

2. Annual progress report, due 60 days after the end of the budget period. The progress report will follow the format developed jointly by the U.S. Government and the Government of Rwanda, consisting of interventions, milestones, timelines, status explanations and budget expenditures to date.

3. Financial status report, no more than 90 days after the end of the budget period.

4. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Valerie Koscelnik, Project Officer, National Center for HIV, STD, and TB Prevention, Address: HHS/CDC/US Embassy, Kigali, Rwanda, Telephone: +250 08303986, E-mail: [vak7@cdc.gov](mailto:vak7@cdc.gov).

For financial, grants management, or budget assistance, contact: Shirley Wynn, Grants Management Specialist, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-1515, E-mail: [swynn@cdc.gov](mailto:swynn@cdc.gov).

## VIII. Other Information

Applicants can find this and other HHS funding opportunity announcements on the HHS/CDC web site, Internet address: <http://www.cdc.gov> (Click on "Funding," then "Grants and Cooperative Agreements"), and on the HHS Office of Global Health Affairs, Internet address: <http://www.globalhealth.gov>.

Dated: August 11, 2005.

### William P. Nichols,

Director, Procurement and Grants Office  
Centers for Disease Control and Prevention,  
U.S. Department of Health and Human Services.

[FR Doc. 05-16358 Filed 8-17-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Request for Application (RFA) AA220]

### Partnering With the National Institute of Hygiene and Epidemiology To Enhance Public Health Capacity for HIV Prevention and Care Activities in the Socialist Republic of Viet Nam, as Part of the President's Emergency Plan for AIDS Relief; Notice of Intent To Fund Single Eligibility Award

#### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to provide improved HIV prevention, care, and treatment in Vietnam through support and development of national laboratory systems, and implementation of surveillance and monitoring and evaluation (M&E) activities. The Catalog of Federal Domestic Assistance number for this program is 93.067.

#### B. Eligible Applicant

Assistance will be provided only to the Vietnamese National Institute of Hygiene and Epidemiology (NIHE). No other applications are solicited.

The award specifically aims to use existing capacity through NIHE to aid in providing Viet Nam with increased laboratory capability, including developing a national reference laboratory and quality-assurance and quality-control systems (QA/QC); improving national surveillance and M&E through routine and special projects; and developing a national action plan, and other surveillance activities, as necessity dictates. Currently, the NIHE is the single institute in Viet Nam sanctioned by the Vietnamese Government to conduct laboratory activities, and, thus, the only appropriate and qualified organization to conduct this specific set of activities supportive of the President's Emergency Plan for AIDS Relief.

In addition, NIHE is uniquely positioned in terms of legal authority and credibility among Vietnamese health institutions to provide national surveillance and laboratory leadership in the area of HIV/AIDS prevention and control. NIHE has already established mechanisms to provide national laboratory leadership, and national surveillance and M&E activities, which enables it to immediately become engaged in the activities listed in this announcement.

NIHE is organizationally within the Vietnamese MOH, and can effectively coordinate and implement HIV prevention and care activities supported by the MOH and its other agencies. Although other Vietnamese Government Ministries are involved in HIV prevention and care, currently most activities occur through the MOH.

#### C. Funding

Approximately \$500,000 is available in FY 2005 to fund this award September 15, 2005, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

#### D. Where to Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For program technical assistance, contact: S. Patrick Chong, Deputy Director, Global AIDS Program [GAP], Vietnam National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention [CDC], U.S. Embassy Hanoi, 7 Lang Ha, Hanoi, Vietnam, Telephone: +84 (4) 831-4580, ext. 215, E-mail: [pchong@cdc.gov](mailto:pchong@cdc.gov).

For financial, grants management, or budget assistance, contact: Vivian Walker, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Mail stop: E-14, Atlanta, GA 30341, Telephone: 770-488-2724, E-mail: [VWalker@cdc.gov](mailto:VWalker@cdc.gov).

Dated: August 11, 2005.

### William P. Nichols,

Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention.

[FR Doc. 05-16361 Filed 8-17-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Enhancing the Community Response to HIV/AIDS and TB Through the Expanded Role of the Community Treatment Supporters in the Republic of Zambia

Announcement Type: New.  
Funding Opportunity Number: CDC-RFA-AA159.

Catalog of Federal Domestic Assistance Number: 93.067.

Key Dates: Application Deadline: September 12, 2005.

## I. Funding Opportunity Description

**Authority:** This program is authorized under sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. 241 and 2421], as amended, and under Public Law 108–25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Zambia are to treat at least 120,000 HIV-infected individuals and care for 600,000 HIV-affected individuals, including orphans.

The HIV/AIDS epidemic poses a health and developmental crisis for Zambia. The prevalence of infection in the general population was estimated at 16 percent in the last Demographic and Health Survey, though infection rates vary from more than 23 percent in urban areas to 11 percent in rural areas. It is estimated that more than 900,000 Zambians are currently living with HIV, and more than 200,000 are in need of specific anti-retroviral treatment (ART). The Government of Zambia has instituted an ART program in the public sector, and has set a goal of 100,000 on ART by the end of 2005. There are over 22,000 people currently on ART in Zambia in both the public and private sectors, with support of co-operating partners such as the President's Emergency Plan for AIDS Relief (Emergency Plan), the Global Fund and the World Bank. However, for the majority of Zambians living with HIV, the primary type of HIV/AIDS care and support available is psychosocial support, non-ART health care and home-based care.

Tuberculosis (TB) represents a major public health problem in Zambia, and notification rates in the country have increased more than fivefold in the last 20 years. According to the World Health Organization, the estimated notification rate for TB in Zambia is 668/100,000,

which makes it one of the countries with the highest burden of the disease. The increase in cases stems, in the main part, from co-infection with HIV. Based on studies carried out in Lusaka, the capital city, HIV co-infection rates for newly diagnosed pulmonary TB cases are 50–70 percent, with much higher rates of infection in extra-pulmonary cases.

The Government of Zambia has adopted the Directly Observed Treatment Strategy (DOTS) for the management of TB. Direct observation of treatment occurs through health facilities in close collaboration with community members, who function as treatment supporters. Logistical problems, such as shortage of trained health personnel; long distances to health centers, especially in rural areas; poor road and transportation networks; and a high proportion of bed-ridden TB patients from co-infection with HIV make this method of supervising treatment the most practical.

With the more widespread availability of ART, the role of community treatment supporters for TB is a possible mechanism to provide support to patients on ART, to enhance adherence to treatment. The Zambian Central Board of Health, with technical and financial support from HHS, has developed a manual for the training of community treatment supporters. To increase the number of treatment supporters, the winning applicant will implement a training-of-trainers program, with specific emphasis on the mission hospitals that provide over 50 percent of formal health care in rural Zambia. The trainers will, in turn, train community members to support TB/HIV patients. Logistical support will go to the treatment supporters to enable them to carry out their supportive activities, along with support to the mission hospitals to improve the care and treatment provided to people living with HIV/AIDS.

**Purpose:** The purpose of this funding announcement is to progressively build an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions, and improved linkages to HIV counseling and testing and HIV treatment services targeting underserved populations in Zambia.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) 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.

The purpose of the program is to enhance the role and involvement of community-level DOTS volunteers in supporting the treatment and management of TB/HIV co-infected patients and people living with HIV/AIDS in rural health facilities.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through the President's Emergency Plan. Through this initiative, the HHS Global AIDS Program (GAP) will continue to work with host countries to strengthen capacity and expand activities in the areas of: (1) Primary HIV prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development. Focus countries represent those with the most severe epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. Government agencies are already active. Zambia is one of these focus countries.

To carry out its activities in these countries, HHS is working in a collaborative manner with national governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic. As part of the President's Emergency Plan, HHS' mission in Zambia is to work with the Ministry of Health (MOH) and its partners to develop and apply effective interventions to prevent and treat HIV infection and associated illnesses and death from AIDS.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the National Center for HIV, Sexually Transmitted Diseases (STD) and Tuberculosis (TB) Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, U.S. Agency for International Development (USAID), and other partners to achieve the United Nations General Assembly Special Session on HIV/AIDS goal of reducing prevalence among young people 15 to 24 years of age. In addition, the measurable outcomes of the program will be in alignment with the goals of the President's Emergency Plan to prevent seven million new HIV infections, provide care for ten million people including orphans and vulnerable children, and place two million people on anti-retroviral treatment.

This announcement is only for non-research activities supported by HHS, including the CDC. If an applicant proposes research activities, HHS will not review the application. For the definition of research, please see the HHS/CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opsoll1.htm>.

**Activities:** The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Zambia. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005–2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The awardee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in Zambia will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the Office of the U.S. Global AIDS Coordinator. The awardee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee Activities for this program are as follows:

1. Improve the capacity for rural hospitals and health care centers to provide quality treatment for TB/HIV through promoting the supervision of TB treatment and ART by using trained community volunteers.

2. Train a core of trainers for the community treatment supporters in the districts.

3. Provide on-going supportive supervision in local languages to the community treatment supporters to ensure quality care and adherence to treatment protocols.

4. Provide logistics, such as bicycles and home-based care kits, to support the community treatment supporters in their provision of care in the community.

In a cooperative agreement, HHS staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief them on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.

2. Review and approve the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.

3. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.

4. Review and approve grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

5. Meet on a monthly basis with grantee to assess monthly expenditures in relation to approved work plan and modify plans as necessary.

6. Meet on a quarterly basis with grantee to assess quarterly technical and financial progress reports and modify plans as necessary.

7. Meet on an annual basis with grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by

the Office of the U.S. Global AIDS Coordinator.

8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.

9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements.

**Please note:** Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

## II. Award Information

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

**Fiscal Year Funds:** 2005.

**Approximate Total Funding:** \$750,000 (This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** One.

**Approximate Average Award:** \$150,000 (This amount is for the first 12-month budget period, and includes direct costs).

**Floor of Award Range:** None.

**Ceiling of Award Range:** \$150,000 (This ceiling is for the first 12-month budget period.)

**Anticipated Award Date:** September 15, 2005.

**Budget Period Length:** 12 months.

**Project Period Length:** Five years.

Throughout the project period, HHS' 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, through the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

## III. Eligibility Information

### III.1. Eligible Applicants

To meet the eligibility criteria for this program announcement, applicants must be indigenous to Zambia and have at least 10 years experience providing health care.

Applicants must be umbrella bodies of non-governmental organizations that have the role of representation and advocacy, resource mobilization, technical support as well as administrative and logistical support for affiliated organizations, including faith-based organizations.

Applicants must have demonstrated experience in managing an AIDS care and prevention program in faith-based hospitals and run other related programs such as a TB program, malaria control program as well as a Primary Health Care program that includes the training of community health workers and traditional birth attendants.

Applicants must have a Grant Management Unit that manages sub-grants and capacity building of NGOs that work in remote and under-served districts in partnership with the Zambian District Health Management teams.

Preference will go to applicants that have a demonstrated track record of successfully managing funds from the Global Fund and other multilateral and bilateral donors.

### III.2. Cost Sharing or Matching Funds

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, HHS will consider your application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

**Special Requirements:** If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC considers late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.

- 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 5161-1.

**Electronic Submission:** HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement on [www.Grants.gov](http://www.Grants.gov), the official Federal agency wide E-grant Web site. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

**Paper Submission:** Application forms and instructions are available on the HHS/CDC 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, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at 770-488-2700. We can mail application forms to you.

### IV.2. Content and Form of Submission

**Application:** You must submit a project narrative with the application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25. If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point un-reduced.
- Double spaced.
- 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.

- Application must be written in English.

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

- Goals and Objectives, including Project Contribution to the Goals and Objectives of the Emergency Plan for AIDS Relief.
- Work Plan and Description of Project Components and Activities.
- Timeline.
- Staffing Plan, with Level of Effort.
- Performance Measures and Methods of Evaluation.
- Summary Budget composed by line item, along with a budget justification. (This will not be counted against the stated page limit).

You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. This additional information includes:

- Curriculum Vitae (CVs)/Resumes.
- Organizational Charts.
- Job descriptions of proposed key positions to be created for the activity.

- Quality-Assurance, Monitoring-and-Evaluation, and Strategic-Information Forms.

- Applicant's Corporate Capability Statement.
- Letters of Support.
- Evidence of Legal Organizational Structure.

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. 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 [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC Web site at: <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

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

Additional requirements that could require you to submit additional documentation with the application are listed in section "VI.2. Administrative and National Policy Requirements."

### IV.3. Submission Dates and Times

**Application Deadline Date:** September 12, 2005.

**Explanation of Deadlines:** Applications must be received in the HHS/CDC Procurement and Grants Office by 4 p.m. Eastern Time on the deadline date.

You may submit your application electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed on-line through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically through Grants.gov (<http://www.grants.gov>), your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure the carrier will be able to

guarantee delivery by the closing date and time. If HHS/CDC receives the submission after the closing date because: (1) Carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as having been received by the deadline.

If you submit a hard copy of the application, HHS/CDC will not notify you upon receipt of the submission. If you have a question on the receipt of the application, first contact your courier. If you still have a question, contact the PGO-TIM staff at (770) 488-2700. Before calling, please wait two to three days. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

#### *IV.4. Intergovernmental Review of Applications*

Executive Order 12372 does not apply to this program.

#### *IV.5. Funding Restrictions*

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.

• Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services.

Equipment may be purchased if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.

• All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

• The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut, and the

World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the U.S. or to international organizations, regardless of their location.

• The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).

• You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standards(s) approved in writing by HHS/CDC.

• A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

• Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapine in Prevention of Mother-to-Child Transmission (PMTCT) cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.

• No funds appropriated under this act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

#### *Prostitution and Related Activities*

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

• Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'"') addressed to the agency's grants officer. Such certifications by

prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing your budget on the HHS/CDC Web site, at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

#### IV.6. Other Submission Requirements

**Application Submission Address:**  
**Electronic Submission:** HHS/CDC strongly encourages you to submit electronically at [www.Grants.gov](http://www.Grants.gov). You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-line, and then upload and submit the application via the *Grants.gov* Web site. We will not accept e-mail submissions. If you are having technical difficulties in *Grants.gov*, you may reach them by e-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7 a.m. to 9 p.m. eastern time, Monday through Friday.

HHS/CDC recommends that you submit your application to *Grants.gov* early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of the application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. Of the grant announcement.

You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft

Office products, a PDF file may be submitted. You may find directions for creating PDF files on the *Grants.gov* Web site. Use of file formats other than Microsoft Office or PDF could make your file unreadable for our staff; or

**Paper Submission:** Applicants should submit the original and two hard copies of the application by mail or express delivery service to: Technical Information Management—AA159, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341.

### V. Application Review Information

#### V.1. Criteria

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application, and they will be an element of evaluation.

The application will be evaluated against the following criteria:

#### 1. Understanding the Problem (25 Points)

Does the applicant demonstrate an understanding of the national cultural and political context and the technical and programmatic areas covered by the project? Does the applicant display knowledge of the five-year strategy and goals of the President's Emergency Plan, such that it can build on these to develop a comprehensive, collaborative project to reach underserved populations in Zambia and meet the goals of the Emergency Plan? Does the applicant demonstrate a clear and concise understanding of the nature of the problems to be addressed as described in the Purpose section of this announcement? This includes a description of the planned activities to be undertaken and a detailed presentation of the objectives of the proposal.

#### 2. Methodology (25 Points)

Does the application include an overall design strategy, including measurable timelines, clear monitoring and evaluation procedures and specific activities for meeting the proposed objectives? Does the applicant describe a plan to progressively build the capacity of local organizations and of

target beneficiaries and communities to respond to the epidemic?

#### 3. Personnel (25 Points)

Is the staff involved in this project qualified to perform the tasks described? CVs provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities in local languages, especially confidential voluntary counseling and testing; and development of capacity-building among and collaboration between governmental and NGO partners. Are the staff roles clearly defined?

#### 4. Administration and Management (25 Points)

Does the applicant provide a clear plan for the administration and management of the proposed activities, to manage the resources of the program, prepare reports, monitor and evaluate activities and audit expenditures?

#### 5. Budget (Reviewed But Not Scored)

Does the applicant present a detailed budget with clear justifications for all line items and consistent with the proposed activities and objectives of the proposal, and with the five-year strategy and goals of the President's Emergency Plan and Emergency Plan activities in Zambia?

#### V.2. Review and Selection Process

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. All persons who serve on the panel will be external to the U.S. Government Country Program Office. The panel may include both Federal and non-Federal participants.

In addition, the following factors could affect the funding decision:

It is possible for one organization to apply as lead grantee with a plan that includes partnering with other organizations, preferably local. Although matching funds are not required, preference will be go to organizations that can leverage additional funds to contribute to program goals.

Applications will be funded in order by score and rank determined by the review panel. HHS/CDC will provide justification for any decision to fund out of rank order.

### V.3. Anticipated Announcement and Award Dates

September 15, 2005.

## VI. Award Administration Information

### VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### VI.2. Administrative and National Policy Requirements

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project:

- AR-4—HIV/AIDS Confidentiality Provisions
- AR-6—Patient Care
- AR-10—Smoke-Free Workplace Requirements

Applicants can find additional information on these requirements on the HHS/CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS5161-1 application needs in the Grants.gov electronic submission only. Please refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once you have filled out the form, please attach it to the Grants.gov submission as Other Attachments Form.

### VI.3. Reporting Requirements

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
  - a. Current Budget Period Activities Objectives.

b. Current Budget Period Financial Progress.

c. New Budget Period Program Proposed Activity Objectives.

d. Budget.

e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia.

f. Additional Requested Information.

2. Financial status report no more than 90 days after the end of the budget period.

3. Quarterly progress reports.

4. Final financial and performance reports, no more than 90 days after the end of the project period.

5. Annual progress report, due no more than 60 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Marc Bulterys, Project Officer, 1600 Clifton Road MS E-04, Atlanta, GA 30333, Telephone: 011 260 1 250 955 ext 246, E-mail: [bulterysm@cdc.gov](mailto:bulterysm@cdc.gov).

For financial, grants management, or budget assistance, contact: Shirley Wynn, Grants Management Specialist, CDC Procurement and Grants Office, U.S. Department of Health and Human Services, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770 488-1515, E-mail: [ZBX6@cdc.gov](mailto:ZBX6@cdc.gov).

## VIII. Other Information

Applicants can find this and other HHS funding opportunity announcements on the HHS/CDC Web site, Internet address: <http://www.cdc.gov> (click on "Funding" then "Grants and Cooperative Agreements"), and on the Web site of the HHS Office of Global Health Affairs, Internet address: <http://www.globalhealth.gov>.

Dated: August 11, 2005.

**William P. Nichols,**

Director, Procurement and Grants Office, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. 05-16357 Filed 8-17-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Building Human Resource Capacity Within the Ministry of Health and Social Services in the Republic of Namibia as Part of the President's Emergency Plan for AIDS Relief

*Announcement Type:* New.  
*Funding Opportunity Number:* CDC-RFA-AA108.

*Catalog of Federal Domestic Assistance Number:* 93.067.

*Key Dates:* Application Deadline: September 12, 2005.

### I. Funding Opportunity Description

**Authority:** This program is authorized under Sections 301 and 307(k)(2) of the Public Health Service Act [42 U.S.C. Sections 241 and 2421], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003)[22 U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Namibia are to treat at least 23,000 HIV-infected individuals; and care for 115,000 HIV-affected individuals, including orphans.

The Namibian Government has publicly acknowledged the HIV/AIDS epidemic, and its human and societal cost. The Namibian Government has elevated the fight against HIV/AIDS to a top priority, including by rolling out anti-retroviral therapy (ART) and the