

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.*

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## 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

prevention of mother-to-child transmission (PMTCT) in all 13 regions, including all 35 public hospitals in Namibia. The Namibian Ministry of Health and Social Services (MoHSS) has estimated it will need an additional 143 doctors, nurses, and pharmacists at its hospitals to reach the goal of 23,000 patients on ART by the end of 2007. The anticipated positions to fill in 2005 include 27 doctors, one doctor for quality assurance, 15 nurses, 15 pharmacists, and 15 data-entry clerks.

The United States Government seeks to reduce the impact of HIV/AIDS and related conditions in specific countries within sub-Saharan Africa, Asia, and the Americas to strengthen capacity and expand activities in the areas of (1) HIV primary prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development, especially for strategic information, including surveillance. Targeted 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. Namibia is one of these targeted countries.

#### *Purpose*

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.

This program will enhance and expand nationwide access to and use of services for VCT, PMTCT, and comprehensive HIV/AIDS care, including cotrimoxazole prophylaxis, IPT TB/HIV, and ART in Namibia.

HHS focuses 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, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.

- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and treatment of opportunistic infections, including tuberculosis (TB); and

initiating programs to provide anti-retroviral therapy (ART).

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

The HHS cooperative agreement, with technical assistance from HHS/CDC and the MoHSS, will provide assistance to recruit suitably qualified and experienced (preferably Namibian) individuals to meet Emergency Plan objectives. A local human resource provider (HRP) identifies and recruits candidates on behalf of the interview committee, which will consist of personnel from the MoHSS and HHS/CDC.

These collaborative activities could profoundly affect the ability to meet the goals and objectives of the Third National Medium Term Plan (2004–2009) in Namibia, which is the National Strategic Plan on HIV/AIDS, and the President's Emergency Plan. Cooperative efforts could lead to greater use of confidential voluntary counseling and testing (VCT) in all areas of the country; and increase enrollment in comprehensive HIV/AIDS care, including cotrimoxazole prophylaxis, isoniazid preventive therapy (IPT), anti-retroviral therapy (ART) for adults and children, and programs to prevent mother-to-child transmission (PMTCT) throughout the nation.

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. HHS' program of technical assistance to Namibia focuses on capacity-building in several areas to scale up promising prevention and care strategies, such as VCT, PMTCT, ART, Tuberculosis/HIV, and laboratory services.

The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services, announces the availability of Fiscal Year 2005 funds for a cooperative agreement to assist with building human resource capacity within the Ministry of Health and Social Services (MoHSS) in Namibia for roll-out of ART and PMTCT of HIV.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Emergency Plan for AIDS Relief and one or more of the following performance goals for the CDC National Center for HIV, Sexually

Transmitted Diseases and Tuberculosis Prevention (NCHSTP) within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, the 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 persons 15 to 24 years of age; reduce HIV transmission; and improve care of persons living with HIV.

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/opspoll1.htm>.

#### *Activities*

The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Namibia. 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 grantee 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 Namibia 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 grantee 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 covering all program areas are as follows:

1. The HRP will advertise and recruit for a short-list of potential candidates for the positions of an estimated 27 physicians, 15 nurses, 15 pharmacists and 15 medical data-entry clerks.

Specific activities are as follows:

a. Advertise and recruit for professional staff.  
 b. Draft advertisements for approval by HHS and the Namibian MoHSS, and advertise in local languages in three Namibian newspapers.  
 c. Set up interviews with a short list of candidates.  
 d. Develop a compensation package consistent with the MoHSS employment package.

2. Hiring of Professional Staff.

a. Hire and administer a monthly salary and benefits package for each health professional hired, using a standard employment contract in conformance with Namibian labor legislation and the hiring policies of the MoHSS.

b. Set up a computerized personnel administration file, medical aid, pension plan, and social security payments for Namibian nationals and non-Namibian nationals.

c. In concert with HHS and the Namibian MoHSS, compile the necessary documentation and process residency permits for employment of foreign nationals in Namibia.

d. Register individuals with the Namibian Social Security Commission and the Ministry of Finance for tax purposes.

e. Assist with professional registration, establishment of bank accounts, arrangements for accommodation, moving of personal effects, schooling of dependents and other settling-in activities, as required.

3. Personnel Support and Human Resource Management.

a. Maintain personnel records and addresses, with all personnel-related matters, on a professional and consistent basis.

b. Contact selected candidates and offer employment within the agreed scope of work and in accordance with the relevant Namibian labor legislation, including processing remuneration packages with copies to HHS and the Namibian MoHSS and the individual.

c. Electronic transfer of paycheck in local currency to personal banking accounts.

d. Process tax calculations and make monthly payments to the Social Security Commission.

e. Process medical aid calculations and make monthly payments to an approved medical aid fund (currently, Namibian Health Plan).

f. Process all pension calculations and benefits.

g. Provide monthly HR reports to HHS and MoHSS.

h. Issue annual Pay as You Earn (PAYE) certificates to individuals, and tax returns to the Namibian Ministry of Finance.

i. Under the guidance of the Namibian MoHSS and HHS staff, liaise with targeted health facilities as personnel are assigned to promote smooth introductions of the professionals.

j. Ensure the new recruits participate in appropriate HHS and Namibian MoHSS training, maintaining performance evaluation records, providing assistance in any disciplinary action in concert with MoHSS and reporting results to HHS and the Namibian MoHSS.

k. At the beginning and end of their contract, arrange relocation, and travel assistance for foreign nationals and their dependents with the necessary documentation, if applicable, for repatriation, and arrange transportation for airport pick-up and departures.

Based on its competitive advantage and proven field experience, the winning applicant will undertake a broad range of activities to meet the numerical Emergency Plan targets outlined in this announcement.

#### *Administration*

Awardee must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement (see HHS Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

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. Collaborate with the applicant, the Namibian Ministry of Health and other in-country and international partners to assess, plan, implement and monitor activities under the cooperative agreement, including, but not limited to, providing technical assistance and training in monitoring and evaluation (M&E), based on the country needs, the HHS technical assistance portfolio, strategic-information guidance

established by the Office of the U.S. Global AIDS Coordinator, and HIV laboratory activities conducted by other partners.

2. Furnish consultants from HHS headquarters, the Office of the U.S. Global AIDS Coordinator or other U.S. Government institutions to assist with program planning, implementation and monitoring.

3. Make available manuals, guidelines, and other related materials developed by HHS Namibia or other HHS programs for similar projects.

4. Facilitate in-country planning and review meetings for ensuring coordination of country-based program technical assistance activities.

5. Act as liaison and assist in coordinating activities as required, between the applicant and other non-governmental organizations (NGOs), Government of Namibia organizations, and other HHS partners.

6. Develop criteria to evaluate and select hospital sites that require designated health professionals, in collaboration with the Namibian MoHSS.

7. Actively participate in the recruitment process by assessing health professionals' skills and technical requirements.

8. Match health professionals' skills, training, and experience with specific hospitals to facilitate technically viable placements.

9. Provide technical guidelines and instructions to contracted health professionals to build capacity for VCT, PMTCT, and ART.

10. Direct HRP in adapting to the Namibian context, including, but not limited to design; program materials; quality assurance; monitoring and evaluation; and providing recommendations.

11. Direct HRP in adapting to the Namibian context, including, but not limited to design; program materials; quality assurance; monitoring and evaluation; and providing recommendations.

12. Develop performance-evaluation criteria for health professionals, including semi-annual and annual performance evaluations.

13. Monitor project and personnel performance.

14. Monitor budget to ensure cost-effective placement and timely financial reporting.

15. 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.

16. 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.

17. 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.

18. 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.

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

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

21. 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.

22. 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.

23. 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.

Measurable outcomes of the program will be in alignment with the following

performance goals for the Emergency Plan:

#### A. Prevention

Number of individuals trained to provide HIV prevention interventions, including abstinence, faithfulness, and, for populations engaged in high-risk behaviors,<sup>1</sup> correct and consistent condom use.

##### 1. Abstinence (A) and Be Faithful (B).

- Number of community outreach and/or mass media (radio) programs that are A/B focused.

- Number of individuals reached through community outreach and/or mass media (radio) programs that are A/B focused.

#### B. Care and Support

##### 1. Confidential counseling and testing.

- Number of patients who accept confidential counseling and testing in a health-care setting.

- Number of clients served, direct.

- Number of people trained in confidential counseling and testing, direct, including health-care workers.

##### 2. Orphans and Vulnerable Children (OVC).

- Number of service outlets/programs, direct and/or indirect.

- Number of clients (OVC) served, direct and/or indirect.

- Number of persons trained to serve OVC, direct.

##### 3. Palliative Care: Basic Health Care and Support.

- Number of service outlets/programs that provide palliative care, direct and/or indirect.

- Number of service outlets/programs that link HIV care with malaria and tuberculosis care and/or referral, direct and/or indirect.

- Number of clients served with palliative care, direct and/or indirect.

- Number of persons trained in providing palliative care, direct.

#### C. HIV Treatment with ART

- Number of clients enrolled in ART, direct and indirect.

- Number of persons trained in providing ART, direct.

<sup>1</sup> Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.

#### D. Strategic Information

- Number of persons trained in strategic information, direct.

#### E. Expanded Indigenous Sustainable Response

- Project-specific quantifiable milestones to measure the following:
  - a. Indigenous capacity-building.
  - b. Progress toward sustainability.

## 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:* \$15,809,580.

(This amount is an estimate, and is subject to availability of funds.)

*Approximate Number of Awards:* One.

*Approximate Average Award:* \$3,161,916.

(This amount is for the first 12-month budget period and includes direct costs.)

*Floor of Award Range:* None.

*Ceiling of Award Range:* \$3,161,916. (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

As a result of the impact of the Apartheid era, local organizations must possess cultural sensitivity and awareness to work effectively with previously disadvantaged racial and cultural groups. The following type of organizations, which have been operational in Namibia for a minimum of three years, may submit applications:

- Private, non-profit organizations.
- For-profit organizations.
- Faith-based organizations.
- Community-based organizations.

No other applications are solicited. Eligible applicants must have been operational in Namibia for a minimum of three years.

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

Matching funds are not required for this program. Although matching funds are not required, preference will go to organizations that can leverage additional funds to contribute to program goals.

### III.3. Other

If applicants request a funding amount greater than the ceiling of the award range, HHS/CDC will consider the 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 will consider 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.

HHS strongly encourages you to submit the application electronically by using the forms and instructions posted for this announcement at <http://www.grants.gov>.

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, you may 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 your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25. If your narrative exceeds the 25 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.

- Must be submitted 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:

- Plan.
- Methods.
- Project Goals and Objectives.
- Project Contribution to the Goals and Objectives of the Emergency Plan for AIDS Relief.
- Timeline (e.g., GANNT Chart).
- Staff.
- Project Context and Background (Understanding and Need).
- Performance Measures.
- Budget Justification.

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

- Curriculum Vitae or Resumes of current staff who will work on the activity.
- Organizational Charts.
- Letters of Support.
- Project Budget and Justification.

The budget justification will not count in the narrative page limit.

Although the narrative addresses activities for the entire project, the applicant should provide a detailed budget only for the first year of activities, while addressing budgetary plans for subsequent years.

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 <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 your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your 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 <http://www.grants.gov>. We consider applications completed online through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to <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 with 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 your submission after closing 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 carriers guarantee. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of your submission. If you have a question about the receipt of your 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 after the submission deadline. 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.

**Antiretroviral Drugs**—The purchase of antiretrovirals, reagents, and laboratory equipment for antiretroviral treatment projects require pre-approval from the GAP headquarters.

- **Needle Exchange**—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.

- 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 United States 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 standard(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.

#### 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:** HHS/CDC strongly encourages you to submit electronically at <http://www.grants.gov>. You will be able to download a copy of the application package from <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 your 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 by using Microsoft Office products (*e.g.*, Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. You may find directions for creating PDF files on the Grants.gov Web site. Use of files other than Microsoft Office or PDF could make your file unreadable for our staff.

Submit the original and two hard copies of your application by mail or express delivery service to the following address: Technical Information Management—CDC—RFA—AA108, 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.

We will evaluate against the following criteria:

#### 1. Technical Approach (20 Points)

Does the applicant describe strategies that are pertinent and match those identified in the five-year strategy of the President's Emergency Plan and activities that are evidence-based, realistic, achievable, measurable and culturally appropriate in Nigeria to achieving the goals of the Emergency Plan? The extent to which the applicant's proposal includes an overall design strategy, including measurable time lines; the extent to which the proposal addresses regular monitoring and evaluation; and the potential effectiveness of the proposed activities in meeting the numerical objectives of the Emergency Plan?

#### 2. Understanding of the Problem (20 Points)

Extent to which the applicant demonstrates a clear and concise understanding of the nature of the problem described in the Purpose section of this announcement. This specifically includes description of the public health importance of the planned activities to be undertaken and realistic presentation of proposed objectives and projects.

#### 3. Ability To Carry Out the Proposal (20 Points)

The extent to which the applicant documents demonstrated capability to achieve the purpose of the project. Does the applicant demonstrate knowledge of the cultural and political realities in Namibia?

#### 4. Personnel (15 Points)

The extent to which professional personnel involved in this project are qualified, including evidence of experience in working with HIV/AIDS, opportunistic infections, and HIV/STD surveillance. Are the staff roles clearly defined?

#### 5. Plans for Administration and Management of Projects (15 Points)

Adequacy of plans for administering the projects.

#### 6. Monitoring, Evaluation and Reporting (10 Points)

Is the plan to measure impact of interventions, and the manner in which they will be provided, adequate? Is the plan to manage the resources of this program and monitor and audit expenditures adequate?

#### 7. Budget (Reviewed, But Not Scored)

The extent to which the itemized budget for conducting the project, along with justification, is reasonable and consistent with stated objectives and

planned program activities. Is it consistent with the five-year strategy and goals of the President's Emergency Plan and Emergency Plan activities in Namibia?

### 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 in Namibia. The panel can include both Federal and non-Federal participants.

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

While U.S.-based organizations are eligible to apply, we will give preference to existing national/Namibian organizations. 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-8 Public Health System Reporting Requirements.
- AR-10 Smoke-Free Workplace Requirements.
- AR-14 Accounting System Requirements.

Applicants can find additional information on these requirements can be found 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 in your 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 to the Grants.gov submission as Other Attachment Forms.

### 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 Namibia.
  - f. Additional Requested Information.
2. 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 Namibia.
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 be 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: Leonard Floyd, U.S. Department of State, U.S. Department of Health and Human Services, 2540 Windhoek Place, Washington, DC 20521-8320, Telephone: 011 264 61224 149, E-mail: [FloydL@nacop.net](mailto:FloydL@nacop.net).

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 Web site of the HHS 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.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Clinical Laboratory Improvement Advisory Committee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Clinical Laboratory Improvement Advisory Committee (CLIAC).

*Times and Dates:*

8:30 a.m.–5 p.m., September 7, 2005.

8:30 a.m.–3 p.m., September 8, 2005.

*Place:* Doubletree Hotel (Atlanta/Buckhead), 3342 Peachtree Rd. NE., Atlanta, Georgia 30326, Telephone: (404) 231-1234.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

*Purpose:* This committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact on medical and laboratory practice of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

*Matters To Be Discussed:* The agenda will include updates from the Food and Drug Administration, the Centers for Medicare & Medicaid Services, and the Centers for Disease Control and Prevention; reports on the Institute for Quality in Laboratory Medicine, investigation and recommendations concerning proficiency testing for infectious diseases, status of cytology proficiency testing; and, presentations and discussion regarding appropriate quality control for diverse and evolving test systems and marketing the Good Laboratory Practices for Waived Testing Sites guidelines.

Agenda items are subject to change as priorities dictate.

*Providing Oral or Written Comments:* It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments whenever possible. *Oral Comments:* In general, each individual or group requesting to make an oral presentation will be limited to a total time of five minutes (unless otherwise indicated). Speakers must also submit their comments in writing for inclusion in the meeting's Summary Report. To assure adequate time is scheduled for public comments, individuals or groups planning to make an oral presentation should, when possible, notify the contact person below at least one week prior to the meeting date. *Written Comments:* For individuals or groups unable to attend the meeting, CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, the comments should be received at least one week prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution. Written comments, one hard copy with original signature, should be provided to the contact person below. Written comments will be included in the meeting's Summary Report.

*Contact Person For Additional Information:* Rhonda Whalen, Chief, Laboratory Practice Standards Branch, Division of Public Health Partnerships—Laboratory Systems, National Center for Health Marketing, Coordinating Center for Health Information and Service, CDC, 4770