

Centers for Disease Control and Prevention

Center for Global Health

Infrastructure Support to the Mozambican Health System to Scale-Up HIV/AIDS and TB Services on Behalf of the President's Emergency Plan for AIDS Relief (PEPFAR)
CDC-RFA-GH18-1829
Application Due Date: 11/14/2017

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-GH18-1829. 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:

Infrastructure Support to the Mozambican Health System to Scale-Up HIV/AIDS and TB Services on Behalf of 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 II:

This amendment is for informational purposes only. CDC is not accepting new applications for award. The purpose of this amendment is to include language regarding HIV epidemic control under d. Other National Public Health Priorities and Strategies.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH18-1829

E. Assistance Listings (CFDA) Number:

93.067

Additional CFDA Number:	93.338

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**11/14/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

An informational conference call/ pre-application workshop will be held for this NOFO within 10 days of the NOFO posting. Applicants should contact the Project Officer listed in Agency Contacts for further information regarding the pre-application workshop.

G. Executive Summary:

1. Summary Paragraph:

This NOFO seeks to provide infrastructure support and technical assistance to Mozambican Ministry of Health (MOH) health clinics and facilities in order to scale-up HIV and TB services through PEPFAR. This NOFO will provide technical assistance to help address MOH

infrastructure needs as well as providing overall alternative solutions to improving the health infrastructure either through renovations, pre-fabricated (pre-fab) structures, or equipment necessary for the improvement of HIV/AIDS and TB services across the clinical cascade. Sites for infrastructure support will be selected based on MOH and PEPFAR priorities. Health centers may require different infrastructure solutions which may include pre-fab structures for warehouses, pharmacies, laboratories, and medium-sized health units. Supported health facilities may be geographically dispersed throughout Mozambique and involve rural and urban areas. The accomplishment of these objectives will support the Government of Mozambique's goal of promoting epidemic control through an increased facility maximum HIV patient capacity and will in turn facilitate the country's HIV strategic goals.

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

d. Total Period of Performance Funding: $0
The Approximate Project Period Funding/Estimated Total Funding for the Total 5 year Project Period is None. Award ceilings for years 2-5 will be set at continuation.

e. Average One Year Award Amount: $5,000,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 04/01/2018
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this NOFO, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Mozambique's health infrastructure was devastated by decades of war. Despite significant rebuilding, the network of 1,591 health facilities remains inadequate for the estimated 27 million Mozambicans who are widely distributed across a vast area. In 2015, there were 17,585 inhabitants per health facility with lower than expected staff to patient ratios. Compounding this, health facilities constructed before the HIV epidemic era are now over-burdened with limited reorganization of workflow given resource constraints faced. Over the past 5-10 years, the number of HIV patients currently enrolled on treatment has increased by almost two-fold. Mozambique has yet to reach epidemic control, despite significant PEPFAR financial investment. For many health care facilities, whether high, medium, or low volume, the

expectation is for a continued increase in patient volumes given PEPFAR's focus on test and start, retention, and linkages into care.

PEPFAR's response involves a highly complex health systems approach, distributed across multiple partners, and geographically dispersed by region. As HIV health service delivery models move to standard practice, challenging infrastructure constraints persist. To mitigate, integrative health service delivery models were introduced to some health facilities resulting in one-stop services at the point of care and the elimination of patient workflows across health units within a facility. Some partners have successfully introduced pre-fab structures to health facilities with noted change in workflows and staff/provider morale. Minor renovations, such as building shelves or improving equipment placement in health services areas, have resulted in safety and workflow improvements. Even then, for other health facilities, solutions are exhausted due to a lacking footprint for needed renovation or there is an urgent need for additional space to meet high volume demands. Pharmacy, laboratory, and HIV health services units are particularly challenged, resulting in high volume bottlenecks, long waiting times, inappropriate storage, and general erosion of the physical plant over time. For HIV health services, patient confidentiality is often compromised due to two or more patient encounters at the point of care and by differing health care providers. Many pharmacy units are constrained by workspaces now managing an increase in HIV essential drugs, resulting in unsafe and unsecure workspaces or inappropriate drug storage. Laboratories require unique accreditation specifications, and constraints in physical plan options result in compromised services. For many facilities, the ability to reorganize the workflow is no longer feasible without alternative solutions such as the addition of pre-fab units or other alternatives.

This NOFO will provide assistance to the Mozambican MOH through technical assistance in guiding U.S. Government (USG) infrastructure investment in Mozambique as well as providing overall alternative solutions for improving the health infrastructure either through renovations, pre-fab structures, or equipment necessary for the improvement of HIV/AIDS and TB services across the clinical cascade. Sites for infrastructure support will be selected sites based on MOH and PEPFAR priorities. Differing options are required and may include pre-fab structures for warehouses, pharmacies, and medium-sized health units. Targeted health facilities may be geographically dispersed throughout Mozambique and involve rural and urban areas.

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.

On July 30, 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 amended Public Health Service Act, Section 307, International Cooperation. The amendments gave CDC authority to

award assistance agreements for Construction and Modernization projects in foreign countries.

Public Health Service Act, Section 307(b)(10) [42 U.S.C. § 242l(b)(10), as amended], which states: "...through grant or cooperative agreement, make funds available to public or nonprofit private institutions or agencies in foreign countries in which the Secretary is participating in activities described under subsection (a) to acquire, lease, construct, alter, or renovate facilities in those countries."

c. Healthy People 2030

N/A

d. Other National Public Health Priorities and Strategies

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety; and
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, recipients may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;

- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation (research is not supported by this NOFO).

PEPFAR defines national HIV epidemic control as the point at which the total number of new infections falls below the total number of deaths from all causes among HIV-infected individuals (the classic R0 to Ri approach to infectious diseases), with both declining. This definition of epidemic control does not suggest near-term elimination or eradication of HIV as may be possible with other infectious diseases, but rather suggests a decline of HIV-infected persons in a population, achieved through the reduction of new HIV infections when mortality among people living with HIV (PLHIV) is steady or declining, consistent with natural aging. Critically, however, a country will not be able to maintain epidemic control if program efforts are not sufficiently sustained and new infections are allowed to rebound or death rates to increase.

Effective December 1, 2018, in addition to the specific activities listed in the Strategies and Activities section of this NOFO, all CDC PEPFAR cooperative agreements resulting from this NOFO may address the following activities, where and when appropriate, that focus U.S. government resources and activities toward achieving and sustaining the HIV/AIDS epidemic:

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

diseases that impact PLHIV and populations affected by HIV.

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

This announcement is only for non-research activities supported by CDC. Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

e. Relevant Work

N/A

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Conduct health facility readiness assessment to determine appropriate changes for pre-fab units or renovations	**Increased knowledge of barriers and facilitators to improved patient management with limited infrastructure**	**Decreased wait times and bottlenecks at targeted facilities** **Improved use of health facility space at targeted facilities** Increased quality of patient care and treatment Increased usage of the targeted health facilities by surrounding populations	Improved patient satisfaction and HIV retention rates due to increased capacity in key health facilities **Improved physical capacity of health facilities for patient visits**
Conduct a literature review to establish minimum requirements for health facility physical space needs and best practices in adapting space to optimize patient flow	**Improved understanding of existing best practices** **Improved knowledge of patient demand and space requirements**		
Introduce pre-fab units or renovations to at least: 36 medium health facilities, 39 pharmacies, and 16 laboratories	**Improved immediate patient capacity** Improved community knowledge of expanded health facility capacity		
Train local health facility staff to optimize and maintain usage of renovations and pre-fab units			

i. Purpose

The purpose of this NOFO is to announce CDC's intentions to provide USG assistance funds for the construction of clinics, laboratories, and related health facilities in several Mozambique provinces to contend with large patient volumes, improve access to services, and decrease wait-times, leading to increased retention and patient satisfaction. These structures will expand health services in existing units and workflows and create opportunities to expand services to new areas. Renovations can also more appropriately refinish crowded health services areas for better organization.

ii. Outcomes

Short-Term Outcomes:

- Increased knowledge of barriers and facilitators to improved patient management with limited infrastructure
- Improved understanding of existing best practices
- Improved knowledge of patient demand and space requirements

- Improved immediate patient capacity

Intermediate Outcomes:

- Decreased wait times and bottlenecks at targeted facilities
- Improved use of health facility space at targeted facilities

Long-Term Outcome:

- Increased and/or improved physical capacity of health facilities for patient visits

iii. Strategies and Activities

Project Information: Applicants should include the following project-specific information in the application:

- Description of project.
- General physical location of project.
- Description of the intended usage of the completed project.
- Description of the intended occupancy of the completed project.
- Estimated useful life of the project in years.
- Time schedule for the overall project and major components thereof with estimated start and completion dates.
- Description of work-to-date on the project.
- List and description of anticipated contracts (e.g. design, builder) to be awarded for the project.
- Applicable building codes.
- Applicable safety and security needs.
- Description of methods for assessing site and needed site work.
- Methods for assessing existing and needed on-site utility systems.
- Special design or construction considerations.
- Facility accessibility by individuals with physical disabilities.
- Example of a site map for project, to be produced for each specific site.
- Example of a floor plan for project to be produced for each specific site.
- Example of drawings and specifications for the project.
- Example of list of fixed equipment to be installed in the completed facility, to be assessed for each site.
- Method for obtaining and evaluating legal opinion on property title.
- Description of how the Notice of Federal Interest will be filed.
- Anticipated project signage.
- How the project will be insured.
- List of Technical Assistance needed from CDC.
- List of project requirements that are thought to conflict with host country or international law or bilateral agreements.

Recipient Activities: Recipient activities will include the following:

(1) Objective: The objective of the award is for the Recipient(s) to construct clinics, laboratories, and related health facilities in several provinces in Mozambique.

(2) Outcomes: Measurable outcomes of this project will align with the following performance goals for CDC/Mozambique: Achievement of PEPFAR targets through improved efficiency of HIV/AIDS and TB services; and allocation of health system infrastructure through an evidence based process in alignment with MOH and PEPFAR policies and priorities.

(3) Authority to Act: The Recipient(s) must hold the proper legal authority and necessary approvals to apply for and receive USG assistance for the project.

(4) Intended Use: The Recipient(s) will use the constructed/renovated facilities for housing and directly supporting HIV/AIDS and TB health activities of the Government of Mozambique.

(5) Useful Life: The anticipated useful life of the constructed/renovated facilities will be 15 years.

(6) Project Design: The Recipient(s) must design the project in accordance with the following or comparable Mozambican design standards: Regulamento Geral de Edificacoes urbanas; Regulamento de Estruturas de Betao Armado; Regulamento de Aco para Edificios; Regulamento de Seguranca de Pessoas e Higiene no Trabalho; Regulamento Geral das Canalizacoes de Agua e de esgotos; and Regulamento de Sistemas de Instalacao de U. E. Electrico. The Recipient(s) will not advertise for builder bids or negotiate a builder contract until the project design has been approved by CDC.

(7) Prohibited Space: The facility space that is constructed or modernized must not include any space that is constructed or modernized for the direct benefit of the USG, any space for USG occupancy, or any build-to-lease space.

(8) Project Phases:

- Procurement Planning phase:
    - Actions: Definition of terms of reference for the selection of a Consultant firm for a design and built contract type and/or vendors for materials and pre-fabs
    - Submissions/deliverables: Submission of a procurement plan and budget
- Assessment phase:
    - Actions:
        - Confirmation of health facilities with critical HIV/AIDS needs in line with both MOH expansion plans and CDC PEPFAR goals
        - Assessment of site conditions
    - Submissions/deliverables:
        - List of selected sites
        - Land availability and site assessment report
        - Definition and approval of project scope (renovation works, prefab installation, and equipment supply) per proposed site
- Design phase:

    - Actions: Prepare design plans and specification details in line with Mozambican design procedures
    - Submissions/deliverables:
        - Detailed design per site
        - Logistics plan for transport and delivery per site
- Implementation phase:
    - Actions:
        - Project presentation to beneficiaries and relevant stakeholders
        - Ensure that all permits, licenses, and fees are in place
        - Project execution
    - Submissions/deliverables:
        - Periodic progress report
        - Project completion reports and site handover

(9) Insurance: In addition to maintaining for the project the equivalent of insurance coverage maintained for other real property owned or controlled by the Recipient(s), the Recipient(s) must also obtain builder's risk insurance, title insurance, and physical destruction insurance in accordance with and as required by the applicable, normal, and customary practices for the local jurisdiction. Evidence of such insurance or their preclusion, must be submitted to CDC, and CDC must be notified of any changes in insurance coverage. The Recipient(s) must remit insurance payouts to CDC unless CDC authorizes an alternate use. CDC may elect to waive these insurance requirements if the Recipient(s) is a self-insured governmental agency.

(10) Control of Project: The Recipient(s) must exercise appropriate institutional, managerial, and financial controls to ensure proper planning, management, and completion of the project. Sub-awards to sub-recipients are not authorized.

(11) Use of Contractors: The Recipient(s), to the extent possible, will not self-perform the project, but will engage qualified contractors to perform the project. The Recipient(s) must ensure that their contractors provide the architectural, engineering, construction, trade, legal, and any other goods and services necessary to complete the project, to include all fees, licenses, bonds, warrants, assurances, permits, and approvals required by law or regulation. The Recipient(s) must ensure that their contractors comply with any award requirements regarding the preparation, review, and approval of project design, phases, and contracts. The Recipient(s) must ensure that their contractors initiate work after the receipt of any required prior approvals from CDC, and complete the project within the required timeframes, budget, and allowable cost rules. The Recipient(s) must ensure that their contractors provide and maintain competent and adequate supervision and provide appropriate technical engineering oversight to ensure that the completed work conforms to the approved design, complies with applicable construction codes, and that progress reports and other technical information is submitted to CDC in a timely manner. Although the Recipient(s) may contract with other organizations to accomplish the project, the Recipient(s) retains overall responsibility for the project, to include oversight of any selected contractors.

(12) Assurances: The Recipient(s) must accomplish the project in accordance with the assurances shown on form "SF-424D Assurances for Construction Programs," except for these eight assurances: #8, #10, #11, #13, #14, #15, #16, and #17.

(13) Final Inspection, Cost Analysis, Closeout: The Recipient(s) will submit the completed

project to a final inspection, cost analysis, and closeout by CDC. The project is complete at the point at which the builder turns over to the Recipient(s) a facility or portion of a facility that: (a) conforms to the design and specifications approved by CDC; and (b) is available for occupancy. This date is either the final acceptance of the building or portion of a building or the date of beneficial occupancy, whichever comes first. The date of beneficial occupancy is the date that a facility or portion of a facility conforming to the design and specifications approved by the CDC is available for occupancy. The completion date establishes the beginning date for the facility usage requirement under the Notice of Federal Interest.

(14) Technical Assistance: Technical Assistance may be provided by CDC to the Recipient(s) for purposes of increasing the likelihood of successful performance and compliance with financial management system standards. The Recipient(s) may request post-award Technical Assistance from CDC both in the application and at any time during the project. Such Technical Assistance will be at CDC's discretion as there is no guarantee that requested Technical Assistance can or will be provided. CDC may self-initiate post-award Technical Assistance without a Recipient request if in the best interests of CDC. CDC may provide Technical Assistance on a grant or a cooperative agreement.

(15) Conflicts: CDC will collaborate with Recipient(s) to resolve U.S. legal and policy requirements that conflict with the laws and customs of the host country or international laws or bilateral agreements. The Applicant or Recipient(s) must notify CDC of any objections to the requirements in this NOFO or the Award that create such a conflict. Upon notification, to the extent allowed by applicable U.S. federal laws, regulations, and policies, CDC will consider and respond to such objections. The requirements imposed remain in effect unless modified or waived by appropriate HHS or CDC officials. Conflicts may arise, for example, due to differences between NOFO and Award requirements and foreign building codes, foreign public policy requirements, foreign property ownership systems, and foreign construction-industry practices. CDC cannot waive U.S. legal requirements.

(16) Legal Disclaimer: The Recipient(s), by accepting USG funds, agrees to this legal disclaimer. Under this Award, CDC may review and approve certain Recipient-submitted project documents, reports, and architectural and engineering drawings. CDC approval of such items is advisory in nature only and is intended to ensure compliance with the scope, terms, and conditions of the NOFO and the underlying project's purpose, and does not constitute or imply any CDC representation or architectural and engineering certification or permit by CDC of activities by the Recipient to any local authority, to the Recipient’s contractors, or to any other interested party. Resolution of any disputes between CDC and Recipient regarding CDC reviews and approvals will be undertaken in accordance with applicable U.S. federal laws and regulations.

(17) Project Director: The Recipient(s) must name a Project Director, who will oversee and manage the project, serve as the primary point of contact for interaction with CDC, ensure compliance with project requirements, and control the project budget.

(18) Other required Recipient Activities:

- Conduct readiness assessment to determine appropriate changes for pre-fab units or renovations:
    - Working drawings and specifications of the proposed space and alterations.

    - A narrative description of the proposed functional utilization, specifications, and equipment requirements for the proposed space.
    - A space schedule (detailed description of floor space).
    - A list of fixed equipment proposed for the facility.
    - A detailed project cost estimate.
    - Identification of special design problems.
    - Description of the existing workflow and utility systems and those proposed for the modified facility.
    - Plans for accessibility by individuals with physical disabilities.
    - Description of safety criteria incorporated in the existing building and in the facility as modified.
    - If property is leased, a statement, and documentation of, the length of lease.
    - Time schedule for each major activity in the project.
    - A detailed narrative justification of the need to perform the work before the building is completed.
    - A cost comparison between doing the work before and after the building is completed.
    - A description of other specific benefits to be gained by doing the work before the building is completed.
- Conduct a literature review to establish minimum requirements for health facility physical space needs and best practices in adapting space to optimize patient flow.
- Introduce pre-fab units or renovations to at least 36 medium health facilities, 39 pharmacies, and 16 laboratories:
    - Deliver and assemble pre-fab structure according to needs assessment findings.
    - Renovate structure according to needs assessment findings
- Train local health facility staff to optimize and maintain usage of renovations and pre-fab units:
    - Deliver training for maintaining pre-fab structure.
    - Introduce maintenance metrics for health facility monitoring and evaluation.

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

1. Collaborations

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

It is expected that the recipient(s) will collaborate with other CDC programs and activities, especially those who currently support health facilities where the recipient(s) will be working.

b. With organizations not funded by CDC:

The recipient(s) will be expected to collaborate with other organizations not funded by CDC, including but not limited to:

- United States Agency for International Development (USAID): Mozambique PEPFAR

partner with program representing approximately 50% national coverage of people living with HIV (PLHIV), https://www.usaid.gov/
- Department of Defense: Mozambique PEFPAR partner with program representing less than 5% National coverage of PLHIV, https://www.defense.gov/
- Mozambique health sector and other government sectors responsible for assuring public works
- Mozambique civil society organizations and other organizations directly working in HIV programmatic areas

2. Target Populations

The target population of this NOFO is both health care workers, including the MOH and the various CDC clinical and programmatic partners, and PLHIV. Targeting these populations though increased and improved facility capacity will increase their ability and focus on sustainable epidemic control, which will directly affect the population of Mozambique and support the achievement of epidemic control.

a. Health Disparities

N/A

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Mozambican population and must also coordinate with activities supported by Mozambican, international, or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

It is expected that the recipient(s) should allocate 3% of their budget for internal monitoring activities and 3% of the budget for internal evaluation activities.

Performance Measurement: *(**Please Note:** The targets included in this Evaluation and Performance Measurement Plan (EPMP) are expected to be achieved by the recipient(s) at the end of the project period.)*

Monitoring Questions: Are NOFO outputs and outcomes being achieved?

- **Target Outputs:**
  - Health Facility Readiness Assessment conducted at 100% of the pre-identified priority sites, with 100% of the results reviewed and disseminated by 6 months after the last assessment
  - Findings from the Health Facility Readiness Assessment are used to inform implementation and the prioritization of healthy facility need

    - 100% of health facilities selected for renovation and/or pre-fabs with documentation of decision-making by end of project
    - Clear documentation of a consistent process implemented across multiple partners to improve efficiencies and program impact
    - Bi-weekly communication with relevant stakeholders in targeted facilities to assess the need and impact of renovations/pre-fabs
- **Data Source:** Monthly partner meetings, quarterly Monitoring, Evaluation, and Reporting (MER) and Narrative results reporting
- **Frequency of Collection:** Recipient(s) will manage and analyze performance measure data and will report to CDC Mozambique (CDC MZ) every quarter. CDC will review data submitted by partners on a quarterly, semi-annual, and annual basis and will submit data to the Office of the Global AIDS Coordinator (OGAC).

Evaluation Question:

How did recipient activities impact (increase, decrease) patient capacity and utilization - as measured by patient load per day, patient wait times, and overall number of patients - at selected health facilities?

- Type of Evaluation: Outcome Evaluation (to be conducted in year 4)
- Data Source and Variable: Monthly partner meetings, project officers, facility records, patient registries, program managers to determine at minimum:
    - Space available at selected health facilities before and after renovation or pre-fab installation
    - Layout of space before and after
    - Patient flow in facilities before and after
    - Patient load by selected facility before and after
    - Patient wait times and satisfaction before and after
- Collection Method: Literature review, key informant interviews, strategic meetings, and other methods as appropriate
- Dissemination: Recipient(s) are expected to report on evaluation results and on performance measures at least annually or as specified by the CDC MZ project officer. The findings of any additional evaluation or study will be disseminated to the CDC MZ project officer through the Annual Progress Report.

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

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should provide the following materials in the appendix:

- Curricula Vitae (CVs)/Resumes of key positions, including but not limited to: Project Manager, Construction Supervisor, Logistics Advisor, Key Implementation Staff
- Job Descriptions for key positions, including but not limited to those listed above
- Organizational Chart
- Experience Statement (maximum 3 pages total). Each example should include:
    - Title of program/project
    - Organizational role (prime or sub-recipient)
    - Collaborations
    - Approximate duration of program/project (years or months)
    - Project budget (in US dollars) and funding source(s)
    - Geographic and population focus
    - Main achievements/accomplishments of the work
- Financial management statement (maximum 4 pages) that describes the following:
    - Systems and procedures used to manage funds

- Procurement procedures
- Human resource management model
- Office based in Mozambique
- Approach to manage program performance, evaluation, performance monitoring, financial reporting
- Previous experience managing budgets greater than $1,000,000 total project funding

These materials should demonstrate organizational capacity to address the requirements of the NOFO and specifically in the following areas:

- Capacity in sub-Saharan Africa / Mozambique
- Expertise in managing health services renovations or setting up pre-fab units
- Appropriate attribution of Senior-level, given the complexity described
- Experience in convening multi-stakeholders via participatory approaches
- Experience in working with USG donors
- Experience in working with the Government of Mozambique
- Fluency in English and Portuguese

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

d. Work Plan

Applicant must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project and a high level plan for the subsequent years.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of

outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

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

CDC Activities

(1) Recipient Monitoring: CDC will conduct post-award monitoring of Recipient performance to ensure: (a) The Recipient's progress in achieving the objectives of the award; (b) The adequacy of the Recipient's systems that underlie and generate reports, such as accounting systems and systems that collect and report project data; (c) Accountability for USG resources to include the property acquired or generated under the award; and (d) An environment that fosters integrity in program performance and results.

(2) Substantial Involvement: In addition to monitoring, CDC anticipates substantial involvement in the project. In a cooperative agreement, CDC staff is substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program include, but are not limited to, the following:

1. Organize an orientation meeting with the recipient for a briefing on applicable USG, HHS/CDC, and PEPFAR expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and OGAC.
2. Review and make recommendations as necessary to the process used by the recipient to select key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement, as part of PEPFAR Country Operational Plan (COP) review and approval process, managed by the OGAC.
3. Review and approve recipient's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by OGAC.
4. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.
5. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the recipient to review annual progress report for each USG Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by OGAC.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. It could include expert

technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.

9. Provide in-country administrative support to help the recipient meet USG financial and reporting requirements approved by the Office of Management and Budget (OMB).
10. Collaborate with the recipient on designing and implementing the activities listed above, including, but not limited to: assistance in prioritization and selection of the final location of construction projects as well as the final design requirements for structures, the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of information related to the program, and the management and tracking of finances.
11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.
12. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
13. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. Provide technical oversight for all activities under this award.
16. Conduct site visits through the Site Improvement through Monitoring System (SIMS), in compliance with PEPFAR requirements, to monitor and evaluate clinical and community service delivery site capacity to provide high-quality HIV/AIDS services in all program areas and 'above-site' capacity to perform supportive or systemic functions, by assessing and scoring key program area elements of site performance and work with the recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
17. Ensure the recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring Reporting and Evaluation (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).
18. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact.
    1. 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
    2. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
    3. Impact Evaluation: measures net effects of program and prove of causality.
19. Supply the recipient with protocols for related evaluations.

(3) Technical Assistance: Technical Assistance may be provided by CDC to the Recipient for purposes of increasing the likelihood of successful performance and compliance with financial

management system standards. The Recipient may request post-award Technical Assistance from CDC both in the application and at any time during the project. Such Technical Assistance will be at CDC's discretion as there is no guarantee that requested Technical Assistance can or will be provided. CDC may self-initiate post-award Technical Assistance without a Recipient request if in the best interests of CDC. CDC may provide Technical Assistance on a grant or a cooperative agreement.

(4) Pre-Completion Inspections: As part of Recipient Monitoring and if BFO determines them to be necessary, CDC will conduct pre-completion inspections of the project. Such inspections may be triggered by calendar dates, by specific events, or by percentages of completion. Inspections should be sufficient in quantity to ensure the quality of the project. Inspections may be conducted by a capable, independent inspector, to include CDC field staff, or they may be performed by other PEPFAR implementing partners that support health services at the site of the project on behalf of CDC. A Final Inspection of the project is always required (see below) and is not listed here.

(5) Final Inspection, Cost Analysis, and Closeout: After the completion date of the project, CDC or a designated implementing partner will perform a final inspection to ensure that the project conforms to the approved design documents. The final inspection may be conducted as a site visit, Recipient-submitted photographs of space, or other appropriate means, as determined by CDC. After the final inspection, CDC will perform a cost analysis to determine the final allowable costs for the project. The final allowable costs will be used for project closeout, and to quantify the USG interests in the project.

(6) Project Officer and Technical Advisor(s): CDC's Project Officer and Technical Advisors will monitor technical performance by the Recipient. The Technical Advisor(s) named in the award will review and provide technical assistance on technical aspects of the project such as drawings and specifications, applicable design standards and building codes, and building contractual documents.

(7) CDC Approval of Project Documents and Phases: As noted above, this project will be broken into four major phases: Procurement Planning, Assessment, Design, and Implementation. At each phase, CDC will review and approve specific documents:

- Procurement Planning phase:
    - Submission of a Project Development Study (PDS) that defines the baseline scope, schedule, procurement plan, and budget for the project. CDC approval of the PDS is required before proceeding.
- Assessment phase:
    - List of selected sites
    - Land availability and site assessment report
    - Definition and approval of project scope (renovation works, prefab installation, and equipment supply) per proposed site
- Design phase:
    - Detailed design per site including a 100 percent, ready for bid, designed project, including a complete set of construction documents, an updated scope, schedule, and budget estimate. CDC approval of the design is required before proceeding.
    - Logistics plan for transport and delivery per site

- Implementation phase:
    - Periodic progress reports. CDC may review of construction progress at pre-determined percentage-complete and/or benchmarks.
    - Project completion reports reflecting a 100 percent complete, ready to inhabit facility that meets the scope, is completed on or ahead of schedule, and is on or below budget. CDC will consider the project complete after conducting a building inspection and determining that the scope was met. A CDC determination of completion is required before proceeding.
    - Acceptance and site handover documentation after installation of utilities (if appropriate), commissioning of fixed equipment, conducting a final inspection, completing punch-list items, and final approval and acceptance of the building.

  The recipient may choose to further divide into additional sub-phases and may propose additional documents to (a) Provide a project structure that facilitates any required CDC reviews and approvals; (b) Divide a project into manageable components; (c) Allow the assessment of interim progress; (d) Split a lengthy project into shorter-duration measurable activities; (e) Facilitate CDC substantial involvement in the project design; and (f) Mitigate inherent risks (i.e., corruption) associated with foreign construction projects.

(8) Notice of Federal Interest (NFI); Use and Disposal of Project: CDC will review and approve the Recipient's filed NFI, and then monitor the Recipient's use and disposal of the completed project in accordance with 45 CFR 74.32 or 92.31, as applicable. This will include actions such as responding to Recipient requests to convey, transfer, assign, mortgage, lease, or otherwise encumber the project; responding to Recipient requests to alter use of the project; monitoring the Recipient's submission of an annual Real Property Status Report; performing periodic facility inspections; checking compliance with the NFI; carrying out project disposal in collaboration with the Recipient; and releasing the Recipient from the NFI.

(9) Conflicts: CDC will collaborate with Recipients to resolve U.S. legal and policy requirements that conflict with the laws and customs of the host country or international laws or bilateral agreements. The Applicant or Recipient must notify CDC of any objections to the requirements in this NOFO or the Award that create such a conflict. Upon notification, to the extent allowed by applicable U.S. federal laws, regulations and policies, CDC will consider and respond to such objections. The requirements imposed remain in effect unless modified or waived by appropriate HHS or CDC officials. Conflicts may arise, for example, due to differences between NOFO and Award requirements and foreign building codes, foreign public policy requirements, foreign property ownership systems, and foreign construction-industry practices. CDC cannot waive U.S. legal requirements.

(10) Post-Completion Inspections: After the Project Period ends and until the Recipient is released from the Notice of Federal Interest, CDC reserves the right to periodically perform the following activities related to the constructed or modernized facility: (a) Conduct an inspection of the facility; (b) Review Recipient records for the facility; (c) Review Recipient usage of the facility; and (d) Recommend maintenance and operation actions for the facility. CDC will provide reasonable notice to the Recipient of its intent to inspect and work with the Recipient to undertake such inspection.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism: U2G

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $10,000,000

5. Approximate Period of Performance Funding: $0

This amount is subject to the availability of funds.

The Approximate Project Period Funding/Estimated Total Funding for the Total 5 year Project Period is None. Award ceilings for years 2-5 will be set at continuation.

Estimated Total Funding: $0

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 2

The expected number of awards is 1-2.

8. Approximate Average Award: $5,000,000 Per Budget Period

9. Award Ceiling: $10,000,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $0 Per Budget Period

None

11. Estimated Award Date: 04/01/2018

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"
Additional Eligibility Category:	
Government Organizations:	
	State governments or their bona fide agents (includes the District of Columbia) Local governments or their bona fide agents Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. State controlled institutions of higher education American Indian or Alaska Native tribal governments (federally recognized or state-recognized)
Non-government Organizations:	
	American Indian or Alaska native tribally designated organizations
Other:	
	Ministries of Health

2. Additional Information on Eligibility

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

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

The award ceiling for this NOFO is $10,000,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

Late submissions will be determined non-responsive unless a request for extension is approved following the procedure outlined in "Other Submission Requirements, Paper Submission". Please see "Application and Submission Information," "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 there is no statutory match requirement for this NOFO, 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. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for	1. Retrieve organizations	3-5	For SAM

	Award Management (SAM) formerly Central Contractor Registration (CCR)	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)	Business Days but up to 2 weeks and must be renewed once a year	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)

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **11/14/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

An informational conference call/ pre-application workshop will be held for this NOFO within 10 days of the NOFO posting. Applicants should contact the Project Officer listed in Agency Contacts for further information regarding the pre-application workshop.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

Risk Assessment Questionnaire Requirement

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

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

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

direction of change (e.g., increase, decrease).

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

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

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

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 Marianna 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.

Budget Guidance

Budget guidance on the allowable and unallowable costs for each of the line items on the budget form (Budget Information for Construction Programs, SF-424C) is presented below, but is not intended to address all possible project costs. Applicants should provide a detailed breakdown of costs for each line item on budget form SF-424C.

FORM SF 424-C:	ALLOWABLE COSTS:	UNALLOWABLE COSTS:
Line 1: **Administrative and Legal Expenses**	(1) Project management costs, to include staff salaries and expenses and consultant payments that are directly related to administration of technical aspects of the project. (2) Costs of the Project Director. (3) Costs to award and administer contracts for the project. (4) Legal fees related to the projects to include a legal opinion on site title or leasehold improvement, and filing the Notice of Federal Interest. (5) Costs to comply with the audit requirement in the award. (6) Bid guarantees and performance and payment bonds if in accordance with 45 CFR 74.48. (7) Project insurance to include title insurance, physical-destruction insurance, builder's risk insurance, and liability insurance.	(1) Indirect costs. (2) Normal operating costs of the Recipient that are not project-dependent. (3) Salary of Applicant's staff and consultant fees that are not related to the administration of technical aspects of the project. (4) Costs of groundbreaking and dedication ceremonies and items such as plaques. (5) Indirect expenses such as general department operations and maintenance. (6) Expendable office, medical, and laboratory supplies. (7) Fund-raising expenses. (8) Damage judgment suits.
Line 2: **Land, Structures, Right-of-Way, Appraisals, etc.**	Real estate appraisals related to the project.	Land, right-of-way, or easement acquisition.
Line 3: **Relocation Expenses and Payments**	None.	All relocation expenses and payments.
Line 4: **Architectural and Engineering Fees**	Costs paid by the Recipient to architectural and engineering contractors and consultants that work on the project.	(1) Architectural and engineering fees for work that is not within the scope of the approved project.

		(2) Costs of abandoned designs, that is, costs associated with a design that will not be used. (3) Costs of elaborate or extravagant designs or materials that are above the known local costs for comparable items.
Line 5: **Other Architectural and Engineering Fees**	Expenses for architectural and engineering work on the project that is performed by Recipient staff.	
Line 6: **Project Inspection Fees**	(1) Inspection fees, structural certification, or other such costs that are related to assessing project quality, compliance with contract requirements, compliance with award requirements, and compliance with building code. (2) Project permits, certifications, releases, clearances, duties, taxes, and other fees.	
Line 7: **Site work**	(1) Site clearance and grading. (2) Site surveying. (3) Site and soil investigation. (4) Landscaping needed for site/slope stabilization. (5) Sidewalks, drives, parking areas, security improvements, and other land improvements that are located on the site, are essential for the use and operation of the project, and are not ancillary improvements. (6) Costs of a threat-risk assessment incurred for a site-specific or project-specific	(1) Landscaping beyond that needed for site/slope stabilization. (2) Ancillary land improvements such as roads, parking lots, and sidewalks that are for general use, are not located on the project site, and are not essential to the use and operation of the project.

	assessment of security risk by a qualified professional. The threat-risk assessment identifies and quantifies potential threats, both internal and external to the building, its contents, the personnel working in it, and the general public. The analysis also includes a thorough examination and evaluation of the physical aspects of the proposed facility, along with operational issues.	
Line 8: **Demolition and Removal**	Costs of demolition and removal of any structures or land improvements located on the site that must be done in order to allow the project to proceed. Such costs are reduced by any net revenue from salvage proceeds.	
Line 9: **Construction**	(1) Costs paid by the Recipient to construction contractors that carrying out work on the project. (2) Incentive and bonus payments to construction contractors that are consistent with contract type as specified in the solicitation of bids or proposals and in the contract, and are reasonable and appropriately documented. (3) Costs of connecting to existing central utility distribution systems contiguous to the site. (4) Special features of the facility that are required by code or project plans, to include earthquake resistance and security. (5) Costs of eliminating architectural barriers to the	(1) Construction of shell space designed for completion at a future date. (2) Relocation of utilities that are off site and off-site improvements. (3) Prorated costs of existing central utility plant and distribution systems, which serve the proposed facility. (4) Works of art. (5) Luxury furnishings (deluxe carpet, crown molding, etc.). (6) Construction of a casino or other gambling establishment, an aquarium, a zoo, a golf course, or a swimming pool.

	handicapped. (6) With prior approval of force account by CDC, the Recipient's own staff can carrying out construction activities, and the costs are allowable provided the Recipient can document that force account is less expensive than if the work were contracted out under competitive bid, and can substantiate all costs with appropriate receipts for the purchase of materials, and certified pay records for the labor involved.	
Line 10: **Equipment**	(1) Fixed equipment that is permanently attached to the building, and for which the Recipient has obtained CDC prior approval. (2) Costs related to obtaining, delivery, and installation of fixed equipment, to include all duties, taxes, clearances, and fees.	(2) Moveable equipment (i.e. tangible personal property) that is not permanently attached to the building. (2) Donated equipment, leased equipment, or equipment purchased through a conditional sales contract (lease purchasing). (3) Luxury items.
Line 11: **Miscellaneous**	(1) Costs that are directly related to the project but are not readily categorized under Lines 1 to 10. (2) If approved by CDC, pre-award costs incurred before award for architectural and engineering services and consultant fees necessary to plan and design the project, if the project is subsequently approved and funded. (3) The cost of alternate bid work up to the amount of the original bid submitted.	(1) Additional expenses resulting from the rejection of an alternate bid at the start of construction and later reinstating the bid at an increased cost due to escalation. (2) Any costs for which the Recipient received a refund.

Line 12 : **Subtotal**	The sum of lines 1 through 11.	
Line 13: **Contingencies**	Project contingency for unanticipated charges is limited to five percent of Line 9 before construction bids are received, must be reduced to two percent of Line 9 after a construction contract is awarded, and must be zero at the end of the project.	
Line 14: **Subtotal**	The sum of lines 12 and 13.	
Line 15: **Project Income**	Not applicable to this project.	
Line 16: **Total Project Costs**	The amount in line 14.	
Line 17	Federal share is 100 percent (%).	

The budget should include the following information:

- List of CDC and, if applicable, non-CDC funding for the project.
- If applicant, explanation of non-CDC funding sources for the project.
- Date of Recipient's fiscal year end.

If CDC support is requested for only a portion of a project, the Recipient must provide evidence of the non-CDC funding source(s). The Recipient bears all risks associated with the use of non-CDC funds for the project.

13. Funds Tracking

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

described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Indirect costs on grants awarded to foreign organizations and foreign public entities, and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards

in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Unallowable Costs and Activities Related to Construction and Modernization

- Bonus payments other than earned incentive payments to contractors under formal incentive arrangements.
- Construction of shell space designed for completion at a future date.
- Consultant fees not related to actual construction or modernization (both major and minor A&R).
- Damage judgment suits.
- Equipment purchased through a conditional sales contract.
- Indirect/F&A costs.
- Fund-raising expenses.
- Land acquisition for general purpose.

Legal Opinion on Title: Applicants must provide a legal opinion of title from an attorney licensed in the jurisdiction where the project is situated, that will allow CDC to determine if the Applicant has fee simple absolute title (ownership in which the owner has the right to control, use, and transfer the property without restriction) or otherwise be able to ensure that the project will be used for its intended purpose for the duration of the USG interests in the property if an award is made. To accomplish this, the legal opinion should describe the interest the Applicant has in the project site, including the land, that provides the following:

- A description of any mortgages, leases, or other foreclosable liens on the property, including an indication of whether there is any pre-existing USG interests in the property and, if so, the applicable awarding USG office, and award number;
- The principal amount of any mortgage and the rate of interest;
- The dates of the mortgage or duration of the lease;
- The terms and conditions of repayment of a mortgage;
- The appraised value of the property. Such appraisal must be in writing by appraisers certified or licensed in accordance with applicable requirements for the jurisdiction in which the project is situated.
- Any provisions that will be applied to protect the USG interests in the property. This includes the filing of a Notice of Federal Interest and any other protections that are established.

Modernization of Leased Facilities:

- In all cases, CDC prior knowledge and approval of the use of the site subject to the lease is required. Consult the GMO for further guidance on identifying appropriate application documents.

Public Financial Management Clause

- The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

Conscience Clause

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

- Shall not be required, as a condition of receiving such assistance—
- To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

Conference Costs and Fees

U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the CDC in writing.

- Definitions:
    - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
    - An international conference is a meeting where there is an agenda, an

organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
    - A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations

Medically Accurate Information About Condoms

- Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Needle Exchange

- No funds made available under this award may be used for needle exchange programs.

Abortion and Involuntary Sterilization Restrictions

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
- Prohibition on Abortion-Related Activities:
    - No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
    - No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not preclude.

Prostitution and Sex Trafficking

- A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's

opposition to the practices of prostitution and sex trafficking. Any enforcement of this provision is subject to courts' orders in Alliance for Open Society International v. USAID (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

Trafficking in Persons Provision

- No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
    - engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
    - procure any sex act on account of which anything of value is given to or received by any person; or
    - use forced labor in the performance of this award.
- If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employee's conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/CDC may, without penalty, (i) require the recipient to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
- For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.
- The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees.

Prohibition on Assistance to Drug Traffickers

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

engaged in drug trafficking as defined in 22 CFR Part 140.

Financing of Terrorism

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) (http://www.undemocracy.com/S-RES-1269(1999).pdf), UNSCR 1368 (2001) (http://www.undemocracy.com/S-RES-1368(2001).pdf), UNSCR 1373 (2001) (http://www.undemocracy.com/S-RES-1373(2001).pdf), and UNSCR 1989 (2011), both HHS/CDC and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/CDC funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

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

- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.

UN Security Council Sanctions List

- It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: http://www.un.org/sc/committees/list_compend.shtml). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

Worker's Rights

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC

that it may do so.

- The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term "worst forms of child labor" means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

Investment Promotion

- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
- In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

Contract Insurance Requirement

- To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall

insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers' compensation insurance or security as required by HHS/CDC.

Source and Nationality and Other Procurement Restrictions

- Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/CDC may otherwise agree in writing and as follows:
    - Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
    - Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.
- Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
- Eligible countries for procurement: HHS/CDC to identify for specific agreement.
- Transportation
    - In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
    - Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:
        - At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
        - At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the recipient on dry cargo liners shall be paid to or for the benefit of privately

owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

Environmental Impact Statement

HHS/CDC and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies.

- The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:
    - Coversheet;
    - Narrative with project specific information, including level of effort;
    - Annexes:
        - Environmental Screening Form (Table 1);
        - Identification of Mitigation Plan (Table 2);
        - Environmental Monitoring and Tracking Table (Table 3);
        - Photos and Maps, as appropriate.
- The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to HHS/CDC.

Attribution to PEPFAR

- All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: "This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH18-1829."

PEPFAR Branding

- All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at http://www.pepfar.gov/reports/guidance/branding/index.htm

Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials

IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program

management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.

PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

Requirements for Voluntary Family Planning Projects

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
    - The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.

- The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
- The recipient must provide CDC such additional information about violations as CDC may request.

The 8% Rule

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2018, the limit is no more than 8 percent of the country's FY2018 PEPFAR program funding (excluding U.S. Government management and staffing costs), or $2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-recipient. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-recipients, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this NOFO. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/$2 million single partner ceiling at the time

of award decision will be ineligible to receive an award under this NOFO unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this NOFO. For example, the proposal should state that the applicant has $_____ in FY2018 grants and cooperative agreements (for as many fiscal years as applicable) in the country(ies) covered by this NOFO. For additional information concerning this NOFO, please contact the Grants Management Officer for this NOFO.

The 8% rule does not apply to Brazil, Cameroon, Mali, Senegal, Sierra Leone, Central America Regional Office, or the Asia Regional Office because these countries are not required to have a Country Operations Plan (COP) in place.

Monitoring and Evaluation Section (SIMS)

- HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System.

Monitoring Reporting and Evaluation

- CDC programs must ensure that 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 Reporting and Evaluation (MER) strategy and CDC's Data for Partner Monitoring Program (DFPM). All evaluations conducted with PEPFAR funds must submit an evaluation report following the format included in Appendix C of PEPFAR Evaluation Standards of Practice http ://www.pepfar.gov/documents/organization/247074.pdf.

Human Subjects Restrictions for PEPFAR Awards

All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.

Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHT Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the recipient has not been granted an exception to the deadlines specified above.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=

Get_Started%2FGet_Started. htm

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:30

- How well does the proposal demonstrate a plan for rapid roll-out of the intervention to meet critical infrastructure shortages? (10 points)
- How well does the applicant demonstrate planning for preparatory activities and the completion of policies and agreements in relation for infrastructure projects, including site assessments and agreements on ownership, maintenance of structures, and eventual transition to government management of the supported infrastructure? (10 points)
- How well does the plan demonstrate an ability to work within the current logistical and contextual realities that occur at the district level? (10 points)

ii. Evaluation and Performance Measurement	Maximum Points:30

- To what extent does the applicant clearly show a plan to evaluate multiple vendors and evaluate multiple bids to provide the best value for the USG? (15 points)
- To what extent does the applicant describe a project evaluation plan that includes timeframe, key stakeholders, evaluation questions, how these will be measured, and how findings will be disseminated? (15 points)

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:40

- How well does the applicant demonstrate a documented history, logistics, and implementation of health related renovations and/or pre-fab usage for remote locations? (20 points)
- How well does the applicant demonstrate institutional capacity – both management and technical – to achieve the goals of the project with documented good governance practices? (15 points)
- How well does the applicant demonstrate prior experience in successfully completing infrastructure activities including a history of productive collaboration with the MOH and its affiliated institutions (as seen in experience statement: collaboration documents)? (5 points)

Budget

Budget (reviewed not scored)

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

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this NOFO apply. Final selection and approval of activities will be prioritized in collaboration with CDC. 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. **CDC will provide justification for any decision to fund out of rank order.**

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if

applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated announcement date is February 2018. The award date will be April 1, 2018.

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-12: Lobbying Restrictions
- AR-14: Accounting System Requirements

- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010, P.L. 111-274
- AR-34: Affordable Care Act, P.L. 111-148

ARs applicable to Center for Global Health Assistance Awards:

- AR-35: Protecting Life in Global Health Assistance

ARs applicable to HIV/AIDS Awards:

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

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)

Potentially Applicable Public Policy Requirements

- False or Misleading Information
- Taxes: Certification of Filing and Payment of Taxes
- Fly America Act/ U.S. Flag Air Carriers
- National Environmental Policy Act

If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms.

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	**When?**	**Required?**
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	Yes

	USG fiscal year	
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 July 30, 2018; October 30, 2018; January 30, 2019, April 30, 2019	Yes

For this NOFO, the following reports are also required:

(1) Outlay Report and Request for Reimbursement for Construction Programs, SF-271 (http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/sf271.pdf). This report identifies the Recipient expenditures as of one point in time and percentage of physical completion. The Recipient should follow the report's attached instructions.

- Duration of Reporting: Project Period.
- Due Date: 30 days after the end of each quarter in the Recipient's fiscal year.

(2) Real Property Status Report, SF-429 (http://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/sf-429.pdf). This report is applicable to all awards that establish USG interests in a Recipient's real property, which includes all Construction and Modernization projects. The Recipient must submit the report in accordance with the report's attached instructions which detail the specific events (at the start of the project, during the project, and after project completion) that trigger reporting in addition to annual reporting. The report has four sections:

- Cover Page: Required anytime the form is used.
- Attachment A, General Reporting, SF-429-A: Used for periodic reporting. Due 30 days after the end of the Recipient's fiscal year. Required annually from the start of the Project Period until CDC releases the Notice of Federal Interest.
- Attachment B, Request to Acquire, Improve, or Furnish, SF-429-B: Submitted when the Recipient seeks CDC prior approval to acquire, improve, or furnish the property. First report is required within 90 days at the start of the Project Period. Thereafter, the report is required as needed.
- Attachment C, Disposition or Encumbrance Request, SF-429-C: Submitted when the Recipient seeks CDC prior approval to dispose of or encumber the property. Required as needed.

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 than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).

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

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

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

Performance Measure Reporting (required):

The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient's agreement.

Performance reports must contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan any findings of an external entity, or both.
- Reasons why established goals for the performance period were not met, if appropriate.

- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
- The recipient must immediately notify the awarding agency of developments that have a significant impact on or adverse conditions which materially impair the award-supported activities.
- The Quarterly Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low). The Pipeline Analysis report must contain the project period, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.

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

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

CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring Reporting and Evaluation (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).

The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System and implementation of Data and Service Quality Assessments.

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

Audit, Books, and Records Clause (required):

A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.

B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of

solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.

C. Partner Government Audit. If $300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:

i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.

ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.

D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.

i. "Covered" sub-recipient is one who expends $300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).

ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.

iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.

iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial

statements as necessary.

E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.

F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.

G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.

H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.

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

Expenditure Analysis (required):

Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the

amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Daniel Singer, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

7th Floor, JAT Complex 4, Av. Zedequias Manganhla Ave., 267, Maputo, Mozambique

Telephone: +25821 314747
Email: dps4@cdc.gov

Grants Staff Contact

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

Angie Willard, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS K75

Atlanta, GA 30341

Telephone: (770) 488-2863
Email: aen4@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages**. Any pages after page 90 of the appendix will not be considered for review. The following documents must be included in the application appendices:

- **Please refer to "Organizational Capacity of Recipients to Implement the Approach" for specific requirements in this NOFO.**
- **Letters of Commitment,** if applicable
- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms,** if applicable
- ***Funding Preference deliverables:*** See "Phase III Review," as applicable
    - ***If applying for the funding preference for local partner,*** the applicant must submit documentation to self-certify how the applicant meets the "**PEPFAR local partner definition"** listed in the Glossary Section of this NOFO**.** The applicant must label the supporting documentation as "Local Partner Preference" and must clearly identify which criteria under paragraph 1, 2, or 3 their organization meets, and provide sufficient documentation to certify how their organization meets that criterion. Funding preference points will not be awarded to applicants who do not provide and/or label the supporting documentation required to meet the PEPFAR Local Partner definition.

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

Page Limitations

- Applicants must abide by the page number limitation listed in Section D, #10 Project Narrative. Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
- Applicants must abide by the submission requirements for the project narrative and appendix. Materials required in the project narrative submitted in the appendix will not be reviewed. Materials submitted in the appendix that are not requested in the NOFO will not be reviewed.
- 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, to pepfarfoas@cdc.gov and to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in www.grants.gov.

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 II:

This amendment is for informational purposes only. CDC is not accepting new applications for award. The purpose of this amendment is to include language regarding HIV epidemic control under d. Other National Public Health Priorities and Strategies.

Amendment I: Questions and Answers (Q&A)

1. Does CDC have drawings of the infrastructures needed?
    - No, CDC does not yet have drawings of the infrastructures completed. CDC will work with the recipient(s) upon award and based on prior infrastructure procurements to finalize the requirements.
2. Has CDC determined the places where the recipient will be expected to assemble the prefabricated structures?
    - No. As this is a 5 year project, the specific locations of the prefabricated structures will be determined on an annual basis through discussions between CDC, other PEPFAR partners, and the Government of Mozambique.
3. Does CDC have measurements and other technical specifications of the prefabricated structures needed that can be provided to applicants?
    - No. CDC has supported prefabricated structures in the past that may serve as a reference; however, because this is a cooperative agreement requiring substantial collaboration between CDC and the recipient(s), CDC expects the specifications will be reviewed and revised during the initiation of the award.
4. Page 14-15 of the NOFO includes a section entitled “Organizational Capacity of Recipients to Implement the Approach.” The description includes several appendices. Please clarify what should be included in the 20 page project narrative, and what should be included in the appendices.
    - As stated in 10. Project Narrative (page 26) “…The Project Narrative must include all of following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan...” Therefore, the following bolded headings and subheadings shown in this section should be included in the 20 page Project Narrative:

        10. Project Narrative

a. Background

b. Approach

i. Purpose

ii. Outcomes

iii. Strategies and Activities

1. Collaborations

2. Target Populations and Health Disparities

c. Applicant Evaluation and Performance Measurement Plan

d. Organizational Capacity of Applicants to Implement the Approach

11. Work Plan

As stated in H: Other Information (page 64-65) "Please refer to "Organizational Capacity of Recipients to Implement the Approach" for specific requirements in this NOFO" related to the appendices. The documents referred to in "Organizational Capacity of Recipients to Implement the Approach" (page 14-15) should be submitted as part of the appendix. "Applicants must title these documents in their appendix as follows: "CVs/Resumes," "Job Descriptions," "Organizational Chart," "Experience," or "Financial Management" and upload it at www.grants.gov." The naming conventions for the list of documents to include in the appendix is repeated in "Organizational Capacity of Applicants to Implement the Approach" (page 28).

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public

purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be

done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, 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

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

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

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

(2) an entity (e.g., a corporation or partnership):

a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved;

b) must be at 75% for FY2018 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3);

c) at least 75% for FY2018 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 75% for FY2018 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and

d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 75% for FY2018 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local

partner is designated as the managing member of the organization. Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the organization rests with the government.

Note: To be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the three criteria listed above.

Construction and Modernization Defined

The following information helps define allowable Construction and Modernization projects, and to differentiate Construction, Modernization, Minor Alternation and Renovation (Minor A&R), and Maintenance and Repair.

In general, Construction creates new buildings while Modernization is done on existing buildings, with Modernization being alteration and renovation that exceeds the limits of Minor A&R. Also, all alternation and renovation (i.e., Modernization and Minor A&R) excludes Maintenance and Repair.

CDC recognizes three types of real property projects: Construction, Modernization, and Minor A&R. For purposes of this NOFO and as defined in applicable HHS guidance, the terms below are defined as follows:

Real Property:

Real Property is defined as follows: Real property means land, including land improvements, structures, and appurtenances thereto, excluding movable equipment (that is, equipment that is not permanently attached to a building).

Trailers and modular units are real property if used as real property in accordance with the following: A trailer or modular unit normally is considered real property when the unit and its installation are designed or planned to be fixed to the land as a permanent structure or appurtenance. This may include actions such as removing the unit's wheels and placing it on a permanent foundation; permanently connecting the unit to utility lines; adding permanent improvements, such as porches, landscaping, or parking spaces; or equipping or furnishing the unit with permanent items, such as fixed equipment, whether or not these activities are supported by USG funds.

Maintenance and Repair:

Maintenance and Repair is a normal operating cost of an organization. It is not construction or modernization of real property. Maintenance and Repair can be defined as follows: Costs incurred for necessary maintenance, repair, or upkeep of buildings and equipment which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition.

Alteration and Renovation:

Alternation and renovation, which includes both Modernization and Minor A&R, is characterized as follows:

- A&R of real property generally is defined as work required to change the interior arrangements or installed equipment in an existing facility so that it may be more effectively utilized for its currently designated purpose or be adapted for an alternative use to meet a programmatic requirement. The work may be categorized as improvement, conversion, rearrangement, rehabilitation, remodeling, or modernization, but it does not include expansion, new construction, development, or repair of parking lots, or activities that would change the "footprint" of an existing facility (for example, relocation of existing exterior walls, roofs, or floors, attachment of fire escapes).
- A&R is work that changes the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement.
- A&R may involve: (1) changes to interior dimensions, surfaces, or finishes; (2) changes to the internal environment (temperature, humidity, ventilation, and acoustics); (3) changes to utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings); (4) installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets); (5) replacement, removal, or reconfiguration of interior walls, doors, frames, or windows in order to place equipment in a permanent location; (6) making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals; or (7) alterations to meet requirements for accessibility by individuals with physical disabilities. This type of work also may be referred to as improvement, conversion, rehabilitation, remodeling, or modernization. It includes both Modernization and Minor A&R.
- A&R may be classified as Minor A&R or Modernization depending on the extent of the required work, its relationship to an existing structure, and its cost.
- A&R does not include the following types of costs: (1) Costs associated with routine maintenance, painting, and repair of facilities or equipment, which are considered to be normal costs of business, generally charged as indirect costs. (2) Costs of furnishings and movable equipment; however, if charged to a grant-supported project, those costs are subject to any applicable property requirements.

Minor A&R:

For purposes of differentiating Modernization from Minor A&R, Minor A&R is expressly limited to the following activities: Minor A&R may include activities (and associated costs) that will result in: (a) Changes to physical characteristics (interior dimensions, surfaces, and finishes); internal environments (temperature, humidity, ventilation, and acoustics); or utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings); (b) Installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets); (c) Replacement, removal, or reconfiguration of interior non-load bearing walls, doors, frames, or windows in order to place equipment in a permanent location; (d) Making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals; or (e) Alterations to meet requirements for accessibility by physically disabled individuals.

Modernization:

Modernization is characterized as follows: Alteration, renovation, remodeling, improvement, expansion, or repair of, or completion of shell space in an existing building (whether for storage or for human occupancy), that is of a magnitude that exceeds Minor A&R. It also includes acquisition and installation of fixed equipment necessary to make the modernized area suitable for use by a particular program. The GMO may authorize Modernization as determined by application of quantitative and qualitative criteria that differentiate it from Minor A&R.

Construction:

Construction is defined as follows: Construction means construction of a new building, including the installation of fixed equipment, but excluding the purchase of land and ancillary improvements, for example, parking lots or roads.