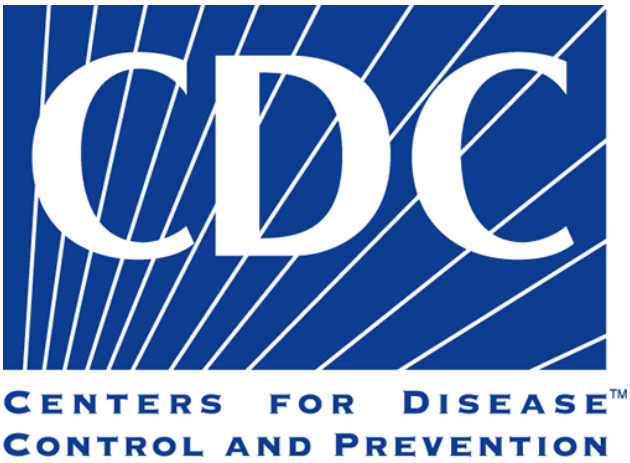

Centers for Disease Control and Prevention

Center for Global Health

Supporting the Implementation and Expansion of High Quality, Sustainable and Comprehensive HIV Prevention, Care and Treatment Programs in Nairobi County in the Republic of Kenya under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH21-2115

04/02/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-GH21-2115. 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:

Supporting the Implementation and Expansion of High Quality, Sustainable and Comprehensive HIV Prevention, Care and Treatment Programs in Nairobi County in the Republic of Kenya under the President's Emergency Plan for AIDS Relief (PEPFAR)

C. Announcement Type: New - Type 1:

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

Amendment II: Additional Updates

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

- Any applicant who downloaded the application package prior to March 24, 2021 (3/24/2021) must restart their application package due to a mandatory update to the HHS Checklist in the required application package forms in Grants.gov. Restarting the application process is required because the HHS Checklist will be removed from the application package on March 24, 2021. NOTE: Once the applicant logs into Workspace,

there will be a warning informing them that the application forms have changed for the NOFO they are applying for.

- There is a change to the supporting documentation requirements under Criteria **(2) Entity other than a sole proprietorship**, eligibility area (2) of the Phase III PEPFAR Local Partner Funding Preference on pages 59-61.
- Applicants should also note that implementation and enforcement of the PLGHA Standard Provision is waived effective immediately. This change is due to the Presidential Memorandum, "Memorandum on Protecting Women's Health at Home and Abroad," signed on January 28, 2021, which revoked the January 23, 2017, Presidential Memorandum implementing the PLGHA policy, and thereby rescinded the PLGHA Policy. Accordingly, CDC confirms that the Funding Restriction referring to the United States Protecting Life in Global Health Assistance policy, and the Administrative and National Policy Requirement AR-35: Protecting Life in Global Health Assistance, which were included in the original publication, have been removed and are no longer applicable to this NOFO.

Amendment I: Questions and Answers (Q&A) and Application Due Date Extension

The purpose of this amendment is to include questions and answers (Q&A) in Section H. Other Information.

This amendment also extends the Application Due Date from March 9, 2021 (03/09/2021) to April 2, 2021 (4/2/2021).

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH21-2115

E. Assistance Listings Number:

93.067

F. Dates:

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

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

2. Due Date for Applications:

04/02/2021

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

3. Due Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph

This NOFO will support implementation of comprehensive HIV prevention and treatment programs and strengthen county systems and National Teaching and Referral Hospital (NTRH) towards sustainable response that is Kenya-owned, Kenya-driven, and Kenya-funded in Nairobi County, Kenya. For sustainability and efficiency, HIV services will be integrated into the routine health-care delivery system, with strong linkages to the community. The integrated model will include HIV testing services (HTS); pediatric and adult HIV treatment; TB/HIV prevention and treatment, Prevention of Mother-to-Child Transmission (PMTCT); voluntary medical male circumcision (VMMC); orphans and vulnerable children (OVC) services; HIV prevention and treatment for Key Populations (KP) [Female Sex Workers (FSW), Men who have sex with men (MSM), Transgender and People who Inject Drugs (PWID)]; HIV prevention for adolescent girls and young women (AGYW); and associated laboratory services and strategic information. This NOFO aligns itself with Global and Kenya's goal of ending AIDS by 2030. Expected outcomes include improved coverage and quality of HIV services, resulting in reduced morbidity and mortality among people living with HIV (PLHIV) including those with TB, reduced HIV incidence, elimination of mother to child transmission of HIV (MTCT), and strengthened county health systems as evidenced by increased resource allocation, enhanced leadership and implementation of the HIV program by the county government.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
2
The expected number of awards is 1-2.

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

e. Average One Year Award Amount:
$ 20,800,000
The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is $20,800,000. The expected number of awards is 1-2. Exact amounts for each award under this NOFO will be determined at the time of award. Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2021

h. Cost Sharing and / or Matching Requirements:
No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

By December 2019, it was estimated that of the 47.6 million Kenyans, 1,511,626 were PLHIV, with an adult HIV prevalence of 4.4%. Great progress has been made in treatment scale up with 1.13 million (75%) of PLHIV receiving antiretroviral therapy (ART) and 92% of these achieving viral suppression. However, in 2019, an estimated 41,000 new HIV infections occurred and 21,000 deaths among PLHIV, with TB remaining the leading cause of death. In addition, of the 2 million OVC, 31% are due to AIDS.

Based on the recent national survey (KENPHIA 2018), identification of PLHIV remains the main challenge across populations. Analysis of program and survey data revealed unequal progress across populations. For example, based on KENPHIA, only 67% of children on ART are virally suppressed, compared to 91% of adults. In addition, adolescents and young people aged 15-24 years account for 42% of all new infections and in this age-band, HIV incidence among AGYW is three times higher than their male counterparts. Furthermore, FSW, MSM and PWID have extremely high HIV incidence estimated at 30/1000, 15/1000 and 21/1000, respectively, compared to the national adult average of 2.5/1000 population (KMOTS 2020). With a MTCT of HIV at 11%, Kenya is off track towards the national and global goal of elimination of MTCT. Furthermore, as the HIV program matures, there is an increasing need for capacity to manage more complex treatment yet training and mentorship for health care workers (HCWs) remain sub-optimal. Moreover, funding towards HIV has been suboptimal and additional capacity building is needed to improve leadership and ownership for a sustainable response.

Nairobi County, the capital city and industrial center, has the highest HIV burden in Kenya, with 160,000 PLHIV (11% of national burden). In 2019, there were 4,000 new HIV infections and 1,327 deaths among PLHIV in the county. Based on the 2018 KP estimates, Nairobi is home to 25% of FSW, 36% of MSM, 31% of PWID and 24% of transgender population in Kenya. The annual need for PMTCT is 6,100 (11% of national) and there are approximately 100,000 orphans in the county. It is estimated that 269,000 vulnerable AGYW live in Nairobi, and of these, only 12% have received comprehensive HIV prevention services. Nairobi County has the largest NTRH that serves as a referral and training center of excellence (COE) for advanced HIV management. Like other counties, most of the HIV funding in Nairobi is from external sources.

Recipient(s) will contribute to the PEPFAR 3.0 and the second Kenya AIDS Strategic Framework (KASF II) goal of achieving epidemic control in Kenya. This will include support for implementation of integrated comprehensive HIV prevention and treatment programs, support to the NTRH COE and strengthening of county systems, for efficiency and sustainability.

This NOFO will support the following strategies in Nairobi County:

- Enhance implementation of comprehensive prevention interventions all populations

- Facilitate elimination of mother-to-child transmission of HIV
- Support OVC activities and linkage to comprehensive pediatric and adolescent HIV services
- Use evidence-based practices to provide efficient innovative high yield testing strategies
- Maintain the high coverage of TB/HIV prevention and treatment and antiretroviral therapy (ART) initiation among TB patients
- Optimize laboratory testing capacity and lab clinical interface
- Strengthened county health systems and NTRH as evidenced by increased resource allocation, enhanced leadership and implementation of the HIV program

b. Statutory Authorities

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

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The overarching purpose of this NOFO is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service.

c. Healthy People 2030

N/A

d. Other National Public Health Priorities and Strategies

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

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

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

- Developing, validating, and/or evaluating public health programs to inform, improve, and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB, and opportunistic infections.

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

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships, and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve performance metrics, monitoring and evaluation and the quality of related data; and
- Promote research, development, and innovation to develop a body of knowledge, enhance awareness and increase the skills and abilities of stakeholders (research is not supported by this NOFO).

PEPFAR defines national HIV epidemic control as the point at which the total number of new infections falls below the total number of deaths from all causes among HIV-infected individuals (the classic 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 and continuing throughout the five-year project period established under this NOFO, in addition to the specific activities listed in the Strategies and Activities section of this NOFO, all CDC PEPFAR cooperative agreements resulting from this NOFO may address the following activities, where and when appropriate, that focus U.S. government resources and activities toward achieving and sustaining the HIV/AIDS epidemic:

- Optimize HIV testing and treatment strategies to reach undiagnosed populations living with HIV, especially young adults, men, and key populations. These strategies may include or build upon traditional methods and activities related to outbreak detection, investigation, and response. Responding to recent infections or ongoing patterns of transmission will be prioritized.
- Focus on prevention among children, adolescents, young adults, and members of vulnerable and key populations.

- Support surveillance activities and programs, along with information systems, that improve understanding of HIV epidemiology, remaining gaps, and informed future programming.
- Support efforts to maintain quality for laboratory systems and activities, including diagnostics and viral load measurement.
- Actively use epidemiologic, program, and financial/cost data to ensure implementation of high quality, cost-effective programs to improve partner performance and increase epidemiologic impact.
- Support country-led, sustainable programming by working with and implementing activities through indigenous partners, including faith communities and faith-based organizations (FBOs), HIV network organizations and community-based organizations (CBOs) directly servicing communities and populations at-risk and most affected by HIV to build local capacity.
- Strengthen policy and financial contributions by partner governments in the HIV/AIDS response.
- Support activities, interventions, and programs to find, treat, and prevent TB among PLHIV and to identify and treat HIV among people infected with TB.
- Support efforts to prevent, detect, respond, and treat infectious and non-infectious diseases that impact PLHIV and populations affected by HIV.

In addition, PEPFAR is committed to protecting children from abuse, exploitation and neglect in order to decrease their vulnerability to HIV/AIDS. Consistent with underlying authorities, PEPFAR seeks to ensure that children and youth obtaining services through PEPFAR programming are also protected from abuse, exploitation, and neglect in CDC PEPFAR-supported programs.

To that end, because activities to be funded under this NOFO may involve children or personnel coming into contact with children, Recipients of CDC PEPFAR funds agree to ensure compliance with host country and local child welfare and protection legislation or international standards, whichever gives greater protection, and with U.S. law, where applicable. Further, Recipients of CDC PEPFAR funding are strongly encouraged to: 1) have in place policies and procedures that prohibit recipient personnel from engaging in child abuse, exploitation, or neglect; 2) consider child safeguarding in project planning and implementation to determine potential risks to children that are associated with project activities and operations; 3) apply measures to reduce the risk of child abuse, exploitation, or neglect, including, but not limited to, limiting unsupervised interactions with children; prohibiting exposure to pornography; and complying with applicable laws, regulations, or customs regarding the photographing, filming, or other image-generating activities of children; 4) promote child-safe screening procedures for personnel, particularly personnel whose work brings them in direct contact with children; and 5) have a process for ensuring that personnel and others recognize child abuse, exploitation, or neglect, report allegations, investigate and manage allegations, and take appropriate action in response to such allegations. It is also strongly encouraged that Recipients include the above provisions in any applicable code of conduct for its personnel implementing PEPFAR-funded activities.

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

e. Relevant Work

This is a follow-on to CDC-RFA-GH16-1621 and CDC-RFA-GH16-1701 NOFOs, both awarded in 2016, that builds upon ongoing PEPFAR-funded program activities to support "The implementation and expansion of high quality and sustainable comprehensive HIV prevention, care and treatment programs, including services in the National Teaching and Referral Hospitals (NTRH) in Nairobi County, in the Republic of Kenya under the President's Emergency Plan for AIDS Relief (PEPFAR)". This NOFO will focus on achieving and sustaining epidemic control in Nairobi County by addressing the current HIV program gaps across all sub-counties and populations. Despite the progress in prevention and ART coverage in Nairobi, significant gaps remain in:

- Prevention interventions and ART coverage for KP and priority populations (PP)
- Knowledge of status: limited targeted HIV testing and identification of new cases through recency testing
- Low linkage from the point of diagnosis to ART initiation and suboptimal retention of PLHIV on ART
- Scale up of client-centered patient care, and cervical cancer screening and treatment
- Suboptimal viral load (VL) suppression among PLHIV on ART especially children and adolescents
- Gaps in prevention, case finding and treatment success among TB/HIV co-infected patients
- Improved financing and additional capacity building is needed to improve county and NTRH leadership and ownership for a sustainable response

This NOFO will build upon CDC's experience in supporting implementation of comprehensive facility and community-based HIV prevention, care and treatment programs in Nairobi County. CDC Kenya's overall objective is to achieve and sustain epidemic control through prevention of HIV for KP and PP and general populations (GP) through prevention interventions, identification of all PLHIV, ART initiation, and attaining durable viral suppression. In addition, there is a need for health systems strengthening to improve the capacity of the Nairobi County government and the leadership and management of the NTRH to efficiently manage the program for sustainability.

The recipient(s) will continue to implement the focused comprehensive prevention, care and treatment programs and maximize coverage whilst ensuring continuity of the already established systems for local ownership and sustainability. The recipient(s) of this NOFO will ensure strengthening and continued provision of high-quality HIV services addressing the current highlighted gaps to achieve and sustain epidemic control in Nairobi County.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1: Provide comprehensive HIV prevention and treatment services to KP, PP and GP **Strategy 2:** Provide comprehensive HIV services for OVC and AGYW **Strategy 3:** Provide VMMC services to targeted populations **Strategy 4:** Implement comprehensive PMTCT interventions for HIV infected pregnant and breastfeeding women (PBFW) and HIV exposed infants (HEI) **Strategy 5:** Identify and link to treatment PLHIV through efficient, targeted innovative strategies **Strategy 6:** Provide quality, client-centered optimal ART, and prevention & treatment of co-morbidities including TB **Strategy 7:** Optimize HIV and TB laboratory diagnostics and networks, and sustain quality systems & biosafety standards **Strategy 8:** Strengthen program and surveillance data collection and reporting, and health information systems (HIS) **Strategy 9:** Strengthen county health system and NTRH to ensure transition of sustainable high-quality HIV service delivery	**Increased uptake of HIV prevention services among KP, PP and GP** **Increased uptake of evidence-based interventions for AGYW and OVC** **Increased VMMC uptake among target populations** **Increased ART uptake among PBFW** **Increased uptake of Early Infant Diagnosis (EID)** **Increased uptake of efficient, cost effective & innovative HIV testing & linkage strategies** **Increased uptake of comprehensive client-centered ART services among all populations** **Increased access to facility & community TB/HIV services** **Improved HCW knowledge in advanced HIV management** **Increased capacity to monitor TB/VL/EID results and sustain biosafety standards** **Improved data quality and utilization and integration of HIS** **Increased capacity of county governments and NTRH to oversee and implement HIV services**	**Increased coverage of HIV prevention and treatment services among KP, PP, AGYW, OVC** **Reduced HIV-related vulnerabilities among KP, PP and OVC** **Increased VMMC coverage among target populations** **Improved retention of HIV+ PBFW, HEI** **Reduced MTCT of HIV** **Increased knowledge of HIV status and linkage among PLHIV** **Improved ART coverage, retention, viral suppression across all populations** **Improved TB case detection, prevention & treatment success** **Improved management of complex HIV cases** **Improved quality of HIV/TB diagnosis and treatment monitoring** **Reduced nosocomial exposure to pathogens** **Improved data-driven planning** **Improved HIV program oversight and funding by county government and NTRH**	Reduced HIV incidence in Nairobi County **Reduced HIV-related morbidity and mortality among adults, children, mothers, HEI, KP, PP and TB patients** **Reduced incidence of stigma, discrimination, and violence experienced by KP and PP** **Reduced incidence of TB among PLHIV and health care settings** **Virtual elimination of mother to child transmission of HIV** **Increased investment and accountability of county and NTRH in HIV/AIDS TB program**

i. Purpose

The purpose of this NOFO is to prevent new HIV infections among adults and children and increase ART coverage and durable viral suppression among PLHIV, reduce HIV associated morbidity and mortality, and protect the rights and dignity of KP and other vulnerable populations in Nairobi County. In addition, this NOFO seeks to achieve sustained HIV epidemic control through capacity building and transition towards a county and NTRH-owned and funded program, in line with PEPFAR 3.0 and KASF II.

ii. Outcomes

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

Short-term outcomes

- **Increased uptake of HIV prevention services among KP, PP, and GP**
    - Comprehensive HIV prevention services among KP, PP, and GP include HIV testing; STI screening and treatment; risk reduction interventions; reproductive health services, including family planning; violence prevention and care; and new interventions as they become available
    - Among the HIV-infected KP and PP, this includes service delivery and programming along the HIV cascade including linkage to ART and support for retention and viral suppression tailored for various subpopulations
- **Increased uptake of evidence-based interventions for AGYW and OVC**
    - Comprehensive evidence-based interventions among AGYW include behavioral, bio-medical, and structural interventions to improve economic livelihood, social protection, and reduce HIV vulnerability and pre-exposure prophylaxis (PrEP) for AGYW and other high-risk populations
    - Among OVC, comprehensive services, include bi-directional referrals, and among HIV-infected OVC uptake of ART, retention and viral suppression
- **Increased VMMC uptake among target populations**
    - Target populations for VMMC include different age-bands, prioritization of men aged 15 years or more, and VMMC service uptake includes, in addition to circumcision, prevention and management of intra- and post-operative adverse events and additional services such as HIV testing
- **Increased ART uptake among PBFW**
    - Uptake includes identification and linkage to ART among HIV-infected women during pregnancy and breastfeeding period
- **Increased uptake of Early Infant Diagnosis (EID)**
    - Early infant diagnosis prioritizes HIV testing among HEI less than 2 months for early identification and linkage to treatment among those infected
- **Increased uptake of efficient, cost-effective & innovative HIV testing & linkage strategies**
    - Efficient strategies are those that require a low number needed to test to identify PLHIV
    - Cost-effective strategies focus on keeping low the cost per HIV positive test result

- Innovative strategies focus on new ways of addressing challenges in identification and immediate linkage to treatment among PLHIV subpopulations

- **Increased uptake of comprehensive client-centered ART services among all populations**
  - Client-centered services include differentiated service delivery for different populations and individual patient needs to support ART uptake, retention and viral suppression
  - Comprehensive services include optimized and durable regimens among those on ART across all populations, including adults, children and PBFW as well as prevention and management of comorbidities such as TB

- **Increased access to facility & community TB/HIV services**
  - TB/HIV service includes integrated TB/HIV diagnosis, treatment, and prevention in both health facility and community settings

- **Improved HCW knowledge in advanced HIV management**
  - Advanced HIV management is defined as the treatment and care for patients with severe immunosuppression or advanced clinical disease, including those who have virologic failure and possible or confirmed drug resistance as well as severe comorbidities

- **Increased capacity to monitor TB/VL/EID results and sustain biosafety standards**
- **Improved data quality and utilization and integration of HIS**
- **Increased capacity of county governments and NTRH to oversee and implement HIV services**
  - Increased knowledge and skills to deliver and manage high-quality comprehensive HIV services, including oversight, resource allocation, and service provision

Intermediate outcomes

- **Increased coverage of HIV prevention and treatment services among KP, PP, AGYW and OVC**
  - Coverage of HIV prevention and treatment services relates to the proportion receiving the services among those eligible for the services, for all the subpopulations including AGYW, KP, PP, AGYW and OVC. As indicated in the short-term outcomes, the service package will include structural, biomedical and behavioral package of HIV prevention and treatment services among KP, PP, AGYW and OVC

- **Reduced HIV-related vulnerabilities among KP, PP and OVC**
  - HIV vulnerabilities include known risk factors and those identified at the time of program implementation, and expected outcome will include reduction of the same as well as reduction in risk behaviors and improved economic livelihoods and social protection among AGYW, OVC and other vulnerable populations

- **Increased VMMC coverage among target populations**
    - Coverage of VMMC services relates to the proportion receiving the services among those eligible for the services, by age-band, in line with the overall guidance
- **Improved retention of HIV+ PBFW, HEI**
    - Retention of all HIV-positive PBFW and their HIV-exposed infants will be tracked in line with the national program
- **Reduced MTCT of HIV**
- **Increased knowledge of HIV status and linkage among PLHIV**
    - Increased knowledge of HIV status implies an increased number of newly identified and linked PLHIV
- **Improved ART coverage, retention, viral suppression across all populations**
    - ART coverage relates to the proportion receiving HIV treatment among PLHIV; retention is based on continued appointment keeping and consistent ART dispensing while viral suppression relates to the proportion achieving undetectable VL subpopulations, including KP, PP, men, pregnant women, children, and adolescents
- **Improved TB case detection, prevention and treatment success**
    - This will be in the context of optimal number of HIV and TB patients accessing laboratory services with timely results and quality and efficiency of HIV and TB laboratory service delivery
- **Improved management of complex HIV cases**
    - Management includes the treatment and care for patients with severe immunosuppression or advanced clinical disease, including those who have virologic failure and possible or confirmed drug resistance as well as severe comorbidities, both at NTRH as well as county facilities
- **Improved quality of HIV/TB diagnosis and treatment monitoring**
    - Quality implies adherence to the set guidance (national policy and operational guidance), reduced error rate and optimized turn-around time, and successful performance in quality assurance
- **Reduced nosocomial exposure to pathogens**
- **Improved data-driven planning**
    - Data-driven planning involves the use of data by counties, sub-counties, and facilities in decision-making to inform program management, policy, and service delivery
- **Improved HIV program oversight and funding by county government and NTRH**
    - Oversight relates to leadership & governance structures at the county-level to maximize HIV program impact and sustainability as well as adequate, well-rationalized, and sustainable health workforce for HIV service delivery and incremental funding towards human resources for health (HRH) and HIV service delivery by county governments

Long-term outcomes

- **Reduced HIV-related morbidity and mortality among all populations**
    - Populations include adults, children, adolescents, PBFW, HEI, KP, PP, and TB patients
- **Reduced incidence of stigma, discrimination, and violence experienced by KP and PP**
- **Reduced incidence of TB among PLHIV and health care settings**
    - Reduced incidence of TB among PLHIV as identified through routine TB screening and reduced incidence of TB among HCWs
- **Virtual elimination of mother to child transmission of HIV**
    - Virtual elimination is defined by global and national thresholds for elimination
- **Increased investment and accountability of county and NTRH in HIV/AIDS program**

iii. Strategies and Activities

Strategy 1: Provide comprehensive HIV prevention and treatment services to KP, PP and GP

- Provide comprehensive HIV prevention services for KP, PP and their partners, to include peer education and outreach services; risk-reduction counseling, health education, and evidence-based behavioral and bio-medical interventions; and prevention and mitigation measure against violence towards KP and PP
- Provide comprehensive HIV testing, care and treatment services for KP and PP population
    - Offer innovative and targeted HTS to improve case identification (such as Index Testing, Social Networking Strategy, and risk-based counselling and testing)
    - Ensure all HIV-positive KP and PP populations are linked to care and ART, retained and virally suppressed
    - Support fostering of an enabling environment for provision of KP and PP services
        - Develop and support a framework for strategic and synergistic involvement of youth, young people, the KP community and civil society in implementation of HIV prevention services
        - Develop a framework and support initiatives to address human rights issues, stigma and discrimination, community empowerment and gender-based violence (GBV)
    - Additional considerations for PWID populations include:
        - Provision of harm reduction for people who use drugs and PWID
        - Provision of Methadone Assisted Therapy (MAT) or use of other nationally approved pharmacotherapy
        - Opioid overdose prevention, management and treatment
        - Hepatitis B virus prevention, screening, vaccination, treatment and care

        - Specialized care and treatment for PWID co-infected with HIV and Hepatitis B or C virus

- Provide comprehensive combination HIV prevention services that includes GBV services to vulnerable populations; and PrEP to all clients at increased risk of HIV, with attention to KP, PP, AGYW, high risk men, sero-discordant couples and PBFW
    - Support the mainstreaming of comprehensive prevention interventions, including HIV-risk assessment, PrEP and GBV services, into existing service delivery
    - Conduct needs assessment in the community and at health facilities to determine the gaps for provision of integrated comprehensive HIV prevention services, including PrEP and GBV services
    - Sensitize and train both the health facility managers and service providers to offer integrated comprehensive HIV prevention services that includes HIV-risk assessment, PrEP and GBV services

Strategy 2: Provide comprehensive HIV services for OVC and AGYW

- Provide comprehensive services to OVC
- Intensify identification of eligible OVC in high HIV burden areas
- Conduct family based in-depth assessment to determine OVC needs and prioritize service provision based on the four OVC domains of healthy, safe, schooled and stable
- Develop and implement documented OVC referral systems from HIV clinics to OVC programs, and vice versa
- Provide comprehensive HIV prevention interventions to AGYW
    - Expand coverage of comprehensive HIV prevention interventions among AGYW in high HIV burden and incidence areas
    - Implement comprehensive core package of interventions that address vulnerabilities of AGYW including HIV and violence prevention among AGYW by working at the individual, family, partner and community levels
    - Mobilize communities to create awareness on harmful cultural and social norms and promote positive norms change

Strategy 3: Provide VMMC services to targeted populations

- Provide comprehensive VMMC as part of routine health services for eligible males at risk of HIV
- Develop and implement a plan for integration of VMMC services into routine health services at public and private health facilities
- Build the capacity of service providers on the available male circumcision methods
- Implement effective and sustainable demand creation approaches for VMMC service uptake, prioritizing clients aged 15 years and above
- Build capacity for timely management of complicated VMMC-related adverse events, and for technical support and mentorship of health care workers

Strategy 4: Implement comprehensive PMTCT interventions for HIV infected pregnant and breastfeeding women (PBFW) and HIV exposed infants (HEI)

- To achieve the virtual elimination of MTCT, the recipient(s) will provide comprehensive service delivery package to attain 95:95:95 cascade for PBFW. The activities will include:
    - Create demand for use of antenatal care services (ANC), maternity, and post-natal services in collaboration with other stakeholders
    - Capacity build HCWs on current PMTCT guidelines and the package for PMTCT services
    - Establish and optimize PMTCT interventions for AGYW that includes but not limited to HIV prevention among HIV negative PBFW, sexual and reproductive health counseling including family planning support, and referral for other community prevention services
    - Provide HTS for PBFW and their partners
    - Strengthen laboratory capacity for ANC profiles and dual HIV-syphilis testing
    - Provide highly active antiretroviral therapy (HAART) for HIV-infected pregnant and breastfeeding mothers and prophylaxis for their infants
    - Support optimal retention of mother-infant pairs in PMTCT services
    - Design and implement integrated strategies that will increase early case detection of HEI
    - Strengthen male involvement strategies
    - Establish PMTCT data tracking and monitoring systems for process and outcome indicators at all levels

Strategy 5: Identify and link to treatment PLHIV through efficient, targeted innovative strategies

The recipient(s) will support provision of HTS to all populations. Efficient and cost-effective approaches will be used to target HIV testing to PLHIV or those at risk of acquiring HIV, including HIV testing and counseling at health facilities and other settings, index case testing, HIV self-testing as well as recency testing to monitor new HIV infections. The activities will include:

- Train and mentor health care providers and HTS counselors on provision of quality HTS services in health care and community settings
- Implement innovative strategies, to target HIV case identification efficiently and cost-effectively
- Implement quality assurance and quality control, and quality improvement initiatives for HTS
- Implement robust systems to enhance linkage between HTS points and HIV care
- Improve systems for commodity management for rapid HIV test kits and HIV self-test kits
- Implement routine monitoring and evaluation (M&E) of HTS services including use of electronic systems (eHTS) to track progress

Strategy 6: Provide quality, client-centered optimal ART, and prevention & treatment of co-morbidities including TB

The recipient(s) will strengthen referral linkages from HIV testing points to ART by all populations, with a focus on early initiation of ART, optimal adherence and retention, and achievement of viral suppression. The recipient(s) will be expected to conduct the following activities:

- Build capacity of HCWs on HIV management for all populations based on most current guidelines
    - Implement innovative, age-appropriate, client- centered care for all populations
    - Optimize facility and community ART differentiated service delivery (DSD) models
    - Optimize DSD models for children living with HIV, using novel strategies such as operation triple zero (OTZ), PAPA and MAMA care (PAMA care), appropriate clinics for youth, etc.
- Provide avenues for engagement of local communities, faith-based organizations (FBOs), and networks to address stigma and improve retention across all populations
- Implement treatment literacy activities that enhance adherence on ART including novel initiatives such as Undetectable = Untransmittable (U=U) across all populations and including caregiver literacy for those with young children
- Implement innovative approaches and platforms to improve retention to treatment across all populations
- Provide timely prophylaxis, diagnosis, and treatment of opportunistic infections across all populations
- Integrate reproductive health services including family planning, safer conception care and cervical cancer screening and prevention
- Implement continuous quality improvement (CQI) initiatives across the clinical cascade
- Implement optimization of treatment regimens to more efficacious and durable regimens including pediatric optimization
- Proactively monitor VL suppression across all populations and implement timely interventions for those failing treatment
- Develop and implement systems for identification and referral of eligible children from HIV clinics to OVC programs
- Provide high quality integrated TB/HIV diagnosis, treatment and prevention to reduce TB morbidity and mortality. The recipient(s) focus will be on reducing TB transmission, promoting timely diagnosis, ensuring high treatment success, and provision of preventive TB treatment among PLHIV and other populations in HIV and TB settings. Specific activities include, but not limited to:
    - Build capacity of health care providers in the provision of TB, TB/HIV and drug resistant TB services
    - Implement strategies for early TB case Identification including the use of quality assured, newer, more sensitive TB diagnostic tools, in line with the Ministry of Health (MOH) and PEPFAR strategies
    - Implement programs for integrated HIV and TB case finding in health care and community settings through:
        - Implementation of regular, high quality intensified TB case finding among PLHIV

        - Active case finding in all service delivery points
        - Strengthening of TB contact tracing, TB screening and HIV testing among all eligible contacts
    - Scale up high quality TB Preventive Therapy (TPT), including use of shorter patient appropriate regimens, in line with national guidelines
    - Ensure early and optimal ART for all HIV-infected TB and presumptive TB patients
    - Establish and strengthen systems for adverse drug reaction identification management and reporting, pharmacovigilance, and post market surveillance for anti-TBs, anti-retroviral (ARV) and TPT drugs
    - Support implementation of TB infection control in health facilities
    - Strengthen TB/HIV recording and reporting, surveillance, quality improvement, monitoring and evaluation and best practices sharing activities at all levels

- Strengthen role of NTRH as clinical reference for advanced HIV management. The recipient(s) will strengthen the role of NTRH facilities to provide advanced clinical management capacity building and mentorship support to other national and subnational facilities in Kenya. Specifically, the recipient(s) will:
    - Support referral and management structures for advanced and complicated cases including ARV drug resistance, multi-drug resistant (MDR)-TB, non-communicable diseases (metabolic disorders, cancers), serious adverse events related to HIV services, and related conditions
    - Develop a strategy for a structured approach to providing advanced HIV management capacity building that may include intermittent clinical rotations and linkages to other national capacity building strategies through the National HIV Clinical Support Center (NHCSC), such as provider hotlines
    - Support NTRH to implement system for providing advanced HIV management capacity building, including an emphasis on management of complicated cases
    - Support implementation of science activities to test and develop innovative models of service delivery, such as advanced use of electronic medical records and health information systems or new HIV testing modalities
    - Ensure formal engagement of NTRH in national technical working groups and coordinating mechanisms for HRH capacity management, therapeutics, and other areas as appropriate
    - Support collaboration between training institutions in the respective region of the COE to ensure streamlined advanced HIV capacity building and mentorship

Strategy 7: Optimize HIV and TB laboratory diagnostics and networks, and sustain quality systems and biosafety standards

- Optimize laboratory diagnostic capacity and VL/EID/TB networks
    - Strengthen specimen referral networks, and specimen/results management and linkage to data systems and dashboards; support equipment management and laboratory commodity supply chain; support quality systems for TB and HIV tests; support adoption and implementation of new diagnostic tools

- Implement and sustain accessible and quality-assured services in laboratory and point of care testing across the clinical cascade
    - Provide technical assistance to the county and NTRH to: conduct rapid laboratory needs assessment based on World Health Organization Stepwise Laboratory (Quality) Improvement Process Towards Accreditation (WHO/SLIPTA) guidance; support laboratory training and mentorship; build capacity for laboratory method validation, audits, and quality assurance systems; strengthen capacity for on-site mentoring, audits and laboratory clinical quality improvement based on Strengthening Laboratory Management Toward Accreditation (SLMTA); increase external quality assurance coverage; implement clinical-laboratory interphase approaches to address pre-testing and post-testing gaps; expand rapid testing continuous quality improvement for HIV (RTCQI) and point of care continuous quality improvement (POCT-CQI)

- Implement infection prevention and control, Biosafety and Biosecurity across health facilities supporting HIV and TB testing services
    - Support implementation of appropriate laboratory infrastructure that meets national biosafety standards
    - Provide technical guidance, and mentorship to promote best practices in infection prevention and control, biosafety and biosecurity

Strategy 8: Strengthen program and surveillance data collection and reporting, and health information systems (HIS)

The recipient(s) will conduct several activities which include but are not limited to the following:

- Planning and supervision
    - Conduct M&E needs assessment at NTRH and all levels of county health system and develop plan to build capacity of NTRH and county in monitoring and evaluation of health programs at all levels.
    - Conduct supportive supervision to sites, utilizing routine data quality checks and validations to assure the quality of reported results
    - Lead county and NTRH planning process to ensure that identified gaps in M&E system including procurement of necessary computer hardware, software, accessories and network infrastructure materials

- Health Information Systems (HIS)
    - County Health Management Team (CHMT) and NTRH leadership will roll out, maintain and update new and existing data collection tools and MOH-approved electronic medical record systems for optimal data collection and aggregation at facility and county level as well as NTRH
    - Scale up and use mobile health (Mhealth) applications to support HIV program implementation
    - Optimize use of electronic medical records (EMRs) to ensure they can be used to generate DATIM and MOH reports
    - Ensure reporting to the national data warehouse from all sites with EMRs

- Data Reporting, Use and Management

    - Improve capacity to routinely and consistently report into HIV reporting and surveillance systems, including PEPFAR data reporting systems
    - Conduct routine data review meetings with supported facilities and CHMTs to better understand performance and to identify opportunities for improvement and informing program planning
    - Actively develop data and strategic information related sharing products and participate in both local and international dissemination forums

- Surveillance
    - Support PMTCT, TB/HIV, STI, HIV Recency and HIV Case Based Surveillance (CBS) activities
    - Collaborate with CDC, MOH and other stakeholders in national surveys and surveillance activities

Strategy 9: Strengthen county health system and NTRH to ensure transition of sustainable high-quality HIV service delivery

- Strengthen county and NTRH health systems to implement sustainable high-quality HIV prevention and treatment services
    - Support implementation of HIV prevention and treatment services in an integrated and sustainable model
    - Build the capacity of the CHMT and NTRH leadership to provide oversight and technical support, coordinate, and supervise implementation of HIV prevention and treatment services
        - Support county-level and NTRH systems for HRH, to include policies, recruitment, rationalization, training, mentorship and supportive supervision
        - Strengthen county and NTRH financial management systems, including conducting trainings in governance, leadership, and financial management; develop and implementation of financial management policies, guidelines and standard operating procedures; establishment of internal controls for financial oversight; development of a robust procurement plan; and development and implementation of an inventory management system

- Strengthen county capacity and systems at NTRH for training and mentorship, and provision and support for specialized and advanced care
    - Sustain and enhance the capacity for NTRH, a referral and teaching center, to:
        - Support trainings and mentorship to HCWs in the Nairobi region
        - Implement methadone-assisted therapy for PWID
        - Provide specialized and advanced care, including management of complex ART cases, VMMC adverse events, etc.

- Strengthen transition systems for HIV service delivery. The recipient(s) will incrementally transition HIV service delivery to the county government and NTRH. To achieve this, the recipient(s) will:
    - Support development and implementation of a comprehensive sustainable transition plan

- Engage county leadership, including the county governor, members of the county assembly, and leaders of the county department of health, as well as the NTRH leadership in transition and sustainability planning
- Support financial, administrative and technical county and NTRH capacity-building
- Include in the transition plan, a health financing plan describing how the county and NTRH will incrementally finance and sustain HRH and HIV service delivery
- Support the county government and NTRH to take up the delivery of HIV services in a phased approach, starting with a defined administrative unit, and with incremental coverage over the period of the NOFO
- Monitor achievement of transition milestones

In furtherance of the underlying purposes of this NOFO, Recipient is expected to provide copies of and/or access to all data, software, tools, training materials, guidelines, and systems developed under this NOFO to Ministry of Health and other relevant stakeholders, including HHS/CDC, for appropriate use consistent with underlying authorities.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
The recipient(s) will be expected to collaborate with CDC Kenya and other CDC-funded implementing partners, Nairobi County Government, NTRHs and the MOH in supporting delivery of HIV services within the health facilities and systems and to ensure synergy and efficiency in service delivery to effectively deliver the outcomes. At national level, the recipient(s) will collaborate with MOH to support coordination and policy formulation.

b. With organizations not funded by CDC:
The recipient(s) will be expected to collaborate with Government of Kenya entities, including but not limited to the Ministry of Education, and county government; other U.S. Government (USG) PEPFAR implementing partners; civil society organizations; multilateral partners including Global Fund; and other stakeholders. Working closely with other funding organizations and CDC, the recipient(s) will leverage on collaborations, ensuring efficiency and synergy, and not duplication. The recipient(s) will specifically be expected to collaborate with key population organizations, in the delivery of appropriate optimal and quality HIV services to KPs. The recipient(s) will support county and NTRH health systems strengthening, including for HRH, commodity management, health information systems, and financial systems, for sustainable HIV service delivery. It is expected that the recipient(s) will progressively build the capacity for the county government and NTRH to manage and implement the activities and transition some of the HIV services for direct implementation by the county and NTRH.

2. Target Populations
Geographical prioritization will be based on the sub-counties with a high HIV burden, prevalence and incidence. Additional targeting will be done to ensure those most underserved and with the highest unmet need are reached. Target population includes:

- General population (Adults and Children)
- PBFW
- KP (FSW, MSM, PWID, transgender people and their sex partners)

- Other priority populations (AGYW; young people, uncircumcised men, prisoners; OVC, discordant couples, PLHIV)
- Health care providers

a. Health Disparities
N/A

iv. Funding Strategy
Applicants to this NOFO are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount. Applications must not exceed this amount.

Component Funding: It is required that all PEPFAR-funded cooperative agreements be formulated for component funding. Please review the following key points about component funding:

- Component funding must be setup at the time of the application.
- Each component must be a discrete set of activities with an associated budget. Distinguishable component budget narratives are required. Setting up components based on time (i.e., quarterly) is an appropriate distinction of activities, provided activities are clearly outlined.
- Applicants should submit the SF-424A as part of their application which shows all components for the budget period and the amounts should exactly match what is being requested for funding. Each component has its own approved amount and cannot be funded above the established amount. The combined total of all components must total the requested amount.
- If more than 4 components are proposed, multiple SF-424s will be needed.
- Any component that is not funded at the time of new award may be deemed "Approved but Unfunded (ABU)". There is no guarantee that all components will be funded in a budget period as ABU components are subject to the availability of funds or effective statute.
    - Components do not have to be awarded in order. All ABU components are eligible to receive funding once (and if) funds become available.
    - If funding becomes available, multiple components can be funded through the same funding action (single NOA).
    - If funding is awarded for an amount less than the ABU component approved amount, it is not possible to fund the difference at a later time. Components can only be funded once.
- If, during the funding confirmation, the Program Office approves a budget that differs from what was submitted at the time of application (reflected in the budget markup), a revised budget may be required in addition to the technical review responses. If required, the revised budget is due within thirty (30) days of the start of the budget period. If required, technical review responses will also be due within thirty (30) days of the start of the budget period and must be submitted separately from revised budget applications. Future funding for ABU components will not be awarded until a revised budget, if required, is submitted and approved by CDC.

- Once components are awarded, funds cannot be redirected between components. Awarded component funds may be redirected within component object class categories.

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

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

For Year 1, CDC anticipates an Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award of $20,800,000 with the below listed components. Applicants must specify a descriptive title for each corresponding column shown on the SF-424A, followed by the total (cumulative) in the column to the far right of the SF-424A. For Example:

- Component 1: COP21 Q1 Targets/Activities;
- Component 2: COP21 Q2 Targets/Activities;
- Component 3: COP21 Q3 Targets/Activities;
- Component 4: COP21 Q4 Targets/Activities;
- Component 5: COP21 Additional Targets/Activities A;
- Component 6: COP21 Additional Targets/Activities B.

Funding provided under this NOFO is subject to the availability of funds. The total number of years for which federal support has been programmatically approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
EVALUATION AND PERFORMANCE MEASUREMENT

Throughout the 5-year project period, the recipient(s) will, in collaboration with CDC, monitor the progress of activities and evaluate the process and outcome of the programs. As a part of continuous quality improvement (CQI), CDC expects the recipient(s) will translate lessons learned during implementation into efficient and effective program planning, contribute to strategic planning at all levels and thus inform formulation and implementation of national guidelines. CDC Kenya's key stakeholders - especially MOH and CHMTs - are invested in CDC's approach to ensure delivery and sustainability of effective quality-assured HIV services.

While the final funding amount will be agreed upon by both CDC and the recipient(s), it is expected that a minimum of 5% of funds under this NOFO should be allocated for monitoring activities and 5% of funds used for evaluation activities

PERFORMANCE MONITORING

Performance measures will include both PEPFAR Monitoring, Evaluation, and Reporting (MER) and non-MER indicators. The recipient(s) will be responsible for reporting on, but not limited to the MER indicators listed below; applicants may propose additional relevant MER and non-MER indicators as part of the initial Evaluation and Performance Measurement Plan (EPMP). CDC and the recipient(s) will finalize any additional indicators within 6 months after award. Applicants may access MER Guidance and resource materials at the following link: https://datim.zendesk.com/hc/en-us/sections/200929315-MER.

The recipient(s) will conduct at minimum quarterly supervisory visits to service delivery points and health management teams. Onsite data should be collected by partners together with facility staff during supportive supervision and mentoring visits. Written feedback should be given to the sites with recommendations for corrective actions and CQI.
The recipient(s) will use monitoring systems and platforms such as DHIS, DATIM and 3PM for reporting purposes. The recipient(s) will submit quarterly progress reports, and participate in regular progress monitoring sessions with CDC, MOH, or other stakeholders. Quarterly progress reports should use MER and other indicators to demonstrate which outputs and outcomes have been achieved.

The recipient(s) will also be responsible for monitoring and assessing progress towards transitioning of HIV programs to county management, financing, and sustainability of these services during the award period.

Targets and Reporting Frequency
Illustrative indicators, targets, and reporting frequencies corresponding to Year 1 of the NOFO are shown below. Unless otherwise indicated, the reporting periods for MER indicators will mirror the PEPFAR MER indicator reporting frequency (quarterly, semi-annually, and annually). Targets and reporting frequencies may be adjusted, or new targets identified in subsequent years based on implementation of HIV/AIDS epidemic control strategies and program priorities. Any gaps or unmet needs not fulfilled in the first year will affect the targets of the subsequent years. Additional information regarding MER reporting is included in the PEPFAR MER 2.0 (V2.4) guidance. As new indicators become available, the recipient(s) will be adequately informed and expected to comply with changing guidelines. The recipient(s) will be expected to comply with any other CDC and Kenya MOH reporting requirements.

Example MER Indicators (please note that these absolute values may vary due to rationalization and changes in estimates in program coverage, therefore an approximate range has been provided)

- **AGYW_PREV**: Percentage of adolescent girls and young women (AGYW) that completed at least the DREAMS primary package of evidence-based services/interventions [Target: 90%]

- **CXCA_SCRN**: Percentage of HIV-positive women on ART screened for cervical cancer [Target: 50% of eligible women]
- **CXCA_TX**: Percentage of cervical cancer screen-positive women who are HIV-positive and on ART eligible for cryotherapy, thermocoagulation or LEEP who received cryotherapy, thermocoagulation or LEEP [Target: 90%]
- **EMR_SITE**: Number of PEPFAR-supported facilities that have an electronic medical record system within the following service delivery areas: HIV Testing Services, Care & Treatment, Antenatal or Maternity Services, Early Infant Diagnosis or Under Five Clinic, or TB/HIV Services [Target: 70%; reporting frequency: annual]
- **FPINT SITE**: Number of HIV service delivery points (SDP) at a site supported by PEPFAR that are providing integrated voluntary family planning (FP) services [Target: 50%]
- **GEND_GBV**: Number of people receiving post GBV clinical care based on the minimum package [Target: range between 500 and 1,000]
- **HRH CURR**: Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR, as well as total spend on these workers
- **HTS INDEX**: Number of individuals who were identified and tested using Index testing services and received their results [Target: range between 7,000-15,000]
- **HTS_RECENT**: Number of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result during the reporting period [Target: range between 1,000-1,600]
- **HTS SELF**: Number of individual HIV self-test kits distributed [Target: range between 44,500-58,000]
- **HTS_TST**: Number of individuals who received HTS and received their test results [Target: range between 120,000 and 180,000]
- **KP MAT**: Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months
- **KP_PREV**: Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population [Target: range between 12,500 and 30,000]
- **LAB PTCQI**: Percent of PEPFAR-supported laboratory-based testing and/or Point-of-Care Testing (POCT) sites engaged in continuous quality Improvement (CQI) and proficiency testing (PT) activities [Target: 90%]
- **OVC HIVSTAT**: Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner [Target: 95%]
- **OVC SERV**: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV [Target: range 1,000-3,000]
- **PMTCT_ART**: Number of HIV-positive pregnant women who received ART to reduce risk of mother-to-child-transmission during pregnancy [Target: range between 3,300 and 3,960]
- **PMTCT_EID** (Includes PMTCT_EID_POS): Number of infants who had a virologic HIV test within 12 months of birth during the reporting period [Target: range between 3,200 and 3,840]

- **PMTCT FO**: Percentage of final outcomes among HIV exposed infants registered in a birth cohort [Target: 90%]
- **PMTCT HEI POS**: Number of HIV-infected infants identified in the reporting period whose diagnostic sample was collected by 12 months of age
- **PMTCT_STAT**: Number of pregnant women with known HIV status at ANC (includes those who already knew their HIV status prior to ANC) [Target: range between 52,000 and 62,400]
- **PP PREV**: Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake. [Target: range between 47,000-60,000]
- **PrEP_CURR**: Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral preexposure prophylaxis (PrEP) to prevent HIV during the reporting period [Target: range between 2,500 and 4,000]
- **PrEP_NEW**: Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period [Target: range between 500 and 2,000]
- **SC ARV DISP**: The number of adult and pediatric ARV bottles (units) dispensed by ARV drug category at the end of the reporting period
- **SC CURR**: The current number of ARV drug units (bottles) at the end of the reporting period by ARV drug category
- **TB_ART**: Number of TB cases with documented HIV-positive status who start or continue ART during the reporting period [Target: range between 500 and 700]
- **TB_PREV**: Proportion of ART patients who started on a standard course of TB Preventive Treatment (TPT) in the previous reporting period who completed therapy [Target 95%]
- **TB_STAT**: Percentage of new and relapse TB cases with documented HIV status [Target 95%]
- **TX_CURR**: Number of adults and children currently receiving ART [Target: range between 57,000 and 68,400]
- **TX_ML**: Number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact
- **TX_NEW**: Number of adults and children newly enrolled on ART [Target: range between 4,600 and 6,900]
- **TX_PVLS**: Number of adult and pediatric patients on ART with suppressed VL results (<1,000 copies/ml) documented in the medical records and /or supporting laboratory results within the past 12 months [Target: range between 55,000 and 66,000]
- **TX_TB**: The number of ART patients who were started on TB treatment during the reporting period [Target: range between 2,500 and 3,500]
- **TX RTT**: Number of ART patients with no clinical contact (or ARV drug pick-up) for greater than 28 days since their last expected contact who restarted ARVs within the reporting period
- **VMMC_CIRC**: Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period [Target range between 3,000-5,000]

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

- **Increased HIV case finding, yield, and linkage of HIV positive individual**
    - Proportion of individuals newly identified positive that were initiated on ART within 14 days (linkage to care) [Target: 95%; Reporting Frequency: Quarterly]
    - Proportion of newly identified individuals offered partner Notification Services (PNS), accepted PNS, partners elicited, partners contacted, tested, tested positive and linked to care [Target: 95%; Reporting Frequency: Quarterly]
    - Percentage of newly identified PLHIV initiated on ART and retained on ART for 12 months after initiation [Target: 90%; Reporting Frequency: Quarterly]

- **Care and Treatment of PLHIVs**
    - Proportion of stable patients on DSD models [Target: 95%; Reporting Frequency: Quarterly]

- **HIV Prevention**
    - Proportion of vulnerable girls with comprehensive package of DREAMS services [Target: 95%; Reporting Frequency: Quarterly]
    - Proportion of KP & PP with comprehensive HIV prevention services, for those HIV-infected achieving the 95-95-95 treatment cascade [Target: 95%; [Reporting Frequency: Quarterly]
    - Proportion of OVC with comprehensive services and ensure those HIV infected achieve the 95-95-95 treatment cascade [Target: 95%; Reporting Frequency: Quarterly]

- **VMMC**
    - Proportion of VMMC sites where services are integrated into routine health care [Target:75%; Reporting Frequency: Quarterly]
    - Percentage of males circumcised who received at least one postoperative follow-up visit (routine or emergency) during the reporting period [Target: 85%; Reporting Frequency: Quarterly]
    - Percentage of clients reporting at least one moderate or severe adverse events in the reporting period [Target: <2%; Reporting Frequency: Quarterly)
    - Percentage of clients circumcised at the recipient's VMMC site who were referred from other service delivery points [Target: 20%; Reporting Frequency: Quarterly]

- **Transition and Sustainability**
    - Proportion of county capacity building milestones achieved [Target: 100%; Reporting Frequency: Annually]
    - Number of HRH reports (includes HRH policies, planning, performance and management) [Target: one report per county; Reporting Frequency: Annually]

- **Health information systems**
    - Proportion of overall TX_CURR managed in facilities with EMRs [Target: 80%; Reporting Frequency: Annually
    - Proportion of care and treatment facilities implementing mHealth solutions for adherence, laboratory results transmission and patient empowerment [Target: 80%; Reporting Frequency: Annually
    - Proportion of EMR facilities reporting to the National Data Warehouse [Target: 100%; Reporting Frequency: Annually]

Data Sources for MER and Custom Indicators: Data sources include but are not limited to: Strategic plan and implementation documents; partner quarterly reports; MOH staff and county staff interviews; Training records; Business System Audit (BSA) reports and expenditure reports. Data sources will include routine program implementation data as recorded using regular MOH tools including electronic medical records (EMRs) where feasible.

Dissemination of Results: Potential performance monitoring data will be disseminated through written reports, workshop, Technical Working Groups, online and in-person presentations, and/or professional conferences. Potential audiences include CDC, national and county governments, MOH across levels, and other key stakeholders. Written reports will be made available in electronic and paper formats.

EVALUATION

This NOFO aims to contribute towards achievement of HIV epidemic control in Nairobi County through ensuring that appropriate interventions for PLHIV are implemented in prioritized populations. Evaluations are expected to align with national, PEPFAR, and agency priorities and programmatic gaps, and will be reviewed and approved as part of the Country Operational Plan (COP).

The evaluation topics below are examples of areas that the recipient(s) may be expected to answer through process or outcome evaluation(s) at mid and end of project period. Applicants should include at least 1, but no more than 3 process and/or outcome evaluation questions that would assess program implementation. Examples of key evaluation topics are provided below.
Sample Evaluation Topics:

- Achieving HIV epidemic control [Outcome Evaluation]
- Population level coverage of comprehensive package of AGYW and OVC services [Outcome Evaluation]
- Facilitators and barriers for the transition and sustainable implementation of HIV/AIDS and TB services by the county government and NTRH [Process evaluation]

Evaluation Data Sources: In-depth interviews with Patients, HCWs, CHMTs and county leadership, Transition matrix implementation documents, county annual work plans, county budgets and expenditure reports, BSA reports, meeting minutes and Program performance data. DATIM, SIMS results, program data (DREAMS database, EMR and CPIMS), surveillance and survey data, electronic or paper-based medical records, patients tracking systems. PEPFAR MER indicators and DATIM; MOH DHIS2; facility MOH tools/data; partner and MOH databases; partner quarterly reports; focus group discussions; Apart from reviewing existing service

delivery data, the recipient(s) will be expected to collect primary data under procedures described in an approved protocol. PEPFAR MER indicators and DATIM; MOH DHIS2; Key Population Estimates reports; surveillance and surveys; data modelling and triangulation.

Dissemination of Evaluation Results: Potential evaluation findings will be disseminated through written reports, workshop, online and in-person presentations, and/or professional conferences. Potential audiences include CDC, MOH across levels, and other key stakeholders. Written reports will be made available in electronic and paper formats. The evaluation findings will be disseminated to stakeholders using a variety of channels including written reports, through workshops, technical review, annual meeting or via publication. CDC will disseminate cascade analysis data, evaluation results and performance measure to PEPFAR program stakeholders. All evaluation reports will be publicly available on PEPFAR resource sites. CDC and stakeholders will use overall evaluation findings during the five-year NOFO period to share and implement key recommendations to strengthen program implementation and effectiveness, sustainability, and continued program improvement upon completion of the award.
In addition, recipient(s) may be required to conduct a costing analysis or economic evaluation of implemented interventions or activities at the end of the project to determine:

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

Evaluations and strategy should align with national, PEPFAR, and agency requirements and priorities, and will be reviewed and may require approval as part of the Country Operational Plan (COP). As such, the example evaluation topics listed in this NOFO may be amended based on feedback from OGAC during the annual COP review process.

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data

preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must provide supporting documentation to show evidence of their organizational capacity to implement the approach. Documentation supporting this element must be submitted in the appendix, clearly labeled, and easily identifiable. Applicants must submit the following materials in their appendix:

- Statement of Experience (maximum 5 pages) demonstrating organizational capacity to address the requirements of the NOFO, specifically in the following areas:
    - Capacity in sub-Saharan Africa in HIV prevention and treatment programs
    - Experience in delivery and scale-up of comprehensive high- quality client-centered HIV prevention and treatment services
    - Experience should be recent, e.g. within the previous 5-7 years, and should include the following:
        - Title of program/project
        - Organizational role (prime or sub-recipient)
        - Approximate duration of program/project (years or months)
        - Project budget (in US dollars) and funding source(s)
        - Size of population served
        - Geographic focus/region
        - Project goals and targets and achievement against these goals and targets
- CVs/Resumes that highlight skills and experience related to carrying out similar projects; professional experience referenced should be recent (e.g. within the last 5-8 years). CVs/Resumes should be submitted for key personnel, including but not limited to the Principal Investigator (PI), Business Official (BO), Finance Director (if different from the BO), Prevention Lead, Care and Treatment Lead, Laboratory Lead and M&E Lead
- Job Descriptions for key personnel, including but not limited to those listed above (maximum 3 pages per job description)
- Organizational Chart focusing on the staffing structure for the proposed activities (maximum 1 page)
- Financial Management Statement (maximum 3 pages) that describes the following:

- Systems and procedures used to manage funds
- Procurement procedures
- Previous experience managing budgets greater than $5,000,000
- Current compensation structure; procedure for job evaluation and grading; and criteria for adjustment in compensation structure
- How the applicant will manage level of effort supplemented by other awards

Applicants must title these documents in their appendix as follows: "Experience," "CVs/Resumes," "Job Descriptions," "Organizational Chart," "Financial Statement" and include in the Table of Contents.

d. Work Plan

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

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

f. CDC Program Support to Recipients

If funded, a cooperative agreement, as defined by the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224, 31 USC 6301 et seq.), will be used as the funding mechanism to award funds. CDC will have substantial programmatic involvement after the award is made. Substantial

involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds and is not intended to gain stricter controls. CDC will coordinate, facilitate, collaborate, and/or intervene to programmatically effectuate performance under the award, consistent with applicable law and regulations. The substantial involvement responsibilities enumerated in this NOFO and any additional substantial involvement responsibilities will be used to benefit the program.

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

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government, HHS/CDC, and PEPFAR expectations, regulations, and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and OGAC.
2. Review and approve recipient's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by OGAC.
3. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
4. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
5. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
6. Meet on an annual basis with the recipient to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR COP review and approval process, managed by OGAC.
7. Provide technical oversight for all activities under this award.

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

1. Involvement in the review and selection of key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement. This is solely limited to reviewing and making recommendations as necessary to the process used by the recipient to select key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement, as part of the PEPFAR COP review and approval process, managed by OGAC.
2. Provide technical assistance, as mutually agreed upon, and revise annually in concert with the recipient during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.
3. Provide in-country administrative support to help the recipient meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB).
4. Collaborate with the recipient on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program

activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.

5. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. Data collections funded under this award, in particular where CDC staff will be or are approving, directing, conducting, managing, or owning data, must undergo OMB project determinations by CDC and may require OMB Paperwork Reduction Act of 1995 (PRA) clearance prior to the start of the project.
6. Provide continuous consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
7. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
8. Facilitate and/or participate in in-country planning and review meetings for technical assistance activities.
9. Conduct site visits through the Site Improvement through Monitoring System (SIMS), in compliance with PEPFAR requirements, to monitor and evaluate clinical and community service delivery site capacity to provide high-quality HIV/AIDS services in all program areas and 'above-site' capacity to perform supportive or systemic functions, by assessing and scoring key program area elements of site performance and collaborating strategically with the recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
10. Coordinate with the recipient to ensure the recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice (ESoP), and CDC's Data for Partner Monitoring Program (DFPM).
11. Provide ethical reviews in order to direct and/or facilitate desired changes, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome, or economic.
    A. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
    B. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
    C. Economic Evaluation: justifies the investment, and determines the efficiency and economic impact of interventions.
12. Supply the recipient with protocols for related evaluations.

As described in current COP guidance, quarterly performance thresholds should be monitored throughout the year. In addition to CDC's substantial involvement, the agency will conduct normal oversight and monitoring activities to effectuate program performance. Underperformance in achieving established programmatic targets may result in corrective action being taken as outlined in current COP guidance. Corrective action may include the implementation of a Target Improvement Plan (TIP) and/or a Corrective Action Plan (CAP) to

assist recipients with meeting established programmatic targets.

The agency will assess recipients' level of effort, including any preventative action taken, and any extenuating circumstances internal and external to the recipient when considering a TIP and/or CAP. Be advised that any changes made to the COP guidance related to substantial involvement and the monitoring of quarterly and annual performance PEPFAR targets will become effective and implemented in accordance with the revised/new COP guidance. These changes may impact the agency's substantial involvement and/or how it ensures the achievement of recipients' quarterly and annual PEPFAR targets.

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

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U2G

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 20,800,000

5. Total Period of Performance Funding:
$ 0
This amount is subject to the availability of funds.

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

Estimated Total Funding:
$ 0

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

7. Expected Number of Awards:

2
The expected number of awards is 1-2.

8. Approximate Average Award:

$ 20,800,000
Per Budget Period

The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is $20,800,000. The expected number of awards is 1-2. Exact amounts for each award under this NOFO will be determined at the time of award. Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

9. Award Ceiling:
$ 0
Per Budget Period

This amount is subject to the availability of funds.

The Award Ceiling is None. Please refer to the Approximate Total Fiscal Year Funding, Average One Year Award Amount, and Approximate Average Award for the anticipated total funding amount for Year 1. This amount is approximate and is subject to the availability of funds.

10. Award Floor:
$ 0
Per Budget Period

None.

11. Estimated Award Date:
September 30, 2021

12. Budget Period Length:
12 month(s)

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

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in

effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

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

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

- For-profit organizations (other than small business)
- Hospitals
- Small, minority, and women-owned businesses
- All Other

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

The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for this NOFO is $20,800,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

Late submissions will be determined non-responsive unless a request for extension is approved following the procedure outlined in "Other Submission Requirements, Paper Submission". Please see "Application and Submission Information" and "Submission Dates and Times" for the application deadline date. Please also see "Other Submission Requirements" for information on technical difficulties and paper submission. All requests to submit a paper application must be received at least three calendar days prior to the application deadline.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. 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 Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

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

b. Application Deadline

Due Date for Applications 04/02/2021

04/02/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
N/A

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding

source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear

Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

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

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

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Costs

Indirect costs on grants awarded to foreign organizations and foreign public entities are only available as provided by 45 CFR 75.414. All requests for indirect costs must be submitted in the budget. All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Public Financial Management Clause

HHS/CDC will assess the applicant's systems required to manage the activities supported with funds provided under this NOFO. Should an award be made, it is expressly conditioned upon that assessment, as well as any measures, mitigation, or means by which the applicant has or will address any vulnerabilities or weaknesses found in the assessment. The applicant agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in any resulting agreement.

Conscience Clause

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

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

Conference Costs and Fees

Conference costs and fees for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization under this award may not be used without express written approval of the Grants Management Officer/Grants Management Specialist and the CDC project officer.

- Definitions:
    - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
    - An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
    - A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

Medically Accurate Information About Condoms

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

Needle Exchange

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

Abortion and Involuntary Sterilization Restrictions

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
- Prohibition on Abortion-Related Activities:
    - No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, must not be construed to prohibit the

provision, consistent with local law, of information or counseling about all pregnancy options.

- No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

Prostitution and Sex Trafficking

A standard term and condition of award will be included in the final notice of award; all recipients will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking. Any enforcement of this provision is subject to courts' orders in Alliance for Open Society International v. USAID (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

Trafficking in Persons Provision

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

Prohibition on Assistance to Drug Traffickers

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

Financing of Terrorism

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

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

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

UN Security Council Sanctions List

It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security

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

Worker's Rights

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Recipient is requested or wishes to provide assistance in areas that involve workers' rights or the Recipient requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Recipient must notify HHS/CDC and provide a detailed description of the proposed activity. The Recipient must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Recipient must ensure that all employees and sub-contractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all sub-contracts and other sub-agreements entered into hereunder.
- The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term "worst forms of child labor" means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

Investment Promotion

- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.

- In the event the Recipient requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Recipient must notify HHS/CDC and provide a detailed description of the proposed activity. The Recipient must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Recipient must ensure that its employees and sub-contractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all sub-contracts and other sub-agreements entered into hereunder.

Contract Insurance Requirement

To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or sub-contractors (a) provide, before commencing performance under any contracts or sub-contracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and sub-contracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and sub-contractors the obligation to obtain workers' compensation insurance or security as required by HHS/CDC.

Source and Nationality and Other Procurement Restrictions

Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement in accordance with source and nationality restrictions as provided in 22 CFR 228, and having their source and nationality in countries as listed in Geographic Code 937 or 935 or as HHS/CDC may otherwise agree in writing.

Environmental Impact Statement

HHS/CDC and the Recipient agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies. The Recipient is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to the HHS/CDC. The Recipient will need to discuss this requirement with the Grants Management Officer/Grants Management Specialist.

Attribution to PEPFAR

All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: "This research has been

supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH21-2115."

PEPFAR Branding

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at http://www.pepfar.gov/reports/guidance/branding/index.htm. This guidance does not govern the use of the HHS and/or CDC logo; express written permission via a license must be obtained prior to the use of the HHS and/or CDC logo separate from the PEPFAR brand.

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

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

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

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

Requirements for Voluntary Family Planning Projects

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

- (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
    - The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
    - The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
    - The recipient must provide CDC such additional information about violations as CDC may request.

Monitoring and Evaluation Section (SIMS)

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

Monitoring Reporting and Evaluation

CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting (MER) strategy and CDC's Data for Partner Monitoring Program (DFPM). All evaluations conducted with PEPFAR funds must adhere to planning and reporting requirements as outlined in the PEPFAR ESoP including posting a final evaluation report detailing adherence to all evaluation standards on a publicly accessible website within 90 days of completion. https://datim.zendesk.com/hc/en-us/article_attachments/360040023292/PEPFAR_evaluation_standards_of_practice_v3.1_October_2019.pdf.

Human Subjects Restrictions for PEPFAR Awards

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

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

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

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application

package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

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

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:** 50

To what extent does the application demonstrate an in-depth understanding of the HIV epidemic in the Nairobi region, including progress made towards HIV epidemic control? To what extent does the applicant clearly articulate gaps and barriers, and outline strategies to address the gaps and overcome the barriers? **(5 points)**

How well does the application detail concise strategies for implementation of comprehensive evidence-based interventions for HIV prevention for key and priority populations, adolescents and young women, orphans and vulnerable children, and other high-risk groups? **(10 points)**

How well does the application detail strategies to achieve the 95-95-95 UNAIDS targets, including innovative and efficient strategies for case identification, innovative strategies for retention and support structures to achieve viral suppression across all populations? How well does the application detail comprehensive innovative strategies for elimination of mother-to-child transmission of HIV? **(20 points)**

How well does the application detail plans for strengthening laboratory capacity and supporting laboratory diagnostics, networks, sample transport and referral, logistics, and quality management systems? To what extent are the proposed laboratory activities sufficient to meet the programmatic needs for HIV and TB diagnosis, VL monitoring, and assuring quality of HIV rapid testing? **(5 points)**

To what extent does the application detail activities for county government and NTRH capacity building and a phased transition of critical technical, managerial and service delivery for sustainability? To what extent does the application demonstrate a plan for collaboration with community and civil society organizations in the implementation of HIV services? **(10 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 25

To what extent does the application include an overall monitoring strategy, including clear monitoring procedures, measurable inputs, outputs, and outcomes? To what extent does the application provide a clear plan to routinely review progress against set targets, and adjust program activities accordingly? How well does the applicant demonstrate experience with DHIS 2.0 and PEPFAR reporting tools and systems and ability to timely meet both national and PEPFAR reporting requirements? To what extent does the applicant demonstrate experience, and provide a plan to deploy EMR systems, mHealth applications and other electronic applications and data systems? **(20 points)**

How well does application include an initial evaluation strategy? To what extent does the application provide an initial evaluation plan that addresses the components listed under the program evaluation section (i.e., evaluation questions, evaluation measures, data sources and methods, results dissemination and use)? **(5 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

To what extent does the applicant demonstrate organizational capacity, sufficient infrastructure in Kenya and local experience implementing HIV services in Kenya at multiple sites, and have a proven and documented current or past good track record in rapidly scaling up HIV prevention, care and treatment services and engaging government entities in Kenya? The experience and track record should encompass provision of HIV treatment services, including case identification, ART, provision of prevention interventions and collaboration with national and county governments. **(15 points)**

How well does the applicant demonstrate sufficient and qualified technical staff to perform the tasks described? CVs provided should show good experience in HIV/AIDS programming including HIV prevention and treatment, laboratory support, M&E and county and/or national

health system strengthening. To what extent are the proposed staff roles relevant and clearly defined? **(5 points)**

To what extent has the applicant provided evidence that their organizational structure is sufficient to ensure speedy implementation of the project? To what extent does the applicant provide a clear plan for the administration and management of proposed activities, and to manage the resources of the program? To what extent does the applicant have proven track record in managing large budgets; using subgrants or other systems of sharing resources with government and smaller non-governmental organizations? **(5 points)**

Budget **Maximum Points:** 0

Budget (Reviewed Not Scored)

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

c. Phase III Review

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

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

PEPFAR Local Partner Funding Preference (30 points)

Applicants must submit supporting documentation and a narrative letter by and through an authorized representative in the Appendices of the application and labeled as "Local Partner Preference" to be considered to receive the Phase III Local Partner Funding Preference points under this NOFO. This documentation must demonstrate how the prime applicant organization meets at least one of the three criteria listed below under the "PEPFAR Local Partner definition" at the time of application. Funding preference points do not apply to sub-recipients/partners or consortium members.

For each of the criteria listed below, a description of the supporting documentation is provided. Applicants that do not provide labeled supporting documentation to meet the PEPFAR Local Partner definition below will not be considered for, nor receive, the Funding Preference points as noted under Phase III Review. Applicants must meet the requirements of the local partner definition at the time of application submission in order to be eligible for funding preference points. Funding preference points will not be awarded on a scale for partially meeting the definition.

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

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

PEPFAR Local Partner Definition/Eligibility by Criteria	**Supporting Documentation (to be labeled as "Local Partner Preference")**
Individual An individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country or region served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or	Authorized representative must provide the following documents, plus a letter describing how the documents support that the organization meets the definition under Paragraph (1) of the PEPFAR Local Partner Definition: • Evidence of principal place of business (i.e., certificate of registration/incorporation in country, contact information including physical address, etc.) If applicant is a sole proprietorship, applicant must provide evidence that the owner of the sole proprietorship meets the requirements above, along with evidence of such ownership (e.g., certificate of registration, organization, or incorporation).
PEPFAR Local Partner Definition/Eligibility by Criteria	**Supporting Documentation (to be labeled as "Local Partner Preference")**
Entity other than a sole proprietorship (such as, a corporation or not-for-profit) must meet all three areas of eligibility: **(1) EITHER** must be incorporated or legally organized under the laws of, and have its principal place of business in the country served by the PEPFAR program with which the entity is involved **OR** must exist in the region where the	Applicants other than sole proprietorships, by and through an authorized representative, must provide the following supporting documents plus a letter on the organization's official letterhead describing how these documents support that the organization meets all three areas of eligibility under this criterion of the PEPFAR Local Partner Definition: • For eligibility area (1), the supporting documentation may include but is not limited to: official documentation from a national or sub-national government issuing organization providing valid evidence of the organization's incorporation or legal organization in the country or region and the principal place of business (i.e., certificate of registration, organization, or incorporation). In addition to describing how these documents support eligibility area (1), the supporting letter must include a

entity's funded PEPFAR programs are implemented;
 	
(2) EITHER must be at 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country, **OR** at least 75% of the entity's staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country; and
 	
(3) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or
	statement confirming that the organization is incorporated or legally organized under the laws of, and has its principal place of business in, the country or region;
	
	• For eligibility area (2), the supporting documentation may include but is not limited to:
	  ○ evidence of organization and, where appropriate, ownership; a list of the individual officers and/or owners with corresponding titles and roles; and, the citizenship/permanent resident status of each individual officer and/or owner(s). In addition to describing how these documents support eligibility area (2), the letter must include a statement confirming that the entity is at least 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country (including an exact percentage); OR
	  ○ a statement within the letter that certifies that at least 75% of the entity's full staff at the time of application are citizens or lawfully admitted permanent residents of the country and that the entity has records to substantiate this if it becomes necessary. The letter must also include a statement providing calculations of the exact percentages of full staff who are citizens or lawfully admitted permanent residents of the country;
	
	• For eligibility area (3):
	  ○ If the entity does not have a Board of Directors: the letter must include a statement indicating that the entity does not have a Board of Directors
	  ○ If the entity does have a Board of Directors: a list of the members of the Board of Directors denoting each Board Member's name and corresponding citizenship or permanent residency status in country. In addition to describing how these documents support eligibility area (3), the letter must include a statement indicating the entity has a Board of Directors, and noting the exact percentage of members of the Board that are citizens or lawfully admitted permanent

	residents of the country to demonstrate that it is at least 51%
PEPFAR Local Partner Definition/Eligibility by Criteria	**Supporting Documentation (to be labeled as "Local Partner Preference")**
Government Ministries and Parastatals Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization may be fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations.	Principal Investigator (PI) must provide documentation depicting the organization's relationship with the government (e.g., an organizational chart, legislation, statute, or charter), as well as a letter describing how the organization is a partner government ministry, sub-unit of government ministry, or parastatal organization in country, and describing the government's partial ownership of the entity.

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

Any statements of performance submitted by applicants in response to this NOFO will be assessed for accuracy. In the event past performance described is not aligned with actual performance as documented in an official federal agency report (Corrective Action Plan, Site Improvement Plan, Data for Accountability, Transparency and Impact Monitoring (DATIM) target reporting, or similar), CDC would consider any inaccuracies in determination of ranking.

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

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

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

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

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

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

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

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

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

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009

- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010, P.L. 111-274
- AR-34: Affordable Care Act, P.L. 111-148

ARs applicable to HIV/AIDS Awards:

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

Organization Specific ARs:

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

Potentially Applicable Public Policy Requirements

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

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

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

3. Reporting

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

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

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

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 USG fiscal year	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, April 30, July 30, and October 30	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

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

Evaluation

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

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.

- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

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

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

Performance Measure Reporting (required):

If funded, the recipient is responsible for managing and monitoring each project, program, sub-award, function or activity supported through awarded funds. Recipients must monitor sub-awards to ensure that sub-recipients have met the programmatic impact requirements as set forth in the sub-recipient's agreement.

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

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan any findings of an external entity, or both.
- Reasons why established goals for the performance period were not met, if appropriate, and planned action steps to be taken to meet established goals.
- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.

- The recipient must immediately notify the awarding agency of developments that have a significant impact on or adverse conditions which materially impair the award-supported activities.
- The Quarterly Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low). The Pipeline Analysis report must contain the project period, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.

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

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

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

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

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

Audit, Books, and Records Clause (required):

A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.
B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting

principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.

C. Partner Government Audit. If $300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
    i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
    ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.

D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.
    i. "Covered" sub-recipient is one who expends $300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
    ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.
    iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.
    iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within

30 days after completion of the audit and no later than nine months after the end of the period under audit.

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

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

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

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

Expenditure Analysis (required):

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. 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.

6. Termination

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

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

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Abraham

Last Name:
Katana
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
KEMRI HQ, Mbagathi Road, Off Mbagathi Way

P.O. Box 606, Village Market, 00621 Nairobi

Telephone:
N/A

Email:
wvf0@cdc.gov

Grants Staff Contact

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

First Name:
Shicann

Last Name:
Phillips
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Road, MS TV1

Atlanta, GA 30341

Telephone:
770.488.2809

Email:
ibq7@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages, single spaced, 12 point font, 1-inch margins, number all pages**. Any pages after page 90 of the appendix will not be considered for review. The following documents may be included in the application appendices:

- **Applicants must submit the following documents in the appendix and title them as follows: "Experience," "CVs/Resumes," "Job Descriptions," "Organizational Chart," "Financial Statement", as found in the "Organizational Capacity of Recipients to Implement the Approach" section, and include in the Table of Contents.**
- **Letters of Commitment,** if applicable. Applicants may submit letters of commitment. Letters of commitment refer to statements of active participation and financial involvement in the project. Letters of commitment are different from letters of support. As stated below under Page Limitations, letters of support are not requested and will not be referred to reviewers.

- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms,** if applicable
- **PEPFAR Local Partner Funding Preference supporting documentation:** See "Phase III Review," as applicable. ***If applying for the PEPFAR Local Partner Funding Preference,***
    - Applicants must submit supporting documentation and a narrative letter by and through an authorized representative in the Appendices of the application and labeled as "Local Partner Preference" to be considered to receive the Phase III Local Partner Funding Preference points under this NOFO. This documentation must demonstrate how the prime applicant organization meets at least one of the three criteria listed under the "PEPFAR Local Partner definition" at the time of application. Funding preference points do not apply to sub-recipients/partners or consortium members. For each of the criteria, a description of the supporting documentation is provided in the table under "Phase III Review." Applicants that do not provide labeled supporting documentation to meet the PEPFAR Local Partner definition will not be considered for, nor receive, the Funding Preference points as noted under "Phase III Review". Applicants must meet the requirements of the local partner definition at the time of application submission in order to be eligible for funding preference points. Funding preference points will not be awarded on a scale for partially meeting the definition.
    - Applicants may choose to submit one supporting document to demonstrate how the applicant meets multiple portions of the definition. If one document is submitted, it must be clearly noted in the accompanying narrative letter from the authorized representative.
    - Any supporting documentation not submitted in English must be described in the accompanying narrative letter from the authorized representative. Submissions may be verified for accuracy.

Any information submitted as part of the appendix via www.grants.gov must be uploaded in a PDF file format, and should be clearly labeled (i.e., Organizational Chart should be named "Organizational Chart").

Page Limitations

- Applicants must abide by the page number limitation listed in Section D, #10 Project Narrative. Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
- Application materials must be submitted in 12pt font.
- Applicants must abide by the submission requirements for the project narrative and appendix.
    - Materials required in the project narrative submitted in the appendix will not be reviewed.
    - Materials submitted in the appendix that are not requested in the NOFO will not be reviewed.
- Letters of support are not requested and will not be referred to reviewers.

- If the total amount of appendices includes more than 90 pages, any pages after page 90 of the appendix will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents as appendices. All applications will be initially reviewed for completeness by CDC OGS staff.

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, by email to pepfarfoas@cdc.gov and to the Project Officer listed under the Agency Contacts Section of this NOFO no later than 15 days after the publication date in www.grants.gov. Questions received more than 15 days after the NOFO is published on www.grants.gov will not be considered and a response will not be provided.

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

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

Other CDC NOFOs can be found on Grants.gov website, at the following internet address: http://www.grants.gov.

Amendment II: Additional Updates
The purpose of this amendment is to include the updates as listed below.

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

- There is a change to the supporting documentation requirements under Criteria **(2) Entity other than a sole proprietorship**, eligibility area (2) of the Phase III PEPFAR Local Partner Funding Preference on pages 59-61.

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

Amendment I: Questions and Answers (Q&A) and Application Due Date Extension

The purpose of this amendment is to include questions and answers (Q&A) in Section H. Other Information.

This amendment also extends the Application Due Date from March 9, 2021 (03/09/2021) to April 2, 2021 (4/2/2021).

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

1. It is unclear whether a Letter of Intent (LOI) is necessary for this NOFO, as there is some conflicting information in the published NOFO document. Could CDC please clarify whether a Letter of Intent (LOI) is requested or required as part of the application for this NOFO? If an LOI is requested, what is the due date for it?

    - The NOFO was published with incorrect and conflicting information regarding whether applicants need to submit a Letter of Intent (LOI) in order to apply for this NOFO. CDC confirms that a Letter of Intent (LOI) is **not** requested or required as part of the application for this NOFO. Applicants do **not** need to submit an LOI.

2. Under C. Eligibility Information, sub-section 1 & 2 on pages 35-36, there is reference to other parts of the world besides Kenya. Could CDC please clarify this section?

    - This is standard template language for PEPFAR NOFOs. Sub-section 1. Eligible Applicants reiterates that this NOFO is open competition and eligibility is unrestricted, meaning all organizations from anywhere in the world are eligible to apply. Sub-section 2. Additional Information on Eligibility also reiterates that the NOFO is fully competitive, and then lists responsiveness criteria. The reference to the Foreign Contribution Regulation Act (FCRA) enacted by the Parliament of India is listed as an example of a regulatory requirement of a governing entity. CDC confirms this particular example would not apply to Kenya NOFOs. However, applicants should review the section and ensure compliance with the general responsiveness requirements for the NOFO.

3. Under 12. Budget Narrative, on pages 43-44, does not seem applicable to Nairobi-Kenya. Could CDC please clarify this section?

    - This is standard template language for CDC NOFOs. Applicants should review this section and follow the general guidelines for submitting the itemized Budget Narrative. CDC confirms that the guidance on indirect costs may not be applicable or relevant for all applicants.

4. On page 30, CDC specifies managing budgets greater than $5,000,000 as a requirement for the organization to qualify. Must this be experience specifically managing PEPFAR funds, or could applicants demonstrate experience managing hospital and/or other operations budgets at this amount?

    - Applicants should note that the instructions under c. Organizational Capacity of Recipients to Implement the Approach (pages 29-30) are not requirements for eligibility to apply or be awarded under this NOFO. Instead, this section contains

guidance for submitting the appendix materials to demonstrate the applicant's organizational capacity. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 56-58 of the NOFO). For this NOFO, CDC requests that within their Financial Management Statement, applicants should demonstrate previous experience managing budgets greater than $5,000,000. CDC confirms that this requested experience is not limited to PEPFAR funds only. Applicants may demonstrate experience managing other operations budgets at this amount.

5. Can CDC confirm that support to NTRH would include all centers/satellite facilities, including Othaya County Hospital?

    - As this NOFO is specific to Nairobi County, support to NTRH would only include centers/satellite facilities within Nairobi County. This excludes Othaya Level 6 Hospital. PEPFAR target and funding allocation is county-based, so the resources and targets for Othaya Level 6 Hospital are included in Nyeri County, which is not covered by this NOFO.

6. Can sub-recipients partner with several primes on the same NOFO? And can one applicant apply as the prime applicant and also as a sub-recipient for another applicant on the same NOFO?

    - Yes. As stated on grants.gov and on pages 2 and 35-36 of the NOFO, CDC-RFA-GH21-2115 is an open competition NOFO and eligibility is unrestricted, meaning all organizations, including consortiums, are eligible to apply. It is at the applicant's discretion to apply alone, as a prime/sub, or as a consortium. The number and choice of sub-awards is at the discretion of the applicant. Yes, an applicant may participate in more than one proposal (e.g., as a prime applicant on one application and as a sub-recipient on another). There is no policy or regulatory limit related to the number of applications an organization may be a recipient or sub-recipient on.

7. Could CDC clarify the names of the National Teaching and Referral Hospitals (NTRH) in each county?

    - The scope of this NOFO is only for activities in Nairobi County. The names of the NTRHs in Nairobi County are Kenyatta National Hospital, Mathari National Teaching and Referral Hospital, and Pumwani Maternity Hospital.

8. Does this NOFO anticipate DREAMS and OVC funding/activities?

    - Yes.

9. Should the data management plan (DMP) be part of the application or it will be submitted later?

    - Applicants must include an initial Evaluation and Performance Measurement Plan (EPMP), including an initial DMP, as part of their application. Applicants should refer to pages 22-28, 28-29, 41-42 and 54 of the NOFO for guidance on preparing the initial EPMP and DMP. The initial EPMP, including the DMP elements, should be included in the Project Narrative, within the 20-page Project Narrative page limitation, as stated on pages 40-41 of the NOFO. It is not requested in the appendix.

As stated on page 42 of the NOFO, "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" (page 66-73).

10. I am logged in on grants.gov to test the submission process but the "Apply" button is not active. Could CDC kindly assist?

    - Applicants must be logged into an account that is associated with a DUNS number registered in Grants.gov. For assistance with technical or 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) or by email at support@grants.gov. Applicants may also contact CDC's Office of Grant Services Technical Information Management Section (OGSTIMS) at ogstims@cdc.gov for other submission issues.

11. Page 43 under section 12. Budget Narrative provides various line item categories for the budget. Can CDC confirm that applicants could relabel "salaries and wages" to "personnel" to align with Object Class Categories in Section B of the SF424A form? For "consultants," in which of the Object Class Categories in Section B of the SF424A form should those costs be included?

    - Yes, applicants can relabel "Salaries and wages" to "Personnel" to align with the Object Class Categories in Section B of the SF424A form. Consultant costs are no longer separated into a unique category on the SF-424A. However, consultant costs should not be included in the Personnel category. These costs should be included under Contractual. Additional guidance on preparing a budget can be found in the "CDC Budget Preparation Guidelines" document, available for download at: https://www.cdc.gov/grants/applying/application-resources.html. Page 1 describes salaries and wages and page 6 describes contractual costs.

12. The strategies listed at the top of pages 4-5 are slightly different than the strategies listed in the logic model on page 9 and under the activities on pages 13 – 20. Can CDC confirm that the strategies as noted in the logic model on page 9 should be used?

    - Yes. Applicants should use the strategies listed in the logic model on page 9 of the NOFO and under iii. Strategies and Activities on pages 13-20.

13. On page 14 under Strategy 2 "Comprehensive HIV services for OVC and AGYW" for OVC services, CDC lists activities such as "conduct family based in-depth assessment to determine OVC needs and prioritize service provision based on the four OVC domains of healthy, safe, schooled and stable." We understand this to mean that the applicant should provide clinical services, then assess, link, and refer to socio-economic services provided by the government and/or OVC implementing partners (IPs). Can CDC confirm if this is correct or whether the applicant should provide socio-economic activities?

    - The proposal is at the discretion of the applicant. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 57-58 of the NOFO). CDC does, however, encourage applicants to submit one proposal encompassing the entirety of the NOFO's scope of work. This includes both clinical and socio-

economic activities for OVC throughout the County. Funding will be aligned with the assigned targets for the different program areas, including OVC.

14. On page 14 under Strategy 2 "Comprehensive HIV Services for OVC and AGYW" for AGYW services, CDC list activities such as "implement comprehensive core package of interventions that address vulnerabilities of AGYW including HIV and violence prevention among AGYW by working at the individual, family, partner and community levels." We understand this to mean that the applicant should provide clinical and socio-economic services/DREAMS services to AGYW. Can CDC confirm if this is correct or whether the applicant should only provide clinical services and refer AGYW to socio-economic and DREAMS services provided by the government or other implementing partners (IPs)?

    - The proposal is at the discretion of the applicant. All proposals will be assessed by objective reviewers using the Phase II Review criteria (pages 56-58 of the NOFO). CDC does, however, encourage applicants to submit one proposal encompassing the entirety of the NOFO's scope of work. This includes both clinical and socio-economic services/DREAMS services to AGYW throughout the County. Funding will be aligned with the assigned targets for the different program areas, including AGYW/DREAMS.

15. Would CDC consider allowing tables, textboxes, and graphics to be 10 point font?

    - No. As stated on pages 40-41 of the NOFO, the Project Narrative, which includes tables applicants submit, is a maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. Page 77 also notes that application materials must be submitted in 12 point font. Applicants are required to use 12 point font for tables, graphics, and charts.

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

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

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

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

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

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

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

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

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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:

Under PEPFAR, a "local partner" may be an individual, a sole proprietorship, or an entity. However, to be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the three criteria listed below at the time of application.

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

or

Entity other than a sole proprietorship (such as, a corporation or not-for-profit) must meet all three areas of eligibility:		
1	either	must be incorporated or legally organized under the laws of, and have its principal place of business in the country served by the PEPFAR program with which the entity is involved;
	or	must exist in the region where the entity's funded PEPFAR programs are implemented
2	either	must be at 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country;
	or	at least 75% of the entity's staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country;
3		where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country

or

Government Ministries and Parastatals
Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization may be fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations.