



USAID
FROM THE AMERICAN PEOPLE

**REQUEST FOR APPLICATION (RFA) No. :
USAID-M-OAA-GH-HSR-10-418**

**TUBERCULOSIS CARE
(TB CARE)**

Issuance Date: February 19, 2010

**Application Submission Closing Date:
March 31, 2010 – 10:00AM – Wash., DC local time**

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Date RFA Issued: February 19, 2010

Closing Date: March 31, 2010

Closing Time: 10:00AM Wash., DC local time

Subject: Request for Application (RFA) No. USAID, Global Health Bureau, Office of Health, Infectious Diseases, and Nutrition – Tuberculosis CARE (TB CARE)

Dear Prospective Applicant:

The United States Government, represented by the United States Agency for International Development (USAID), Global Health (GH), Office of Health, Infectious Diseases, and Nutrition (HIDN), proposes to enter into a Cooperative Agreement for the implementation of Tuberculosis CARE (TB CARE). This activity falls under President Obama's Global Health Initiative (GHI) described in Section I.4 of the RFA. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

USAID is seeking applications from eligible institutions as described in Section III of the RFA. Additionally, USAID seeks applications from organization(s) with access to high-caliber technical staff, strong management capacity, good organizational skills, and a proven track record in implementing similar programs to undertake and achieve the results outlined in this RFA.

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient;" and "Grant Officer" is synonymous with "Agreement Officer."

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section I – Introduction and Background;
2. Section II – Program Description – TB CARE;
3. Section III – Eligibility and Award Information;
4. Section IV – Application and Submission Information;
5. Section V – Cost Share and Financial Information;
6. Section VI – Selection Criteria;
7. Section VII – Reporting Requirements;
8. Section VII – Certifications, Assurances, and Other Statements of Recipient;
9. Attachments – A thru E

USAID expects the level of funding that will be used to support this cooperative agreement to be \$700 million over the five-year implementation period. Approximately 10% of the funding would come from USAID GH funds (referred to as core funding) with the remaining funds expected from USAID Missions (referred to as field support). A small amount of the field support ceiling is anticipated to come from the President's Emergency Initiative for AIDS Relief for TB/HIV activities.

DUE DATE: Applications shall be received by no later than March 31, 2010 at 10:00AM local time (Washington, DC time). Applications received after this deadline shall not be considered.

QUESTIONS: Questions and/or information for the list of interested applicants shall be submitted to Kate Bryant by email at kbryant@usaid.gov, by 5PM local time, March 5, 2010. In a forthcoming amendment USAID will post responses to questions regarding the RFA and a list of interested applicants for potential partnering opportunities. To be included on the list of interested applicants, provide: organization name, point of contact, address, phone number, fax number and email address no later than the deadline date stated.

Any additional information regarding this RFA will be furnished through amendment(s) and posted on www.grants.gov. It is the responsibility of interested organizations to retrieve the RFA, attached documents, and any amendment(s) from www.grants.gov.

Applications must be received at the place designated below for receipt of applications. Applications and modifications thereof shall be submitted in sealed envelopes with the name and address of the applicant and RFA # (referenced above) inscribed thereon, to:

U.S. Postal Service Mailing Address:

USAID/M/OAA Room 7.09-92
Ronald Reagan Building
U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523-3100
Attention: Ms. Kate Bryant
RRB, 7.09-092

All Other Means of Delivery:

Attn: USAID/M/OAA Room 7.09-92
Ronald Reagan Building
U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20004-3100
Please use phone at visitor's desk to contact:
Ms. Kate Bryant, x2-1799

Note: Hand delivery or couriers must enter the building using the 14th Street entrance. At the guard/reception desk, dial Extension 2-1799.

All applicants delivering applications contained in boxes through carriers other than UPS, FedEx, and the US Post Office will be required to complete a Freight Delivery Request Form and provide this form to the Ronald Reagan Building (RRB) ITC Loading Dock Manager **72 hours in advance** of delivery (contact information is provided in the form). The form may be obtained from Kate Bryant who may be reached by telephone at 202-712-1799 or at kbryant@usaid.gov. Once an RRB loading dock representative accepts the delivery, this will be considered the actual time of USAID's acceptance. Electronic submission of applications is acceptable via the www.Grants.gov website; however submission of hard (paper and CD) copies is a mandatory requirement (see Section IV – Application and Submission Information).

Applications shall be submitted in sealed envelopes with the name and address of the applicant and the number of the RFA on each envelope, package and box. E-mailed or fax applications are not authorized for this RFA and will not be accepted. Applicants should retain for their records one copy of all enclosures which accompany their application.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for profit organizations), may be paid under the agreement.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. The Government reserves the right to reject any or all applications received. The Agreement Officer (AO) is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

- (a) Section II – Program Description – TB CARE;
- (b) Section VI – Selection Criteria;
- (c) Section IV – Application and Submission Information;
- (d) Section VII – Certifications, Assurances, and Other Statements of Recipient
- (e) This Cover Letter.

Thank you for your consideration of this USAID initiative. We look forward to your organization's participation.

Sincerely,



Bruce Baltas
Agreement Officer

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CA	Cooperating Agency
CDC	Centers for Disease Control
CFR	Code of Federal Regulations
AOTR	Agreement Officer's Technical Representative
CSH	Child Survival and Health Programs Fund
CSHGP	Child Survival and Health Grants Program
DA	Development Assistance
DEWG	DOTS Expansion Working Group
DOTS	The internationally recommended strategy for the control of TB
PMDT	Programmatic Management of Drug Resistant TB
ESF	Economic Support Fund
FSA	FREEDOM Support Act
FY	Fiscal Year
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, TB, and Malaria
GH	Bureau for Global Health
GH/HIDN	Bureau for Global Health, Office of Health, Infectious Disease and Nutrition
GLC	Green Light Committee
HIDN	Office of Health, Infectious Diseases and Nutrition
HIV	Human immunodeficiency virus
IDA	International Disaster Assistance
IQC	Indefinite Quality Contract
IR	Intermediate Result
ISTC	International Standards of TB Care
MAARD	Modified Acquisition and Assistance Request Documents
MDR-TB	Multi-drug Resistant TB
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
NICRA	Negotiated Indirect Cost Agreement
NTP	National TB Program
OAA	Office of Acquisition and Assistance
OR	Operations Research
OFDA	Office of Foreign Disaster Assistance
OMB	Office of Management and Budget

PATH	Program for Appropriate Technology in Health
PHN	Population health and nutrition
PVO	Private and Voluntary Organizations
RFA	Request for Application
RPM Plus	Rational Pharmaceutical Management Plus
SF	Standard Form
SO	Strategic Objective
TASC2	Technical Assistance Service Contract 2
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
Union	International Union Against Tuberculosis and Lung Disease
URC	University Research Corporation
USAID	United States Agency for International Development
USG	United States Government

SECTION I – Introduction and Background

I.1 Introduction

The United States Agency for International Development (USAID) Bureau for Global Health (GH) is issuing this Request for Applications (RFA) for a cooperative agreement to build and expand upon previous USAID tuberculosis (TB) prevention and treatment efforts over the last eleven years, particularly the success of the Tuberculosis Control Assistance Program (TBCAP) activity. TB CARE will be one of the main global mechanisms for implementing USAID's TB strategy as well as contribute to TB/HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), as requested. The new activity funded under this RFA will complement existing and planned projects in the Bureau for Global Health to provide global leadership and support to National TB Programs (NTPs) and other in-country partners.

I.2 Problem Statement

Tuberculosis kills approximately two million people per year. Of the estimated two billion people infected with tuberculosis, over eight million develop the disease annually. TB is a the third leading cause of death among women of reproductive age and is a leading cause of death in HIV-positive people, accounting for up to one third of AIDS deaths worldwide. There are 22 high burden countries (HBCs) that account for 80% of the global TB burden, of which over half are located in 11 Asian countries. However, Africa has over 20 countries with an estimated TB case notification rate greater than 100/100,000.

Globally the treatment success target of 85% has been surpassed according to the WHO annual report. Despite this tremendous progress, there are still several high burden countries that have not reached the treatment success target. In addition, the global TB case detection rate is only slightly above 60%, which is far short of the WHO 70% global TB target. In addition, it is becoming clear the 70% target is not enough to curb the epidemic and countries need to strive for universal access, diagnosis and treatment of people with TB. Many of these undetected cases are among the most vulnerable and poorest populations

Compounding the slow progress in improving case detection is the rise of drug-resistant TB. Drug-resistant TB is a serious and growing problem that threatens to undermine years of progress in TB control. In 2007, there were an estimated 500,000 cases of multi-drug resistant (MDR) TB and by the end of 2008, 55 countries had detected at least one case of extensively-drug resistant (XDR) TB. The MDR TB cases in India, China, Russia, South Africa, Bangladesh, Pakistan and Indonesia account for approximately 70% of the estimated global burden, while the overall number of MDR TB cases continues to rise in most parts of the world. Access to good quality services to diagnose and treat drug-resistant TB continues to be insufficient. In 2007, 3,681 of the 30,000 (12%) notified cases of MDR TB received treatment through Green Light Committee (GLC) -approved programs, a proportion significantly lower than the Stop TB Partnership's Global Plan to Stop TB targets. Limited laboratory and human resource capacity to diagnose and treat people and an inadequate supply of quality-assured second-line anti-TB drugs are some of the factors slowing progress in expanding global MDR

TB detection and treatment. Enhanced human resource capacity to ensure completion of treatment and improved therapies and diagnostics that simplify and expedite identification of TB will be necessary to meet the targets of the Global Plan for both drug sensitive and drug resistant TB. The implementation of a good TB program will help prevent the further development and spread of MDR TB.

The TB epidemic has been further compounded by its complex interaction with HIV/AIDS. TB is the leading cause of death among people with HIV/AIDS in sub-Saharan Africa, and of the 1.7 million annual TB deaths, approximately 456,000 are among persons who were HIV-positive. In 2007, analyses of improved data resulting in World Health Organization (WHO) revising the estimated burden of TB/HIV; the 1.37 million HIV infection persons with active TB disease is nearly double the number previously estimated. HIV infection is the most significant risk factor for a latent TB infection to convert to active TB and HIV-positive persons are 20 times more likely to develop TB than an HIV-negative person.

The global burden of TB has been fueled by increasing HIV/AIDS prevalence, emerging TB drug resistance, inadequate investments in public health systems, and economic instability. The disease threatens the poorest and most marginalized groups, disrupts the social fabric of society, and undermines gains in economic development. Ninety-five percent of all TB cases and 98% of all TB deaths occur in developing countries. These countries have requested assistance in ensuring that their TB programs meet the needs of their citizens to access quality medications, obtain adequate diagnosis, receive standardized and observed treatment with surveillance, and benefit from a quality reporting system.

I.3 Stop TB Strategy

The recent gains in global TB care and prevention have been achieved through comprehensive and systematic implementation of the WHO Stop TB Strategy. The strategy has six components including the well-established DOTS strategy, one of the most cost effective and affordable global health initiatives. Worldwide, the Stop TB strategy recommended by the WHO and the International Union Against Tuberculosis and Lung Disease (The Union), has been adopted by 180 countries, including all 22 high burden countries (HBC). If adapted to local settings and implemented appropriately, the strategy, which supports national health programs, can achieve universal access to diagnosis and treatment for TB, limit the emergence and spread of drug-resistant TB, strengthen health systems, improve gender equality in access to services, and coordinate TB/HIV service delivery. The six components of the Stop TB strategy can be found in the table below.

Table 1. The STOP TB Strategy
<ol style="list-style-type: none"> 1. Pursue high-quality DOTS expansion and enhancement 2. Address TB/HIV, MDR-TB and the needs of poor and vulnerable populations 3. Contribute to health systems strengthening based on primary health care 4. Engage all care providers 5. Empower people with TB, and communities through partnerships 6. Enable and promote research

Success in the fight against TB will not be achieved without active detection and effective treatment of individuals with TB disease. It is critical to involve the full spectrum of health care providers, including public, private, non-governmental/non-profit/faith-based/academic organizations, communities, and volunteers.

Implementation of the Stop TB strategy strengthens the primary health care system as it ensures sustained access for people with TB to diagnosis, treatment, and follow-up services. Important elements of a successful system include appropriate human resources, networks of capable laboratories, recording and reporting systems, and drug management systems that prevent drug supply interruptions or use of inferior quality medicines. However, without political commitment and effective leadership to fund and implement national TB control programs, the strategy can not achieve and sustain global TB control. Proper implementation will improve access to affordable, equitable, committed, and well organized primary care services.

Over the past several years, increased investment in scale-up of the Stop TB Strategy has resulted in progress towards global targets. However, these investments have not been enough to completely reverse the years of neglect, and an accelerated approach focusing on several key areas including information, education, and communication (IEC), social mobilization, involvement of private and voluntary health care providers, economic analysis and financial planning, and operational research has been instituted to widen the reach and impact of the program. An essential part of this acceleration is the intensified effort to increase collaboration with HIV/AIDS programs and coordinate with a variety of public and private organizations, as well as greater attention to ensure effective treatment and prevention of drug resistant TB.

I.4 USAID's Commitment to Tuberculosis Control

The United States Government (USG) through USAID is the largest bilateral donor, supporting global TB prevention and care in 40 countries. Over the past 8 years, USAID's TB prevention and care programs has allocated approximately \$730 million to save lives and prevent the spread of TB and MDR TB. The average country case detection rate in 2007 reached 80% in countries with USAID support. USAID is implementing TB programs by accelerated detection and treatment of TB for all people, scaled-up TB/HIV integration, expanded prevention and treatment of MDR TB, and overall strengthening of the health care system.

In 2008, the United States Congress demonstrated its continued commitment to TB control with the passage of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. 110-293). This Act authorized a considerable increase in funding for TB prevention and care by the USG. In May 2009, President Obama announced the Global Health Initiative (GHI) to further increase the USG's commitment to health. The GHI focuses attention on tackling broader global health challenges, continuing the support for HIV/AIDS and malaria, and increasing support for TB, child and maternal health, family planning, and neglected tropical diseases. The GHI adopts an integrated, women-centered approach to fighting diseases, improving health, and strengthening health systems while contributing to the achievement of the goals and targets laid out in the Lantos-Hyde Reauthorization Act.

USAID's goal is to halve TB prevalence and death rates in USAID assisted countries by 2015 (relative to the 1990 baseline), consistent with the Global Plan to STOP TB. Three key targets have been identified for achieving this goal:

1. Sustain or exceed the detection of at least 70 percent of sputum-smear positive cases of TB, and the successful treatment of at least 85 percent of those cases in countries with established USAID TB programs;
2. Treat successfully 4.5 million new sputum-positive TB cases;
3. Diagnose and treat 90,000 new cases of multi-drug resistant (MDR) TB.

In order to achieve these goals and targets, USAID will accelerate implementation of proven, cost-effective interventions designed to prevent the further spread of TB and drug resistant TB, and to prevent deaths. USAID is committed to the following:

- Accelerate implementation of improved basic TB services and MDR TB services to increase the number of people receiving early and effective treatment; and
- Contribute to improvements in the health system as an integral part of achieving gains in TB control.

TB CARE will be one of the main USAID mechanisms to contribute to this goal and targets in select countries by 2015. It is the expanded follow-on mechanism to TB CAP.

USAID is a global technical leader in policy and tool development, and strategic guidance. USAID is active in the Stop TB Partnership Board and working groups, and works closely with the Global Fund Against AIDS, Tuberculosis and Malaria (Global Fund) grants and other global TB partnerships to ensure an efficient and effective approach to achieving success. In addition, our efforts are contributing to research in new and expanded tools and technologies for improved diagnosis, treatment, policy and implementation. At a country level, USAID TB activities are aligned closely with NTP to support their strategic plans and ensure close coordination with Global Fund and other country partners. The programs are embedded within the Ministry of Health's (MOH) NTP to ensure country ownership, maximize efforts and avoid duplication.

USAID's TB effort is concentrated in a number of countries (Section I, Table 2) to focus financial and human resources of USAID and its partners. The country selection is based on one or more of the following criteria:

- High burden of TB cases (among the list of 22 HBCs)
- High burden or prevalence of drug resistant TB
- High incidence of TB (estimated incidence rates over 100/100,000)
- High HIV/AIDS prevalence (TB/HIV co-infection)
- Lagging case detection and treatment success rates

Other factors include political commitment, technical and financial need, and managerial feasibility.

Table 2. USAID TB Priority Countries¹

<p>Afghanistan, Armenia,* Azerbaijan*, Bangladesh*, Bolivia, Brazil, Cambodia, Democratic Republic of Congo, Djibouti, Dominican Republic,* Ethiopia*, Georgia,* Ghana, Haiti, India*, Indonesia*, Kazakhstan,* Kenya, Kyrgyzstan,* Liberia, Malawi, Mexico, Mozambique, Namibia, Nigeria*, Pakistan*, Peru, The Philippines*, Russia*, Senegal, South Africa*, Southern Sudan, Tajikistan,* Tanzania, Turkmenistan, Uganda, Ukraine,* Uzbekistan,* Zambia, Zimbabwe</p>
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Countries in bold are high burden TB countries

* Indicates countries that have a high burden of MDR TB

In addition, any PEPFAR funding received would be working in an overlapping but different list of countries. Please also refer to the PEPFAR website for a list of their countries that should be addressed for TB/HIV activities in this RFA. <http://www.pepfar.gov/countries/index.htm>.

Please refer to the following web page for further details on USAID's TB Control Strategy. There will be an updated version in the near future in accordance with Lantos-Hyde Reauthorization Act and the GHI and consistent with the information in this program description. http://www.usaid.gov/our_work/global_health/id/tuberculosis/tbexpanded09.pdf

I.5 USAID/GH – Funded TB Partners

USAID works with a wide array of partners to achieve our TB care and prevention objectives including: health ministries, NTP, other government entities, and local institutions at the country level; multilateral and bilateral donors; international organizations such as the WHO Stop TB Department; private providers, private corporations, foundations, faith-based groups, and other non-governmental organizations; and other USG agencies, including close collaboration with other USG agencies such as the Centers for Disease Control and Prevention (CDC) and National Institutes for Health (NIH). The USG is also a major funder of the Global Fund.

USAID field Missions either program funds through bilateral or global programs. USAID programs have the mandate to work with the MOH, NTP, and other local organizations at the country level. The USAID Global Health Bureau (GH) in Washington manages a number of TB programs, of which TB CARE will be one. The list below briefly describes the major USAID Global Health TB partners, including activities supported under each organization or project. The country specific TB program information can often be found on the USAID GH and Mission website.

TB CAP: One of the key mechanisms for supporting USAID's TB care and prevention strategy has been the TB CAP project. The last year of funding for TB CAP was fiscal year 2010. It is in its last full year of implementation. This unique partnership of seven organizations has partnered

¹ Some of the top 22 high-burden countries do not appear in the table of priority countries for the USG. For example, operational obstacles prevent country level support in Burma, and for China and Thailand, country resources are available. These countries may require technical assistance or limited country-level support, respectively. Vietnam may be added to the list of countries where USG assistance is provided if adequate resources become available.

with USAID to control TB globally since 2000, but most of the individual organizations have actively worked in this area for almost a century. The TB CAP partnership consists of the KNCV Tuberculosis Foundation, the Union, WHO, Management Sciences for Health (MSH), Family Health International (FHI), Japan Anti-Tuberculosis Association (JATA), the American Thoracic Society (ATS), and technical collaboration from the CDC. These partner organizations collectively refer to themselves as the Tuberculosis Coalition for Technical Assistance (TBCTA).

The purpose of TB CAP assistance is two-fold. First, it attempts to improve and expand the capacity of USAID to respond to the global TB epidemic by providing well-coordinated state-of-the-art, context appropriate, technically sound and cost-effective consultation and technical assistance to high-prevalence countries and Missions. A further goal is to build additional global capacity for the provision of technical assistance. Second, TB CAP is intended to complement and expand existing global TB control efforts by working in collaboration with other global TB partners and maximize on-going efforts to accelerate the pace of DOTS expansion to meet global targets. By the end of 2010, the aim of TB CAP is to reach the following specific goals in countries with significant investment:

- 90% of public clinics implementing DOTS
- At least 70% case detection rate
- At least 85% treatment success rate and/or cure rate
- 75% of countries meeting MDR TB quality standards defined by TB CAP
- 100% of countries have nationwide TB and HIV programs effectively coordinated

Many of the lessons learned from this activity, as well as other USAID TB control efforts, have contributed to the development of this RFA, including the mid-term evaluation of TB CAP. The evaluation report can be found on the USAID website at:

http://www.usaid.gov/our_work/global_health/id/tuberculosis/publications/index.html. In addition, all USAID-funded TB CAP publication and annual reports can be found at www.tbcta.org.

CDC: USAID collaborates closely with CDC on a wide variety of TB control activities. Under this partnership, CDC conducts operational research and training as well as provides technical assistance in TB/HIV, infection control, information systems, MDR-TB, and other related activities to support USAID country and regional programs.

CSHGP: Under the Child Survival and Health Grants Program (CSHGP), USAID provides grants to U.S. Private Voluntary Organizations (PVOs) to address gaps in national or sub-national TB control programs. The grants are for a wide range of interventions including DOTS expansion and strengthening, increasing and strengthening human resource capacity, and adapting the Stop TB Strategy to address special challenges such as TB/HIV and MDR-TB. A special area of focus for most PVOs is at the community level, particularly focused on access to services, communication and social mobilization aspects of the Stop TB Strategy. The evaluation of the CSHGP TB grants can be found at http://pdf.usaid.gov/pdf_docs/PDACM042.pdf

Global TB Drug Facility: USAID provides support to the Global TB Drug Facility (GDF) for country grants for the purchase of TB drugs. In addition, USAID provides technical assistance to the GDF to ensure pharmaceutical management issues are properly addressed as well as provides support to countries for monitoring GDF grants.

Strengthening Pharmaceutical Systems (SPS): The SPS project is a USAID cooperative agreement with MSH that provides technical assistance on drug selection, forecasting, availability, and proper use by both providers and consumers. The project provides support to NTPs in drug management as well as external technical assistance.

Stop TB Partnership: USAID is a financial supporter of the Stop TB Secretariat, a member of the Stop TB Coordinating Board, and is represented on all of the Stop TB working groups (DOTS expansion, new TB drug development, MDR TB, TB/HIV, and TB diagnostics). USAID support was instrumental in the development of the Global Plan, and to the establishment of national Stop TB partnerships and preparation of plans for DOTS expansion in most HBCs. USAID supports the Stop TB Secretariat to develop new tools and provide technical assistance for social mobilization and communication.

TB IQC: The TB IQC Contract is a set of Indefinite Quality Contracts (IQCs). The mechanism allows USAID missions and bureaus to access short and long-term technical assistance and programmatic support on all aspects of adapting the Stop TB Strategy in different settings. The five awardees of the IQC are Program for Appropriate Technology in Health (PATH), Abt Associates, Chemonics International, Medical Service Corps International (MSCI), and University Research Corporation (URC). Recently, the Global Health Bureau awarded a Task Order (TO) to PATH. The TO will provide technical and management support to on-going USAID funded tuberculosis program activities at global, regional and country levels, carry out reviews and analyses of TB program activities, and provide USAID offices and missions a mechanism through which expert short and long term technical assistance can be accessed.

TREAT TB: Technology, Research, Education and Technical Assistance for Tuberculosis (TREAT TB) is a 5-year cooperative agreement with The Union. TREAT TB focuses on field evaluations of diagnostic techniques for TB, clinical trials and operations research to improve patient management, treatment efficacy, disease prevention, and infection control measures for TB and MDR TB.

WHO Stop TB Department: USAID provides support to the Stop TB Department at WHO in an array of TB control activities at the global and country level. Although the support covers the four main areas of USAID's TB strategy, USAID particularly supports MDR TB surveillance, operational research and technical assistance, national and global TB monitoring and surveillance, tools development and technical assistance for public private mix (PPM), and tools development and technical assistance for human capacity development.

SECTION II – Program Description – TB CARE

II.1 Technical Approach

As stated earlier (see SECTION I.4), TB CARE is the expanded follow-on mechanism to the TB CAP program. TB CARE will contribute to the overall USAID objectives described in Section I.4. It is anticipated 10% of this activity will be Core funded for global leadership and policy development, and the other 90% will be more directly supporting NTPs in implementing their national strategic plans through Field support. The approach to providing global leadership and field implementation should be comprehensive and aligned with the four main technical areas below. The expected outcome for TB CARE is described at the top of each technical area. The technical areas should be a combined comprehensive strategic approach. In addition, TB CARE has four main overarching elements, including collaboration and coordination, access to services for all people, responsible and responsive management practices, and evidence-based project monitoring and evaluation. As appropriate, these elements should be also addressed within each of the technical areas to ensure cohesiveness and avoid fragmentation (see Section II.2 for more information).

TB CARE will not support Core funded global leadership activities for drug management or operational research. USAID has other mechanisms for implementing the global leadership components of these activities. However, these activities will be supported at the country level through field support as deemed necessary.

Technical Area 1: TB care and treatment (DOTS expansion and strengthening)

TB CARE shall assist national programs using field support to provide universal and early case detection to surpass the 70% target and successfully treat over 85% of those cases in at least 12 countries. (See SECTION I.4).

This technical area is the heart of the four main technical areas under TB CARE. Quality national TB programs are essential for meeting the overall USAID and project objectives. Although much has been accomplished in this area, there is still considerable work to be done in improving the quality and access to these services. The accelerated and early detection and treatment of TB is a key component. Early detection of TB and effective treatment reduces transmission of the disease and slows the emergence of drug resistance. TB CARE should reduce transmission and alleviate suffering by systematic implementation of DOTS nationwide. A good TB program is the best way to prevent MDR TB. Particular attention should be given to targeting the most vulnerable groups, including gender consideration.

TA 1.1 Strong TB Leadership and Management

Country ownership requires a NTP with strong leadership and management skills to successfully develop and implement an effective strategic plan. Leaders in TB prevention and care are required at all levels, although their roles and responsibilities will vary depending on the structure of the health care system. The leaders need to be able to develop systems for effectively managing, retaining and increasing the human and financial resources to develop a sustainable system. These are critical skills not

necessarily taught through the formal education system in many of the focus countries, requiring the development of these skills at all levels. TB CARE must have a strategic and comprehensive approach to building NTP leadership and management capacity that extends beyond tool development.

TA 1.2 Quality Supra National and National TB Laboratory Networks:

A functional internal and external laboratory network is key for a successful TB program. The network must be able to address the management, organizational, bio-safety, and work quality aspects of the laboratory at all levels. This technical area will focus on the policy, management, supervisory and quality assurance systems for smear microscopy, culture, drug susceptibility testing (DST), and any other new technologies (see links to TA 2.1). TB CARE must have a comprehensive strategic approach to building the capacity to manage, organize and address gaps in the internal and external laboratory network globally, regionally and at the country level.

TA 1.3 Universal and Early Access to Quality Diagnosis and Treatment:

Every individual has the right to access quality treatment. Although TB treatment is provided at the lowest level of the health care system, quality care is still not accessible to many groups of people. Innovative ways to extend the reach of quality TB diagnosis and treatment earlier to all of those without access is critical. A pro-active approach to identifying cases early and extending beyond those who have accessed formal health care services should be developed. The approach should be comprehensive to include the scale-up of Practical Approach to Lung Health (PAL), ISTC, pediatric TB, and TB/HIV coordination strategies. In particular, access to treatment needs to be expanded to ensure women are appropriately reached and gender considerations are integrated into all TB programs (refer to Section II.2, Overarching Elements, Gender Considerations). In addition to gender, TB CARE should focus particularly on addressing the cultural, social, economic and/or political barriers to access to services for individuals and/or groups at high risk for TB.

TA 1.4 National Access to Quality TB Commodities

A TB program cannot function without quality-assured drugs in the right place and in adequate quantities. There needs to be a nationwide system to successfully select, forecast, procure, distribute and monitor the anti-TB drugs as well as all other drugs. Although TB drugs are financially supported by donors in most high burden countries, there are still drug stock outs and problems with the management of them. TB CARE shall ensure a nationwide system for a sustainable supply of anti-TB drug is in place. The development, implementation and removal of barriers to this system will be the focus of this project. The integration of the anti-TB drugs into the overall commodity management systems should be a focus. This project will only work at the regional and country levels in this technical sub area.

TA 1.5 Effective TB monitoring, evaluation and surveillance

A strong evidence base for monitoring and evaluating the program performance is an important part of this technical area. Data on gender, cultural, social, economic and/or political barriers to access to services are important components of the evidence base. Quality data needs to be available for analysis and use at all levels, particularly at the facility level where it is collected. The health care workers at the facility need to

understand the concepts of the data collected, and have the ability to analyze and use it to improve their own program performance. In addition, the district and higher level staff must have the ability to provide constructive feedback to the facility level to improve the quality of services. Lastly, data should be used to create evidence for new and improved approaches and inform policy.

Technical Area 2: Programmatic Management for Drug Resistant TB (PMDT)

TB CARE shall assist national programs using field support to provide universal access to DST for suspected cases and treatment to all those with MDR TB cases in at least 12 countries.

Detection and treatment of drug resistant TB along with good infection control measures are essential for interrupting the transmission of these more deadly strains of TB. Drug resistant TB in the high-HIV sero-prevalent region of sub-Saharan Africa is particularly concerning because of the rapid progression from TB infection to disease among people with HIV/AIDS. Weak or non-existent infection control measures, combined with congested health facilities and prisons, can create a volatile situation for disease transmission (see technical area 4.4). The effort required to develop and implement strong Programmatic Management for Drug Resistant TB (PMDT) programs often requires a considerable amount of financial and human resources to develop the systems for program success. Most countries are only beginning to pilot PMDT and develop surveillance systems for monitoring drug resistance. However, this is a rapidly changing field as research evidence emerges, e.g., new diagnostics, new regimens, and evolution of the GLC. TB CARE should be in the forefront to ensure countries can appropriately absorb all new information and approaches to scale-up. This project will play a pivotal role in ensuring development, piloting and scale-up of PMDT in countries with drug resistance TB.

TA 2.1 MDR TB Diagnosis:

The capacity of laboratories to detect drug resistant TB strains in the USAID focus countries is often limited. The development, introduction, and expansion of laboratories to conduct quality culture and DST, and introduce new and more effective diagnostic tools for MDR TB detection is an urgent and critical issue to be addressed by TB CARE. The project needs to have a comprehensive and rapid approach to building this capacity at the national and supranational level.

TA 2.2 MDR TB Treatment:

The availability of treatment for MDR TB is limited in many of the USAID focus countries. The access to universal quality treatment for MDR TB is a priority for USAID and this project. Services to rapidly diagnose and treat drug resistant TB in accordance with WHO guidelines for PMDT must be rapidly scaled up. TB CARE will assist countries with the development and implementation of comprehensive systems for all aspects of care and treatment in a variety of settings. This assistance will also include coordination with other donors, and international and local partners involved in MDR TB scale up. In addition, the drug procurement, forecasting, quantification, and management will also be supported to ensure adequate supply and use.

TA 2.3 Routine surveillance for MDR TB:

Accurate and available MDR TB surveillance data are essential for targeting interventions and resources more effectively as well as improving program performance. TB CARE will support country-level drug resistance surveillance and surveys to ensure all focus countries have this information available. In addition, TB CARE will improve the capacity of the national level staff to set up systems to collect quality data, analyze the information and use it for program improvements.

Technical Area 3: TB/HIV care and treatment

TB CARE shall assist national programs using field support to increase early case detection, expand intensified case finding, enhance airborne infection control efforts and expand access to and integrate treatment of TB and HIV in co-infected individuals in at least 12 countries.

TB and HIV/AIDS are each responsible for significant global mortality and morbidity and rising rates of HIV have fueled the spread of TB. TB is now the leading cause of death for PLWHA. Despite the overlapping clinical and epidemiologic interactions between TB and HIV, policy and programmatic efforts to address TB and HIV have historically implemented independently of each other. Since its inception, PEPFAR funding for TB-HIV activities has increased. TB CARE shall work closely with PEPFAR and other partners to ensure maximum impact. TB CARE shall demonstrate concerted and united leadership to develop global policies and guidelines for country adaptation, monitor progress, and present global best practices to continue to improve programs. These tools and best practices require expansive implementation from the national to the community level to ensure access to quality services for TB and HIV. This is an important area of TB CARE and the approach should strategically address how this will be achieved in countries with high TB/HIV co-infection. A comprehensive approach to infection control should be included in the health systems strengthening technical area 4.4.

TA 3.1 Intensified Case Finding

TB CARE will provide technical assistance to target countries to support innovative and effective strategies for earlier detection of TB, particularly among PLWHA. TB CARE will be a global leader in the development of tools and policies to support the evidence-based implementation of intensified case finding strategies (facility-based, community-based, and household strategies) that can ultimately reduce community TB burden. Addressing gender, cultural, social, economic and/or political facilitators and barriers should be considered in strategy development (refer to Section II.2. Overarching Elements, Gender Considerations). TB CARE should develop special ICF strategies in VCT sites, HIV, pulmonary, and other clinical settings, and households. TB CARE should capitalize on the existing CBO, NGO, and faith-based organizational infrastructure in support of community-based HIV prevention and care programs to integrate TB case detection strategies.

TA 3.2 TB screening and treatment within HIV settings

Successful integration of HIV and TB diagnosis and treatment leads to better outcomes for people co-infected and has the potential to interrupt patterns of TB transmission. TB CARE will be at the forefront of USAID supported efforts to develop global, national, and local policies, guidelines, and tools for the integrated clinical management of TB and HIV by the HIV treatment community within resource poor settings. TB CARE will develop strategies with other stakeholders to stimulate these policy discussions, pilot and scale up the interventions in priority countries.

TA 3.3 Isoniazid Preventive Therapy

Despite global recommendations by WHO and UNAIDS that support the use of IPT by PLWHA, TB preventive therapy has not been extensively adopted by governments. The hesitance of governments to prescribe IPT is often related to their concerns about the development of resistance through the use of isoniazid monotherapy. There is increasing evidence presented at international conferences and published in the literature demonstrating that the use of IPT in appropriate settings can reduce TB mortality and morbidity, without increased rates of resistant tuberculosis. TB CARE will provide policy and programmatic technical assistance related to the appropriate use of IPT for PLWHA in high prevalence HIV and TB settings where there is little baseline isoniazid resistance. TB CARE will be sensitive to the epidemiology in different regions and adapt recommendations and strategies to these situations.

Technical Area 4: Health Systems Strengthening

TB CARE shall assist national programs using field support to fully contribute to health system strengthening as it relates to TB, particularly for improving political commitment, strengthening human resources, enhancing health information and surveillance systems, infection control, engaging all care providers, and mobilizing the community in at least 12 countries.

A strong health care system is necessary for the TB program to operate efficiently and effectively. Although the project will be expected to meet TB-specific outcomes, it is important to strengthen the overall health care system as an integral part of achieving gains in TB control. Since the DOTS program is a health systems approach to the prevention and care of TB, effective implementation of it is the first step in contributing to a stronger system. There are cross cutting TB technical areas that should be better integrated with other health interventions and services to ensure more efficient systems. Some of these areas have already been piloted and tested and others require new thinking and approaches for introduction and implementation at the country level. TB CARE must develop a comprehensive approach to achieve better efficiencies in the overall system, while ensuring quality TB services and TB-specific outcomes.

TA 4.1 Political Commitment:

Country ownership for TB prevention and care by the national governments can be expressed in many different ways, including leadership and management as well as commitments to providing adequate financial and human resources. This technical area is focused on the government's financial commitment to TB and health care. Although there is an influx of funds for health programs, it is critical the government maintain its resources for TB. Donor support is often provided on the condition it is addressing program gaps and not replacing the government's financial support. It is important these conditions are monitored and discussed with the government at all levels on a regular basis at the time of developing strategic plans and annual work plans. However, it is not enough to monitor the government's contribution by the proposed budget in the annual plans. It is important to ensure the funds are actually allocated to the TB program in a timely fashion. In addition, there should be increased political commitment at the organizational level of financial decision making at all levels of the system. TB CARE is expected to develop approaches in each country to engage policy-makers and monitor progress on the government's financial and other high level commitments in coordination with all donors supporting TB and other health care efforts.

TA 4.2 Human Resources Development (HRD):

This is the most critical component of the health care system and TB program. A concerted effort must be made to improve the development, quality and retention of the human resources dedicated for health. Since most community and facility level staff are not TB specific, there needs to be a targeted approach to enhance the capacity of community and facility level staff to improve the quality of services provided, expand TB case finding across all health areas, and integrate the support into all other related health interventions. Innovative approaches should be developed to coordinate and integrate these efforts to strategically develop the human resources. TB CARE should work with the MOH, NTP and other partners to ensure a consistent and integrated approach to HRD including the required skill sets, motivational support, location, job description, and evaluations. In high HIV prevalent countries, TB HRD efforts should be linked and coordinated with HIV HRD efforts.

TA 4.3 Health and TB Information and Surveillance Systems:

The TB recording and reporting system usually exists at all levels and is being reported on a regular basis. However, the treatment, lab management and drug management TB information systems are not linked to provide a comprehensive system. TB CARE should develop approaches to link the systems through one consolidated electronic system. In addition, there are still problems with the completeness, quality, and use of the TB data collected, which should be strengthened by TB CARE (see also TA 1.5). New innovations should be explored to improve the linkages and comprehensive of the systems. TB CARE will also make a concerted effort to harmonize the TB surveillance system with other diseases and the overall health information system without losing critical TB data collection, particularly HIV surveillance systems in high prevalent settings.

TA 4.4 Infection Control (IC)

TB CARE will prioritize technical assistance related to the development of policies, programs, and tools designed to prevent the transmission of TB and MDR TB through effective infection control across facility, community, household, and high-risk congregate settings (e.g. prisons, HIV clinic, TB hospital ward). TB CARE will utilize a careful, structured, and comprehensive approach to the development and implementation of administrative, environmental, personal protective equipment, and other infection control measures in facilities and other congregate settings with TB, MDR TB and HIV patients. TB CARE will support the development and implementation of national policies and guidelines, strategic plans, training and capacity building, renovation, and procurement of supplies as needed. The policy, strategy, and implementation to addressing community TB infection control should also be considered in this approach and is part of the expansion of DOTS and scale-up of Programmatic Management of MDR TB (PMDT).

TA 4.5 Engaging all Care Providers:

In many countries the private, quasi-governmental, and non-MOH public sectors play an important role in providing health and TB services. The quality and monitoring of services of all care providers and links to the MOH services must be improved to meet the targets for case detection and successfully treatment. Many countries have engaged TB providers through pilot public private partnerships (PPP) projects but very few of them are scaled-up nationwide and include all types of providers. TB CARE will scale-up the current best

practices nationwide and to include the broad range of providers (e.g. private physicians, pharmacists, hospital staff, work place health staff, prison health practitioners, military health practitioners, etc). In addition, these activities should be conducted in collaboration and complement other health PPPs.

TA 4.6 Community Mobilization:

The formal and non-formal community has a critical role to play in many aspects of TB prevention and care, including raising awareness, reducing stigma, advocating for more resources, intensifying case finding, improving diagnosis, and improving treatment adherence. If properly motivated, their efforts can increase political and community commitment, increase case detection, and produce better treatment outcomes. A systematic approach needs to be developed and scaled-up to promote and sustain their involvement. However, the community can not be expected to have the capacity engage with each health issue separately. They are the lowest level of the system and needs to be strengthened in a systematic way that benefits all health interventions but at the same time does not overburden them. TB CARE should develop a practical approach to maximize the contribution of the community in TB prevention and care as well as harmonize it with other disease specific community approaches.

II.2 Overarching Elements

The overarching elements are key issues that cut across the TB technical areas. They need to be concisely incorporated into the overall approach to addressing the technical areas. TB CARE must have a clear and detailed description of systems and interventions to ensure these areas are adequately and comprehensively addressed over the life of the project.

C ollaboration and Coordination

1. Maximize, Leverage and Coordinate all available country and international TB resources

There are limited human and technical resources available to address the TB issue at the global level and in developing countries. TB CARE will be one of the main mechanisms to implement USAID's TB strategy. It will also contribute to the TB/HIV section of the PEPFAR strategy. TB CARE will be expected to draw from and communicate with the Stop TB Coordinating Board and other international groups working on TB. It will also need to play a critical role in coordinating and collaborating with partners, including other USG, PEPFAR, and USAID partners, local governments, Global Fund, WHO, World Bank, United Kingdom Department for International Development (DfID) and others. Although collaboration and coordination has always been a focus, there needs to be a concerted effort to ensure a more integrated and non-duplicative approach. The development of national TB strategies with robust budgets showing the partner contributions and remaining gaps is an important start for an integrated approach at the country level. This project will be expected to assist the government to monitor and resolve issues related to the implementation of the different inputs to the strategy. Most importantly, this project should focus on providing the required assistance to Global Fund Principal Recipients to improve the implementation and maximize the outcome of the Global Fund TB grants. The functioning of the combined contributions to the National TB Strategy will be a key indicator of TB CARE's success.

2. Strong internal partner coordination structure

A complex and multi-faceted project needs to have strong streamlined systems in place. The roles and responsibilities of each of the project partners need to be clear and avoid duplication. There also must be a strong monitoring and controlling body that has the knowledge of the project operations and is equipped with the authority to resolve problems, set standards, and improve operations. The system needs to be consistent yet, flexible enough to adapt to the changing environment at all levels. In addition, communication is a very important part of ensuring each moving part of the project is successful. A transparent and communicative approach must be developed and implemented at all levels of the project. TB CARE should develop a productive environment for staff input and participation at all levels of the project to maintain a healthy balance of operations and investment in the project.

Access to TB services for all people

1. Gender Considerations

According to the recently released WHO Women and Health Report, TB is the 4th leading cause of death of female adolescents (10-19 years old) globally and in low income countries and 3rd leading cause of death of women of reproductive health age (20-44 years old) globally and in low income countries. Considerable effort is still required to remove barriers to accessing TB services by girls and women. TB CARE should rapidly develop a strategic framework for developing interventions to identify and remove gender barriers, and build upon gender facilitators. Other gender (e.g., male gender norms, gender related decision-making) or age discriminations present in countries or regions should also be identified and addressed to ensure equal access to TB case finding, prevention, and treatment. The interventions need to be integrated into the technical areas to ensure country appropriate activities are implemented in a consistent and timely manner. TB CARE should provide a stepwise and practical approach of how this will be accomplished from the global to the primary health care level. For more guidance on gender analysis and integration, please see the following references: ADS 201.3.9.3 “Gender Considerations” (<http://www.usaid.gov/policy/ads/200/201.pdf>)

2. Vulnerable Populations

TB is a disease of poverty affecting the most marginalized and hard to reach populations. There have been limited efforts to systematically identify and address these groups in USAID focus countries. The strategies developed for the general population are not necessarily effective for all of these groups. It requires a more concentrated and usually concerted effort that meets directly the needs of these populations. TB CARE should provide an approach for identifying the vulnerable populations and developing strategies to scale-up interventions to provide access to the necessary TB services.

Responsible and Responsive Management Practices

1. Cost-effective and Efficient

USAID has limited resources available for TB prevention and care. It is pertinent to ensure these are used as cost-effective and efficient as possible. TB CARE must have strategies in place to ensure policies and procedures are developed to be efficient and

effective systemically across all partners and at all levels. There needs to be controls to monitor the implementation of the policies and procedures as well as improve them as new information deems necessary. These systems should include policies on staff salary increases, maximum daily rates, overhead, procurement of goods and services, sub-agreements, travel, communication, waivers, offices, etc.

2. Financial Vigilance

USAID is held up to the highest standards of financial responsibility by the US government. It expects the same level of financial vigilance from its partners. TB CARE needs to have nimble financial systems in place to provide rapid and regular quality data at all levels. Accruals need to be collected to provide USAID with financial information upon request. TB CARE will have adequate, consistent and comprehensive controls in place to ensure the system's quality. Up-to-date and complete country level financial information needs to be available to Missions on a regular basis.

3. Country-based Implementation

The approach to quality and quantity country level support is the main thrust of this project. TB CARE will develop effective and efficient management practices to assist the countries in obtaining adequate and quality technical assistance, relying heavily on staff in-country. Project staff will work closely with the Ministry of Health (MOH)/NTP to build their capacity to solve problems and achieve national TB program objectives. TB CARE will play a leadership role in coordination of TB activities and provide expert advice on variety of TB technical issues. The project needs to balance the urgent need to ensure critical TB detection; prevention and treatment are widely available and implementing interventions through a sustainable health systems approach, building capacity of host stakeholders and systems. TB CARE will actively integrate efforts with other technical assistance provided by partners to reduce burden on country staff and enhance absorptive capacity for program success. In addition, the ability for the project to operate with limited in-country capacity and absorption but address the urgent issues at hand will be critical to its success.

E evidence-based project monitoring and evaluation (M&E)

1. Strong project monitoring and evaluation system

USAID is a results oriented organization and expects projects to continuously present achieved results for its investments. TB CARE must have a rigorous and rapid system for measuring, collecting, analyzing, using and reporting the project data at all levels and across levels. The internal project monitoring and evaluation system should include tangible process, outcome and impact measurements that directly relate to the interventions at the global, regional and country levels. The system should be able to provide sub-national, national and global results on these measurements that will be used for guiding year-to-year programming, improving performance, conducting advocacy at various levels, and determining future funding levels.

2. Evidence-based project interventions and policy development

Evidence-based programming is a focus for TB CARE. The project needs to develop a mechanism for continuously evaluating TB CARE's innovative interventions to determine the appropriateness for informing policy and scale-up. There needs to be a baseline developed as well as a strong and specific evaluation system in place to

accurately measure the inputs to determine their relevance for expansion or policy development. As appropriate, TB CARE will work closely with other projects to ensure maximizing efforts and avoiding duplication, particularly with USAID's global project TREAT TB.

SECTION III – Eligibility and Award Information

III.1 Anticipated Award – Schedule

USAID anticipates that one (1) five-year, competitive Cooperative Agreement will be awarded on or before the end of FY2010.

III.2 Eligibility Criteria

To be eligible for the Cooperative Agreement under this RFA, an organization must:

1. Be a U.S. or non-U.S. based institution, for-profit, non-profit, or private voluntary organization registered with USAID; All applicants must be registered with the Central Contractor Registration (CCR) www.ccr.gov. PVOs (as defined in 22 CFR Part 203) must also be registered with USAID; For more information on PVO registration please go to the USAID website, www.usaid.gov key work PVO registration.
2. Have experience and capacity in performance improvement, policy dialogue, implementation of TB prevention and care activities, and other related technical and managerial areas to achieve the results as described in this RFA;
3. Agree to and have the capacity to work with and hire individuals who have demonstrated experience and technical expertise to plan and implement the Stop TB Strategy throughout the world described in this RFA; and
4. Have the experience and capacity to collaborate with other organizations/groups in undertaking TB prevention and care programming.

III.3 USAID Management of the Activities

An Agreement Officer's Technical Representative (AOTR) shall be appointed on award of this agreement. The AOTR shall serve as the primary contact between USAID and the Recipient. The AOTR shall be based in GH/HIDN/ID and assist the project in linking with other GH projects, Mission bilaterals, and other donors/foundations. In addition, technical and management input shall be provided by Missions for management of activities supported by field support funds.

III.4 Authorized Geographic Code

The authorized geographic code for procurement of commodities for TB CARE is 000. The authorized geographic code for procurement services for TB CARE is 935.

III.5 Substantial Involvement

USAID shall be substantially involved during the implementation of this Cooperative Agreement in the following ways:

1. Approval of Recipient's Implementation Plans: Approval of the recipient's annual work plans, reports, research studies/protocols, publications, and all modifications that describe the specific activities to be carried out under the Cooperative Agreement;
2. Approval of Specified Key Personnel: Approval of and any changes to specified key personnel; and
3. Agency and Recipient Collaboration or Joint Participation:
 - a. Collaborative involvement in selection of advisory committee members;
 - b. Concurrence on selection of sub-award recipients (see 22 CFR226.25 for requirements);
 - c. Approval of the recipient's monitoring and evaluation plans;
 - d. Agency monitoring to permit specified kinds of direction or redirection because of interrelationship with other projects, as included in the Program Description, negotiated in the budget and made part of the award.

For specifics and additional detail please refer to USAID policy ADS 303.3.11 – Substantial Involvement in Cooperative Agreements.

III.6 Cost-Share

There is a minimum cost share requirement for this RFA. Applicants are encouraged to leverage their own non-U.S. Government resources to contribute to the total cost of the TB CARE program. The minimum cost-share for this RFA is 5%. If the cost share proposed is less than 5 %, then the application shall be deemed non-responsive and it will not be reviewed.

III.7 Funding Levels

USAID funding for this Cooperative Agreement is estimated to be \$700 million over the five-year implementation period. This activity will be incrementally funded over the life of the project subject to the availability of funds.

SECTION IV – Application and Submission Information

IV.1 Application Instructions

The successful applicant for this RFA will be awarded a Cooperative Agreement with USAID. Applications in response to this RFA shall respond directly to the terms, conditions, specifications and clauses of this RFA (including all portions of the program description). Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

Applicants shall submit one (1) original paper application plus six (6) print copies of a technical application and one (1) original print application plus three (3) paper copies of the cost/business application. In addition to the print copies referenced above, both the technical and cost/business applications shall be submitted on separate CDs using Microsoft Office Suite 2003, Word and Excel. Any graphics/tables shall be formatted in MS Word 2003 or Excel 2000 using the formatting stated in Section V2.

All copies of the technical and cost/business applications shall be placed separately in sealed envelopes clearly marked on the outside with the following words: "RFA No. USAID-M-OAA-GH-HSR-10-418" with the contents indicated: e.g. "Technical Application or Cost/Business Application".

IV.2 Technical Application Instructions

The technical application in response to this RFA shall address how the applicant intends to carry out the Program Description in Section II according to the instructions described in this section. A USAID Technical Evaluation Committee (TEC) will review and evaluate the written component of the application. The same TEC will review the oral presentation. Evaluation of the full technical application will be in accordance with the selection criteria in Section VI.

Applications shall be kept as concise as possible. Detailed information shall be presented only when required by specific RFA instructions.

- a) **Page limits:** Technical applications are limited to up to but no more than 40 pages (OVER 40 PAGES WILL NOT BE EVALUATED)
- b) **Language:** Technical applications shall be written in English
- c) **Paper size:** Standard 8 ½" x 11" paper, 1" margins on all sides
- d) **Format:** Typed, single spaced, 12 point, Times New Roman font
- e) **Numbering:** Each page shall be consecutively numbered. Blank pages will be included in the page limitation count.
- f) **Annex:** Only those items specifically requested to be included as an annex are permitted to be included in an annex. The Agency will not read nor consider information included in an annex that was not specifically requested in the RFA. Annexes do not count against the 40 page limit. Only the following items may be included as annexes:
 - o Key personnel resumes/Curriculum Vitae
 - o Letters of intention from key personnel

- Position descriptions of key personnel
- Biographical statement of other full-time staff (other than Key Personnel)
- Personnel and consultant matrix
- Letters from partners and/or sub-contractors
- Past performance SUMMARY tables
- Organizational Chart

Any graphs, charts, exhibits, tables, etc. contained in the body of the technical application shall be numbered and included in the 40 page limit.

Not included in technical application page limitation: Cover page, Executive summary (2 page limit), acronym list, dividers and table of contents.

USAID requests that applications provide all information required by following the general format described below.

IV.2.A Technical Application – Written

1. Cover Page

Include proposed Project title, RFA Number, “proposed alternative title,” name of organization(s) submitting application, contact person, telephone and fax numbers, e-mail, and address. The Cover Page is not included in the Technical Application 40-Page Limit.

2. Executive Summary (Maximum 2 pages)

Briefly describe how the applicant proposes to meet the RFA design requirements, carry out the activity functions, and achieve the anticipated results. Briefly describe the technical and managerial resources of the applicant’s organization and partners (if appropriate) and how the overall program will be managed. While page limited, the executive summary is not included in the Technical Application Page Limit.

3. Technical Application Format (Maximum 40 pages)

This section represents the technical portion of the RFA. Applicants should retain for their records one copy of the application and all enclosures that accompany the application. The person signing the application shall initial erasures or other changes.

The Technical Application shall address how the applicant intends to carry out the Program Description in Section II. It shall also contain a clear understanding of the work to be undertaken and the responsibilities of all parties involved. **The requirements for the technical applicant flow directly from selection criteria** and shall be organized and included in the order indicated below. The Technical Application format shall have the following information:

A. Technical Approach

- 1) Applicants shall provide a concise and comprehensive summary of their understanding and strategic and technical approach to reach the overall program objectives, **to implement and scale-up the four technical areas in Section II of the RFA, considering the priority countries outlined in Section I of the RFA.** This approach shall identify the TB care and prevention situation and the status of implementation, identify the key issues to implementation and propose a strategic and

- technical approach for addressing these issues, identify partner organizations for this effort, and tools that would be employed.
- 2) Applicants shall provide a description of their understanding of the specific issues of each of the four technical areas in Section II of the RFA and their approach to addressing each of them. This should be consistent with the overall approach and incorporate the overarching elements, as appropriate.
 - 3) Applicants shall provide a description of their understanding of the specific issues of each of the overarching elements in Section II of the RFA and the approach to addressing each of them. As appropriate, the applicant shall make links between the approach for critical overarching elements and approach to the technical areas.
 - 4) The applicant shall describe how they would develop a cost-effective, evidence-based monitoring and evaluation system that shall provide USAID Missions, Bureaus, and the program itself with information to track progress, improve performance and effectiveness, as well as to support planning and management decisions. A detailed strategic framework for monitoring performance toward achieving each of the four technical areas and overarching elements shall be provided, including expected quantifiable program results, benchmarks and indicators to monitor progress and impact over the life of the project.

B. Personnel

1) Key Personnel:

Summary Statement – to be included in 40-page technical application limit:

Applicant shall provide a summary of the scope and expertise of the proposed key personnel.

Annex documents:

A description of resumes and position descriptions shall be provided for all five required key personnel. The applicant shall submit a signed letter of intention from all proposed key personnel stating that they understand that they have been proposed and that they intend to make themselves available to serve in the proposed position should the applicant be awarded. **The position descriptions, resumes, and letters of intention shall be included in the Annex.**

The five key staff positions shall include:

- i. Project Director
- ii. Deputy Project Director
- iii. Monitoring and Evaluation Officer
- iv. Financial Officer
- v. Senior MDR TB Expert

Each of these five Key Personnel must meet or exceed the qualifications described below. These positions will be expected to provide the overall technical and oversight of all of TB CARE.

Project Director: S/he shall have at least twelve (12) years experience in each of the following areas related to the developing countries outlined in Section I: 1) designing and implementing TB care and prevention programs, 2) providing TB technical leadership at the global level, 3)

managing similar health projects, and 4) interacting with other donors, technical agencies and host country governments. S/he shall have at least a Masters' degree in public health or an advanced degree in a related health field from an accredited college or university. The Project Director's responsibilities shall include the overall planning, coordination, and technical direction of all activities including the work of any sub-recipients as well as oversight of management of all staff. The Project Director shall be expected to have regular and transparent communication with the AOTR.

Deputy Project Director: S/he shall have at least seven (7) years experience in each of the following areas related to the developing countries outlined in Section I: 1) designing and implementing health programs, 2) managing the operational and organizational aspects of similar health projects including staff supervision and oversight of operational procedures and policies, and 3) interacting with other donors, technical agencies and host country governments. S/he shall have at least a Masters' degree in public health or an advanced degree in a related health field from an accredited college or university. The Deputy Project Director's responsibilities shall include the oversight of operational procedures and policies and other management functions as well as management of sub-recipients. In addition, the Deputy Project Director shall assist the Project Director in carrying out all areas of the project including fulfilling the Project Director's duties when s/he is absent or unable to perform them.

Monitoring and Evaluation Officer (M&E Officer): S/he shall have at least seven (7) years experience in each of the following areas related to the developing countries outlined in Section I:

1) designing and implementing monitoring and evaluation systems for TB, HIV/AIDS or other complex health programs, 2) evaluating quantitative and qualitative health data sets, and 3) managing data collection teams/staff. S/he shall have at least a Masters' degree in health program evaluation or a related health field from an accredited college or university. The Monitoring and Evaluation Officer shall have primary responsibility for; establishing and maintaining systems to measure, compile, analyze and report project data at all levels and across levels; providing regular project reports to USAID and for developing special reports as needed; producing analysis of program data and identifying methods to use results for program improvement; and building host country capacity to gather and analyze data for program improvement.

Financial Officer: shall have at least ten (10) years experience in each of the following areas: 1) managing complex financial operations for similar type projects, 2) analyzing and reporting complex financial data for similar type projects, 3) US Government budgeting and financial reporting cycles and procedures, and 4) managing a complex team of financial staff in various locations. S/he shall have at least a Masters' degrees in finance and business administration or a related field from an accredited college or university. The Financial Officer shall have primary responsibility for ensuring TB CARE maintains the highest standards of financial responsibility, ensuring strategies are in place to make interventions as cost effective and efficient as possible, collecting accruals to provide up-to-date project financial information to AOTR and USAID Missions regularly and upon request, and establishing comprehensive controls to ensure financial data quality.

Senior MDR TB Expert: S/he shall have at least seven (7) years experience in each of the following areas related to the developing countries outlined in Section I: 1) designing and implementing PMDT programs, 2) providing MDR TB technical leadership to NTPs, 3) guiding and providing technical assistance to project staff and outcomes related to MDR TB, and 4) interacting with other donors, technical agencies and host country governments on MDR TB related issues. S/he shall have at least a Medical Degree from an accredited college or university. The Senior MDR TB Expert's responsibilities shall include the overall strategic planning, coordination, and technical direction of all MDR TB global leadership and country level activities for the project. S/he shall be expected to work with the M&E Officer to ensure progress is being achieved towards MDR TB targets and objectives.

2) Other Full Time and Short Term Personnel

The applicant shall propose additional personnel to carry out the Program Description in Section II and based on the applicant's proposed technical approach. It is expected that the prime organization shall have minimum core staff but shall be able to add additional technical staff in response to evolving needs. The staffing pattern proposed for non-key staff shall explain how additional expertise and skill mix might be obtained while attending to the necessity of cost-containment and avoiding unnecessary staffing.

Other Full Time staff (non-key): The applicant shall provide short biographical statements for each **non-key** full time proposed staff. These biographical statements shall be included as an annex and shall be presented with no less than four biographical statements to a page.

Other Full Time and Short Term Personnel: In addition to the biographical statements, the applicant shall complete the **Attachment B "Personnel Matrix" listing by name all full time (key and non-key) and short term personnel**. The Personnel Matrix shall include the following information for each person proposed: name, current organization, years of technical experience, years of working in a developing country (not including country of birth), years of living in a developing country (not including country of birth), technical labor areas as listed below, education, language skills, level of effort on the project, and experience in the USAID TB priority countries and PEPFAR countries discussed in Section I. The applicant shall only include personnel or consultants in the matrix that are available to the project 20% time or more per year. The experts need to have at least a Master's degree from an accredited college or university and a minimum of four years experience in their respective technical area to be included in the matrix. The completed Personnel Matrix shall be **included in an annex**. (Attachment B provides an example of how the matrix shall be completed).

Technical Labor Areas

1. TB Leadership and Management
2. Laboratory Networks (smear microscopy, culture, drug sensitivity testing, external quality assurance, bio-safety, laboratory network organization and management)
3. TB Treatment /case management
4. Infection Control
5. TB Commodity Management
6. TB Monitoring, Evaluation and Surveillance
7. Programmatic Management of Drug Resistant TB
8. TB Drug Resistance surveillance
9. TB/HIV diagnosis, care and treatment

10. Health Systems Strengthening
11. TB Advocacy and Political Commitment
12. Human Resource Development
13. Engaging all TB care providers
14. Community mobilization
15. Poverty Reduction/Vulnerable Populations
16. Gender issues
17. Operations research
18. Global Fund operations
19. Project Financial management
20. Project Operational management

C. Management

The applicant shall propose a management structure to address the breadth, depth, and technical skills proposed as well as development experience at the country level required to successfully undertake this activity. Applicants shall:

- Describe how the activity would be organized and managed to minimize non-productive costs to the government such as multiple overheads and to use the complementary capabilities of partners most effectively.
- Demonstrate a management structure to address a complex set of activities in multiple countries and regions of the world including long-term technical assistance at the country level.
- Describe how lines of authority shall be managed across all partners and between possible prime and sub-grantee award activities. In this regard, the application shall include a description of the management structure of all proposed sub-grantees and/or partners.
- Name each partner organization that it intends to be involved with and describe the how it will manage the relationship. Applicants should address how they intend to manage partnerships in order to maximize the input and expertise of all partner organizations in a collaborative and effective manner. The application shall at a minimum present:
 - a. Management and administrative arrangements for overall implementation of the program clearly demonstrating how the project will take advantage of each partner's strengths; outlining clear lines of authority between prime, partners, and in-country partners; describing approach to managing personnel among the prime, partners, and in-country offices; and describing policies and management on procurement of goods and services. The management structure shall be able to address a complex set of activities in multiple areas. A consistent and clear organizational chart for all of TB CARE shall be provided in the Annex.
 - b. A clear approach to ensuring efficient and effective operation of the project including demonstration of specific and effective operational measures to: operate a lean and efficient headquarters staff and office, ensure a rapid start up, and quickly scale up services in response to mission/country level requests, responsiveness to Missions, institutionalization of a gender perspective, and minimize non-productive costs to the government most effectively, and maximize the impact derived from the funds put into this activity.

- c. A strategy for managing the monitoring and evaluation system. Given that the primary agency shall be responsible for measuring progress toward decreasing TB morbidity and mortality, and that multiple USAID funding sources including USAID Bureaus and USAID Missions may contribute funds toward a particular objective, the Applicant shall show how this monitoring system shall have the capacity to report timely results and monitor indicators specific to each operating unit.

D. Institutional Capability

The applicant shall describe their institutional capability as well as capability of their sub-grantee and/or partners to implement TB programs and activities as described in the program description in Section II in the countries outlined in Section I and demonstrate how their capability will enable successful public health outcomes. The applicant shall demonstrate their technical capabilities to undertake the program described in this RFA. The applicant shall indicate the anticipated roles and responsibilities of each sub-grantee and/or partner related to their institutional capacity and the anticipated distribution of resources. Letters from sub-grantees and/or partners shall reference TB CARE specifically, and state what expertise they shall provide relevant to the program description in the RFA. These letters from sub-grantees and/or partners shall be included in an annex.

E. Past Performance

This section of the application provides information about the applicant and any sub-partners' previous experience that demonstrates a proven track record of developing and implementing effective programs. This section provides evidence that the applicant and any sub-partners have the ability to carry out a successful Tuberculosis prevention and treatment project.

Prime Applicant Past Performance requirement:

As an annex, please complete past performance information (form attached at **Annex C**) for three (3) past performance references which describe any contracts, grants, cooperative agreements which the applicant organization has implemented involving similar or related programs over the past three years. Please include the following information: name and address of the organization for which the work was performed; name and current telephone number and email address of responsible representative from the organization for which the work was performed; contract/grant name and number (if any), the period of contract/grant performance, annual amount received for each of the last three years and beginning and end dates; brief description of the project/assistance activity and key project accomplishments / results achieved to date.

It is recommended that the applicant alert the contacts that their names have been submitted and that they are authorized to provide past performance information when requested.

Please note that USAID reserves the right to obtain past performance information from other sources including those not named in this application.

Subawardees/partners Applicant Past Performance requirement:

Subgrantees/subapplicants that will be conducting more than 10% of the level of effort to TB CARE shall also provide completed Past Performance Short Forms as described for the Prime. If

applicable, the subgrantees/subapplicants shall provide no less than one and no more than three past performance Short Forms, as Annex.

If the case exists that the applicant possesses no relevant directly related or similar past performance, the applicant must state this directly. USAID shall determine the relevance of similar past performance information. Past performance information shall be used for both the responsibility determination and best value decision.

Please note that USAID reserves the right to obtain past performance information from other sources including those not provided by the applicant.

IV.2.B Technical Application – Oral

Applicants who have submitted written applications that have been determined to be responsive will be contacted to schedule an oral presentation. The oral presentation will be required and evaluated as part of the technical application and technical score. The oral presentation will occur within 90 days after the RFA closing date. The instructions for the oral presentation are below.

- Notification of requirement to attend oral will be within 1-6 weeks after application submission if the application is deemed to be responsive to the advertised RFA.
- The proposed Project Director and Deputy Director **are required** to participate in presenting the applicant's strategic approach. It is preferred that as many as possible of the proposed key personnel attend the presentation.
- The applicant shall prepare visuals for the oral presentation in MS PowerPoint and shall provide 10 copies of visuals (3 slides per page) at the beginning of the presentation session and shall provide two flash drives with the presentation.
- The presentation is estimated to be no longer than 2 hours. At the conclusion of the presentation, the Technical Evaluation Committee will convene for up to 30 minutes to determine any points of clarification with regards to material presented. A joint clarification period (TEC/Applicant) will immediately follow the TEC 30-minute convening session for a period of up to one hour and then the meeting will be adjourned.

In the up-to-2 hour oral presentation, the applicant shall identify the key issues and describe a comprehensive strategic approach to address these issues and potential collaborating partners based on each of the three case studies below. The applicant shall apply the approach proposed in their written technical application component to respond to each of the case studies below in the oral presentation. The presentation shall include a strategic framework with milestones, illustrative activities, a brief discussion of the overall budget, and management approach for each case study. The oral technical approach shall clearly describe and include convincing evidence that the approach is sound, cost-effective, and sustainable. All steps taken to accomplish the objectives in the program description shall be presented. A description of how the activities shall enhance, complement, and/or integrate with existing interventions or programs currently being implemented shall be included.

Case Study 1: Bangladesh, a country of about 159 million people, ranks 6th in the world in number of estimated TB cases. The TB incidence rate is 353/100,000 per year. DOTS coverage was reported to be 100%, treatment success rate 92%, and case detection rate 66% in the WHO

2009 global TB Report. The applicant shall present an approach, methodology and implementation strategy to address the problem of universal access to TB diagnosis and treatment, taking into consideration gender issues and addressing vulnerable populations.

Case Study 2: The Russian Federation is a country of about 142 million people and ranks 3rd in the world in the number of estimated MDR TB cases. The incidence rate is 157/100,000 per year. DOTS coverage was reported to be 100%, treatment success rate 58%, and case detection rate 49% in the WHO 2009 global TB Report. Thirteen percent of all new TB cases are MDR-TB and 49% of previously treated cases. The applicant shall present an approach, methodology and implementation strategy to address the problem of universal access to DST for suspected cases and treatment to all those with MDR TB.

Case Study 3: Kenya is a country of almost 38 million people and ranks 13th in the world in the number of estimated TB cases. The incidence rate is 353/100,000 per year. It is estimated 48% of all TB patients are infected with HIV. The country has met all of the WHO targets set for DOTS coverage, treatment success rate and case detection rate according to the WHO 2009 global TB Report. The government is funding only 21% of the NTP budget. There are several Global Fund grants for TB currently being implemented or planned. PEPFAR allocated last year almost \$19 million for TB/HIV activities. TB CARE will plan to increase support to Kenya to at least \$10 million per year. TB CARE shall apply the technical approach for the overarching elements to sustain and improve the tremendous progress in the country, while developing sustainable systems, strategies for addressing absorptive capacity, and maximizing coordination and collaboration.

IV.3 Cost/Business Application Instructions

The Cost/Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an Applicant in order for an AO to make a determination of responsibility. However, it is USAID policy not to burden Applicants with undue reporting requirements if that information is readily available through other sources.

The Cost/Business Application shall be prepared following the guidance provided below. All information discussed below shall be included in the application in the manner and format described. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary details.

If the applicant has established a consortium or another legal relationship among its partners, the Cost/Business application shall include a copy of the legal relationship between the parties. The Cost/Business application shall include a full discussion of the relationship between the applicants including identification of the applicant with which USAID shall treat for purposes of Cooperative Agreement administration, identity of the Applicant which shall have accounting responsibility, how effort shall be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

The Cost/Business Application shall be organized in the following sections:

- IV.3.A Cost Information**
- IV.3.B Financial Status, Management Information**
- IV.3.C Certifications and Representations**

IV.3.A Cost Information

- A. The U.S. Government will require the following detailed cost information from the applicant organization:
1. The cost/business application must be completely separate from the Applicant's technical application, and submitted by using approved Standard SF 424 and 424A forms, "Application for Federal Assistance." A link to these forms for download is http://www.grants.gov/agencies/aapproved_standard_forms.jsp.
 2. The cost/business application shall be for the period of the proposed program.
 3. The anticipated amount of the award is \$700 million. In addition to hard copies, technical and Cost/Business applications must be submitted on separate CDs in MS Word 2003. Graphic/tables must be formatted in Microsoft Excel 2003. Do not hide or password protect formulas.
 4. If the Applicant proposes to charge any training costs to the USG as part of any proposed cooperative agreement, it shall clearly identify them.
 5. Applicants shall complete the required Representations and Certifications detailed in SECTION VIII. These Representations and Certifications shall be submitted with the cost/business application.
 6. The Applicant's proposed budget shall provide estimates of the program based upon the total estimated costs for the Agreement. Applicants should minimize their administrative and support costs for managing the project to maximize the funds available for project activities.
 7. The cost/business application shall describe headquarters and field procedures for financial reporting and the management information procedure(s) to ensure accountability for the use of U.S. Government funds. Applicants shall describe fully program budgeting, financial and related program reporting procedures.
 8. Applicants shall provide detailed budget notes/narrative for all costs proposed, and explain how they derived costs, consistent with the following guidance on required information. Based on the calculations shown in the budget and the supporting narrative, the Agreement Officer should be able to easily verify all.
 - a. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- b. The breakdown of all costs according to each partner organization involved in the program;
 - c. The costs, if any, associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
 - d. The breakdown of any financial and in-kind contributions of all organizations involved in implementing the cooperative agreement;
 - e. Potential contributions of non-USG or private commercial donors to the grant, contract or cooperative agreement (contributing to Cost-Share)
 - f. The procurement plan for commodities if needed; (note that contraceptives, ARVs, and other health commodities shall not be provided under this Cooperative Agreement).
 - g. The costs proposed for “training” and “sub-grants” must be itemized within the budget narrative, so that they may be subsequently negotiated and included in the appropriate category of the Cooperative Agreement Budget
 - h. Closeout costs: applicants shall include in the required projected organizational budget any costs associated with terminating programmatic activities at the conclusion of the cooperative agreement.
9. Applicants shall provide the following cost element details and notes for the categories below. **The cost application should contain the following budget categories:**
- a. Salary and Wages – Applicants shall propose direct salaries and wages in accordance with their personnel policies.
 - b. Fringe Benefits – If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant shall use such rate and provide evidence of its approval. If an Applicant does not have a U.S. Government approved fringe benefit rate, the application shall propose a rate and explain how the rate was determined; in this case, the narrative shall include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries. Do not blend fringe rates.
 - c. Travel and Transportation – The Applicant shall indicate the number of trips, domestic and international, estimated as necessary to carry out the proposed scope of work, and their estimated costs. For each proposed trip, applicant shall specify origin and destination, number of trips, duration of travel, and number of individuals traveling. Do not blend travel rates. Applicant shall base per-diem calculations on current, published U.S. Government per diem rates for the localities concerned. If published U.S. Government per diem rates are not used, applicants shall provide an explanation. Per Diem shall be based on the applicant’s normal travel policies up to a maximum of the U.S. Government per diem as provided on the U.S. State Department website. Do not blend per diem rates.

- d. Contractual: Any goods and services being procured through a contract mechanism;
- e. Equipment and Supplies: Estimated types of equipment (i.e., model #, cost per unit, quantity) and office supplies and other related supply items;
- f. Other Direct Costs – Applicants shall detail any other direct costs, including the costs of communications, report preparation, passport issuance, visas, medical exams and inoculations, insurance (other than insurance included in the applicant’s fringe benefits), equipment, office rent abroad, etc.; The narrative shall provide a breakdown and support for all other direct costs;
- g. Indirect Costs – The Applicant shall support the proposed indirect cost rate with a letter from a cognizant, U.S. Government audit agency and a Negotiated Indirect Cost Agreement (NICRA). If applicant does not have a NICRA, the following shall be included, as applicable:
 - Audited (by a certified public accountant or other auditor satisfactory to USAID) financial statements for the past three years;
 - Projected budget, cash flow and organizational chart; and
 - Organization chart, by-laws, constitution, and articles of incorporation, if applicable; and
 - Copies of the Applicant’s personnel, expatriate and local (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel, and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. Provide the name, address, and phone number of the cognizant reviewing official or with sufficient information to determine the reasonableness of the rates.

In addition, applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy with contact details and information.

10. **Cost Share**: As stated earlier, the Applicant is required to leverage its own non-U.S. Government resources to contribute to the total cost of the TB CARE program. For this Cooperative Agreement, a cost share minimum of 5% of the total cooperative agreement projected value is required. The estimated value of this cooperative agreement is \$700 Million. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; local organizations; communities; and private businesses that contribute financially and in-kind to implementation of activities at the country level. All cash and in-kind contributions must meet the criteria set forth in 22 CFR 226.23 and may be in any combination of in-kind support, staff salaries, waiver of overhead, etc. Cost share is legally binding

and reported on a periodic basis on payment forms. USAID has the right to reduce its share of funding if the cost-share reported is less than the agreed upon percentage or amount contained in the award.

While mandatory, cost-share is not a separate selection criteria. Cost share/match review will look at:

- a) The overall level of matching funds that would be applied to program activities outlined in the Technical Application and
- b) The extent to which Applicant's program structure incorporates cost-share contributions to the program by other participating organizations.

The amount of cash contribution and in-kind contributions will be evaluated in accordance with 22 CFR 226.23 and may be in any combination of in-kind support, staff salaries, waiver of overhead, etc.

B. Relationship of Cost/Business Application to Intermediate Results and Activity

The information to be presented under Cost/Business Application shall indicate the amount of funds to be spent by Intermediate Result and activity. Stated another way, the budget shall relate to results while also showing the inputs and type of cost for each result/IR as well as overall. Applicants shall include an overall summary budget as well as detailed annual budget defined by year, result area, general program activities and specific activities consistent with the information requested below. Specifically, the budgets shall demonstrate the resources allocation to achieve the objectives of this Program.

C. Procurement Plan

Applications for all program categories should include a detailed procurement plan containing explicit information on how procurements will be accomplished. Carefully read the guidance in 22 CFR 228. USAID/GH/HIDN does **NOT customarily seek waivers for the purchase of non-U.S. motor vehicles, pharmaceuticals, used equipment, seeds or pesticides. The applicant should consider funding such commodities with the Non-Federal portion of the program budget.** As stated earlier, contraceptives, ARVs, and other health commodities shall not be provided under this Cooperative Agreement.

The recipient is expected to comply with USAID Eligibility Rules for Goods and Services in the Standard Provisions and 22 CFR Part 228, and use its cost-share for any goods and services that do not comply with these rules.

D. Reference Documents

- Mandatory Standard Provisions for U.S., Nongovernmental Recipients:
<http://www.usaid.gov/policy/ads/300/303maa.pdf>
- 22 CFR 226 USAID Assistance Regulations:
http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html

- 22 CFR 228 USAID Source, Origin, Nationality Regulations:
http://www.access.gpo.gov/nara/cfr/waisidx_01/22cfr228_01.html
- ADS Series 300 Acquisition and Assistance: <http://www.usaid.gov/pubs/ads/>
- AAPD 02-10 Cost Sharing in Grants and Cooperative Agreements to NGOs:
http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd02_10.pdf
- SF 424, SF 424A, SF 424B Grants Management:
http://www.whitehouse.gov/omb/grants/grants_forms.html
- AAPD 05-04 Implementation of the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 – Eligibility Limitation on the Use of Funds and Opposition to Prostitution and Sex Trafficking:
http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_04.pdf

IV.3.B Financial Status:

This section shall include the following:

Financial Reporting: This section of the Cost/Business Application shall include a description of the headquarters and field procedures for financial reporting. Discuss the management information procedure the Applicant and the partner organizations shall employ to ensure accountability for the use of U.S. Government funds. Describe program budgeting, financial, and related program reporting procedures.

Similar information shall be submitted for all partner organizations. Applications shall remain valid for a minimum of 120 days.

IV.4 Additional Considerations

In addition to the aforementioned guidelines, the Applicant is requested to take note of the following:

1. Do not submit unnecessarily elaborate applications: Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and will be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.
2. Receipt of Applications: Applications shall be received at the place designated and by the date and time specified in the cover letter of this RFA.
3. Submission of Applications:

- a. Applications and modifications thereof shall be submitted in sealed envelopes or packages addressed to the office specified in the Cover Letter of this RFA and received no later than the deadline specified; Applications and any subsequent modification should include the RFA number, and the name and address of the applicant.
- b. The applicant should be careful to follow instructions for delivery of the initial application and any modifications requested. Faxed or emailed initial applications will not be considered; Modifications to applications may be requested and the instructions regarding submission will be included with the amendment notice. All amendments will be posted on www.grants.gov.

4. Preparation of Applications:

- a. Applicants are expected to review, understand, and comply with all requirements stated in this RFA and any amendments. Failure to comply with these requirements will render an application not responsive at the applicant's risk.
- b. Each Applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the cover page of the technical and cost/business applications. Erasures or other changes shall be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.
- c. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, shall:

(1) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this recipient as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets (indicate page numbers)"; and

(2) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

5. Cooperative Agreement Award:

- a. The U.S. Government anticipates award of one cooperative agreement resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA

- offers the greatest value (see also Section VI of this RFA). The U.S. Government may (a) reject any or all applications; (b) accept other than the lowest cost application; (c) accept more than one application (see Section VI, Selection Criteria); (d) accept alternate applications; and (e) waive informalities and minor irregularities in applications received.
- b. The U.S. Government may award a Cooperative Agreement on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.
 - c. Neither financial data submitted with an application nor representations concerning facilities or financing will form a part of the resulting Cooperative Agreement.
6. Applicants are reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subawards issued under this Cooperative Agreement.
 7. Foreign Government Delegations to International Conferences: Funds in this Cooperative Agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences [<http://www.usaid.gov/policy/ads/300/350maa.pdf>] and approved by the AO.

IV.5 Authority to Obligate the Government

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

IV.6 Branding and Marking Requirements

BRANDING STRATEGY - ASSISTANCE (December 2005)

(a) Definitions

Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after selection of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after selection, but who has not yet been awarded a grant, cooperative agreement or

other assistance award by the Agreement Officer. The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or subawards.

(b) **Submission.** The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

(c) **Submission Requirements**

At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

(1) **Positioning**

What is the intended name of this program, project, or activity?

Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center."

If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project. *For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors].* Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.

Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity

Who are the primary and secondary audiences for this project or program?

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents—specifically mothers.*

What communications or program materials will be used to explain or market the program to beneficiaries?

Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

What is the main program message(s)?

Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."* Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?

Guidelines: These may include media releases, press conferences, public events, and so forth. Note: incorporating the message, "USAID from the American People", and the USAID Identity is required.

Please provide any additional ideas about how to increase awareness that the American people support this project or program.

Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

(3) Acknowledgements

Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?

Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(d) **Award Criteria.** The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant's cost data submissions; with the Apparently Successful Applicant's project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

MARKING PLAN – ASSISTANCE (December 2005)

(a) Definitions

Marking Plan means a plan that the Apparently Successful Applicant submits at the specific request of a USAID Agreement Officer after evaluation of an application for USAID funding, detailing the public communications, commodities, and program materials and other items that will visibly bear the USAID Identity. Recipients may request approval of Presumptive Exceptions to marking requirements in the Marking Plan.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and USAID provides it without royalty, license, or other fee to recipients of USAID funded grants, cooperative agreements, or other assistance awards or subawards.

A **Presumptive Exception** exempts the applicant from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material or other deliverable, or a *category* of USAID-funded public communications, commodities, program materials or other deliverables that would otherwise be required to visibly bear the USAID Identity. The Presumptive Exceptions are:

Presumptive Exception (i). USAID marking requirements may not apply if they would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper

articles and editorials; and public service announcements or public opinion polls and surveys (22 C.F.R. 226.91(h)(1)).

Presumptive Exception (ii). USAID marking requirements may not apply if they would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (22 C.F.R. 226.91(h)(2)).

Presumptive Exception (iii). USAID marking requirements may not apply if they would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official (22 C.F.R. 226.91(h)(3)).

Presumptive Exception (iv). USAID marking requirements may not apply if they would impair the functionality of an item, such as sterilized equipment or spare parts (22 C.F.R. 226.91(h)(4)).

Presumptive Exception (v). USAID marking requirements may not apply if they would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, such as food in bulk (22 C.F.R. 226.91(h)(5)).

Presumptive Exception (vi). USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (22 C.F.R. 226.91(h)(6)).

Presumptive Exception (vii). USAID marking requirements may not apply if they would conflict with international law (22 C.F.R. 226.91(h)(7)).

(b) **Submission.** The Apparently Successful Applicant, upon the request of the Agreement Officer, will submit and negotiate a Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The marking plan will be customized for the particular program, project, or activity under the resultant grant or cooperative agreement. The plan will be included in and made a part of the resulting grant or cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Marking Plan within the time specified by the Agreement Officer. Failure to submit and negotiate a Marking Plan will make the applicant ineligible for award of a grant or cooperative agreement. The applicant must include an estimate of all costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials, and so forth in the budget portion of its application. These costs are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

(c) **Submission Requirements.** The Marking Plan will include the following:

(1) A description of the public communications, commodities, and program materials that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity. These include:

(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;

(ii) technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;

(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and

(iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:

(i) the program deliverables that the recipient will mark with the USAID Identity,

(ii) the type of marking and what materials the applicant will be used to mark the program deliverables with the USAID Identity, and

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking.

(3) A table specifying:

(i) what program deliverables will not be marked with the USAID Identity, and

(ii) the rationale for not marking these program deliverables.

(d) Presumptive Exceptions.

(1) The Apparently Successful Applicant may request a Presumptive Exception as part of the overall Marking Plan submission. To request a Presumptive Exception, the Apparently Successful Applicant must identify which Presumptive Exception applies, and state why, in light of the Apparently Successful Applicant's technical application and in the context of the program description or program statement in the USAID Request For Application or Annual Program Statement, marking requirements should not be required.

(2) Specific guidelines for addressing each Presumptive Exception are:

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking an exception.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.

(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.

(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

(v) For Presumptive Exception (v), explain why marking would not be cost beneficial or practical.

(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) For Presumptive Exception (vii), identify the applicable international law violated by marking.

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Cognizant Technical Officer and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

(e) **Award Criteria:** The Agreement Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Agreement Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the applicant's cost data submissions; with the applicant's actual project, activity, or program performance plan; and with the regulatory requirements of 22 C.F.R. 226.91. The Agreement Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

IV.7 Standard Provisions

All Standard Provisions can be found through the link at Attachment A. The following Standard Provisions are provided below in full text:

- **Marking Under USAID – Funded Assistance Instruments**
- **Executive Order on Terrorist Financing**

- **Anti-Trafficking Activities**
- **USAID Disability Policy**

MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding recipient offices, vehicles, and non-deliverable items for recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Subrecipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID subaward, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and through such recipients to subrecipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (*Identity*) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is “from the American people.” The USAID Identity is available on the USAID website at www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

(b) Marking of Program Deliverables

- (1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient’s, other donor’s, or any other third party’s identity or logo.
- (2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.
- (3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.
- (4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people’s support.
- (5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.
- (6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government’s identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.
- (7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements “flow down” to subrecipients of subawards, recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded subaward, as follows:

“As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient’s, subrecipient’s, other donor’s or third party’s is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity.”

(10) Any ‘public communications’, as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

“This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government.”

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID’s Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within [*Agreement Officer fill-in*] days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

- (i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;
- (ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;
- (iii) USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official;
- (iv) USAID marking requirements would impair the functionality of an item;
- (v) USAID marking requirements would incur substantial costs or be impractical;
- (vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
- (vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale

for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

IMPLEMENTATION OF E.O. 13224 -- EXECUTIVE ORDER ON TERRORIST FINANCING (MARCH 2002)

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all contracts/subawards issued under this agreement.

USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:
http://pdf.dec.org/pdf_docs/PDABQ631.pdf

b. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within

the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

IV.8 Environmental Considerations

1. Definitions:

a. *Apparently Successful Applicant(s)* means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that Apparently Successful Applicant submit an Environmental Assessment. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

b. *Initial Environmental Examination.* An Initial Environmental Examination is the first review of the reasonably foreseeable effects of a proposed action on the environment. Its function is to provide a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement will be required.

c. *Threshold Decision.* A formal Agency decision which determines based on an Initial Environmental Examination, whether a proposed Agency action is a major action significantly affecting the environment.

d. *Environmental Assessment.* A detailed study of the reasonably foreseeable significant effects, both beneficial and adverse, of a proposed action on the environment of a foreign country or countries.

e. *Environmental Impact Statement.* A detailed study of the reasonably foreseeable environmental impacts, both positive and negative, of a proposed A.I.D. action and its reasonable alternatives on the United States, the global environment or areas outside the jurisdiction of any nation as described in §216.7 of these procedures. It is a specific document having a definite format and content, as provided in NEPA and the CEQ Regulations. The required form and content of an Environmental Impact Statement is further described in §216.7 infra.

2. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216 http://www.usaid.gov/our_work/environment/compliance/22cfr216.htm) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.
3. As such, no activity funded under this Cooperative Agreement will be implemented unless an initial environmental impact assessment and subsequent threshold determination, as

defined by 22 CFR 216, and signed by the Bureau Environmental Officer (BEO) has been reached for that activity.

4. This Cooperative Agreement will be implemented using the TB CARE Initial Environmental Examination (IEE) threshold determination, as defined by 22 CFR 216, dated February 2010 (see ATTACHMENT D). The IEE presents actions and potential environmental impacts associated with potential grant/subgrant activities. The IEE also presents mitigations and monitoring associated with said activities. Any activity outside the scope of the TB CARE IEE would require a Supplemental IEE or Environmental Assessment (EA). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)
5. If the Apparently Successful Applicant plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
6. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID Global Health Bureau Environmental Officer.
7. The recipient must develop and secure USAID clearance of the IEE or supplemental environmental screening report prior to funding any country level activities.
 - a. All ongoing and planned country level activities must be included in the initial application work plan, detailed implementation plan, and all annual work plans, under this Grant to determine if they are within the scope of the approved Regulation 216 environmental documentation.
 - b. This evaluation will be done in collaboration with the USAID AOTR and Bureau Environmental Officer (BEO).
 - c. The environmental mitigation and monitoring plan (EMMP) shall be prepared by the recipient as part of the project work plan and integrated into each annual workplan.
 - i. This EMMP shall describe how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award.
 - ii. The EMMP shall include monitoring the implementation of the conditions and their effectiveness.
 - iii. The results of the EMMP will be reported to the AOTR and the BEO annually, at the end of October of each year in an Environmental Monitoring and Mitigation Report (EMR).
 - iv. If a provision for sub-grants is included under this award, the recipient will be required to use an Environmental Screening Report (ESR) to ensure the funded applications will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ESR is called for when the nature of the grant applications to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded,

any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ESR is completed and approved by USAID. Recipient is responsible for ensuring that mitigation measures specified by the ESF are implemented.

8. As such, the recipient must comply with US 22 CFR 216 and host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

The Apparently Successful Applicant will be required to develop an Environmental Assessment and secure USAID clearance of Environmental Assessment prior to funding.

- a. The Apparently Successful Applicant will be required to include as part of the initial Implementation Plan, and all subsequent Implementation Plans, all ongoing and planned activities under this Cooperative Agreement and the subsequent 22 CFR 216 documentation.
- b. This evaluation will be done in collaboration with the Agreement Officer's Technical Representative (AOTR) and Mission Environmental Officer and Bureau Environmental Officer.
- c. A complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan shall be prepared by the recipient as part of the program implementation plan and integrated into each annual implementation plan.
 - i. This plan shall describe how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award.
 - ii. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
 - iii. The results of the EMMP will be reported to the AOTR and the BEO annually, NLT Oct 1 of each year

SECTION V – Cost Share and Financial Information

V.1 General

USAID expects the level of funding that shall be used to support this Cooperative Agreement may be up to \$700 million over the five-year implementation period. Approximately 10% of funding is expected to come from USAID GH funds (referred to as core funding) with the remaining funds expected from USAID Missions (referred to as field support). A small amount of the field support ceiling is anticipated to come from the President’s Emergency Plan for AIDS Relief for TB/HIV activities.

V.2 Cost Sharing and Program Income

The cost-sharing requirement for this RFA is 5 % of the USAID-funded amount. The Applicant is encouraged to engage new partners, particularly in the private sector, to leverage USAID resources globally and at the country level. See 22 CFR 226.23 for specific types of cost sharing or matching funds. Program income generated under these awards shall be in accordance with 22 CFR 226.24 and the approval of the AO.

V.3 Funding Accounts and Sources

TB CARE will be able to receive funds from a variety of foreign assistance accounts and funds:

- Child Survival and Health (CSH)
- Development Assistance (DA)
- Economic Support Fund (ESF)
- International Disaster Assistance (IDA)
- Freedom Support Act (FSA); and
- Assistance to Eastern Europe and the Baltic States (AEEB)

Funding for TB CARE is expected to come from multiple budgetary sources:

- GH Core Budgets for TB and HIV/AIDS directives;
- USAID Regional Bureau and Mission Field Support and Modified Acquisition and Assistance Request Documents (MAARDS);
- Matching funds provided by implementing partners; and
- Future accounts that may be established as relevant to TB and potentially HIV/AIDS.

V.4 Geographic Allocation of Funds

Cooperative Agreement resources will be available in all geographic regions. The actual selection of countries will depend, for the most part, on Mission demand and field support funding. Given the global scope of the program, the geographic allocations for TB CARE will vary year by year, based on the provision of field support from Missions and on the breakdown of priority countries identified by Global Health/Office of Health, Infectious Diseases, and Nutrition (GH/HIDN).

TB CARE will focus its efforts on priority countries for TB (see SECTION I, Table 2) and as appropriate PEPFAR countries (see Section I link to website). Any resources under this Cooperative Agreement should be focused on the countries mentioned in the background section. USAID's country focus may change at any time and TB CARE will be expected to adjust accordingly.

SECTION VI – Selection Criteria

VI.1 Overview

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants shall note that these criteria serve to: (a) identify the significant matters that applicants must address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants shall organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Selection Criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. Awards will be made to responsible applicants whose application offers the greatest value to the US Government, technical, cost and other factors considered. In evaluating the different components of the technical applications, the U.S. Government will examine the overall merit and feasibility of the applications, as well as examine specific criteria relevant to each component, as elaborated below.

The Government may evaluate applications and award an agreement without discussions with applicants; however, the Agreement Officer reserves the right to conduct discussions as necessary. Therefore, each initial application should contain the applicant's best terms from a cost or price and technical standpoint.

The applicant's cost share contribution will be reviewed for cost effectiveness and realism and to verify that the applicants meet the standards set in 22 CFR 226.23 for U.S. organizations, or the Standard Provision entitled "Cost Sharing" for non-U.S. organizations (See 22 CFR 226.23; and Standard Provisions for Non-U.S. Nongovernmental Recipients).

Technical Application Evaluation

The technical applications will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge, and responsiveness) and feasibility of the strategies proposed to achieve the program's objective. The technical approach will also be evaluated on the expected end-of-project results and potential impact to be achieved after five years. The technical application selection criteria and sub-criteria are provided in SECTION VI.2. Sub-criteria listed under each section will be equally weighted, unless otherwise noted. To facilitate the review of applications, applicants should organize the narrative portions of their application in the same order as the broad selection criteria and should refer to detailed instructions found in Section VI.2, Technical Application Selection Criteria. Each technical application (written and oral) submitted in response to this RFA will be evaluated in relation to the factors set forth in this RFA which have been tailored to allow USAID to choose the best value application. These criteria identify the significant areas that applicants should address in their applications and serve as the standard against which all applications will be evaluated. USAID will award the application most advantageous to the Government, based on these criteria.

VI.2 Technical Application Selection Criteria

The Technical application will be evaluated on the basis of the following factors: technical approach; personnel; management; institutional capacity, past performance. Applications shall present information on each of these factors. The technical application will be evaluated criteria are weighted according to the points assigned to each section. The oral presentation will be evaluated within each of the technical approach selection factors, as appropriate.

1. Technical Approach (Total 41)

- a. The degree to which overall technical approach demonstrates clear understanding of the TB control issues in the priority countries outlined in Section I of the RFA. (6 points)
- b. The extent to which applicant's approach demonstrates a clear understanding of each of the four technical areas (SECTION II) as well as has merit and is feasible. (16 points)
- c. The extent to which the applicant's approach for each of the overarching elements has merit and is feasible, including the gender considerations. (12 points)
- d. Merit and feasibility of the monitoring and evaluation strategic framework outlined in Technical Applications Instructions in Section IV.2.A.3.A.4. (7 points)

2. Personnel (Total 30 Points)

- a. The extent to which the proposed Project Director meets or exceeds the minimum requirements set forth in Section V.2.A. (10 points)
- b. The extent to which the FOUR proposed key personnel OTHER THAN THE PROJECT DIRECTOR meet or exceed the minimum requirements set forth in Section V.2.A. (12 points)
- c. The extent to which the proposed other personnel address the full range of experience in the technical labor areas outlined in the Personnel Matrix (see Attachment B). (8 points)

3. Management (Total 15 Points)

- a. Demonstration of clear, logical, and appropriate lines of authority in the plan (or approach) for managing all project staff including sub-grantees. (6 points)
- b. Merit, feasibility, and overall efficiency and containment of costs of management plan for accomplishing all aspects of project implementation, especially the ability to respond to the field work. (6 points)
- c. Merit and feasibility of plan for developing, maintaining, and implementing the monitoring and evaluation system over the life of the project in a timely and cost-effective manner. (3 points)

4. Institutional Capacity (Total 8 Points)

- a. Demonstrated depth and breadth of institutional capacity in TB technical areas similar to the program description and in priority countries outlined in Section I. (4 points)
- b. Clear and feasible anticipated roles for all sub-grantees and/or partners and distribution of resources based on their demonstrated institutional capacity. (4 points)

5. Past Performance (Total 6 points)

- a. Demonstrated successful past performance in quality of product or service, cost control, timeliness, customer satisfaction and key personnel in previous and/or existing projects. (6 points)

Summary Technical Rating:

Technical Approach	41 points
Personnel	30 points
Management	15 points
Institutional Capacity	8 points
<u>Past Performance</u>	<u>6 points</u>
Total	100 points

SECTION VII – Reporting Requirements

The recipient will adhere to all reporting requirements listed below. As required under Substantial Involvement, all reports shall be submitted by the due date for approval of the USAID Agreement Officer's Technical Representative (AOTR) designated by the Bureau for Global Health. The recipient will consult the AOTR on the format and expected content of reports prior to submission. In addition to the reports below, the AOTR may request additional information to contribute to the internal USAID management reviews.

VII.1 Financial Reporting

Financial reporting requirements will be in accordance with 22 CFR 226. Effective January 1, 2010, all financial reports must be submitted using the new Standard Form 425. The form and instructions for using it are also available on the Grants Management Forms page of the Office of Management and Budget's website, at http://www.whitehouse.gov/omb/grants_forms/.

VII.2 Performance Reporting

In addition, analysis of the financial situation there are several performance and technical reporting required including an annual work plan as well as quarterly, annual and final reports will be included in the quarterly and annual report and linked to the performance of the technical report.

a. Annual Work Plan

Within 60 days of signing the cooperative agreement, the Recipient will be required to submit a work plan following the requirements below. The work plan for subsequent years will be due to the AOTR for approval 30 days prior to the start of the new fiscal year. The work plan serves several purposes including a guide to program implementation, a demonstration of links between activities, key technical areas, overarching elements and intended results, a basis for budget estimates and the foundation for the monitoring and evaluation plan for the activities under this agreement. These annual work plans may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the AOTR. The work plan, at a minimum, shall include:

- Brief situation analysis that details how the program contributes to national, regional, or global strategic plans and poverty reduction strategies in the context of what other donors and implementing partners and host-country governments are contributing;
- Life-of-program achieved upon results;
- Milestones towards achieving those results;
- Activities to be accomplished that year related specifically toward achievement of milestones;
- Level of effort required in terms of key staff and support staff time and financial resources for each activity;
- Partner involvement and contributions to achieving the results;
- Timeline.

Work plans shall be organized to clearly link activities to the expected results and financial resources required. Each USAID operating unit (each funding source) will need to submit separate work plans with technical and financial information. The work plan is negotiated with the AOTR in consultation with technical and Mission staff, as appropriate. Work plan budgets shall delineate an overall budget, budget per activity, and funding streams.

In addition, the work plan shall include a monitoring and evaluation plan. This plan will be negotiated and approved as part of the work plan. TB CARE will be expected to produce and disseminate only those key publications that directly contribute to achieving results. In general, these will include articles published in peer reviewed journals and major theoretical and technical advances in the field as a result of the project, both as events and publications. All publications based on TB CARE-supported work require prior AOTR review and approval prior to publication and dissemination. Events based in the field will be given priority over U.S. or European-based events.

b. Quarterly Performance Monitoring Reports

Throughout the life of the cooperative agreement, the recipient shall be required to submit three quarterly technical and financial analysis reports per year to each USAID operating unit and AOTR on their respective activities within 30 days following the end of the reporting period. In addition, a compilation and analysis of these reports on all project activities shall be submitted to the AOTR within 45 days following the end of the reporting period. The three reports are for the first, second and third quarters. See below the information on Annual Reports for the fourth quarter of each year. The quarterly reports shall briefly document accomplishments toward the program objectives and activities. Process level indicators shall be reported on a quarterly basis and all other indicators shall be reported annually, as agreed upon with the AOTR. The reports shall include the following:

- Description of activities conducted in the last quarter and analysis of their collective progress towards objectives;
- Description of the obstacles and their effect of implementing activities and achieving objectives, if appropriate, and remedies or actions undertaken or planned to address these obstacles. Any planned activities not conducted in the quarter need specific explanation;
- Analysis and explanation of costs including any pipeline or unexpected expenditures; and,
- Outline the next steps, any changes in the timeline or plan or activities for the next reporting period.

Notification must be given in the case of problems, delays or adverse conditions which materially impair the ability to meet the reporting deadlines. These notifications shall include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

c. Annual Report

Throughout the life of the cooperative agreement, the recipient shall be required to submit one annual technical and financial analysis report to each USAID operating unit (each funding source) and AOTR on their respective activities within 30 days following the end of the reporting period. In addition, a compilation and analysis of these reports on all project activities shall be submitted to the AOTR within 45 days following the end of the reporting period. The

end of the year performance monitoring report shall be a summation and analysis of the results and progress toward results made during that year and shall be directly linked to the annual work plan. All agreed upon outcome and impact level indicators shall be included in the report. In addition, the reports shall include the following:

- Description of activities conducted in the past year and analysis of their collective progress towards objectives and quantifiable output of the programs including accomplishments, lessons learned, intermediate results and milestones;
- Description of the obstacles and their effect of implementing activities and achieving objectives, if appropriate, and remedies or actions undertaken or planned to address these obstacles. Any planned activities not conducted in the past year need specific explanation;
- Analysis and explanation of costs in the past year including any pipeline or unexpected expenditures. Any reprogramming of funds shall be indicated in the report; and,
- Outline the next steps, any changes in the timeline or plan or activities for the next year.

d. Final Report

As USAID requires, 90 days after the completion date of this agreement, the Recipient shall submit a final report which includes: an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results by country or region, as appropriate, during the life of the Cooperative Agreement; and assessment of progress made toward accomplishing the Objective and Expected Results; significance of these activities; comments and recommendations; and a fiscal report that describes how the Recipient's funds were used. Reference 22 CFR 226.51.

The Recipient shall submit an original and one copy of the final report to the AOTR and one copy to the USAID Development Experience Clearinghouse (DEC): E-mail (the preferred means of submission) is: docsubmit@dec.cdie.org. The mailing address via U.S. Postal Service is: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910.

VII.3 Management Review and External Evaluations

The annual work plan shall form the basis for an annual management review by USAID and program staff to review program directions, achievement of the prior year implementation plan objectives, and major management and implementation issues, and to make recommendations for any changes as appropriate. During the third year of the project, USAID may conduct an external mid-term evaluation. In year five USAID may conduct a final evaluation to review overall progress.

SECTION VIII – Certifications, Assurances, and Other Statements of Applicant

REQUIRED FORMS, CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT

- I. Certifications and Representations
 1. Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs
 2. Certification Regarding Lobbying
 3. Prohibition on Assistance to Drug Traffickers for Covered Countries
 4. Terrorist Financing
 5. Certification of Recipient

- II. Key Individual Certification Narcotics Offenses and Drug Trafficking

- III. Participant Certification Narcotics Offenses and Drug Trafficking

- IV. Certification of Compliance with the Standard Provisions entitled “Condoms” and “Prohibition of the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking.”

- V. Survey on Ensuring Equal Opportunity for Applicants

- VI. Other Statements of Recipient
 1. Authorized Individuals
 2. Taxpayer Identification Number
 3. Contractor Identification Number – Data Universal Numbering System Number
 4. Letter of Credit Number
 5. Procurement Information
 6. Past Performance Reference
 7. Type of Organization
 8. Estimated Cost of Communication Products

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF THE RECIPIENT (MAY 2006)

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement".

PART I - CERTIFICATIONS AND ASSURANCES**1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**

Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.

(1) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of:

- (a) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;
- (b) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;
- (c) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;
- (d) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and
- (e) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(2) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient

establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(3) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

3. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

4. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING EXECUTIVE ORDER 13224

By signing and submitting this application, the prospective recipient provides the Certification set out below:

(1) The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

(2) The following steps may enable the Recipient to comply with its obligations under paragraph 1:

- (a) Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website : <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is

not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

- (b) Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the “1267 Committee”) [individuals and entities linked to the Taliban, Osama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee’s website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.
- (c) Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
- (d) The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

(3) For purposes of this Certification-

- (a) “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.”
- (b) “Terrorist act” means-
 - (i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or
 - (ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or
 - (iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.
- (c) “Entity” means a partnership, association, corporation, or other organization, group or subgroup.
- (d) References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed

commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

- (e) The Recipient’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

5. CERTIFICATION OF RECIPIENT

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No. _____

Application No. _____

Date of Application _____

Name of Recipient _____

Typed Name and Title _____

Signature _____

Date _____

PART II - KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

- 1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of

the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART III - PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the

above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART IV - CERTIFICATION OF COMPLIANCE WITH THE STANDARD PROVISIONS ENTITLED “CONDOMS” AND “PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING.”

Applicability: This certification requirement only applies to the prime recipient. Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:

“[Recipient's name] certifies compliance as applicable with the standard provisions entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking” included in the referenced agreement.”

RFA/APS No. _____

Application No. _____

Date of Application _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature

PART V - SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

The Survey on Ensuring Equal Opportunity for Applicants, along with instructions can be found at the link below.

<http://www.acf.hhs.gov/programs/ofs/surveyeo.doc>

PART VI - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) **Applicability.** This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) **Amount of Procurement.** Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

\$ _____

(c) **Nonexpendable Property.** If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION(Generic) QUANTITY ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componentry, which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION QUANTITY ESTIMATED GOODS PROBABLE GOODS
 PROBABLE
 (Generic) UNIT COST COMPONENTS SOURCE COMPONENTS ORIGIN

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE INTENDED USE
 (Generic) UNIT COST SOURCE ORIGIN

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE SLUPPIER

NATIONALITY RATIONALE

(Generic)

UNIT COST (Non-US Only)

for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION(Generic) QUANTITY ESTIMATED UNIT COST PROPOSED DISPOSITION

6. PAST PERFORMANCE REFERENCES

Please provide past performance information in the format as requested in the RFA.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as a corporation incorporated under the laws of the State of, an individual, a partnership, a nongovernmental nonprofit organization, a state or local governmental organization, a private college or university, a public college or university, an international organization, or a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as a corporation organized under the laws of _____ (country), an individual, a partnership, a nongovernmental nonprofit organization, a nongovernmental educational institution, a governmental organization, an international organization, or a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

ATTACHMENT A – MANDATORY STANDARD PROVISIONS

Mandatory Standard Provisions for **U.S. Nongovernmental** recipients can be accessed through USAID's website <http://www.usaid.gov/policy/ads/300/303maa.pdf>

Mandatory Standard Provisions for **Non-U.S., Nongovernmental** recipients can be accessed through USAID's website <http://www.usaid.gov/policy/ads/300/303mab.pdf>

ATTACHMENT B – PERSONNEL MATRIX

Attachment B – sample Personnel Matrix is provided as an attachment under this RFA on www.Grants.gov.

ATTACHMENT C – PAST PERFORMANCE INFORMATION

PAST PERFORMANCE REPORT – SHORT FORM
PART I: Award Information (to be completed by Applicant)
1. Name of Awarding Entity
2. Award Number:
3. Award Type:
4. Award Value (TEC): (if subagreement, subagreement value)
5. Problems: (if problems encountered on this award, explain corrective action taken):
6. Contacts: (Name, Telephone Number and email addresses)
6a. Contract/Agreement Officer:
6b. Contract/Agreement Officer's Technical Representative (COTR/AOTR):
6c. Other:
7. Recipient:
8. Title/Brief Description of Product/Service Provided:
9. Information Provided in Response to RFA/RFP:
PART II: Performance Assessment (to be completed by Agency)
1. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:
2. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
3. Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
4. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
5. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problem with clients were identified. Comment:

Note: The actual dollar amount of subagreement, if any, (awarded to the Prime or Subawardee) must be listed in Block 4 instead of the Total Estimated Amount of the overall Agreement. In addition, a Prime may submit attachments to this past performance table if the spaces provided are inadequate; the evaluation factor(s) for Performance Assessment must be listed on the attachment(s).

ATTACHMENT D – INITIAL ENVIRONMENTAL EXAMINATION (IEE)**TB CARE COOPERATIVE AGREEMENT**

Program Number: AAD 936-3100
Country: Global
Functional Objective: Investing in People
Program Area: Health
Program Elements: Tuberculosis

Funding Period: FY2010-FY2014
Life of Activity Funding: estimated \$700 million

IEE Prepared By: GH/HIDN/TB

Current Date: January 27, 2010

IEE Amendment (Y/N): N If "yes", Number & date of original IEEs

Additional references:**ENVIRONMENTAL DETERMINATION RECOMMENDED**

Categorical Exclusion: Negative Determination: X
 Positive Determination: Deferral:

ADDITIONAL ELEMENTS

CONDITIONS: X

SUMMARY OF FINDINGS

The purpose of this document is to review the activities to be undertaken by Tuberculosis (TB) CARE and provide threshold determinations of environmental impact and conditions for mitigation. The activities covered under this Initial Environmental Examination (IEE) will provide **short and long term technical assistance for implementation of the STOP TB Strategy**.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for TB CARE is a **Negative Determination, with conditions**.

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any TB CARE activities that have potential for negative impact on the environment in the following categories, as presented in Table 1 in Section 3 of this document:

- 1) All subsequent scopes of work with the Environmental Screening Review/form, for all activities, will be reviewed by the Mission Environmental Officer, Regional Environmental Advisor, or Bureau Environmental Officer (as appropriate, given the

geographic or programmatic distribution). The AOTR and appropriate environmental officer will provide a recommendation, in writing, to the Global Health Bureau Environmental Officer indicating consistency/inconsistency with the scope and conditions set out in this Umbrella IEE by using the ESF (part 1 of the EMMP).

- a. Should the scope of any future activity fall outside the scope and/or conditions set forth in this Umbrella IEE, an additional Threshold Determination/Initial Environmental Evaluation will be submitted and reviewed/signed by the GH BEO. Additional conditions and or environmental assessments may be required to comply with 22 CFR 216.
 - b. Should the subsequent scope of work for any activity fall within the scope and conditions of this Umbrella IEE, an administrative memo shall be forwarded to the BEO for concurrence and no further impact analysis would be required
- 2) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, laboratory supplies and reagents, etc.

Summary of Conditions:

- a. The recipient of the drugs or other public health commodities procured under this Cooperative Agreement will be designated by the USAID Mission and may include the host government, USAID-managed programs, and UN agencies. The AOTR will consult with the country Mission to confirm in writing, prior to delivery of such commodities, that they accept the above responsibility for helping assure environmentally sound storage and disposal. When these commodities will be used within the context of a mission-managed activity, the Mission will confirm that an approved environmental examination is in place. When commodities will be used outside of a mission-managed activity, then the mission will confirm that it accepts responsibility for helping assure environmentally sound use, as per guidance in this document. The ability of the Mission to assume this responsibility for non-mission managed activities is understood to be limited by its level of control over the activity.
 - b. USAID programs, to the extent possible, should endeavor to minimize the packaging waste associated with the distribution of pharmaceuticals and other medical commodities by coordinating with pharmaceutical firms during the procurement phase.
 - c. The purchasing agent for all commodities will seek to minimize packaging that is brought in country thereby minimizing solid waste disposal requirements. The purchasing agent will also seek to ensure that packaging is recyclable or reusable to the extent possible.
- 3) Generation, storage and disposal of hazardous or highly hazardous waste and medical waste:

Summary of Conditions:

- a. Consignees for all pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. Ideally, this coordination to return expired or excess drugs to the manufacturer will be negotiated prior to procurement. If this is not possible, then follow the guidelines

in the WHO document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf. At the request of the Mission, subject to available funding, the implementing partner will make all reasonable attempts to facilitate the disposal of expired drugs under this activity to mitigate the impact of medical waste. Generation, storage and disposal of hazardous or highly hazardous medical waste (as defined on page 12), e.g. HIV testing, TB testing and laboratory-related activities;

- b. The Implementing Partners shall be required to use best management practices concerning the proper handling, storage, use, and disposal of medical supplies and equipment, including blood, sputum, and sharps. The implementing partners will work with facility, local, regional and national officials, as appropriate, to design, implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as spelled out by the World Health Organization in “WHO’s Safe Management of Wastes from Healthcare Activities” http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/”.
 - c. Disposal methods per waste category will follow the guidelines provided by WHO and outlined in Annex 2.
- 4) Small-Scale construction/rehabilitation of health facilities

Summary of Conditions:

- a. For the rehabilitation of existing facilities, and for construction of facilities in which the total surface area disturbed is less than 10,000 square feet and is on similar use land, the condition is that these activities shall be conducted following principles for environmentally sound construction, such as those provided in the Small Scale Construction chapter of the USAID Environmental Guidelines for Small-scale Activities in Africa, which can be found at: www.encapafrika.org and the attached Standard Conditions for **Small Scale Construction (attached)**. Further site/project specific Mitigation and Monitoring (M&M) Plans approved by the Mission and relevant Regional Bureau Environmental Officers (MEO, BEO) may be used to ensure environmentally and socially sound construction.
- b. For the construction of any facilities in which the total surface area disturbed exceeds 10,000 square feet (1,000 square meters), the program shall conduct a supplemental environmental review according to guidance in Annex G of the Africa Bureau Environmental Procedures Training Manual (EPTM) <http://www.encapafrika.org/eptm.htm>. Construction will not begin until such a review is completed and approved by the Mission Environmental Officer (MEO) in consultation with the relevant Regional BEO.
- c. For the new construction of any facilities in which the total surface area disturbed exceeds 10,000 square feet (1,000 square meters) and/or the site has special existing environmental concerns such as slope instability, creep, wetlands the program shall conduct a supplemental environmental review to prepare site specific Mitigation and Monitoring (M&M) Plans to be cleared by the Mission (MEO) and approved relevant Bureau Environmental Officers (BEO). Construction will not begin until such a review is completed and approved the relevant BEO.

SUMMARY OF MONITORING AND REPORTING MEASURES

The AOTR of TB CARE, in consultation with the Mission Environmental Officers or Bureau Environmental Officers, as appropriate and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this IEE arise during implementation, and modify or end activities as appropriate. If additional activities are added that are not described in this document, an amended environmental examination (Environmental Screening Review/Form, IEE or EA) must be prepared.

1. The AOTR with support from the implementing will develop an environmental screening review/form for all subsequent awards, projects, and activities. The ESF is to be used as a tool to ensure that subsequent activities meet the requirements of this IEE. The ESR/F must be submitted and signed prior to initiation of any activity.
2. The prime implementing partner of TB CARE will complete an annual environmental mitigation and monitoring report of all activities, using the guidance and forms in section 5 of this document. This activity should be incorporated into pertinent Performance Monitoring and Evaluation Plans and annual work plans. The environmental monitoring report should be completed by October 15 of each year, so that the results can be included in the Operational Plan (OP) reporting process to Congress. Those results will be distributed to the MEO, REA, BEO and AOTR
3. USAID procurement should include consideration of the offeror's ability to perform the mandatory environmental compliance requirements as envisioned under TB CARE. The Agreement Officer shall include required environmental compliance and reporting language into the cooperative agreement instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
4. Any grants or fund transfers from the partners to other organizations must incorporate provisions stipulating:
 - a) Compliance with 22 CFR 216 and ADS 204
 - b) the completion of an annual environmental monitoring report, and
 - c) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE. This includes assurance that any mitigating measures required for those activities be followed.
5. The AOTR and/or on-site manager of TB CARE will undertake field visits and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.
6. The prime implementer's periodic reports to USAID will include a brief update on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.
7. Operating Units will ensure that implementing contractors have sufficient capacity to complete the environmental screening process and to implement mitigation and monitoring measures.
8. Implementation will in all cases adhere to applicable host country environmental laws and policies.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

The United States Agency for International Development, Global Health Bureau has determined that the proposed Tuberculosis CARE and subsequent efforts, as described in the Initial Environmental Evaluation dated January 2010, responds to the needs of the TB community as well as conforms to the requirements established in 22 CFR 216.

This document does not mandate the execution of the proposed cooperative agreement scopes rather, it documents the environmental planning and impact analysis executed by the TB team in preparation for the proposed action. USAID has concluded that the environmental determination for the proposed action qualifies for a Negative Determination with Conditions as set forth. Efforts outside the scope of those conditions or those proposed in this document will have supplemental environmental review.

ATTACHMENT E – REFERENCES

A. SF424 Forms

Link below directs to grants.gov where required SF 424 forms can be downloaded.

http://www.grants.gov/agencies/aapproved_standard_forms.jsp

SF-424: Application for Federal Assistance

SF-424A: Budget Information, Non-construction Programs

SF-424B: Assurances, Non-construction Programs

B. Other Applicable Regulations & References

- 22 CFR 226
http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html
- OMB Circular A-122
<http://www.whitehouse.gov/omb/circulars/a122/a122.html>
- OMB Circular A-110
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>
- ADS Series 300 Acquisition and Assistance
<http://www.usaid.gov/pubs/ads/>