential Memorandum, [“Memorandum on Protecting Women’s Health at Home and Abroad,”](#) signed on January 28, 2021, which revoked the January 23, 2017, Presidential Memorandum implementing the PLGHA policy, and thereby rescinded the PLGHA Policy. Accordingly, CDC confirms that the Funding Restriction referring to the United States Protecting Life in Global Health Assistance policy, and the Administrative and National Policy Requirement AR-35: Protecting Life in Global Health Assistance, which were included in the original publication, have been removed and are no longer applicable to this NOFO.

Applicants should also note that a Letter of Intent (LOI) is **not** requested or required as part of the application for this NOFO. Applicants do **not** need to submit an LOI.

1. It is unclear whether a Letter of Intent (LOI) is necessary for this NOFO, as there is some conflicting information in the published NOFO document. Could CDC please clarify whether a Letter of Intent (LOI) is requested or required as part of the application for this NOFO? If an LOI is requested, what is the due date for it?
 - The NOFO was published with incorrect and conflicting information regarding whether applicants need to submit a Letter of Intent (LOI) in order to apply for this NOFO. CDC confirms that a Letter of Intent (LOI) is **not** requested or required as part of the application for this NOFO. Applicants do **not** need to submit an LOI.
2. On page 40 under section 17 Funding Restrictions, the United States Protecting Life in Global Health Assistance (PLGHA) policy is listed, however the policy was rescinded on January 28, 2021. Can CDC confirm that this Funding Restriction does not apply to this NOFO?
 - Implementation and enforcement of the PLGHA Standard Provision is waived effective immediately. This change is due to the Presidential Memorandum, [“Memorandum on Protecting Women’s Health at Home and Abroad,”](#) signed on January 28, 2021, which revoked the January 23, 2017, Presidential Memorandum implementing the PLGHA policy, and thereby rescinded the PLGHA Policy. Accordingly, CDC confirms that the Funding Restriction referring to the United States Protecting Life in Global Health Assistance policy, and the Administrative and National Policy Requirement AR-35: Protecting Life in Global Health Assistance, which were included in the original publication, have been removed and are no longer applicable to this NOFO.
3. Could CDC please clarify what they intend by “one sample province”? Does this mean proposals are expected to consider one province without geographic specificities, or one specific province? // Can we develop a proposal for an illustrative province that is based on a composite of provinces but not actually named? / Are applicants to choose one province among the seven named (or write for a generic, one-province scope of work)? //

The NOFO says "applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique." Should we interpret that to mean that the bulk of our proposal is catered to that one individual province, or should we propose a national project with a specific focus on 1 province as a case study? // On page 3 of the NOFO, CDC provides guidance on how applicants should address geographic areas in their budgets, indicating that "applicants should develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique." Can CDC provide similar guidance on how it prefers applicants to identify geographic regions in the technical proposal narrative? For instance, should applicants also use a one sample province approach in the narrative or should applicants propose activities in all seven target provinces listed on pages 4-5 of the NOFO?

- The proposal is at the discretion of the applicant. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 51-52 of the NOFO). The NOFO was designed at the national level to allow recipients to be assigned prospective areas as applicable upon award. CDC does, however, encourage the applicant to demonstrate knowledge of the local context, use existing epidemiologic data, and submit an application that reflects reasonable potential plans for the coming year. Please note, there is no need to describe or prioritize provinces beyond submitting a clear plan for one province, as doing so will not impact the eventual geographic assignments of selected partners. The province selected as part of the application to this NOFO does not determine where the applicant will work, but rather illustrates the potential approach that they might take in these respective settings. Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award.
4. Can one partner or consortium of partners, propose more than one proposal each directed to a specific province?
- The proposal is at the discretion of the applicant. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 51-52 of the NOFO). Yes, an applicant may participate in more than one proposal (e.g., as a prime applicant on one application and as a sub-recipient on another). There is no policy or regulatory limit related to the number of applications an organization may be a recipient or sub-recipient on. However, as noted on pages 3, 13, 17-19, 28-29, and 31, CDC does encourage applicants to apply to the Average One Year Award Amount/Approximate Average Award amount of \$25,000,000, and to develop a proposal to spend \$25,000,000 carrying out activities in 1 sample province in Mozambique. As stated on page 31, CDC will consider any application requesting an award higher than \$150,000,000 as nonresponsive and it will receive no further review.
5. On page 14, Strategy 2 includes the activity "Support the delivery of VMMC services in supported provinces with a focus on males aged 15+ years." Please clarify the meaning of "support;" specifically, does this include direct service delivery of circumcisions? // Could CDC please clarify if VMMC activities will be implemented in all provinces, or only limited areas?

- Yes, the scope of the NOFO does include direct service delivery of circumcisions. The scope of the NOFO is designed to accommodate possible directions of the PEPFAR program in the next five years. However, applicants should write their application to describe their vision of support to the Mozambican health system, understanding that not all activities described in the NOFO may ultimately be funded in all provinces or through all recipients. This will be determined at the time of award.
6. Could CDC further clarify the inclusion of Syphilis and HBV testing in the scope of work, and the planned timeline, intended geographic coverage, and funding allocation for scale-up?
 - The scope of the NOFO is designed to accommodate possible directions of the PEPFAR program in the next five years. Current PEPFAR support of syphilis and HBV diagnosis and treatment in Mozambique is limited to funding of staff and training but not commodities. Future funding will be determined by OGAC. Applicants should write their application to describe their vision of support to the Mozambican health system, understanding that not all aspects included in the scope of the NOFO may ultimately be funded.
 7. Do the MER targets listed on pages 20-21 apply to the 7 provinces combined? If yes, are there targets for each specific province? // Could CDC please provide guidance on determining province-specific targets for applicants?
 - As stated on page 20, the list on pages 20-22 contains illustrative indicators, targets, and reporting frequencies corresponding to Year 1 of the NOFO. These are the illustrative targets across all 7 CDC-supported provinces. For illustrative purposes, these targets could be scaled to provincial level based on provincial estimates of PLHIV. Targets will be finalized upon award.
 8. Can CDC please provide targets for case identification for HTS_TST_POS targets and INDEX_TST_POS as well as VMMC?
 - PEPFAR Mozambique has recently targeted HTS_TST_POS using a yield of 8.5%, and INDEX_TST_POS using a yield of 22%.
 9. Should targets be modified to align with our budget? For example, should we be aiming for targets that are in proportion to the proposed activities?
 - The proposal is at the discretion of the applicant. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 51-52 of the NOFO). CDC does, however, encourage applicants to strive for targets that are ambitious but feasible and in proportion to the proposed activities and the budget.
 10. Is the Negotiated Indirect Cost Rate Agreement, Non-profit organization IRS status forms, and PEPFAR Local Partner supporting documentation included in the 90 page limit for appendices?
 - No. The following documents will count towards the 90-page limit for the appendix: "Experience," "CVs/Resumes," "Job Descriptions," "Organizational Chart," and "Financial Statement," as found in the "Organizational Capacity of Recipients to Implement the Approach" section of the NOFO on pages 23-25; and Letters of Commitment, if applicable. Applicants should refer to pages 23-25 for

specific requirements in this NOFO related to appendix materials, including individual page limits.

- The following documents are requirements of the appendix but will not count toward the 90-page limit for the appendix: Negotiated Indirect Cost Rate Agreement, if applicable; Non-profit organization IRS status forms, if applicable; and PEPFAR Local Partner Funding Preference supporting documentation, if applicable. As stated in section H. Other Information on pages 69-70 of the NOFO, “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.”
 - Project Abstract, Project Narrative, Budget Narrative, Report on Programmatic, Budgetary and Commitment Overlap, Table of Contents for Entire Submission, standard forms, and the Risk Assessment Questionnaire Requirement are separate application requirements, and therefore do not count towards the 90-page limit for the appendix.
11. Page 68 states that any pages after page 90 of the appendix will not be considered for review and then delineates required and “if applicable” documents. Will documents that are not included in the list be removed even if they are within the 90-page limit?
- Yes. As stated in section H. Other Information on pages 68-70 of the NOFO, “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.”
12. Page 18 states that multiple SF-424s will be needed if more than 4 components are proposed. Can CDC please clarify where the SF-424 forms should be uploaded within the grants.gov workspace package? On previous CDC proposals with similar requirements, we have been notified later that our additional SF-424s were not included in the proposal forwarded to reviewers.
- If more than 4 components exist, multiple SF-424As will be needed. Accordingly, on the first SF-424A, applicants may list components 1-4 in Section A-Budget Summary 1,2,3,4. On the second SF-424A, applicants may list component 5 in Section A-Budget Summary 1, and so on. Section D should be a roll up of all components listed on a particular SF-424A.
 - Applicants may download additional SF-424A forms and upload them as PDFs. CDC does not have a standard preferred filename for applicants to utilize; however, CDC recommends that applicants clearly label application materials for easy identification of the type of documentation, and to include in their Table of Contents for the entire submission.
 - Applicants may submit these additional SF-424As under “Budget Narrative Attachment Form [V1.2]” (where the form says “To add more Budget Narrative attachments, please use the attachment buttons below,” click on “Add Optional Budget Narrative”). Or if needed, applicants may submit these additional SF-424As under “Other Attachments Form [V1.2]” (click on “Add Optional Other Attachment”).

13. The NOFO states that a Risk Questionnaire with supporting documents of Human Resources (HR), Finance and Project Management Policies are required to be submitted. In the NOFO, it does not specify if the Risk Questionnaire and required supporting documents form part of the Appendices 90-page limit or not, and accordingly it would be greatly appreciated if this could be clarified?
- The Risk Assessment Questionnaire Requirement, along with requested attachments, will not count towards the 90-page limit for the appendix. These are treated as separate attachments and there is no page limit for these attachments. It may be uploaded as an “other attachment” and CDC does not have a standard preferred filename for applicants to utilize. However, as noted on page 34 of the NOFO, “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 the Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents_ Procurement Policy.”
14. On page 38, under budget narrative, the NOFO states that “Indirect costs could include the cost of collecting, managing, sharing, and preserving data.” Please note that under federal awards, our indirect costs are governed by our Negotiated Indirect Cost Rate Agreement (NICRA) which reflects the indirect costs (facilities and administrative costs) incurred by the organization that will be the same across all the agencies of the United States. All other costs are considered to be direct program costs. As such, can CDC please clarify whether or not we can include the above costs under direct program costs, and not under Indirect costs?
- Indirect Costs/NICRA Agreements are negotiated between the applicant/recipient and the cognizant agency; therefore, proposed indirect costs should be based on what the applicant’s NICRA is approved to include. Applicants should include any costs outside of their NICRA in the appropriate cost category.
 - Applicants should note that the guidance on monitoring and evaluation activities provided in the NOFO regarding the Evaluation and Performance Measurement Plan (EPMP) is outside of the indirect cost category; applicants should budget separately and in the appropriate cost category(ies) for monitoring and evaluation activities.
15. On pages 68-69, under H. Other Information, the list of acceptable attachments does not include a detailed excel file. It furthermore states that if other documents are attached the application will not be reviewed. A detailed excel budget is also not listed under the optional attachment lists. Can CDC please confirm that the applicant does not need to provide the detailed excel budget at this time, and that a detailed budget in pdf format may be uploaded?
- Applicants should follow the instructions listed on pages 38-39 of the NOFO in section Part II.D.12. Budget Narrative while preparing the budget. Page 38 of the NOFO states “Applicants must submit an itemized budget narrative.” Page 38 also includes a bulleted list detailing what the itemized budget narrative should include. As stated on page 39 of the NOFO, “Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov.” Applicants may also include an Excel file for the budget, but this is not a requirement.

Additional guidance on preparing a budget can be found in the “CDC Budget Preparation Guidelines” document, available for download at: <https://www.cdc.gov/grants/applying/application-resources.html>.

16. May applicants propose alternate titles for key personnel to align with its organizational practice?
- Yes. The staffing plan is at the discretion of the applicant. In their appendix submittal, applicants should include CVs/Resumes and Job Descriptions of staff they consider “key.” Job titles may vary depending on the institution practice, and applicants may propose/use alternate titles for key personnel. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 51-52 of the NOFO); CVs/Resumes and Job Descriptions are requested so that objective reviewers can assess whether the proposed key personnel have the needed training, skills, and experience to conduct the work proposed for their role in the project. The format of CVs/Resumes and Job Descriptions is at the discretion of the applicant, and there is no limit to the number of CVs/Resumes and Job Descriptions that can be submitted in the appendix. While there is no limit to the number of CVs/Resumes or Job Descriptions that can be submitted in the appendix, as stated in section H. Other Information on pages 68-70 of the NOFO, “The total amount of appendices must not exceed 90 pages,” and “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.”
17. Page 35 of the NOFO mentions 12 point font. Will CDC allow applicants to use a smaller font size for tables, graphics, charts, and footnotes?
- No. As stated on page 35 of the NOFO, the Project Narrative, which includes tables applicants submit, is a maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. Page 70 also notes that application materials must be submitted in 12 point font. Applicants are required to use 12 point font for tables, graphics, charts, and footnotes.
18. On page 19, under CDC Evaluation and Performance Measurement Strategy, the NOFO states: “While the final funding amount will be agreed upon by both CDC and the recipients, a minimum of 8% of funds should be allocated for monitoring activities and 5% of funds used for evaluation activities.” Recognizing that evaluation costs may be higher in the final years of the project, is the applicant expected to include a minimum of 5% of funds for evaluation in the Year 1 budget submitted as part of this proposal?
- No. As noted on page 19, “While the final funding amount will be agreed upon by both CDC and the recipients, a minimum of 8% of funds should be allocated for monitoring activities and 5% of funds used for evaluation activities.” These are estimates for the total funding over the 5-year project. It is at the discretion of the applicant to determine and propose the monitoring activities and evaluation activities that will be encompassed by the proposal. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 51-52 of the NOFO).

19. “Organizational Capacity of Applicants to Implement the Approach” is to be included in the Project Narrative and “Statement of Experience” in the Appendix. Could CDC please clarify the type of information to be included in the narrative versus that to be included in the Appendix?
- Organizational capacity refers to the recipient’s organizational and human resource capabilities that enables it to address, implement, and sustain the activities of the program as planned.
 - As stated in 10. Project Narrative (pages 35-38), “d. Organizational Capacity of Applicants to Implement the Approach” should be a header included in the Project Narrative. As stated on page 37, “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.” The scope and content of the Project Narrative, including this header section, is at the discretion of the applicant. The Project Narrative is a maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed.
 - Page 37 of the NOFO also states, “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.” As stated on pages 23-25 under c. Organizational Capacity of Recipients to Implement the Approach, and on page 69 under Section H Other Information, applicants should submit the following materials in their appendix: Statement of Experience, CVs/Resumes, Job Descriptions, Organizational Chart, and Financial Management Statement. These are the organizational capacity requirements for the appendix; they are not requested as part of the Project Narrative. The total amount of appendices must not exceed 90 pages; any pages after page 90 of the appendix will not be considered for review.

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](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: 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 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.

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.

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 their organization meets at least one of the three criteria listed below at the time of application.

Individual	
An individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country or region 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

Entity other than a sole proprietorship (such as, a corporation or not-for-profit) must meet all three areas of eligibility:		
1	either	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 involved;
	or	must exist in the region where the entity’s funded PEPFAR programs are implemented
2	either	must be at 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country;
	or	at least 75% of the entity’s staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country;
3		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

Government Ministries and Parastatals	
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 may be fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations.	