

provision of technical assistance for blood safety activities in the targeted countries.

In a cooperative agreement, HHS/CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. HHS will work under the guidance and supervision of the Office of the Global AIDS Coordinator at the Department of State.

HHS/CDC Activities for this program are as follows:

A. Provide scientific and technical assistance in refining the operational plan.

B. Provide ongoing technical assistance in addressing problems encountered in implementing your plan. This may be provided directly by HHS/CDC staff or through organizations that successfully compete for funding under a separate HHS/CDC cooperative agreement program announcement focused on the provision of technical assistance for blood safety activities with the 14 targeted countries.

C. Assist in assessing program operations and in evaluating overall effectiveness of your program.

D. Staff in both headquarters (HHS/CDC Atlanta and HHS/CDC in country) and in the designated countries will assure that other related U.S. Government activities are well coordinated with National Programs in each country.

II. Award Information

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

Fiscal Year Funds: FY 2004.

Approximate Total Funding: \$42 million.

Approximate Number of Awards: 14.

Approximate Average Award: \$3 million.

Floor of Award Range: \$500,000.

Ceiling of Award Range: \$5 million.

Anticipated Award Date: March 25, 2004.

Budget Period Length: 12 months.

Project Period Length: 5 years.

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required and certified technically acceptable semi-annual program and financial reports), and the determination that continued funding is in the best interest of the U.S. Government.

III. Eligibility Information

III.1. Eligible applicants: Applications may be submitted by Ministries of

Health, National Blood Transfusion Services or their bona fide agents in the 14 targeted countries: Botswana, Côte d'Ivoire, Ethiopia, Haiti, Guyana, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.

A Bona Fide Agent is an agency/organization identified by the Ministry of Health as eligible to submit an application under the Ministry eligibility in lieu of a Ministry application. If you are applying as a bona fide agent of a Ministry, you must provide a letter from the state as documentation of your status. Place this documentation behind the first page of your application form.

III.2. Cost Sharing or Matching: Matching funds are not required for this program.

III.3. Other Eligibility Requirements: If you request a funding amount greater than the ceiling of the award range, your application will be considered non-responsive and will not be entered into the review process. You will be notified that your application did not meet the submission requirements.

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

IV. Application and Submission Information

IV.1. Address to Request Application Package: To apply for this funding opportunity use application form PHS 5161. Forms are available on the United States Government (USG) web site, at the following Internet address: <http://www.cdc.gov/od/pgo/forminfo.htm>.

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

IV.2. Content and Form of Submission: You must submit a signed original and two copies of your application forms.

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the USG. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711. For more information,

see the USG web site at: <http://www.cdc.gov/od/pgo/funding/pubcomm.htm>.

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

You must include a project narrative with your application forms. Your narrative must be submitted in the following format:

- Maximum number of pages: 30—If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unredacted.
- Paper size: 8.5 by 11 inches.
- Page margin size: 1"—top, bottom, right, and left.
- Printed only on one side of page.
- Held together only by rubber bands or metal clips; not bound in any other way.
- Written in English, avoid jargon.

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

A. Need and Experience (4 Pages Maximum)

Describe the need for services in the country or regions in which you intend to provide blood transfusion safety services. Provide evidence that your organization has experience in and is currently developing or maintaining blood safety programs in one or more of the following countries: Botswana, Cote d'Ivoire, Ethiopia, Haiti, Guyana, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. Address the following:

1. Estimated number of transfusions; age-specific prevalence for HIV, hepatitis and syphilis; estimated number of transfusion-related infections from HIV, hepatitis and syphilis-contaminated blood.
2. Estimated number of blood units needed for an adequate blood supply, the number of additional blood units that must be collected to meet the supply need, and number of test kits needed annually to test the entire blood supply for HIV, hepatitis and syphilis.
3. Number of needed regional blood collection and testing centers, and the population covered by each center.
4. Need for blood safety education and training activities.
5. Need for blood donor selection and recruitment strategies.