



Public Health Service
Centers for Disease Control
Atlanta, GA 30333

Department of Health and Human Services International Trip Report

Date: 12/06/20xx
To: Deputy Chief of Staff for Operations
Immediate Office of the Secretary, HHS
From: [Project Officer], CDC, CGH

Subject: Trip Report

Travel Order #:

I. Purpose:

The purpose of this technical assistance trip was to 1) assist the <grantee> with close-out of the current cooperative agreement in preparation for the new agreement, and 2) provide management and operations oversight of the grantee as part of USG and HHS/CDC fiscal accountability standards.

II. Dates and Place Visited:

Date(s)	Place/Person(s)
11/04 – 11/08	<Location>

III. Key Persons Met:

Person(s)	Title	Organization/Affiliation
Dr. <NAME>	Director for Science	grantee
Mrs. <NAME>	Lead Administrator	grantee
Mr. <NAME>	Assistant Finance Officer	grantee

IV. Key Issues, Outcomes, Accomplishments, Future Plans, and Recommendations:

Key Issues

The Malaria Branch at the Centers for Disease Control and Prevention has provided direct funding assistance to the <grantee> since 200x through a research cooperative agreement (Strengthening National Capacity in Malaria and Other Infectious Disease Operations). The source of these funds has been a combination of HHS/CDC appropriated funds and USAID inter-agency transfer funds under the President's Malaria Initiative (PMI). To date a total of \$X has been awarded to the <grantee> under this agreement, annual funding has ranged from \$500,000 to \$1,100,000 to support a range of operational research projects and routine entomologic monitoring activities. The current five-year cooperative agreement is ending on August 31, 201x. There are plans to begin a new five-year award in September 201x. The purpose of this technical assistance trip was to 1) assist the <grantee> with close-out of the current award in preparation for the new agreement, and 2) provide management and operations oversight of the grantee as part of USG and HHS/CDC fiscal accountability standards.

Current Status:

The current cooperative agreement with the <grantee> is in 5th year of a five year agreement. The table below is a summary of funding over the past five years including carryover amounts.

Project YR	Initial Award	Incremental	TOTAL Award	Carryover Previous YR
YR 1 (09/09 – 08/10)	\$xxx,xxx	\$00	\$xxx,xxx	\$00
YR 2 (09/10 – 08/11)	\$x,xxx,xxx	\$00	\$x,xxx,xxx	\$xxx,xxx
\$x,xxx,xxx	\$x,xxx,xxx	\$00	\$x,xxx,xxx	\$xxx,xxx
YR 4 (09/12 – 08/13)	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx
YR 5 (09/13 – 08/14)	\$xxx,xxx	TBD	TBD	\$xxx,xxx

Outcomes and Accomplishments:

It was determined during the course of the TDY that \$xxx,xxx will be requested as carryover from Year 4 (201x) to Year 5 (201x). These funds will be used to support on-going projects that are being closed-out prior to August 201x. The approved projects and funding amounts are listed below:

Project	Approved Funding from Carryover
Insecticide Treated Net Effectiveness Cohort	\$xxx,xxx
Insecticide Treated Net Case Control	\$x,xxx
Combination Insecticide Treated Net	\$xx,xxx
Experimental Huts	\$xx,xxx
Insecticide Treated Net Preference	\$xx,xxx
Cell Phone Health Worker Study	\$xx,xxx
TOTAL	\$xxx,xxx

In September 201x, \$xxx,xxx was awarded to the <grantee> as part of the Year 5 award. However, the total approved funding figure for YR 5 is \$x,xxx,xxx. These funds are programmed to support the following FY1x grantee activities as approved in the FY1x Malaria Operational Plan:

Activity	Available Funds (post CDC overhead)	Funds Awarded September 201x
Entomologic Monitoring	\$xxx,xxx	\$xxx,xxx
Drug Therapeutic Study	\$xxx,xxx	\$xxx,xxx
Cell Phone Message Study	\$xxx,xxx	Incremental TBD January 201x
ITN Preference Study	\$xx,xxx	Incremental TBD January 201x
TOTAL	\$x,xxx,xxx	\$xxx,xxx

The available balance to be awarded as part of the Year 5 award is \$xxx,xxx. These funds will be used to support the Cell Phone and ITN Preference studies. However, there is \$xx,xxx approved in carryover funding for immediate use to support the ITN Preference Study and \$xxx,xxx approved for the Cell Phone Study. The Branch anticipates awarding a portion of the available balance (\$xxx,xxx) as incremental funding in January 201x. Because the current cooperative agreement is closing out in August 201x it is critical that all funds (awarded and carryover) be fully obligated by September 201x. Given this requirement we recommend a careful budget analysis for the Cell Phone and ITN Preference studies that includes all funds required through August 201x. These figures will be used to determine the incremental funding amount. Dr. <SME> (Cell Phone Study) and Ms. <SME> (ITN Preference Study) are available to assist in these budget decisions. We request these partial year budgets be finalized and submitted by January 15, 201x.

The new funding opportunity announcement for the next five year cooperative agreement (201x – 201x) should be announced in March or April 201x. This will be an opportunity to develop a five year research strategy for the <grantee> in conjunction with in-country partners including the National Malaria Control Program. The proposal should also include specific activities for Year 1 (September 201x – August 201x), these activities should be consistent with the 201x the grantee's Malaria Operational Plan and other CDC Malaria Branch research priorities.

Future Plans and Recommendations

Specific Recommendations:

- Work with CDC Principal Investigators to develop partial year budgets (January 1, 201x – August 31, 201x) for the Cell Phone Messaging and ITN Preference Studies. These budgets will be used to determine incremental funding as part of Year 5 to be awarded in January 201x. Any remaining funds for these projects will be awarded in Year 1 of the new award in September 201x.

General Recommendations:

- Continue to work with CDC Principal Investigators to develop annual project budgets based on the Malaria Operational Plans. These budgets should consider the 13% overhead on CDC funds awarded by USAID.
- Final annual project budgets should be shared with CDC Project Officer for the cooperative agreement to help make award decisions.
- Annual budget requests (new cooperative agreement) should consider carryover funds and be reduced when required to decrease the likelihood of large unobligated balances.