

1. Appropriation Number 72-1181021.2		RESOURCES SUPPORT SERVICES AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND Department of Commerce Bureau of Census Center for International Research	4. 'X' Appropriate Box <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMEND. NO.
2. Allocation Number 836-099-88-20-A			5. RSSA Number DPE-5972-R-CA-8055
3. PILOT No./Obligation No. 8361424			6. Fiscal Year 1988/89
7. Initial or Current -0-	8. Change (+ or -) + \$235,000	9. New Total \$235,000	
10. Authority General agreement between A.I.D. and the Agency named above, dated February 20, 1967			
11. Purpose AIDS Technical Support			
12. Services to be Performed			

I. SUMMARY

The purpose of this agreement between A.I.D. and the Department of Commerce, Bureau of Census (BUCEN), is to provide funds to cover the development of epidemiological data bases on AIDS and HIV on national and subnational populations in developing countries. BUCEN will provide these activities through August 30, 1991, subject to the availability of appropriated funds, and in accordance with the following estimated budget and scope of work.

FUNDS AVAILABLE
Glen Craig
AUG 7 1988
o/c 2580

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II. LIAISON OFFICES

A. Participating Agency Liaison Office	B. A.I.D. Technical Office	C. A.I.D. Budgetary and Administrative Office
	S&T/H Jeffrey Harris	SER/OP/W/HP James Nindel

12. Termination

Unless otherwise indicated in the RSSA, this Agreement will continue in force, and services will continue to be rendered until the Agreement, or any part thereof, is terminated after a 90-day notice by either party.

13. Signatures

NAME	<i>William P. Butz</i> WILLIAM P. BUTZ	NAME	<i>Joyce E. Frame</i> JOYCE E. FRAME
TITLE	Associate Director for Demographic Programs	TITLE	Chief, Health & Population Branch
OFFICE	Office of the Director	OFFICE	Office of Procurement
AGENCY	Bureau of the Census	AGENCY	A.I.D.
DATE	AUG 31 1988	DATE	AUG 3 1988

14. Attachments (when attached, these appendices are considered part of the RSSA Agreement)

- APPENDIX A - BUDGET AGREEMENT
- APPENDIX B - RSSA CONTINUATION SHEET
- APPENDIX C - USE OF A.I.D. PERSONNEL/FACILITIES
- APPENDIX D - SUBCONTRACTING
- APPENDIX E - BILLINGS

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AIDS Modeling and Data Base for Latin America

**APPENDIX A
BUDGET AGREEMENT**

**RESOURCES SUPPORT SERVICES AGREEMENT BETWEEN
THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND
U.S. Bureau of the Census
Center for International Research**

1. Original Amendment No. _____
2. RSSA Number _____
3. Fiscal Year
1988

4. BUDGET BY OBJECT CLASS

The amount budgeted for any object class shall not be exceeded by more than 25 percent unless there has been prior approval by AID.

Object Class	Description	Amount
11	Personal Compensation	124,230
12	Benefits (at <u>23</u> percent)	28,573
21	Travel and Transportation of Persons (explain below)	18,000 ¹
23	Rent, Communications, and Utilities	
24	Printing and Reproduction (explain below)	
25	Other Services (specify below)	
26	Supplies and Materials	3,403
31	Equipment (explain below)	6,500 ²
32	Overhead _____ % <input type="checkbox"/> Salaries & Benefits <input type="checkbox"/> Personnel Costs <input type="checkbox"/> AM Costs	54,294 ³
TOTAL (includes _____ to be funded by future RSSA Amendments)		235,000

5. STAFFING (Object Classes 11 and 12) - DETAILS

Title/Name	Grade (GS)	Mon-Months	Salary	Benefits	Total
Statistician (Demography)	14/0	4	16,597		
Statistician (Demography)	14/0	7	28,137		
Anthropologist/Epidemiologist	13/1	12	39,501		
Computer Programmer	7/4	3	5,150		
Statistical Assistant	7/6	7	12,744		
Secretary	5/1	12	16,304		
Clerk/typist	4/2	4.5	5,797		
		49.5	124,230		

6. Explanation of Object Classes and Special Provisions

- ¹ Foreign travel to about three countries to assess situation on AIDS and attendance at several international conferences. Countries and conferences to be determined in consultation with sponsor. Domestic travel to meet with contractor doing AIDS epidemiology modeling.
- ² Purchase of two microcomputers and two printers.
- ³ Division general expense @ 16 percent -- 27,825 -- Not applied against equipment.
Bureau general expense @ 8 percent ----- 16,904
Space expense @ 5 percent ----- 9,565

JUN 15 10 58 AM '88 U.S. BUREAU OF THE CENSUS

APPENDIX B SCOPE OF WORK PAGE <u>1</u> OF <u>8</u>	RESOURCES SUPPORT SERVICES AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND The Department of Commerce Bureau of Census Center for International Research	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMEND NO. _____
		PASA NO. DPE-5972-R-CA-8055
		FISCAL YEAR 1988/89

II. SCOPE OF WORK

I. AIDS AND HIV POPULATION IMPACT DATA BASE

The Center for International Research (CIR) of the Bureau of the Census will continue to develop epidemiological data bases on AIDS and HIV on national and subnational populations in developing countries. The compilation and continuous updating of these data bases provides important background and baseline information for the subsequent projection and analysis of the impact of AIDS on countries in the developing world.

Present information on the prevalence of HIV infection among various populations is based on a large and rapidly growing number of small-scale sero-prevalence surveys. Typically, participants in these surveys are drawn from particular population subgroups (for example, "high risk" groups, prostitutes, pregnant women attending a clinic, and so on) and are not representative of the total population with respect to age/sex composition, geographic dispersion, level of sexual activity, and so forth. Individually these studies are of limited utility for national assessment purposes; however, together they can be used to form a composite picture of the local situation. This picture will, naturally, vary in completeness from one location to another. But in the absence of representative sample surveys, a systematic inventory of results is extremely important. Additionally, the results for particular high-risk groups will be useful in modeling approaches which explicitly include such groups.

Information on AIDS cases is similarly lacking. Most developing countries have incomplete death registration statistics, and morbidity statistics can be assumed to be no better. A number of countries are reporting numbers of AIDS cases to the World Health Organization (WHO), but there is clear evidence of underreporting in these data. Likewise there is little information available on the demographic or socioeconomic characteristics of the population with AIDS. An exception to this is the data collection effort of the Pan American Health Organization (PAHO). PAHO's quarterly questionnaire requests information on such characteristics and high-risk activity of AIDS cases. CIR already is working with PAHO to exchange available HIV and AIDS statistics.

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The CIR has recently begun the compilation of data on AIDS/HIV for developing countries under an agreement with the African Bureau, U.S. Agency for International Development (USAID). The effort has concentrated on recent data for African countries. This activity complements the AFR funded RSSA; \$30,000 for this scope of work will be used to begin collecting recent HIV data on Latin America, the Caribbean, and Asia. These data will be coded and entered into a microcomputer data base using dBase III Plus software. Tabular retrieval of this information will be possible by country, population subgroup, type of data, and so on. Pertinent qualifiers to the data such as the age and sex composition of the sample, description of the sampled population, geographic coverage, diagnostic test(s) used, are included. A full source citation is provided to allow in-depth followup.

The data will be collected from:

- reviewing medical and scientific journals for relevant data;
- attending international conferences and collecting scientific results presented but not published;
- collecting data from non-scientific media and personal experiences; and
- State Department cables, WHO, Global Epidemiology Reports (JPRS), and other data bases such as MEDLINE, POPLINE, AND NEXUS.

All data gathered will be coded for sample size, age-sex characteristics, geographic distinctions, type of test used, type of virus, categories of people sampled, and so on. In addition, all data will be coded by reliability, which will take into account the information source, opportunity for medical/statistical review of the findings, and so forth.

The data will be available:

- o once a month on diskettes;
- o once a month in hard copy tables of the most recent and important data;
- o once a quarter in the form of summary and detailed tables, charts, and slides that staff can use to brief their own agencies; and
- o on an ad hoc basis when specific data are required on short deadlines.

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11. THE DEVELOPMENT OF AN URBAN-RURAL PROJECTION MODEL TO BE INTEGRATED WITH THE POPULATION COUNCIL'S HIV TRANSMISSION MODEL

The age-specific model of the transmission and spread of HIV infection and subsequent development of AIDS and death will project the potential impact of AIDS on a national basis for each country. However, the geographic spread of HIV infection cannot be accurately modeled by a single-region projection model. The principal way infection is spread to remote rural areas (and indeed across national boundaries) is through the migration of infected persons from high-prevalence to low-prevalence areas. More importantly, the impact of AIDS is very different among different regions of the country. Available evidence suggests that AIDS is spreading disproportionately in some sectors of the population and in some geographic areas.

Consequently, national projections of the impact of the AIDS epidemic on the population need to be based on an urban-rural model, which can model the geographic diffusion of the virus and the impact on selected populations.

Therefore, the CIR will use \$90,000 to integrate an urban-rural demographic projection model with an age-sex-specific model of the transmission of HIV and the development of AIDS. The latter model is being developed by Dr. John Bongaarts of the Population Council under the auspices of a subcontract through the S&T/H AIDS Technical Support Project (936-5922). To link the two models, a set of subroutines for the computer programs will be written so that input and output data can be transferred in appropriate formats. This work will be done in constant, formal consultation with the epidemiological modeler, Dr. John Bongaarts, and USAID. Specifications for an urban-rural projection model are listed below:

- o Program Specification and User Interface. The program will run on an IBM-PC (or compatible) microcomputer with 640K of memory and a hard disk. A cohort-component demographic projection model will be used; that is, it will track the demographic experiences of an age-sex cohort in the population and apply age-specific fertility, and age-sex specific mortality and migration factors, as appropriate. The model will allow for great flexibility in the specification of demographic parameters for fertility, mortality, and migration. Input and modification of data and parameters will be facilitated through the user interface, allowing convenient evaluation of alternative scenarios.
- o Age Groups, Projection Period, and Number of Regions. Internally, populations will be stored by single year of age. The open-ended age group will be at least 80



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years and over. Input will optionally be in 5-year or 1-year groups. The demographic projection interval will be single calendar years, with a maximum projection period of at least 20 years. Urban-rural regions will be provided for.

- o Fertility Input. Age-specific fertility rates by 5-year groups may be input for any number of years in the projection period. Intermediate years will be interpolated, if necessary. Alternatively, total fertility rates (TFRs) may be specified and model fertility schedules may also be selected.
- o Mortality Input (non-AIDS-related). Age-sex-specific mortality rates or probabilities of dying may be input for any number of years in the projection period. Intermediate years will be interpolated; if necessary. Alternatively, life expectancy at birth, in years, may be specified and either empirical or model life tables will be modified to correspond to this specification. Both U.N. model life tables and those developed by Coale and Demeny will be available.
- o Migration Input. Age-sex-specific interregional migration flows may be input for any number of years of the projection period, either in the form of rates or numbers of migrants. Intermediate years will be interpolated. Alternatively, model age distributions of migrants may be selected.
- o AIDS/HIV Input. The specifications for the data on AIDS/HIV infection will depend on the exact parameters of the AIDS model developed. Age-sex-specific information on HIV infection and other parameters will be required for each of the population subgroups identified in the AIDS model.
- o Projection Results. A standard package of output results will be available, optionally selected for output by the user. These data will be available for urban-rural regions and for the country as a whole.

Output will be selected for single calendar years and less-frequent (for example, 5-year) intervals. Basic population data (such as items 1 to 4 below) will be available for each of the population subgroups identified in the AIDS model. The following list is indicative (but not necessarily exhaustive) of the types of output available.

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Output Available, by Region, for Each Calendar Year (User selectable)

1. Projected population, by age and sex
2. HIV infected population, by age and sex
3. AIDS population, by age and sex
4. Deaths from AIDS, by age and sex
5. Infant mortality rates, by sex
6. Life expectancy and life tables, by sex
7. Births, by sex and by age of mother
8. Deaths, by age and sex
9. Migrants, by age and sex
10. Crude birth rate
11. Crude death rate
12. Rate of natural increase
13. Population growth rate

In order to evaluate the transmission and urban-rural projection models, four country detailed projections will be done. A number of steps are involved in the evaluative process following the development of the model:

- o Derivation of Baseline HIV Infection and Transmission Parameters. In order to project the impact of HIV and AIDS on the population, it is necessary to derive current or recent estimates of the prevalence of the infection, by age and sex, in the population subgroups explicitly treated by the model. Whereas the model will provide the projected growth of the infection, estimates of the current situation must be input to the model. These estimates will be based on data in the data base on AIDS statistics, also to be developed at the Bureau of the Census. Over time, the available material will become more complete while the confidence in the baseline estimates will grow.
- o Derivation of Baseline Demographic Parameters. In order to project the population of national and subnational areas, estimates of various demographic parameters must first be derived. Among these are age-specific estimates of fertility, and age-sex-specific estimates of mortality and migration, as well as estimates of the population distribution, by age and sex. The latest available census, surveys, and vital registration data will be used in deriving these estimates. Prior to their use, the data will be evaluated for errors in reporting and completeness and will be adjusted, if necessary. These estimates will form the baseline for the population projections. Projected estimates of fertility, mortality (in the absence of AIDS), and migration will be derived for the

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period from the baseline estimates to the year 2000, based on expected trends in these parameters.

- o Projection of the Population and Spread of AIDS. Baseline demographic and AIDS data will be input to the projection model to provide annual projected populations, by age and sex, to the year 2000 for each of the geographic areas included in the project. Together with the population, the model will provide information on the HIV-infected population, the population with AIDS, and the number of deaths from the disease by urban-rural regions. All of this information will be available by age and sex.

The population projections will form the foundation for the examination of the impact of the spread of AIDS on the population. For each country for which projections are made, an analytical report will be prepared. This report will:

- o present information related to the derivation of the baseline information and summary data from the projections;
- o contain the analysis of the impact of the spread of AIDS on the population. The impact of AIDS on select population subgroups and on each of the geographic regions examined will be highlighted;
- o make preliminary estimates of impacts of AIDS on the distribution of education and work force by urban and rural areas; and
- o use maps and charts to provide the reader with a concise visual image of the impact. The complete population projection also will be provided.

The evaluation of the reasonableness of the macro results of the model can be done by comparing them with other macro projection models using the same baseline assumptions for the inputs. The urban-rural micro-demographic model will be harder to evaluate using other models because none other exist in the detail specified above. The results can still be evaluated using the principals of internal consistency (such as, migration from one region must increase the other region accordingly) and demographic constraints (such as, the number of infants dying cannot exceed a reasonable fraction of the number of women of reproductive age).

MODELING AND IMPACT ASSESSMENT DELIVERABLES The following will be provided to the sponsor over the course of this project:

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- o Microcomputer software incorporating Bongaarts' HIV transmission model into an urban-rural (two region) demographic projection model (2 months after Bongaarts' African model is delivered).
- o Documentation for the use of the projection program. Included will be descriptions of program installation, data input and editing, and program execution. Also included will be a technical appendix describing the projection methodology (1 month after the software has been delivered).
- o Illustrative reports on the projected impact of HIV/AIDS on four developing countries. The reports will incorporate recent demographic and AIDS-related data in the assessment and projection. The reports will include text, tables, charts, and maps. The complete computer printout of the projections also will be provided. A prototype of the first report will be developed by February of 1989. The final version of this first report will be completed in April of 1989. The second report will be completed in June of 1989. The third and fourth reports will be completed during FY 1990.

III. COORDINATION AND INTEGRATION OF HIV/AIDS SURVEILLANCE, MONITORING, AND IMPACT ASSESSMENT

The third type of expertise BuCen will provide to A.I.D. under this RSSA is coordination and integration of the array of activities which A.I.D. is presently carrying on in the area of HIV/AIDS surveillance, monitoring, and impact assessment. These activities include:

- o the proposed AIDS and HIV population impact data base, to be collected by BuCen;
- o the proposed urban-rural AIDS projection model, to be developed by BuCen;
- o the age-sex-specific epidemiological model of the transmission of HIV, presently being developed by Dr. John Bongaarts of the Population Council;
- o the integration of The Population Council's epidemiological model with the BuCen demographic model;
- o the epidemiological surveillance of HIV and AIDS and the collection of economic data relevant to impact modeling, presently being carried on by the AIDSTECH project, which is one of the components under the

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umbrella AIDS Technical Support Project;

- o the HIV transmission-related behavioral assessment work presently being carried on by the AIDSCOM project, which is another component under the AIDS Technical Support Project;
- o the future development of an interactive presentation model on the spread of HIV and the AIDS epidemic, which would be used to increase planning among decision-makers in developing countries;
- o coordination with the Surveillance, Forecasting, and Impact Assessment Unit at the World Health Organization's Global Programme on AIDS;
- o coordination with the Centers for Disease Control's international projects in AIDS, HIV1, and HIV2 research and surveillance; and,
- o coordination with the National Institutes of Health's international projects in AIDS, HIV1, and HIV2 research and surveillance.

A.I.D. proposes that, under this RSSA, BuCen station a epidemiologist/biomedical anthropologist in the Agency's AIDS Program, Office of Health. This person would be supervised by the Agency AIDS Coordinator and would serve the principal roles of coordinating and integrating all the ongoing A.I.D. activities in this area. Most of this coordination would of necessity be accomplished in the Washington, DC metropolitan area, where A.I.D. and AIDSCOM are located and where WHO and AIDSTECH have permanent representatives. However, the position would also entail national and international travel to WHO, scientific conferences, and surveillance study sites in developing countries.

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III. LOGISTICAL SUPPORT

All arrangements for travel (including tickets) as well as the procurement of supplies and equipment will be made by CUCEN.

IV. LANGUAGE REQUIREMENT

None.

V. SPECIAL PROVISIONS

Access to classified information may be required by some or all of the persons paid under this RSSA.

VI. GUIDANCE AND LIAISON

A.I.D./W Liaison Cfficial

Dr. Jeffrey Harris 875-4494
S&T/H

VII. DUTY POST

Washington D.C.; overseas TDY assignments are anticipated.

VIII. PERIOD OF PERFORMANCE

The effective date of this RSSA is August 31, 1988, and the estimated completion date is August 30, 1991.

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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON DC 20523

JUN 6th 1988

ACTION MEMORANDUM FOR THE AGENCY DIRECTOR FOR HEALTH

FROM: S&T/H, Ann Van Dusen *Ann Van Dusen*
SUBJECT: Approval of BuCen RSSA with AIDS Technical Support
Project Funds

Problem: Your approval is requested for the implementation of a three-year Resources Support Services Agreement (RSSA) with the Center for International Research (CIR) of the Bureau of the Census (BuCen) through the S&T/H AIDS Technical Support Project (936-5972).

Background: The RSSA has been designed to give A.I.D.: 1) a current worldwide data base on acquired immune deficiency syndrome (AIDS) cases and human immunodeficiency virus (HIV) prevalence rates in developing countries; 2) demographic models of the impact of AIDS and HIV infection in urban and rural areas in the developing world; and, 3) coordination and integration of A.I.D.'s activities aimed at monitoring the spread of HIV and gauging the impact of the AIDS epidemic on developing countries. These three areas are integral to A.I.D.'s work in preventing and controlling the spread of HIV in developing countries. In addition, the third area will support and integrate other activities which are under the AIDS Technical Support Project and which monitor the AIDS epidemic and its effect on development.

Information transfer, demographic modeling, and human resources from BuCen will be made available to the S&T/H AIDS Technical Support Project. BuCen participation in the AIDS Technical Support Project activities will be contingent upon the availability of BuCen personnel. Approximately 48.5 person months of assistance will be made available annually. The RSSA will be funded annually for three years at approximately \$235,000 a year. BuCen has agreed in principle with the proposed agreement. The RSSA is in conformance with the AIDS Technical Support Project paper. S&T/H reviewed and approved the proposed RSSA agreement on May 17, 1988.

20/12

Recommendation: It is recommended that you approve the RSSA within the terms and technical scope as presented in the attached documents by signing below.

Attachments:

1. Project Authorization
2. Proposed RSSA

Approved: Aumbar Dosen

Disapproved: _____

Date: June 9 1988

Clearance
S&T/PO, DSheldon [Signature] Date 6/6/88

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GENERAL AGREEMENT

The Office of Health, Bureau for Science and Technology (S&T/H), Agency for International Development (A.I.D.) intends to enter into a Resources Support Services Agreement (RSSA) with the Center for International Research (CIR) of the Bureau of the Census (BuCen) in order to give A.I.D.: 1) a current worldwide data base on acquired immune deficiency syndrome (AIDS) cases and human immunodeficiency virus (HIV) prevalence rates in developing countries; 2) demographic and economic models of the impact of AIDS and HIV infection in urban and rural areas in the developing world; and, 3) coordination of A.I.D.'s activities aimed at monitoring the spread of HIV and gauging the impact of the AIDS epidemic on developing countries. These three areas are integral to A.I.D.'s work in the prevention and control of AIDS in developing countries. In addition, the RSSA activities will support and integrate A.I.D. efforts to monitor the AIDS epidemic and its effect on development.

Funding for this RSSA will be provided from the S&T/H AIDS Technical Support Project (936-5972).

Since FY 86, the Agency for International Development has expanded its commitment to assist developing countries in controlling the AIDS epidemic. The A.I.D. response to the AIDS epidemic has been two-fold: a set of programs to stem the further spread of HIV; and, a set of activities to monitor the spread of HIV and to understand the potential effect the AIDS epidemic will have on international development. The purpose of this RSSA is to put in place a mechanism to meet this second goal, and to provide additional information which will help meet the objectives of the first goal. The CIR at BuCen will provide both: 1) a current worldwide data base on AIDS and HIV in developing countries; and 2) models of the demographic impact of AIDS and HIV infection in urban and rural areas. The CIR at BuCen will also offer coordination for the A.I.D. AIDS activities in these areas of AIDS surveillance and impact assessment.

The technical assistance called for under this RSSA requires experience in epidemiological data base projections and population projection modeling. With its worldwide reputation for excellence, the CIR at BuCen represents the pre-eminent U.S. source for technical expertise in this area. No single private organization has the breadth of experience or reputation of the CIR for an activity such as the one described below. Collaborative efforts with the Population Council (also being supported by the AIDS Technical Support Project and described below) will create an unsurpassed resource in the area of AIDS

ESTIMATED BUDGET

The budget is presented to cover a three-year period from the date of signing. The figures are presented for each year during the three years. The cognizant technical officer has the authority to adjust line items up to \$25,000. The annual amounts may also be adjusted for inflation.

Year 1

Salaries		
Epidemiologist	-12 months	\$40,094
Secretary	-12 months	16,549
Statistician (Demography)	- 7 months	28,559
Statistician (Demography)	- 4 months	16,846
Computer Programmer	- 3 months	5,227
Statistical assistant	- 7 months	12,935
Clerk/typist	-3.5 months	4,576
Benefits (23%)		28,701
Epidemiologist travel and transportation		12,000
Other travel and transportation		6,000
Supplies and materials		3,500
Equipment (2 microcomputers, 2 printers)		6,500
Overhead		54,512
(Division general expense 16%)		
(Space expense 5.5%)		
(Bureau general expense 8%)		

TOTAL Year 1		\$235,999

Year 2

Salaries

Epidemiologist	-12 months	\$42,051
Secretary	-12 months	17,413
Statistician (Demography)-	7 months	29,954
Statistician (Demography)-	4 months	17,669
Computer Programmer	- 3 months	5,482
Statistical assistant	- 7 months	13,566
Clerk/typist	- 3.5 months	4,800
Benefits (26%)		34,029
Epidemiologist travel and transportation		12,000
Other travel and transportation		6,000
Supplies and materials		3,500
Overhead		58,126
(Division general expense 16%)		
(Space expense 5.5%)		
(Bureau general expense 8%)		

TOTAL Year 2 \$244,590

Year 3:

Salaries

Epidemiologist	-12 months	\$44,105
Secretary	-12 months	18,204
Statistician (Demography)-	7 months	31,417
Statistician (Demography)-	4 months	18,531
Computer Programmer	- 3 months	5,750
Statistical assistant	- 7 months	14,229
Clerk/typist	- 3.5 months	5,034
Benefits (29%)		39,809
Epidemiologist travel and transportation		12,000
Other travel and transportation (domestic)		6,000
Supplies and materials		3,500
Overhead		61,975
(Division general expense 16%)		
(Space expense 5.5%)		
(Bureau general expense 8%)		

TOTAL Year 3 \$260,554

TOTAL RSSA \$741,143

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON DC 20523

May 31, 1988

MEMORANDUM

TO: SER/MO, Charles D. McMakin
FROM: S&T/MGT, Kay Harley *Kay Harley*
SUBJECT: Office Space for AIDS Technical Support Project
(936-5972) Coordination

Your approval is requested for use of A.I.D. office space located within the Office of Health (S&T/H), for one (1) staff person provided under a Resources Support Services Agreement (RSSA) with the Bureau of the Census (BuCen) of the Department of Commerce.

The staff person provided by BuCen will coordinate and integrate A.I.D.'s activities aimed at monitoring the AIDS epidemic and its effect on development. These activities in the area of HIV/AIDS surveillance, monitoring, and impact assessment are all supported by the AIDS Technical Support Project.

The proposed RSSA will cover a three-year period, from September, 1988 to September, 1991.

Approved: _____

Disapproved: _____

Date: _____

Attachment: H PIO/T

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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D C 20523

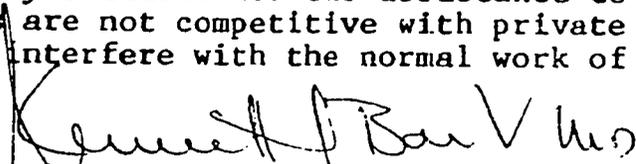
MEMORANDUM

JUN 9 1988

TO: SER/OP, Joyce Frame
FROM: S&T/Health, Kenneth J. Bart, M.D.
SUBJECT: AIDS Technical Support Project (936-5972)
RSSA AID/Bureau of the Census

EXEMPTION FROM THE PROVISIONS OF OMB CIRCULAR A-76

I certify that this Resource Support Service Agreement between the Office of Health and the Bureau of Census, Center for International Research, is exempt from the the provisions of OMB Circular A-76 because: (1) it is for the provision of technical assistance; (2) the facilities and resources of the Public Health Service are particularly suitable for the assistance to be provided; (3) the services are not competitive with private enterprise; and (4) will not interfere with the normal work of the Bureau of the Census.



Kenneth J. Bart, M.D.
Agency Director for Health

6/9/88

Date

