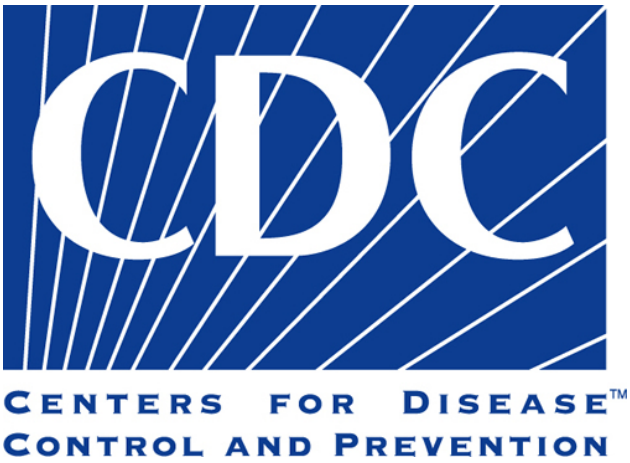


Centers for Disease Control and Prevention

Center for Global Health

Technical Collaboration to Strengthen and Expand Capacity to Detect, Prevent, Respond and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Public Health (MoPH) in the Kingdom of Thailand

CDC-RFA-GH21-2106

07/06/2021

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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-GH21-2106. 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:

Technical Collaboration to Strengthen and Expand Capacity to Detect, Prevent, Respond and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Public Health (MoPH) in the Kingdom of Thailand

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH21-2106

E. Assistance Listings Number:

93.318,93.067

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:
07/06/2021
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
The purpose of this Notice of Funding Opportunity (NOFO) is to work with the recipient to strengthen and expand capacity to assess, prevent, prepare for and mitigate public health threats of national and global importance in Thailand and the Southeast Asia region. This NOFO includes important human infectious diseases, with special attention to the following: HIV/AIDS including strategic information, prevention, and quality improvement / quality management for care and treatment of advanced HIV disease and co-infections, sexually transmitted diseases, malaria, antimicrobial resistance infections, emerging and re-emerging infectious diseases, zoonotic diseases, vaccine-preventable diseases such as influenza, or other diseases with pandemic potential. Activities under this NOFO may also address environmental health issues, chronic diseases, birth defects and developmental disabilities, cross-cutting issues of maternal and child health, public health preparedness and response, laboratory and biosafety, infection and injury prevention and control, and prevention of transboundary infectious disease transmission. CDC will work collaboratively with the recipient to contribute to three specific goals: 1) Health Impact: Improve the health and well-being of people in Thailand, the Southeast Asia region, and the world; 2) Health Security: Improve the capacity to prevent, prepare, detect and respond to infectious disease, other emerging public health threats, and public health emergencies; and 3) Health Capacity: Strengthen and sustain public health capacity, infrastructure, management, and monitoring.

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 60,000,000

e. Average One Year Award Amount:
$ 9,500,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 01, 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

CDC is working through its strong partnerships to increase global health impact and assure the implementation and evaluation of public health programs will result in the prevention and control of diseases and subsequently apply the knowledge gained to other settings. The Thailand MoPH is the key stakeholder to enable CDC to execute its global health strategies and other public health priorities in Thailand and the Southeast Asia region. Over the past several years, a variety of public health approaches implemented by CDC and Thailand MoPH have successfully prevented new infections, improved care and treatment of existing diseases, and strengthened the capacity to collect and use surveillance data.

Despite advances, major challenges still persist. Over the past four decades, Thailand has undergone significant social, economic, and demographic changes. Demographic changes have resulted in an increasingly aging population structure, as well as increased exposure to non-communicable disease (NCD) risk factors, such as poor diet, sedentary lifestyle, tobacco consumption and harmful use of alcohol. The top three causes of deaths (cardiovascular disease (CVD), cancer, and injury) in Thailand are all NCDs. Infectious diseases continue to be serious public health issues impacting Thailand and the Mekong region-extending globally as more people travel. Overall HIV incidence has decreased, but incidence and prevalence remain high among key populations, particularly men who have sex with men (MSM) and transgender (TG) women and sex workers in larger urban areas.

An estimated 2.4 million migrants live in Thailand. Migrants and other mobile populations have less access to healthcare and bear a higher burden of diseases of public health importance such as TB and malaria, posing increasing strain on health systems. Emerging infectious diseases such as COVID-19 can easily spread across international borders, with continued efforts needed to enhance early detection and support control measures to prevent pandemics. The ability to achieve HIV epidemic control in Thailand is constrained by a health system that does not provide an integrated continuum of HIV prevention, HIV testing and counseling (HTC), care, treatment of HIV and co-infections (tuberculosis, sexual transmitted infections, hepatitis infections), and support services that respond to the needs of people living with HIV (PLHIV) including priority populations (PPs) such as, MSM, TG and People Who Inject Drugs (PWID)) and their partners. Overcoming this requires implementation of standards for innovations in HIV prevention, same-day, high-quality, patient-friendly HTC including offline to online HTC, index testing and self-testing, with immediate referral of PLHIV and priority populations to care and initiate same-day/rapid anti-retroviral therapy (ART), promote retention to treatment and continuity of care,

targeting PPs in priority provinces, accompanied by greater capacity of health care workers (HCWs) and laboratory staff to implement, monitor and continuously improve these HIV services. In addition, systemic public health responses should be established to control new infections in priority areas where PLHIV with recent infections are identified.

Reducing the burden of disease and improving public health in Thailand requires a multifaceted approach. In the next five years, this umbrella cooperative agreement will facilitate collaboration within CDC and across the Thailand MoPH, emphasize the critical role of multi-sector and regional collaboration in core domains of public health to avoid duplication of effort and produce sustainable improvements in areas of public health importance for both the United States and Thailand.

b. Statutory Authorities

Public Health Service Act, Sections 301(a)[42 U.S.C. 241(a)], 307 [42 U.S.C. 2421] and section 317(k)(1) and (2) (42 U.S.C.247b(k)(1) and (2), as amended as well as under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria At 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) [42 U.S.C. 300cc-40a et seq];

GHSA: Public Health Service Act sections 301(a) and 307, as amended,42 U.S.C. §§ 241 and 242l; Public Health Service Act sections 307 and 317(k)(1) and (2), (42 U.S.C. and 247b(k)(1) and (2), as amended.

PEPFAR Funding:

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

This NOFO supports Healthy People 2030, Global Health Goal: Improve health by preventing, detecting, and responding to public health events worldwide.
https://health.gov/healthypeople/objectives-and-data/browse-objectives/global-health

d. Other National Public Health Priorities and Strategies

This announcement supports the Department of Health and Human Services' (HHS) Global Health Strategy: http://www.globalhealth.gov/global-programs-and-initiatives/global-health-strategy/

This NOFO aligns with the current CDC strategic priorities including CDC's Global Health Strategy, which focuses on: improving the health and well-being of people around the world; improving capabilities to prepare for and respond to infectious diseases, other emerging health threats and public health emergencies; and maximizing the potential of CDC's global programs to achieve public health impact. http://www.cdc.gov/globalhealth/strategy/

CDC has been a leader in improving global health security (GHS) for many decades and plays an important role in the Global Health Security Agenda. This NOFO is in-line with these priorities. http://www.cdc.gov/global health/security/cdc.html

PEPFAR Funding:
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.

e. Relevant Work

This NOFO builds on CDC's previous cooperative agreements and over 40 years of Collaboration with the Thailand MoPH to prevent and control HIV/AIDS, health information management systems, surveillance, tuberculosis, opportunistic infections, malaria, influenza, and other emerging infectious diseases; improve refugee and migrant health; translate local findings into global advances; detect and respond to emerging and re-emerging health threats and share important lessons and knowledge from Thailand's experience with other countries. Supporting U.S. public health investments in Thailand sustains public health gains already made, increases health security for U.S. citizens from country-specific, regional and global threats, maintains a strong platform for regional and global investigation, and fosters health diplomacy.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-GH21-2106 Logic Model: Technical Collaboration to Strengthen and Expand Capacity to Detect, Prevent, Respond and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Public Health (MoPH) in the Kingdom of Thailand.

Bold indicates period of performance outcome

Strategies and Activities	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
The activities below will be funded in various content areas including Global HIV/AIDS and TB, Influenza, Global Health Protection, Non-Communicable Diseases, and Immigrant, Refugee and Migrant Health. Focus Area 1: Enhance workforce capacity in epidemiology, laboratory practices, strategic information and program management for disease prevention and control. Focus Area 2: Enhance the quality of public health services and systems for target populations. Focus Area 3: Enhance multi-sectorial and multi-disciplinary capabilities to anticipate, prevent, detect and respond to public health threats.	Increased knowledge and skills among public health and multi-disciplinary workforce in disease prevention and control, and quality of care and treatment. **Increased coordination among public health and multi-disciplinary workforce to prevent, detect, and respond to outbreaks and public health emergencies.** **Increased capacity by health providers to provide quality treatment and laboratory services according to the national and/or international standards.** **Improved accuracy and reliability of surveillance and monitoring and evaluation (M&E) data/ systems to**	**Increased number of provinces with a public health surveillance system able to quickly detect, respond to, prevent, and recover from health emergencies.** **Improved data and programs related to vaccine, treatment, and prevention/control policies.** **Improved quality of treatment and laboratory services provided to patients with HIV/AIDS, STIs, TB, malaria and influenza, and persons at high risk of infections.** **Increased access and routine use of data for evidence-informed program and policy planning, target setting, and quality improvement.** **Improved coordination and communication efforts for public health threats, including malaria, influenza, zoonotic diseases, chronic**	Improved outbreak prevention, detection, and response. **Increased coverage of HIV diagnosis, HIV prevention, ART retention with viral suppression for priority populations towards the Ending AIDS targets (95-95-95).** **Increased infection control and coverage rates for vaccine preventable diseases.** **Reduced morbidity among migrants and other travelers.** **Developed sustainable projects for Global Health Security in Thailand.** **Established public health policies for chronic disease prevention and control.**

Focus Area 4: Implement Global Health Security preparedness for public health threats in the Asia region to enhance capabilities across multiple sectors.	**monitor infectious, non- infectious disease and potential public health threats.** **Increased capacity by public health leadership to use strategic information for HIV prevention and treatment continuity.**	**diseases, HIV/AIDS, STIs and TB control in Asia region.**	

i. Purpose

The purpose of the NOFO is to focus on improved health impact, health security, and health capacity contributing to continued improvements in the health and well-being of people in Thailand, the Southeast Asian region, the United States, and the world; to strengthen the existing public health system in Thailand with sustainable capacity to deliver comprehensive, effective, and high-quality public health-related services and interventions; and to improve healthy security capabilities to prevent, prepare, detect, and respond to emerging situations.

ii. Outcomes

Intended results of activities under this NOFO will ultimately lead to improvement in the health and well-being of people in Thailand; and make contributions to improved health and well-being in the region. The recipient is expected to demonstrate measurable progress toward addressing the following key short, intermediate and long-term outcomes depicted in the logic model and listed below:

Short-Term Outcomes:

Increased knowledge and skills among public health and multi-disciplinary workforce in disease prevention and control, and quality of care and treatment.
Increased coordination among public health and multi-disciplinary workforce to prevent, detect, and respond to outbreaks and public health emergencies.
Increased capacity by health providers to provide quality treatment and laboratory services according to the national and/or international standards.
Improved accuracy and reliability of surveillance and monitoring and evaluation (M&E) data/ systems to monitor infectious, non- infectious disease and potential public health threats.
Increased capacity by public health leadership to use strategic information for HIV prevention and treatment continuity.

Intermediate Outcomes:

Increased number of provinces with a public health surveillance system able to quickly detect, respond to, prevent, and recover from health emergencies.
Improved data and programs related to vaccine, treatment, and prevention/control policies.

Improved quality of treatment and laboratory services provided to patients with HIV/AIDS, STIs, TB, malaria and influenza, and persons at high risk of infections.
Increased access and routine use of data for evidence-informed program and policy planning, target setting, and quality improvement.
Improved coordination and communication efforts for public health threats, including malaria, influenza, zoonotic diseases, chronic diseases, HIV/AIDS, STIs and TB control in Asia region.

Long-term Outcomes:
Increased coverage of HIV diagnosis, HIV prevention, ART retention with viral suppression for priority populations towards the Ending AIDS targets (95-95-95).
Increased infection control and coverage rates for vaccine preventable diseases.
Reduced morbidity among migrants and other travelers.
Developed sustainable projects for Global Health Security in Thailand.
Established public health policies for chronic disease prevention and control.

iii. Strategies and Activities

To achieve these outcomes, the NOFO will concentrate on strategies and activities that fall in to four Focus Areas:

- Focus Area 1: Enhance workforce capacity in epidemiology, laboratory practices, and program management for disease prevention and control
- Focus Area 2: Enhance the quality of sustainable public health services and systems
- Focus Area 3: Enhance multi-sectorial and multi-disciplinary capabilities to anticipate, prevent, detect and respond to public health threats
- Focus Area 4: Implement Global Health Security preparedness for public health threats in the Asia region to enhance capabilities across multiple sectors.

The applicant must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, the applicant should use evidence-based program strategies. Applicant may propose additional strategies and activities to achieve the outcomes. Applicant should select existing evidence-based strategies that meet their needs or describe the rationale for developing and evaluating new strategies or practice-based innovations. Activities will be identified by focus area and include more specific outcomes within each section; all of which will lead up to achieving the overarching outcomes (section above). Activities may address more than one focus area and will be based on the best available evidence and practice in public health, education, and allied fields. Collaboration and coordination of activities will be essential to accelerate progress toward intended outcomes. Program M&E is an integral component of day-to-day work under this NOFO. Activities should be planned with incorporating the results of program evaluations into operational disease prevention and control programs, ensure the sharing of expertise and lessons learned nationally, regionally and internationally, and use the results to develop science-based health policies and guidelines wherever possible. Strengthening of effective coordination and communication is an essential element that will cross each of the focus areas.
Within the broad focus areas, short-term, long-term and subject matter-based activities will be identified. All activities will lead to strengthening of the existing public health system in

Thailand with sustainable capacity to deliver effective, and high-quality public health-related services and interventions. Program-specific activities will support the overall strategies for CDC to maximize its resources, provide unified assistance and avoid duplication.

Focus Area 1: Enhance workforce capacity in epidemiology, laboratory practices and program management for disease prevention and control.

The focus of this strategy is to increase the number of competent public health personnel to serve the entire population at all levels of the health system (i.e., national, provincial, district). Trained and skilled public health personnel maintain good surveillance data, detect public health threats early, and provide rapid response to effectively control and prevent future outbreaks or other threats at national, provincial and district levels. Trained personnel can effectively monitor and evaluate programs and know how to use data and evidence for public health action and effective decision making.

Activities in this focus area are expected to contribute to the overarching outcomes identified above and the following: a strengthened public health workforce in Thailand; improved laboratory services and systems, enhanced information sources and systems to inform public health action, and improved communication and coordination of action and services to support and sustain the public health workforce. Activities in this focus area should lead to improved human resources for preparedness and response to public health threats and improved, sustainable capacity for public health action in Thailand.

It is expected that activities in this section will assist in building the capacity of public health professionals, including laboratory personnel, MoPH personnel, university and graduate level select students and others (e.g., those who implement activities) to design and implement evidence-based programming (program planning, implementation, data collection, evaluation, and analysis); conduct public health surveillance and epidemiological assessments relevant to risk factors and disease, premature death, and quality of life; develop public health laboratory systems and diagnostic capacity; carry-out epidemiological analyses that support national and regional disease prevention and control efforts; and administer and manage public health programs (including personnel, financial and administrative management).

Overarching activities to meet this focus area during the five-year period include:

- Strengthen public health workforce including the International Field Epidemiology Training Program (IFETP), fellowships, mentorships, supportive supervision, experiential learning, training of trainers and other evidenced based training activities
- Developing standard curriculum, guidelines and SOPs
- Supporting workgroups and technical advisory committees

Year 1 programmatic activities may include, but are not limited to:

Global HIV & TB (DGHT):

- Conduct trainings for health care workers (HCWs) on -MSM sensitivity training - Common questions in virtual clinic online - SOP for virtual clinic online

- Enhance capacity of health care workers to promote PEPFAR supported interventions including improve quality and coverage of HIV viral load, and HIV drug resistance testing, HIV self-test, same-day/rapid ART initiation, enhance adherence counseling, treatment literacy, lost-to-follow up case management, differentiated service delivery, TLD transition, TB preventive treatment implementation, and TB Urine LAM implementation through training, supervision, and continuous quality improvement (QI) systems
- Provide training with regular supervision, coaching, and mentorship in Continuous Quality Improvement (CQI) processes for health care providers in priority provinces to promote good practices for same-day/rapid ART initiation, HIV testing including CD4, viral load (VL), an HIV drug resistance testing
- Conduct capacity building for community based organizations (CBOs) and HCWs in M&E including community-led monitoring, HIV testing promotion, peer referral, mobile HIV testing using rapid tests, HIV case management, program management including implementation and management and operations; Capacity building with Civil Society Organizations (CSOs) may be included
- Build human capacity for analysis and interpretation of HIV strategic information to identify programmatic bottlenecks, areas where programmatic improvement is needed, and promote routine use of data as evidence to facilitate rapid scale-up of PEPFAR-supported high impact interventions that align with national strategies.
- Capacity building and strengthening of laboratory quality improvement and data utilization to improve efficiency of HIV care and treatment and VL testing
- Strengthen provincial-level laboratory program management on HIV testing, care and treatment through the provincial laboratory committees and technical working groups to monitor and manage program activities
- Support coordination among laboratories and VCT clinics in hospitals to promote 95-95-95 goals
- Strengthen laboratory network to facilitate program implementation and quality improvement activities through site assessment and supervision

Influenza (Flu):

- Develop and enhance capacity among Thai healthcare personnel to address influenza and other emerging infectious diseases

Global Health Protection (DGHP):

- Integrate One-Health track in the IFETP
- Enhance laboratory biosafety and capacity
- Support Global Health Security Agenda workforce development priorities
- Enhance capacity at national and provincial levels on Non Communicable Diseases (NCD) epidemiology
- Integrate non-communicable disease track in the IFETP
- Capacity building for behavior risk factor surveillance system in Thailand
- Provide training on disease surveillance, epidemiological analysis and data management, across multiple sectors, focused in areas at higher risk of disease emergence or introduction

- Enhance public health informatics capacity at the national and sub-national level including for emergency response
- Strengthen laboratory capacity for rapid diagnostics of emerging, zoonotic and anti-microbial resistant infections
- Support efforts to develop scientific communication capacities through formal training and mentoring

Immigrant, Refugee and Migrant Health (DGMQ):

- Improve the capacity of the MoPH to detect and respond to diseases of public health importance among migrants and travelers at ports of entry and within migrant communities

Focus Area 2: Enhance the quality of sustainable public health services and systems

The health system includes all activities intended to promote, restore, or maintain health. The health system includes the people, institutions, and resources, arranged together in accordance with established policies and practices, to protect and improve the health of the population served. Thus, health systems strengthening refers to the process of identifying and implementing necessary changes in policy and practice to better respond to persistent or emerging challenges. This work includes any array of initiatives and strategies that improve function of the health system. Recipient is encouraged to promote networks among different levels of health facilities and communities.

Strategies and activities under this focus area are expected to contribute to the overarching outcomes (identified in section above) as well as the following outcomes: improved use of evidence-based programs and services, improved public health surveillance, improved health management information system, improved M&E of programs and services, and improved communication and coordination of programs and services. Activities ultimately should lead to improved use of data to inform public health action and services; and improved quality of programs and services across the health system.

It is expected that activities under this section will strengthen health systems at national, provincial and district level, strengthen (and link) surveillance systems to identify and address public health priorities, promote and strengthen integrated and multidisciplinary approaches to quality health services, enhance efforts to build health management information systems and data management capacity, promote continuing program QI, promote use of best practices, and support host country to identify successful programmatic interventions that have potential to be replicated and scaled-up in priority areas. Activities will strengthen and support effective linkages within the health setting and create enabling environments in order to reach priority populations.

Overarching activities to meet this focus area during the five-year period include:

- Implementing feasibility studies and other assessments aimed at aligning resources and programming to best available evidence
- Improving quality control and quality assurance for surveillance systems

- Supporting for integrated disease and risk factor surveillance at national and provincial levels
- Strengthening program management and monitoring and evaluation to improve programs and services
- Strengthening health management information system
- Strengthen public health laboratory systems and processes and the national and provincial levels
- Improving management and coordination

Year 1 programmatic activities may include, but not limited to:

Global HIV & TB (DGHT):
Implementing and evaluating the feasibility of the HIV test, treat and prevention program model, particularly among MSM and Transgender women in Thailand including demand creation (for testing, for PrEP, for Treatment) and peer outreach and web-based HIV testing promotion, index partner testing for targeted testing for higher positivity yield, special HIV testing promotion events, implementation and integration of HIV self-testing as part of a comprehensive HTC services

- Expanding HIV testing among MSM and TG women (e.g., via highly targeted mobile testing or online react to offline testing) as well as with same-hour screening and same-hour testing administered by community partners and same-day confirmation by Government-run facilities
- Improve the quality of care across the continuum of care cascade, and address stigma and discrimination from the national level through policy development to the local level by using community meetings, peer outreach, and a web-based presence
- Strengthening the QI of HIV Treatment and Care and co-infections (tuberculosis, STIs, hepatitis infections) programs including support case managers, same-day and rapid ART initiation, promote retention to treatment, reduce mortality rate, promote TB, STI, hepatitis infections screening, prevention and treatment among PLHIV, promote TLD transition and differentiated service delivery; Strengthening a harmonized and streamlined monitoring and evaluation system to describe ongoing interventions, characteristics, and outcomes across various stakeholders and different levels of HIV program implementation and HIV populations (i.e., MSM and TG women). Include community monitoring in the M&E process for a comprehensive M&E system.
- Improved and sustainable management and coordination for effective implementation through building capacity of the decentralized provincial surveillance and monitoring and evaluation network
- Strengthen program monitoring at site level to improve quality of laboratory information systems to improve HIV services
- Strengthen hospital health management systems, HIV surveillance systems, program monitoring and evaluation, data visualization and dissemination systems, build human capacity for HIV program monitoring and evaluation, data utilization for program improvement and policy advocacy.

- Increasing capacity building and strengthening of laboratory quality improvement and data utilization to improve efficiency of HIV care and treatment
- Strengthen laboratory program management in each province on HIV testing, care and treatment through the provincial laboratory committees and technical working groups to monitor and manage program activities
- Increased coordination among laboratories and VCT clinics within the hospital to achieve 95-95-95 goals.
- Advanced detection of people with newly acquired infections through state of the art HIV Recency testing and implementation of a public health response based on case finding and care/treatment programmatic results to prevent new infections and improve overall HIV program
- Strengthening HIV and STI laboratory quality assurance programs to monitor the quality of laboratory services

Influenza (Flu):

- Enhance surveillance for vaccine preventable infections
- Improve quality control and quality assurance for surveillance systems
- Improve scope of diagnostics for respiratory disease outbreaks

Global Health Protection (DGHP):

- Advancing hospital infection control systems to detect, prevent and contain emerging infectious diseases
- Developing antimicrobial stewardship programs in animal and human sectors
- Introducing robust comparable population-based indicators for use in antimicrobial resistance surveillance
- Strengthening surveillance for antimicrobial resistant infections in select provinces
- Enhancing surveillance for acute febrile illnesses, including emerging and zoonotic infections, in border areas of Thailand
- Improving health informatics systems for disease surveillance including interoperability of information systems and enhanced display of near-real time data
- Support One Health surveillance and response to zoonotic diseases in human, livestock and wildlife

Non-Communicable Diseases (NCD):

- Development of national cancer screening program
- Improving quality of existing and brand-new cancer registry
- Strengthening NCD and Injury surveillance systems for targeting and designing NCD and injury prevention and control

Immigrant, Refugee and Migrant Health (DGMQ):

- Evaluate and improve the sensitivity and/or specificity of disease reporting in migrant populations

Focus Area 3: Enhance multi-sectorial and multi-disciplinary capabilities to anticipate, prevent, detect and respond to public health threats

This focus area includes building capacity to identify and respond to a wide range of emerging infections, including respiratory syndromes, diarrheal diseases, foodborne illnesses, zoonotic diseases, and others, through integrated disease surveillance, prevention, and control activities.

Activities are expected to contribute to the overarching outcomes discussed previously, as well as outcomes specific to this focus area: fully implement the International Health Regulations and other relevant global health frameworks (including Global Health Security Agenda); improve response and control of outbreaks and other public health emergencies; improve exchange of information and coordination between sectors and disciplines; and strengthen investigative and response capacity in Thailand and the region. Ultimately, activities will lead to longer-term outcomes including reduced burden and impact of public health emergencies; improved preparedness to public health threats, and reduction of outbreak risks at their source.

Overarching activities to meet this focus area during the five-year period include:

- Enhance public health emergency management and risk communication
- Strengthening public health systems to assess and reduce outbreaks risks at source
- Strengthen systems for response and containment to public health emergencies
- Strengthen multi-sectoral workforce capability to investigate and respond to outbreaks and other public health emergencies

Year 1 programmatic activities may include, but not limited to:

Global HIV & TB (DGHT):

- Design, demonstrate, and evaluate innovative, scalable, and more effective approache s for HIV epidemic control on technical assistance and coordination of capacity building for public health facilities to promote and support scale-up of HCT, care, and treatment and building HCW capacity and strengthening laboratory and strategic information (surveillance, monitoring, and evaluation) services in collaboration with national, sub-national, international, non-governmental stakeholders including CSOs, BMA, National Health Security Office, Social Security Scheme Office, Thai AIDS Society, UN agencies and other US agencies.

Influenza (Flu):

- Increase Thailand's laboratory capacity to prepare and respond to pandemic influenza or other infections through improved quality control and enhanced biosafety
- Strengthen event-based surveillance systems to detect respiratory disease outbreaks more quickly

Global Health Protection (DGHP):

- Development of improved surveillance and laboratory capacity for the detection of zoonotic pathogens at the human-animal interface

- Strengthening systems to advance Global Health Security especially those related to emergency preparedness and management, including supporting interoperable emergency operations centers
- Developing enhanced quality assurance and biosafety programs for emerging infectious diseases including antimicrobial resistant organisms at the national, sub-national and regional level
- Assessing newer technologies, including advanced molecular diagnostic systems, for use in public health surveillance and outbreak detection activities
- Support network of One Health professionals in national and sub-national surveillance and rapid response
- Establishing and strengthening NCD response system at national level

Immigrant, Refugee and Migrant Health (DGMQ):

- Improved surveillance of disease outbreaks in migrant populations to improve the ear ly detection of emerging infections
- Support border health strengthening work to detect and prevent transboundary infectious diseases

Focus Area 4: Implement Global Health Security preparedness for public health threats in the Asia region to enhance capabilities across multiple sectors

Promoting and sustaining engagement between sectors is a priority on the path to improved population outcomes in public health and allied fields. Although this partnership includes a long history of collaboration across sectors in Thailand and in the region, well-coordinated planning and implementation remains a challenge amidst competing priorities and demands on resources across countries in the region and amongst sectors in Thailand. Thailand has taken a leadership role on two of the 11 Global Health Security Agenda Action Packages—National Laboratory Systems and Workforce Development—and a contributing role on a third Action Package—Anti-Microbial Resistance. This leadership role will provide opportunities to strengthen regional collaboration across the three action packages. In the next five years, this cooperative agreement will emphasize the critical role of multi-sector and regional collaboration in core domains of public health to avoid duplication of effort and produce sustainable improvements in identified focus areas.

Activities are expected to contribute to the overarching outcome mentioned in the above section and also lead to specific outcomes to meet this focus area include enhanced connectedness and relationship among partner organizations, improved exchange of information and resources, and improved coordination and delivery of programs and services. Ultimately, activities will lead up to longer term outcomes including strengthened health security at borders and points of entry.

Overarching activities to meet this focus area during the five-year period include:

- Create shared opportunities for technical assistance and consistent exchange of information in the country and region
- Enhance screening and referrals at border areas and points of entry

- Improve the assessment of health care available to migrant persons and other vulnerable populations with diseases of public health importance
- Strengthen prevention and response to cross-border outbreaks and transmission of disease
- Contribute to the base of evidence on multi-sectoral approaches to health security

Year 1 programmatic activities may include, but not limited to:

Global HIV & TB (DGHT):

- Global Capacity Building and Global Technical Assistance including capacity strengthening workshops for M&E, study visits and trainings, with dissemination of experiences and lessons learned from Thailand on the HIV/AIDS response, stigma & discrimination reduction program to the region
- Assist a network of hospitals that provide ART along the Lao-Thai border to increase HIV testing, implement QI systems for ART use, and maintain PLHIV in the continuum of care cascade at those sites
- Educate HIV-infected migrants about HIV prevention
- Introduce technical knowledge and experiences on governmental health fund allocation for HIV
- Capacity building and technical assistance to strengthen and improve the quality of HIV and HIV related testing in the region
- Capacity building for laboratories in quality management in the region to provide quality laboratory services according to international laboratory standards
- HIV monitoring, program response and surveillance systems

Global Health Protection (DGHP):

- Strengthening applied and field epidemiology training in South and Southeast Asia region
- Strengthening laboratory capabilities in the region
- Strengthening regional collaborations for emergency response, disease surveillance and information systems, infection control and antimicrobial resistance containment, across human, livestock and wildlife sectors
- Establishing a center of excellence for injury prevention and epidemiology and offer trainings and technical assistance in the region
- Support national health and relevant authorities in disease elimination

Immigrant, Refugee and Migrant Health (DGMQ):

- Develop and maintain surveillance systems for infectious diseases of public health importance in migrant and displaced populations in the region
- Develop and strengthen health networks and partnerships with communities and civil society to better prevent, detect and respond to public health threats among displaced persons and migrant populations

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:
CDC possesses acknowledged expertise to address the challenges of global health and works in concert with domestic and international partners to improve health and well-being around the world. CDC's Center for Global Health (CGH) is responsible for technical work conducted by global programs within the Center, including immunizations, HIV/AIDS, tuberculosis elimination, disease detection and response, health systems and laboratory strengthening, and malaria and other parasitic diseases. Many other CDC programs contribute expertise and engage in global health work, including the control of HIV, sexually transmitted diseases, tuberculosis and hepatitis infections; antimicrobial resistance; bacterial and viral respiratory infections; vector-borne diseases; rabies; and viral hemorrhagic fevers. CGH facilitates collaborations among these programs and in many cross-cutting areas such as maternal and child health, infectious and non-communicable diseases, outbreak responsiveness, and water and sanitation.

Recipient will collaborate with CDC Thailand subject matter experts and Project Officer on project management and technical oversight of project activities under each technical area and on development and implementation of the evaluation performance management plan. The project officer for this award will provide all relevant contacts and coordinate discussions with the award recipient. Recipient will seek post-award consultation with in-country staff, if applicable, and the appropriate other technical leads for proposed projects.

It is expected that the recipient will engage with internal and external stakeholders (noted below) who contribute to the goals identified in the announcement during development and implementation of activities and the evaluation performance plan.

Recipient is expected to collaborate with various CDC Divisions and Programs to ensure that the activities and materials meet CDC standards, maximize resources, avoid duplication, and concur with CDC published recommendations and disease specific information.

b. With organizations not funded by CDC:
Recipient is expected to collaborate with key partners including other U.S. Government stakeholders (the United States Agency for International Development (USAID), U.S. Department of State, Health and Human Services Office of Global Affairs, and National Institutes of Health), as well as United Nations Children's Fund (UNICEF), World Health Organization (WHO), Bangkok Metropolitan Administration, local universities, Thai Red Cross and other local and international civil societies who are working in Thailand. Recipient should work closely with all stakeholders in the development of the evaluation performance measurement plan (later defined in this announcement) including program managers from MoPH Departments, service delivery stakeholders (e.g., hospital health care providers, laboratory technicians, peer counselors), and other technical assistance stakeholders.

2. Target Populations

Target populations will be defined by programmatic area. Applicants should state in their funding requests whether and how target populations will be addressed.

Influenza: populations at high-risk for influenza-
associated morbidity and mortality include individuals aged ≥65 years, individuals with chronic underlying medical conditions, young children aged six months to two years, pregnant women, and healthcare personnel.

Malaria:
populations for malaria activities should include people living or working in epidemiologically defined areas of malaria transmission. Sub-population target groups within these malaria transmission zones should include those most at-risk for severe disease e.g. children under five years of age and pregnant women.

HIV/AIDS: Target populations at high-risk for HIV/AIDs include PLHIV (adults, adolescents, and children), MSM, TG women, partners of PLHIV, health care workers, laboratorians, PWID, and other public health personnel who will engage PLHIV including PPs in geographic areas where those populations are concentrated.

Non-communicable disease (NCD)
and injury interventions populations include general populations groups (all age groups), high risk populations, and populations with NCDs and injuries.

Immigrant, Refugee and Migrant Health: Displaced persons, migrants and persons who travel internationally.

Other target
populations: Include children less than five years of age at risk for respiratory diseases and vaccine preventable diseases including diphtheria, pertussis, and measles; and all age groups at risk for food and water borne diseases specifically salmonellosis and Hepatitis B and C, emerging infections, vector-borne diseases, antimicrobial resistant infections, and non-communicable diseases including road traffic injuries, cancer, hypertension, and diabetes.

a. Health Disparities
N/A

iv. Funding Strategy
Multiple programs are contributing to this award and there will be multiple funding streams available for different strategies and activities.
Since this award will cover multiple programs (Global HIV/AIDS, Influenza, Global Health Protection, NCD, Migrant Health, etc.), please ensure that every project has complete information and addresses all elements. Please upload additional projects in the appendix section. Applicant should title each project to keep them separate and easy to review.

PEPFAR Funding:
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 $X 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.

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
The purpose of evaluation and performance measurement is to help CDC recipients: (1) Monitor the extent to which activities were successfully completed (e.g., Were activities implemented correctly?); (2) Demonstrate progress toward achieving program outcomes (e.g., Were outcomes of interest achieved?); and (3) Inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance (e.g., What and how could things be improved?).

An Evaluation and Performance Measurement Plan (EPMP) is required as part of this NOFO to measure NOFO accomplishments. The primary objective of the EPMP implementation is to determine the progress of activities under this NOFO and indicate how they relate to the desired outcomes. The results will be used for program improvement, accountability and reporting, and for sharing with partners and other stakeholders.

The EPMP framework describes how CDC will work with the recipient on NOFO activities related to performance measurement and evaluation, recipient requirements, engagement of stakeholders, information dissemination, and allocation of funds for EPMP.

CDC Approaches for Performance Measurement:
Throughout the five-year NOFO period, CDC will work with the recipient to measure implementation performance. Note that:

- CDC will use results of performance measures to continuously determine whether NOFO activities and outcomes were achieved as planned.
- CDC will provide technical assistance to the recipient to support routine data collection, analysis of key performance indicators, and quarterly reporting to CDC.

- CDC will review the monitoring results and provide feedback, noting any necessary corrective and/or improvement actions, according to the performance measurement standard.
- Quarterly, CDC, in partnership with the recipient, will hold Program Implementation Reviews in order to review financial information, status of activities and key successes and challenges to achieve outcomes.

At the end of NOFO period (annually), CDC, in partnership with the recipient, will conduct site monitoring using program specific monitoring tools in order to (1) demonstrate accountability of the NOFO investments, and (2) prioritize quality improvement actions needed to achieve program accomplishment as planned. Site monitoring reports will be distributed to the recipient.

CDC Approaches for NOFO Evaluations:
Throughout the five-year NOFO period, CDC will work with the recipient to conduct program evaluations in order to determine the effectiveness of the proposed activities under this NOFO. This includes:

To conduct process and outcome evaluations of the funded activities.

- Process Evaluation: Process evaluation will assess the extent to which the agreed NOFO activities have been implemented as planned. Limitations, barriers, and key success factors of the implementation will be explored. It is expected that this evaluation will be conducted during Years 2-3.
- Outcome Evaluation: Outcome evaluation will be conducted to determine whether the funded activities are leading to the expected outcomes. It is expected that this evaluation will be conducted during Years 3-4.

To finalize the evaluation protocols and plan for implementation at the designated timeframe. A system for collecting data over time to answer evaluation questions should be established during program implementation.

To ensure that all evaluations are consistent with established frameworks and program specific requirements such as the "PEPFAR Evaluation Standards of Practice (ESoP)". Submission of Non-research Determination (NRD) CDC-ADS for ethical clearance is required. CDC will assist the submission process.

To report the evaluation findings to relevant stakeholders and will make these publicly available in order to enhance the utilization of the findings to improve program effectiveness, and continued program improvement upon completion of the award.

CDC Roles on adherence to Evaluation Standards of Practice (ESoP):
CDC will provide TA to the recipient to ensure that the following practices consistent with the established evaluation standards and are integrated with all evaluation activities:

- Engage stakeholders
- Clearly state evaluation questions, purpose, and objectives
- Use appropriate evaluation design, methods, and analytical techniques Address ethical considerations and assurances

- Identify resources and articulate budget Construct data collection and management plans
- Ensure appropriate evaluator qualifications and evaluation independence Monitor the planning and implementation of an evaluation
- Produce quality evaluation reports Disseminate results
- Use findings for program improvement and sustainability

Recipient Requirements:
Within six months of the award, recipient(s) will work with CDC Thailand to refine the EPMP, ensuring the EPMP is consistent with the EPMP principles, well aligned with the designed logic model (proposed activities and outcomes), and is feasible to be conducted in the designed timeframe.

The recipient is required to be the primary responsible unit to implement the EPMP and will designate a point of contact as a focal point, champion, and resource for evaluation and performance measurement within the organization.

The recipient is required to submit the performance measurement reports to CDC Thailand quarterly throughout the project period.

In collaboration with CDC, the recipient will implement the evaluation protocols in the designed timeframe.

Recipient is required to adhere to Evaluation Standards of Practice when designing and implementing NOFO-funded evaluations and when developing the report.

Engagement of stakeholders:
Engagement of stakeholders at all steps of the EPMP implementation is essential. Since this NOFO aims to strengthen the existing public health capacity and system in Thailand and to improve health security capabilities to prevent, prepare, detect and respond to emerging situations, engaging all stakeholders who are contribute to these goals during the EPMP implementation will provide critical inputs for program improvement. Key stakeholders include program managers from MOPH Departments, service delivery stakeholders (e.g., hospital health care providers, laboratory technicians, peer counselors,), TA stakeholders (e.g., Global Fund, WHO, UNICEF, etc.), independent subject matter experts (universities, para-statal organizations, professional societies and non-governmental organizations), other relevant ministries in the Royal Thai Government and CDC Thailand staff.

Funding Allocation for EPMP:
The recipient is required to allocate resources (in kind or within budget request) to support evaluation and performance measurement. This allocation will be 7-8% for PEPFAR / DGHT components and recommended for other program area awards under this umbrella NOFO.

Performance Measurement (Monitoring) Elements:
Performance measurement should, in general, be attuned to Thailand's health strategy objectives and the strategies supported by this funding announcement. CDC and recipient should ensure evaluation findings are timely and relevant, so as to maximize their use in CDC and the

organization's strategic planning, budgeting, and priority-setting processes. As such, the measurement protocol will be developed in close collaboration with recipient and CDC within the first 6 months of the award. CDC will provide standards, definitions, and suggested format(s) for reporting results based on MoPH strategic reporting objectives and the strategies supported by this award.

Program Evaluation Elements:
Process and outcome evaluation will address the program operations and their achievements. The LM will be used to guide the key areas for evaluation and evaluation questions. Concrete evaluation protocol(s) and implementation work plan will be finalized by recipient and CDC within six months of award.

Plan for data dissemination and utilization:
Recipient is expected to: Synthesize the results from each indicator with the expected outputs and outcomes of the program planning; disseminate the results to relevant stakeholders via quarterly reports that will be disseminated during regular progress meetings in order to determine quality improvement actions to accomplish the program expectation; and disseminate the official document on key results and the recommended plan for program improvement to other stakeholders for implementation.

Program Evaluation Elements:
Concrete evaluation protocol(s) and implementation work plan will be finalized by recipient and CDC within six months of award.

Potential data sources and collection methods:

- Program monitoring data from national database and logbooks to determine characteristics of individuals reached, including location. (quantitative). The data will be abstracted by recipient's evaluation team.
- Inputs from key informants to determine modes of reaching targeted populations (qualitative), types of reasons for not reaching the intended population (if applicable) (qualitative or quantitative), health infrastructure constraints, level of competencies and training needs among health workforce to provide specific disease intervention (qualitative or quantitative), etc. The data will be collected and analyzed by recipient's evaluation team through interview, observation, review of program plan-records-and reports.
- Inputs from key informants (e.g., health care providers, local and national program managers, clients) on factors that have facilitated and/or hindered desired public health goal (e.g. retention into care and adherence to treatment), including level of competencies and training needs among providers
- (qualitative or quantitative). The data will be collected and analyzed by recipient's evaluation team through interview, observation, review of program plan-records-and reports.
- Patient medical records from existing national databases to determine: adherence to standard services, retaining and adherence, and treatment outcomes (Quantitative). Intensive analysis of the quantitative data from national databases should be considered

to preliminarily define demographic and clinical associated factors to the preferable and failure treatment outcomes. The recipient's evaluation team will be responsible for data management.

Timeframe:
Process evaluation will be conducted at the end of Year 2-3. The evaluation findings are expected to be reported by second quarter of Year 4. Outcome evaluation will be conducted at the end of Year 3-4. The evaluation findings are expected to be reported by second quarter of Year 5.

Dissemination of Results for Improved Program Quality and Results:
Dissemination of and feedback on performance measurements and evaluation results is an integral part of the quality improvement cycle and of the EPMP. Dissemination and feedback assist and encourages program managers and operational staff to make use of results when formulating or adapting activities. The recipient is required to work with CDC Thailand for appropriate dissemination of the performance measurements and evaluation results. All stakeholders who are working on enhancing workforce capacity, improving quality of public health services and strengthening public health preparedness in Thailand should be primary audiences for feedback and recommendations for program improvement, as well as lessons learned from the success and failure of activities. Audiences include national health policy makers, MOPH and other relevant Ministerial staff; representatives of UN agencies, and other multilateral health agencies.

The recipient, CDC Thailand, and other partners will use this data to improve program results by adjusting procedures to address barriers to successfully meeting public health goals identified in this award. In addition, the results, especially the Year 4 outcome evaluation will be a valuable for policy makers and health authorities during future policy and program plan.

PEPFAR Funding:
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.

- DMP not required

c. Organizational Capacity of Recipients to Implement the Approach

CDC requires CVs/Resumes for key personnel and Organizational Charts. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

Applicants must demonstrate the ability to execute the CDC strategies and activities and meet period of performance outcomes. Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at:
https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

CDC must provide maximum flexibility to enable applicants to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute.

d. Work Plan
The work plan allows the CDC project officer to monitor implementation of activities and progress on project period outcomes. Each technical area the applicant is applying for must include a work plan. Work plans should be detailed and focused on the first year of the project period with a framework for subsequent years. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines and staffing. Applicants are strongly encouraged to use activities indicated under the "Strategy & Activities" section but are allowed to augment those activities on the basis of the priority needs. Additional information on performance measures, data sources and target population(s) can also be included.

The work plan must include, at minimum:

Activities and timelines to support achievement of expected outcomes. These activities must be in alignment with the overall logic model and have appropriate performance measures or milestones for accomplishing tasks;

Work plans must include activities and performance measures that are specific, measurable, achievable, relevant and time-specific;

Information on data sources and target population(s); Staff and administrative roles and functions to support implementation of the award; and Monitoring and evaluation plan to determine quality and effectiveness of program activities.

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.

Throughout the five-year NOFO period, CDC will work with the recipient to measure performance and monitor award requirements.

- CDC will use results of performance measures to continuously determine whether NOFO activities and outcomes were achieved as planned.
- CDC will provide technical assistance to the recipient to support routine data collection, analysis of key performance indicators, and quarterly reporting to CDC.
- CDC will review the monitoring results and provide feedback, noting any necessary corrective and/or improvement actions.
- Quarterly, CDC, in partnership with the recipient, will hold Program Implementation Reviews in order to review financial information, status of activities and key successes and challenges to achieve outcomes.

At the end of NOFO period (annually), CDC, in partnership with the recipient, will conduct site monitoring using program specific monitoring tools in order to (1) demonstrate accountability of the NOFO investments, and (2) prioritize quality improvement actions needed to achieve program accomplishment as planned. Site monitoring reports will be distributed to the recipient.

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
Global HIV/AIDS Non-Research Cooperative Agreements

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 9,500,000

5. Total Period of Performance Funding:
$ 60,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 47,500,000

6. Total Period of Performance Length:

5
year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$ 9,500,000
Per Budget Period

9. Award Ceiling:
$ 9,500,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 0
Per Budget Period

11. Estimated Award Date:
September 01, 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:
25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

2. Additional Information on Eligibility

Ministry of Public Health (MoPH) in the Kingdom of Thailand

The award ceiling for this NOFO under Section B. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

The MOPH is the only organization in Thailand that possesses the requisite scientific and technical expertise and the infrastructure capacity, and who has the primary responsibility within the Thailand government to address public health issues. These combined attributes make them uniquely qualified as the only organization in Thailand capable of effectively conducting public health program activities proposed for this umbrella cooperative agreement. The MOPH is uniquely positioned in terms of constitutional authority, mandate and ability to oversee and safeguard public health, and to collect and analyze information and disseminate reports related to multiple health issues. They have the ability to utilize existing public health networks and other partners to assure the accomplishment of the goals as required in this cooperative agreement.

The MOPH has in place the central, provincial and district-based structures required to immediately engage in the activities listed in this announcement. The MOPH is the key governmental agency that will enable CDC to execute its approved global health strategies. Specifically, the Center for Global Health (CGH) working through its strong partnerships with Ministries of Health, will assure the implementation and evaluation of public health programs that will result in the prevention, capacity building and control of diseases both communicable and non-communicable in Thailand. Over the past 20 years with four consecutive Cooperative Agreements, the MOPH has strengthened HIV/AIDS prevention, care, training and surveillance programs, TB surveillance and scaled up the successful pilot projects. Under the second and third Cooperative agreement, the collaboration expanded to include International Emerging Infection Disease, Migration and Quarantine (DGMQ), Influenza and non-communicable disease (NCD) activities. The MOPH has achieved goals and accomplished objectives that have led to improving the health and quality of life of Thai citizens. These collaborations between CDC and Thailand MOPH have led to breakthroughs in improved programmatic practices, strengthened laboratory systems and improve vaccine capacity in Thailand. These advances benefit not only Thailand, but also have had regional and global impact as well. Thailand MOPH has taken the initiative their expertise, lessons learned and capacities with other global partners.

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

		member(s) to obtain DUNS number, verify & update information under DUNS number		call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications 07/06/2021

07/06/2021
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

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

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.

Target populations will be defined by programmatic area. Applicants should state in their funding requests whether and how target populations will be addressed.

Influenza: populations at high-risk for influenza-associated morbidity and mortality include individuals aged ≥65 years, individuals with chronic underlying medical conditions, young children aged six months to two years, pregnant women, and healthcare personnel.

Malaria: populations for malaria activities should include people living or working in epidemiologically defined areas of malaria transmission. Sub-population target groups within these malaria transmission zones should include those most at-risk for severe disease e.g. children under five years of age and pregnant women.

HIV/AIDS: Target populations at high-
risk for HIV/AIDs include PLHIV, MSM, TG women, health
care workers, laboratorians, PWID, and other public health personnel who will engage PPs in geographic areas where those populations are concentrated.

Non-communicable disease (NCD)
and injury interventions populations include general populations groups (all age groups), high risk populations, and populations with NCDs and injuries.

Immigrant, Refugee and Migrant Health: Displaced persons, migrants and persons who travel internationally.

Other target populations: Include children less than five years of age at risk for respiratory diseases and vaccine preventable diseases including diphtheria, pertussis, and measles; and all age groups at risk for food and water borne diseases specifically salmonellosis and Hepatitis B and C, emerging infections, vector-borne diseases, antimicrobial resistant infections, and non-communicable diseases including road traffic injuries, cancer, hypertension, and diabetes.

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.

In addition to the above guidance, where the applicant chooses to, or is expected to, take on specific evaluation studies, they should also be directed to:

- Define the primary responsible unit to implement the EPMP and who will be designated as a focal point, champion, and resource for evaluation and performance measurement within the organization.
- Submit the performance measurement reports to CDC Thailand quarterly throughout the project period.
- Adhere to Evaluation Standards of Practice when designing and implementing NOFO-funded evaluations and when developing the report.

CDC will work with awardee to refine the EPMP, ensuring the EPMP is consistent with the EPMP principles, well aligned with the designed logic model (proposed activities and outcomes), and is feasible to be conducted in the designed timeframe.

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.

CDC requires CVs/Resumes for key personnel and Organizational Charts. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

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.

Exchange Rate Variances – Budget must be submitted in US dollars. Cost increases for fluctuations in exchange rates are allowable costs and may be requested from grantee subject to the availability of funding, and prior approval by the CDC Grants Official. Grantee is required to make reviews of local currency gains to determine the need for additional federal funding or re-budgeting within their approved budget to address cost increases or decreases. Subsequent adjustments for currency increases may be allowable only when the grantee provides the CDC with adequate source documentation from a commonly used source in effect at the time the expense was made, and to the extent that sufficient Federal funds are available.

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.

Funding Restrictions on PEPFAR Funds:

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-GH21-2106."

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:** 30

Evaluate the extent to which the applicant addresses the items below.

- *Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.*
- *Describes an overall strategy and activities consistent with the CDC Project Description and logic model.*
- *Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).*
- *Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.*
- *Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.*

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Evaluate the extent to which the applicant addresses the items below.

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake.

Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

ii. Evaluation and Performance Measurement **Maximum Points:** 0

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

Evaluate the extent to which the applicant addresses the items below.

- *Demonstrates relevant experience and capacity (both management, administrative, and technical) to achieve the goals of the project.*
- *Demonstrates experience and capacity to implement the evaluation plan.*

- *Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles.*

Provides an organizational chart.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Budget **Maximum Points:** 0

When scoring budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the Center for Global Health Extramural Program Office, GMO or GMS.
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.

Budget **Maximum Points:** 0

c. Phase III Review

All eligible applications will be initially reviewed for completeness by the Office of Grants Services (OGS) staff. In addition, eligible applications will be jointly reviewed for responsiveness by personnel of the Centers for Global Health (CGH) and OGS. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

A structured review will be conducted to evaluate the eligible, complete and responsive application according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria". The review will be conducted by professional program staff of CGH. As part of the review process, the applicant will receive a written Technical Review that summarizes the review findings regarding strengths, weaknesses, and recommendations.

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

GrantSolutions will provide electronic communication to the successful awardee(s) in the form of a notice of award letter. Award date is expected to be 09/01/2021.

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 (AR) apply to this project:

Generally applicable ARs:
• AR-9: Paperwork Reduction Act Requirements
• AR-10: Smoke-Free Workplace Requirements
• AR-11: Healthy People 2020
• AR-12: Lobbying Restrictions (June 2012)
• AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• 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 Requirements
• AR-25: Data Management and Access
• 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 Requirements
• AR-6: Patient Care

ARs applicable to Conference Awards:
• AR-20: Conference Support
• AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:
• AR-8: Public Health System Reporting Requirements
• AR-15: Proof of Non-profit Status
• AR-23: Compliance with 45 CFR 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

Report	When?	Required?
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

Recipient(s) have an obligation to ensure appropriate tracking, accounting, and reporting related to any different funding streams that may be provided under this award and which are identified by CDC, as there may be unique appropriations and reporting requirements. Recipient(s) should be positioned to track and account for which funds are used for which activities, even if there is some overlap where such overlap may be appropriate. CDC may seek guidance from the CDC Office of Grant Services and CDC program, as needed.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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.

For year 2 and beyond of the award recipient may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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.

In addition to Annual Progress Report, CDC requires recipient to review quarterly performance measures with CDC Thailand through Project Implementation Review (PIR) meetings. PIR should be limited to updating data gathered for workplans and EPMP; as well as review of expenditures, discussion of key successes and challenges impacting milestones in award.
Format for meetings, key participants, and templates will be developed by recipient in consultation with CDC.

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 electronically the 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 120 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:
Todd

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

Address:
DDC 7 Building, Ministry of Public Health
Nonthaburi 11000 Thailand

Telephone:

Email:
ztc9@cdc.gov

Grants Staff Contact

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

First Name:
Shundreka

Last Name:
Mims-Randolph
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

2920 Brandywine Rd
Atlanta, GA 30341

Telephone:
404.498.1359

Email:
sjm9@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:
Resumes / CVs

Position descriptions

Organization Charts

Memorandum of Understanding (MOU)

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