

II. Award Information

Type of Award: Cooperative Agreement.

CDC involvement in this program, including technical collaboration with and support from HRSA, is listed in the Activities Section above.

Fiscal Year Funds: 2004.

Approximate Total Funding: \$115 million.

Approximate Number of Awards: Five or six.

Approximate Average Award: \$17 million.

Floor of Award Range: \$7 million.

Ceiling of Award Range: \$25 million.

Anticipated Award Date: January 15, 2004.

Budget Period Length: 12 months.

Project Period Length: 5 years.

Throughout the project period, HHS'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 reports), and the determination that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

III.1. Eligible Applicants

Applications may be submitted by organizations that have experience in: (1) Directly providing clinical care for HIV-infected persons (including management of TB and other opportunistic infections, as well as clinical follow up), or directly providing such care plus treatment with ART, or (2) assisting in providing clinical care or care and treatment with ART through funding and technical assistance (need to show evidence of an operational presence in the countries your organization proposes to work). Eligible applicants must have provided these services for three or more years in at least three of the following countries: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. Either United States (U.S.) or non U.S. organizations are eligible to apply.

No funds made available under this solicitation may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. This written statement of certification must be signed by authorized person(s) within the applicant group or organization, including the individuals submitting the application. No funds made available under this solicitation may be used to promote or advocate the legalization or

practice of prostitution or sex trafficking. Nothing in the preceding sentences shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and other commodities, including test kits, condoms, and, when proven effective, microbicides.

III.2. Cost Sharing or Matching

Matching funds are not required for this program.

III.3. Other

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.

If your application is incomplete or non-responsive to the requirements listed in this section, it will not be entered into the review process. You will be notified that your application did not meet 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 CDC 1246. Application forms and instructions are available on the CDC web site, at the following Internet address: 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 CDC 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 include a project narrative with your application forms. Your narrative must be submitted in the following format:

- Maximum number of pages: 40 (Note: Eligibility and budget narrative are not included in the page total). If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Single-spaced.

- Font size: 12-point unredacted.
- Paper size: 8.5 by 11 inches.
- Page margin size: One inch.
- 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.

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

1. Eligibility: No Page Limit

Provide evidence that your organization meets the eligibility requirements for this funding announcement. Examples could include a copy of an agreement between your organization and a host country institution, annual reports, or registration as an operating entity within the countries you propose to work.

This should be the first topic addressed in your program narrative. If you do not provide adequate documentation, your application will be deemed ineligible and will not be reviewed. If you need to include substantiating documents, include these in the appendix under a section titled "Eligibility."

2. Need: 2 Page Max

Describe the need for treatment services in the catchment areas in which you intend to provide ART. Address the following:

- a. Estimated number of infected persons in the catchment area where you intend to provide ART.
- b. Estimated number of infected persons receiving ART in your proposed catchment areas and the number of persons receiving ART through your organization (if any) and the number of facilities your organization supports to provide ART (if any).
- c. Number of persons with whom you intend to initiate treatment with ART and the number of facilities in which you will provide ART for each year of the next five years.
- d. Provide this information in a table format: for columns—base and years 1 through 5; for rows—number of infected persons (baseline only), number receiving ART (baseline only), number receiving ART through your program (baseline only), number of facilities where ART is being provided (baseline only), the number of persons your organization intends to initiate treatment with ART for each of the next five years, and the number of facilities for each year.
- e. Describe your proposed patient population, including socioeconomic status and gender.