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Deadline for Questions: July 10, 2024

Closing Date: July 31, 2024

Closing Time: 17:00 hrs. Central Africa Time (CAT)

Notice of Funding Opportunity Number: 72061324RFA00001

Program Title: Scaling Up Prevention, Oversight, Reach and Treatment of Tuberculosis in Zimbabwe (SUPPORT-TB) Activity

Federal Assistance Listing Number: 98:001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement the **Scaling Up Prevention, Oversight, Reach and Treatment of Tuberculosis in Zimbabwe (SUPPORT-TB) Activity**. Eligibility for this award is restricted to local entities.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.6.g. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

Please send any questions to the point(s) of contact identified in Section G. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov.

Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

Andrea Plucknett
Supervisory Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

ACTIVITY NAME: Scaling-Up Prevention, Oversight, Reach and Treatment of Tuberculosis (SUPPORT-TB)

ABBREVIATIONS AND ACRONYMS

ACF	Active Case Finding
ADS	Automated Directives System
AGYW	Adolescent Girls and Young Women
CBO	Community Based Organization
CDC	Centers for Disease Control
CDCS	Country Development Cooperation Strategy
CFR	Code of Federal Regulations
COVID	Coronavirus Disease
DHIS	District Health Information System
DIS	Development Information Solution
DO	Development Objective
DR (-TB)	Drug Resistant (-TB)
EMMP	Environmental Monitoring and Mitigation Plan
GBV	Gender Based Violence
GH-C	Global Health -Core
GoZ	Government of Zimbabwe
HCW	Health Care Workers
HIV	Human Immuno-deficiency Syndrome
HLM	High Level Meeting
ICF	Intensive Case Finding
IDDS	Infectious Diseases Detection and Surveillance
IEE	Initial Environmental Examination
IP	Implementing Partner
IR	Intermediate Result
IRS	Indicator Reference Sheet
LON	Local Organizations Network
MDR	Multi-Drug Resistant (-TB)
MEAL	Monitoring, Evaluation, Accountability and Learning
MEL	Monitoring, Evaluation and Learning
MoHCC	Ministry of Health and Childcare
NCD	Non-Communicable Diseases
NOFO	Notice of Funding Opportunity
NSP	National Strategic Plan
NTP	National TB Control Program
OP	Operational Plan
PBMEF	Performance-Based Monitoring and Evaluation Framework

PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistant TB
PPR	Performance Plan and Report
PYD	Positive Youth Development
STAR	Sustaining Technical and Analytic Resources
TB	Tuberculosis
TBCI	Tuberculosis Contact Investigation
TBI	Tuberculosis Infection
TIFA	TB Implementation Framework Agreement
TPT	Tuberculosis Preventive Therapy (Treatment)
TSR	Treatment Success Rate
TWG	Technical Working Group
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNGA	United Nations General Assembly
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1. Introduction

Zimbabwe transitioned out of the list of thirty countries with the highest Tuberculosis (TB) burden in the world in 2020 because of its progress in reducing the overall burden of Drug Sensitive TB, with a treatment success rate of (90%). Despite this progress, there are serious challenges with TB case finding, Drug Resistant TB (DR-TB) and TB-HIV co-infection. According to the World Health Organization (WHO) Global TB Report 2023, the country detected 18,935 TB cases out of the 33,000 estimated TB cases in that year meaning 42,6% of the estimated TB cases were “missed”. The treatment success rate (TSR) among patients with Drug Resistant TB is only 42%. TB prevention is equally lagging. TB Preventive Treatment (TPT) has reached only 67% of eligible People Living with HIV (PLHIV) who are on antiretroviral treatment (ART), and only 26% of household contacts of patients with bacteriologically confirmed TB were started on TPT. The COVID-19 reversed some gains obtained prior to the epidemic, and the post COVID-19 recovery for TB control in Zimbabwe has been slow. Zimbabwe’s TB control outcomes fall short of the [Political Declaration](#) on the Fight Against TB by the United Nations General Assembly High Level Meeting (UNGA-HLM) on TB targets, the [USAID Global TB Strategy](#) targets, and the [Zimbabwe TB National Strategic Plan \(TB NSP\), 2021-2025](#).

USAID/Zimbabwe is seeking one or more implementing partners (IP) for the Scaling-Up Prevention, Oversight, Reach and Treatment of TB in Zimbabwe (SUPPORT-TB) activity, (hereafter, the Activity) to advance the country’s progress towards TB epidemic control. The Activity builds on best practices and lessons learned from previous and current USAID investments and experience implementing programs to improve health and wellbeing outcomes for people affected and infected with TB in Zimbabwe. Under the coordination of the Ministry of Health and Child Care (MOHCC)’s National TB Control Program (NTP), collaborating with and leveraging on TB control and health support from other development partners, the Activity will continue and improve current efforts to reduce TB incidence and mortality, risk, and vulnerability, and increase the uptake of and retention in TB control services among high-risk individuals, groups, and families in targeted communities in Zimbabwe. The Activity will build on and collaborate with all USAID health activities to ensure efficient use of resources and leverage opportunities to integrate other disease programming for maximum benefit to program participants. This Activity supports the vision outlined in Zimbabwe’s TB National Strategic Plan, the National HIV and AIDS Strategic Plan (2021-2025), the [USAID Global TB Strategy 2023-2030](#) and the USAID Country Development Cooperation Strategy ([CDCS](#)).

2. Background

a. Context of TB in Zimbabwe

Prior to the COVID-19 pandemic, Zimbabwe’s TB control program was making steady progress and Zimbabwe was transitioned out of the UNAIDS list of 30 countries with the highest TB burden in the world. TB incidence fell at an average annual rate of 15% between 2015 and 2020, and the number of cases declined from 34,000 TB cases in 2015 to 29,000. Incidence of

DR-TB fell from 1,500 in 2015 to 820 TB cases in 2022. The TB-HIV co-infection rate also fell from 67% in 2015 to 60,6% in 2022.

However, COVID-19 and the sustained economic and social shocks reversed most of these gains and the national TB program has been slow to recover. TB incidence rose to 33,000 new cases in 2022, of which 820 (2.5%) were Multidrug Resistant TB (MDR-TB). Further, 4,400 (13.3%) of the new TB cases were in children (0-14yrs). TB deaths, which had flatlined at 1,100-1,200 between 2015 and 2018, increased to 2,300 in 2022. These worrying trends are likely to worsen if significant steps to reverse them are not adopted. The key drivers of the TB burden in Zimbabwe are HIV (60.6% of the cases), harmful alcohol use (11.2%), smoking (5.2%), Diabetes Mellitus (3%), and a very significant number of TB cases reported from undernourished patients. More males are affected by TB (58%), and children significantly contribute to TB burden (13%).

The Zimbabwe National TB Control Program implements a reasonably well coordinated and comprehensive TB response, covering TB case finding, TB treatment, and TB prevention. However, the TB program has been managed vertically with limited coordination with other disease programs, such as HIV, resulting in missed opportunities. The national response is guided by the Zimbabwe National TB Control Program Strategic Plan ([NTP NSP for TB 2021-2025](#)). It is aligned with the basic pillars and components of the [WHO End TB Strategy](#) and envisions a TB free Zimbabwe by 2035. Additionally, as a demonstration of increased political commitment and accountability, the NSP also aligns with the United Nations High-Level Meeting (UN-HLM) on TB targets. USAID's TB Strategy is aligned to these key international frameworks and groups targets and activities into five strategic pillars: REACH, CURE, PREVENT, SUSTAIN & INNOVATE.

REACH. The NTP is using intensified case finding at health facilities to ensure that all entry points (outpatients, family health, inpatient, specialized clinics) are capacitated to screen for TB, although there is still intra-health facility loss of TB suspects due to poor organization of patient flow. At community level, active case finding is implemented by Community-Based Volunteers who move door-to-door in their communities to sensitize and screen for TB and follow up all contacts of bacteriologically confirmed TB cases. There are different types of Community Based Volunteers, which often leads to fragmentation and duplication of effort and support, which must be addressed. Targeted active case finding is also being conducted to high-risk groups like artisanal small-scale miners, diabetic patients, PLHIV and others. However, demand outstrips supply of community workers, and the current coverage of community programming is insufficient. In 2022 only 18,935 TB cases were detected from the 33,000 TB cases estimated to have contracted TB in that year. Simply put, the program is "missing" 43% of TB cases, who continue to suffer from and transmit TB infections. Worryingly, more children (75%) and patients with DR-TB (75%) are being missed. Contributing factors to the poor case detection rates include frequent stock out of diagnostic consumables (e.g. GeneXpert cartridges), use of symptom-based screening tools that may miss those with advanced HIV disease or other conditions that modify the

presentation of TB disease, and difficulty in collecting sputum from younger children and the very sick.

CURE. The country has made progress in linking TB cases to care and treatment; the Treatment Success Rate for Drug Sensitive TB in both new and relapsed TB cases increased from 81% in 2015 to 89% in 2022. This progress is attributed to investments in strengthening the clinical-laboratory interface, strong retention strategies and the roll-out of community-based treatment adherence strategies. Besides the program finding fewer DR-TB cases, the treatment outcomes are poor: the TSR is only 42%, there is an excess mortality of up to 20%, and 20% of patients are lost to follow-up. Despite the rapid roll-out of newer, shorter, all oral DR-TB treatment regimens, continued poor treatment outcomes can be attributed to the over-decentralization of a complex program to lower levels, limited capacity at facilities and frequent stock out of TB commodities and medicines.

PREVENT. TB preventive treatment coverage for eligible PLHIV increased from 11% in 2017 to 89% in 2019, before dropping to 67% in 2022 due to the impact of COVID-19. The TPT coverage for eligible household contacts, at 26% in 2022, is too low for effective epidemic control. Very few eligible household contacts are being investigated for TB (an average of 2.7 contacts are visited), contributing to missed opportunities with case finding and diagnostic testing. Furthermore, the program is missing a significant number of child contacts for both PLHIV and non PLHIV index cases. More sustained TPT surges, like the one run by the PEPFAR partners in 2016/2018, are needed to accelerate TPT coverage. Previous accelerated TPT coverage efforts were hampered by frequent stock outs for TPT commodities and medicines.

There are significant geographic disparities in TB burden and coverage of services in the country related to a multitude of factors including HIV prevalence, cross border movement, mining, and farming activities, as well as distribution of health services. According to the NTP, the highest TB burden, assessed using TB notification rates, is in four provinces: Matabeleland South, Matabeleland North, Midlands, and Bulawayo.

b. United States Government contribution to the TB response in Zimbabwe

USAID has supported comprehensive TB programming in Zimbabwe since 2009. Key achievements under prior USAID funded awards include:

- Supported the implementation of a comprehensive occupational health program, including providing integrated TB/HIV/Silicosis services to artisanal miners.
- Supported the development of several national policies and strategic documents, including TB National Strategic Plans, the AIDS and TB Public Private Partnership Framework, clinical guidelines, and many others.
- Completed several TB research and introduced several new tools and diagnostics nationally.

- Initiated Centers of Excellence and other quality improvement approaches into TB programming.
- Introduced the Programmatic Management of Drug Resistant tuberculosis (PMDT)
- Spearheaded roll out of decentralized and integrated TB-HIV care following a successful five-year EU-supported pilot program.
- Developed and implemented the first national TB Specimen Transport System, which is the backbone to the Integrated Specimen Transport System.
- Together with the Global Fund, improved the capacity of the national TB diagnostic network, including procurement, use and maintenance of diagnostic machines and infrastructure.
- Piloted and implemented One-Stop Shop for integrated TB/HIV/Diabetes mellitus programs.

With a current annual budget of \$7 million from GH-C-TB, USAID supports the NTP to achieve its national targets by investing in TB case finding, prevention and treatment activities nationally, with more intensive support in the eight most affected districts (Gweru, Kwekwe, Zvishavane, Gwanda, Mwenezi, Insiza, Mberengwa, Shurugwi) of Zimbabwe. USAID/Zimbabwe supports four TB activities, which are all expected to end in 2024:

- TB Implementation Framework Agreement (TIFA): with a focus on sustainability and accountability, TIFA supports the NTP to improve program planning, supportive supervision, use of data for decision making and implement clinical quality of care improvement interventions.
- Infectious Diseases Detection and Surveillance (IDDS): the IDDS Activity focuses on the national TB diagnostic network. The IDDS supported the first ever TB Diagnostic Network Assessment, which currently informs all TB diagnostics in the country. The Activity also manages 140 GeneXpert machines, including using GX-alert to connect and troubleshoot all the machines, installation of solar power at selected laboratories, placement of technical advisors at TB reference laboratories, procurement and placement of high-level containerized reference laboratories and the implementation of the diagnostic network coverage and placement plans.
- Sustaining Technical and Analytic Resources (STAR) Project: STAR supports implementation of the USAID and Global Fund TB investments through placement of an Advisor at the NTP headquarters. The Adviser, who is embedded into the NTP Management Unit, provides technical and programmatic advice to the NTP managers.
- TB Local Organizations Network (LON): TB LON supports comprehensive TB service delivery managed by a consortium of local partners, with the Union Zimbabwe Trust as the prime recipient. TB LON operates in 8 districts with the highest TB burden. Interventions include TB case finding through Intensified Case Finding at facility level, Active Case Finding at community level, targeted outreach-based case finding among artisanal miners and case finding collaborative activities with PEPFAR

clinical partners. TB LON builds the capacity of clinical service providers to initiate and manage patients on TB treatment and preventive therapy. TB LON achieved a case notification rate of 75% against target, TPT coverage of 80% and TB Treatment success rate of 87%. TB LON supports above-site policy, advocacy and strategy development and capacity building for service delivery at health facility and community levels.

Aside from the TB program, USAID also manages a diverse health portfolio in Zimbabwe valued at approximately \$160 million per year. The USAID non-TB health portfolio includes funding for HIV (the largest at approximately \$140 million of the total PEPFAR annual budget), malaria, maternal and child health, family planning and COVID-19. The PEPFAR portfolio supports several TB control activities including TB case finding, TB case management and TB prevention. While the primary focus is TB control among People Living HIV, the intervention goes beyond these beneficiaries to cover all people regardless of HIV status. The Activity is expected to build on, leverage and collaborate with all USAID health activities, in particular, but not only the PEPFAR program, to ensure efficient use of resources and synergistic benefit to program participants.

These interventions are implemented in close collaboration with other development partners, including the Global Fund's systems strengthening investments.

c. Background to USAID's SUPPORT-TB

This Activity reflects the country's priorities for TB prevention, case finding, and treatment support and builds on 15 years of USAID implementation and learning. In 2022, USAID commissioned an evaluation of the TB program that yielded the following recommendations:

- Increase the proportion of USAID funding allocated to address the DR-TB issue.
- Help establish WHO-recommended preconditions for shorter DR-TB regimens (e.g. pharmacovigilance, clinical monitoring, reporting, and recording, patient-centered care and support and palliative care).
- Continue to invest in strategic TB detection, optimizing strategies to Zimbabwe's evolving TB epidemiology.
- Consider how to prioritize among all childhood TB interventions to catalyze use of the most game changing technologies for a high HIV-burden setting.

USAID/Zimbabwe has consulted with USAID/Washington TB backstops and technical experts, Mission colleagues from Nigeria, South Africa, Zambia, and Uganda, GoZ NTP officials and service providers, the WHO Zimbabwe office, CDC Zimbabwe, PEPFAR Zimbabwe, USAID Zimbabwe DO teams, and other subject matter experts. TB program documents and reports, key findings, and recommendations from a comprehensive review of the TB portfolio in 2022 informed this Activity's objectives, expected results and technical priorities in this program description.

Depending on resource availability, the Activity will be funded with \$5million in TB funding annually, with the potential to include funding from other health accounts to the extent that such integrated funding will support program and broader health system priorities.

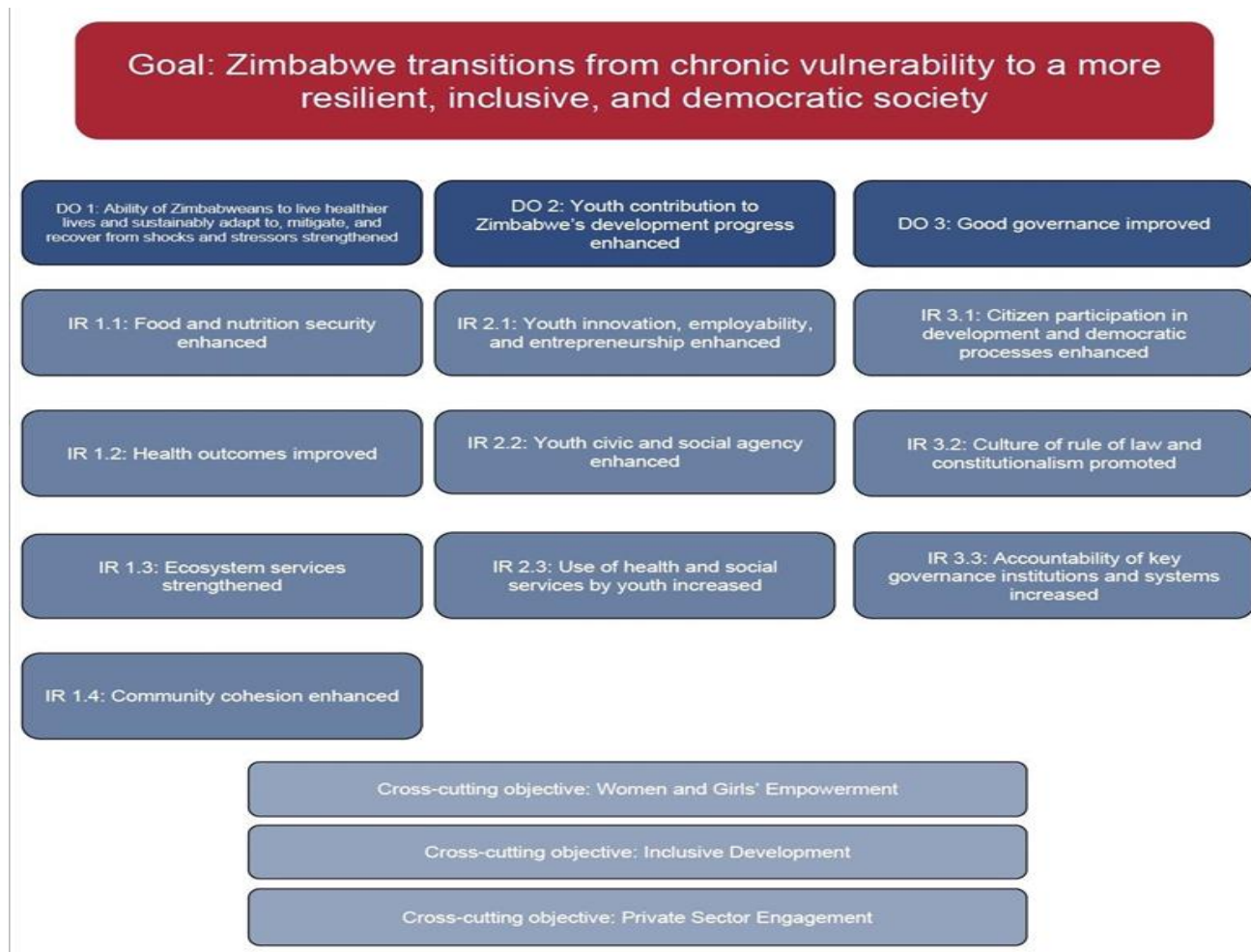
The SUPPORT TB Activity will focus on interventions to improve TB case finding, TB treatment and TB prevention, building on the high impact interventions demonstrated under current USAID TB activities, while expanding scope and coverage. While the Activity will strengthen all levels of the health system, there is an emphasis on improving the availability and quality of TB services at the actual point of delivery (e.g. health facility and/or community level), as well as innovative, differentiated and client-centered approaches that leverage other disease specific entry points (e.g. HIV). The Activity will actively seek opportunities for integration and to optimize TB investments to strengthen the broader primary health care system. The Activity is aligned to the USAID/Zimbabwe CDCS and, through adaptive management and annual work planning, will reflect the future priorities of the NTP.

Linkage to USAID/Zimbabwe Country Development and Cooperation (CDCS) Strategy

The Activity is consistent with the USAID/Zimbabwe Country Development Cooperation Strategy (CDCS) aspirational goal: “Zimbabwe transitions from chronic vulnerability to a more resilient, inclusive, and democratic society.” The Activity supports the first Development Objective, with the aim of “Ability of Zimbabweans to live healthier lives and sustainably adapt to, mitigate, and recover from shocks and stressors strengthened.”

- The Activity will specifically contribute to “Health outcomes improved” Intermediate Result 1.2 by reducing new TB infections and deaths, while supporting sustainable health outcomes for all populations affected and infected by TB and strengthening the broader health system.
- Further, the Activity will indirectly and consistent with integrated development objectives under the current CDCS, contribute to “IR 1.1: Food and nutrition security enhanced” under Development Objective 1, by implementing the new national diagnostic algorithm for TB which has added nutrition assessment as part of the case finding, treatment monitoring and outcome evaluation for the TB patients. Further, nutrition support is a central pillar of TB case management.
- The Activity will also contribute to “IR 2.3: Use of health and social services by youth increased” under Development Objective 2 on “Youth contribution to Zimbabwe’s development progress enhanced,” by recognizing that youths aged 15-34 years are the worst affected subpopulation for TB. The Activity shall actively seek to prioritize youths as beneficiaries of the services, youths as advocates and change champions among their peers, youths as leaders in programming for youths and ensure availability of youth disaggregated data and program response.
- Accountable governance systems and institutions is a core part of TB control, as such under “IR 3.3: Accountability of key governance institutions and systems increased” under Development objective 3 on “Good Governance improved”, the Activity shall strengthen accountability institutions and actors like health rights defenders, health executive committee, health center committees and parliamentarians.

The Activity will capitalize on interlinkages across development objectives and intentionally propose how approaches will address the CDCS' cross-cutting themes of inclusive development, empowerment of women and girls, and private sector engagement.



d. Linkage to foundational TB Strategies

The proposed Activity design framework underpins USAID's Global TB Strategy 2023-2030 and is fully aligned with the Zimbabwe TB National Strategic Plan 2021-2026, the World Health Organization (WHO) End TB Strategy 2015-2030 and the Stop TB Partnership's Global Plan to End TB 2023-2030, as well as the commitments and targets set at the United Nations High-Level Meeting (UNHLM) in 2023 on ending TB.

The Activity fully aligns with the USAID Global TB strategy 2023-2030, which sets out three direct program pillars and two cross-cutting pillars for TB control: REACH, CURE and PREVENT - which fully cover the TB control cascade and SUSTAIN and INNOVATION as foundational cross-cutting issues to achieve sustainable impact at scale. Further, the Activity shall clearly articulate how it will advance the USAID's [vision](#) 2030 for Health Systems Strengthening, Primary Impact Strategy and Primary Health Care.

The Zimbabwe TB NSP sets out the national targets for each TB control strategic approach. This Activity will fully align with the TB NSP and will contribute to the five strategic objectives discussed earlier: REACH, CURE, PREVENT, SUSTAIN, INNOVATE. The Applicants are also expected to align the Activity Strategic Plan and Results Framework to the Foundational strategies discussed earlier.

3. Objectives, expected results, and illustrative activities.

The goal of the Activity is to **improve health outcomes for individuals, health workers, families and communities affected and infected by TB in Zimbabwe.**

The Activity has four objectives:

- Objective 1: Improve TB case detection.
- Objective 2: Strengthen TB case management for all forms of TB.
- Objective 3: Prevent new TB infections and progression of TB infections to active disease.
- Objective 4: Strengthen local systems for planning, coordinating, monitoring, and assuring the quality of TB services.

Objective 1: Improve TB case detection.

The national TB program's biggest challenge is in case finding, and this objective will be a major focus of the Activity. The Activity will implement a two-pronged approach to improve TB case detection: firstly, strengthening the capacity of the TB diagnostic network, and secondly supporting district health teams to conduct case finding activities. The Activity will implement case finding interventions that are evidence guided, sub-population and geographically tailored and comprehensive. The Applicant should provide a clear analysis of the at-risk populations, geographies, gender, and age factors that are influencing TB case detection and propose appropriate interventions accordingly. For hard-to-reach populations, such as artisanal miners, the Applicant should consider innovative approaches and partnerships that are likely to facilitate case finding. Given the high prevalence of undiagnosed TB among children, the Applicant should propose a full package of services that can be implemented at scale; integration and utilizing other disease entry points will be critical for achieving scale. The Applicant should consider all entry and exit points in health facilities (both public and private) and eliminate the missed opportunities in the current approaches for screening, testing and contact tracing. The case finding interventions shall use

mixed approaches to find TB cases wherever they are. The Activity will implement both passive and active case finding approaches at all priority areas where TB cases are found.

Further, the Activity will propose strategies to build capacity of district health teams to optimize the TB diagnostic network, including ways to detect TB in hard to test sub-populations. The Applicant shall build on findings from the USAID supported Diagnostic Network Assessment and the investments provided by USAID through the Infectious Diseases Detection and Surveillance program. The Applicant shall provide a clear gap analysis of the TB diagnostic network, including TB radiology, provide an implementation plan to close the identified gaps, and provide approaches to monitor, evaluate and learn from the support provided. The applicant will prioritize strengthening other diagnostic network support activities, including connectivity, quality improvement and assurance, equipment placement and optimization, and improving clinical-laboratory interface.

Illustrative Results under Objective 1:

- Increased TB notification rates for all forms of TB.
- Increased TB notifications diagnosed using WHO recommended TB diagnostic tests.
- Increased TB notifications with Drug Sensitivity Testing (DST) conducted.
- Increased TB notifications from the private sector.
- Increased TB literacy and intervention acceptability among target populations.

Objective 2: Strengthen TB case management for all forms of TB.

Poor case management outcomes are characterized by below target treatment success rate, high mortality, high loss to follow-up, high treatment interruption and a high number of patients without an outcome evaluation. These gaps, while recorded for all forms of TB, are currently worse for DR-TB patients. The Applicant should propose a robust and differentiated plan to address common TB case management gaps for all forms of TB.

Illustrative Results under Objective 2:

- Empowered TB patients and communities.
- Increased TB patients successfully treated (for all forms and types of TB).
- Increased TB cases and deaths audited.
- Improved capacity of service providers and treatment sites.
- Reduced TB related mortality.

Objective 3: Prevent new TB infections and progression of TB infection to active disease.

TB prevention heavily depends on the capacity of the program to find people eligible for prevention interventions. As such, improving TB contact investigation (TBCI) through strengthening collaborative interventions with other disease programs and interventions, such as HIV, NCDs, MNCH, and Nutrition, will be important. Other illustrative activities

important for scale-up include strengthening TPT commodity security, managing TPT drugs adverse events, investing in TPT literacy, addressing clients' concerns/perceptions about TPT which present as barriers to acceptance, building capacity of service providers, ensuring adherence to BCG guidelines and implementing the latest WHO guidelines on TPT for DR-TB.

Illustrative Results under Objective 3:

- Increased eligible social contacts and high-risk individuals with TBCI conducted.
- Increased eligible contacts and high-risk individuals initiated on and completed the TPT course.
- Increased service providers and facilities compliance with IPC standards.
- Increased detection of latent TB infection.
- Improved perception about TB prevention and treatment efficacy/acceptability among clients.

Objective 4: Strengthen local systems for planning, coordinating, monitoring, and assuring the quality of TB services.

The Applicant shall identify strategies that contribute to broad-based local ownership and sustainability of the TB response. This may include strengthening the capacity of facility-based, community-based, and community-led organizations, including those led by youth and PLHIV, and faith-based organizations. In addition, the Applicant should consider both private sector and Government stakeholders and service providers at all levels to implement and sustain effective TB interventions. The Applicant shall demonstrate how youth, women and girls and the private sector will be central to the proposed interventions. Key capacity areas to be addressed will include institutional capacity strengthening of nascent local organizations; multi-sectoral coordination systems at decentralized levels; data management, analysis, and use; and program quality and improvement. The Applicant should propose a coordinated approach for strengthening the capacity of MOHCC Provincial and District health teams to plan, manage and implement the TB program in a manner that leverages investments from other disease specific programs and promotes integration. All community level activities must support the National Community Health Strategy 2020-2025. Local partners and the private sector have been critical in mitigating the challenges brought about by COVID-19, demonstrating their capacity to adapt and innovate to ensure continuous service delivery in times of crises. This Activity will support continued implementation of successful innovations developed for the COVID-19 context and leverage and strengthen TB, private sector, local actors, and PEPFAR and other USAID-supported platforms and players to be responsive to current and future health threats and emergencies.

Illustrative Results under Objective 4:

- Strengthened capacity of local organizations, communities, and Ministry of Health to lead, implement and sustain effective TB prevention, treatment, and related programs.
- Improved use of data to plan, coordinate, monitor, adapt, and assure quality of TB services.
- Continuity of services assured through implementation of adaptations to mitigate against health emergencies, other pandemic challenges, or emergencies.
- Increased development and use of new tools, approaches, and technologies for TB control.
- Improved performance of the TB supply chain management system for TB.
- Increased private sector contribution to TB prevention, cure and case finding.

4. Technical approach

a. Target populations

While everyone is at risk of TB infection in Zimbabwe, the Activity will prioritize specific populations at greater risk. The Applicant will profile and propose suitable and strategic people-centered interventions and programs for populations at greater risk including PLHIV, household and social contacts of TB patients, artisanal small-scale miners, people with NCDs, and others according to updated epidemiological data.

b. Geographic coverage

SUPPORT-TB will be implemented in 30 districts from all the 10 provinces. During the initial work planning period, the 30 districts will be decided by USAID in consultation with the NTP and provincial authorities. The guiding parameters are that the Activity is expected to have intensive focus in **30 districts from all the 10 provinces** of the country. Districts will be prioritized by communities with the highest burden of TB (both TB incidence and notification rates), existence of reasonable support structures and systems to support the proposed interventions, epidemiology data, presence of other development partners providing opportunities for collaboration and integration of interventions (including utilizing the existing support provided through Union Zimbabwe Trust and the two HIV Clinical partners), concentration of high-risk sub-population, presence of other USG supported activities, and other relevant factors.

The geographic coverage will be assessed on an annual basis during the implementation period and will consider programmatic achievements, availability and type of health funding, updated epidemiological data, including TB treatment and TPT coverage and burden of disease among the target populations. The Activity will be responsive to the evolving priorities for the health sector in Zimbabwe as the country works towards achieving universal health coverage. Applicants should describe how they will utilize already existing functional structures within and outside of the MOHCC, including the private sector, and organizations

at community level as applicable. The Applicant should include a sustainability plan that will describe how they will build the management, functional and financial capacity of such local entities and structures. This effort will begin from the start of the award, such that these local entities continue to provide services in the absence of USAID funding and become competitive for any future NOFOs for TB work.

c. Integrated service delivery approaches

The Activity will integrate all proposed TB control activities (both service delivery and technical assistance) within existing health programs at the facility and the community levels, including programs to control NCDs and HIV. An integrated approach makes epidemiological and economic sense, supports strong primary health care systems, increases impact, realizes efficiencies, and brings about improved results. Given the epidemiological linkages between TB, HIV and certain NCDs, TB control activities should be implemented with an integrated approach, maximizing other disease platforms and entry points at facility and community levels. For example, TB case detection activities should also screen for and detect HIV and NCDs, while also intentionally seeking opportunities to integrate TB control into MNCH, NCD and HIV programs.

d. Coordination with Government entities

This Activity is expected to work closely with the MOHCC, Provincial Medical Directorates and District health managers, to build capacity, systems, and processes for strengthening quality TB services. This Activity will avoid creation of new implementation and reporting structures and instead work within the existing public sector health service and within existing systems. The Applicant is expected to interact with government entities at all relevant levels (i.e. health facility to national level) through planning, routine monitoring, participation in technical working group meetings and other opportunities to ensure ownership and coordination.

e. Coordination with other USG programs

The Activity will closely coordinate and collaborate with a range of other USG programs in Zimbabwe, inside and outside the health sector. In areas where USAID is supporting other development work, opportunities for collaboration and integration will be sought and implemented. This approach is consistent with the spirit and purport of the integrated USAID CDCS.

The Activity shall explore and harness opportunities for integrating TB with other health activities, like strengthening childhood TB through the MNCH platform, TB and HIV collaborative activities, mental health integration, community-based malaria activities and community-based programs for orphans and vulnerable children, among others.

Outside of the USAID Health program, the Activity shall collaborate with USAID's Bureau of Humanitarian Assistance on resilience programs, such as strengthening livelihoods and

household nutrition as part of community and family coping strategies linked to TB control. The Activity will also actively explore other areas for collaboration with other USG activities to address social determinants of TB, including economic growth, human rights and accountable systems and structures, and overall advocacy efforts for increased domestic investments towards TB control and health broadly.

5. Cross-Cutting Issues

a. Gender

Gender norms profoundly shape disease risk, opportunities to access and utilize health services, and health outcomes. In Zimbabwe, these norms are informed by religion and a traditional patriarchal social structure and are being influenced to varying degrees with generational change. Social norms continue to support forms of power and privilege among men that further aggravate the vulnerability of women and girls and contribute to widespread practices such as age-disparate sex; sexual exchange for money, gifts, or opportunities; multiple and concurrent partnering; alcohol and substance abuse; and gender-based violence (GBV). These factors also affect an individual's TB risk profile, limit individuals' willingness and ability to seek healthcare, immunize their children, adhere to treatment, and access other support services. Given the disproportionate TB burden among men, it is critical that the Activity understands, and appropriately programs for, gender norms that influence men's care-seeking behavior.

The Recipient is required to conduct a Gender Analysis and develop a Gender Action Plan as part of the work plan. At a minimum, the Gender Analysis should address constraints and opportunities related to the following:

- Differences in the status of women and men, and their differential access to assets, resources, and opportunities which relate to access to TB services.
- The influence of gender roles and norms (e.g., division of time, decision-making authority, access to financial resources) that influence decision-making and the utilization of services by men and women.
- Other potential differential impacts of the Activity on males and females, including unintended consequences.

For more information, see USAID's Gender Equality and Female Empowerment Policy: www.usaid.gov/GenderEqualityandWomensEmpowermentPolicy .

b. Private sector engagement

The private sector has a role to play in increasing access to health services for vulnerable populations in Zimbabwe. The Activity will support collaboration with the private sector in the implementation of this award. This may include intentionally exploring and understanding the private sector pain points regarding provision of such services, building their capacity for

managing TB programs, private sector engagement in sustainable financing of TB services, and improving the accessibility and quality of TB services where there is a comparative advantage of the private sector. The private sector in Zimbabwe should be supported to improve access to care and treatment by TB patients, improve TB notifications and communication to and with the NTP, integrate TB patient data recording and reporting tools into their private information systems, obtain and account for TB medicines and other commodities from the public procurement systems, compliment the public sector diagnostic network for TB diagnosis, and participate in TB continuous medical education to remain up to date with current TB management guidelines. The Applicant is encouraged to reference the MOHCC's AIDS and TB Public Private Partnership Framework to inform the proposed private sector engagement strategies. For more information, see USAID's Private Sector Engagement Policy: <https://www.usaid.gov/policy/private-sector-engagement> .

c. Youth

The Activity should apply a Positive Youth Development (PYD) approach, which is based on the premise that, given development of appropriate skills and assets, guidance and support from caring adults, an enabling environment, and youth engagement as partners, all youth (ages 10 - 29) can grow up healthy and productive, making positive contributions to their families, schools, and communities. The Applicant should analyze the challenges that youth face related to TB risk, engagement with services, adherence, and treatment outcomes, and use USAID's PYD framework to design approaches that build skills, assets, and competencies; foster healthy relationships; support help-seeking; and/or transform systems. The Applicant should ensure that young people take leadership in defining priorities and designing interventions and implementation approaches in this Activity.

Reference: <https://www.youthpower.org/positive-youth-development-pyd-framework>.

The Applicant is encouraged to include an Emerging Leaders Program as part of project implementation in which youth will be hired as emerging leaders into jobs, fellowships, and/or internships within the project or directly linked to specific job or remunerated internship opportunities outside the project (such as with local government or private sector providers). Emerging Leaders are defined as those with less than two years of financially compensated experience and yet demonstrate potential for advancing the work activities as well as bringing in diverse perspectives of young people. USAID defines youth as individuals ages 10-29, while Zimbabwe defines youth as ages 15-35. Applicants should consider national and local labor laws and national youth policies when planning for the inclusion of youth in their programs. The Applicant should include concrete and practical approaches to address the capacity development of such Emerging Leaders and, in line with PYD approaches, integrate the voice of such leaders into programmatic approaches. This includes approaches to ensure Emerging Leaders will be set up to succeed in their job, with a proper orientation, opportunities for continuing skill and knowledge development, career pathways where possible, and provision of the supplies and tools required to do their job properly. The

Applicant should support decent work and fair pay for all staff (including interns) including Emerging Leaders.

d. Inclusive development

The Applicant should identify marginalized groups that are impacted by TB (i.e. groups that may be overlooked and/or disadvantaged in accessing care) and propose deliberate strategies for their inclusion. The Activity will ensure these groups are considered in the planning, activity design, implementation, and project evaluation/feedback processes.

e. Climate risk management

Climate risk management (CRM) is required for all USAID-supported activities due to the potential for negative consequences on Activity objectives and/or outcomes of changing climatic conditions. Zimbabwe has experienced several natural disasters recently, including droughts and cyclones. The frequency of these events is expected to increase and possibly intensify over time. When combined with a severely depressed economy and increasing disease outbreaks, climate change may impact TB services and communities in various ways. Climate change can decrease the quantity and quality of food, reduce family incomes, and worsen catastrophic health costs, poor nutrition, and increase the risk of getting TB and having poor TB disease outcomes. The Activity will propose and implement approaches to mitigate the negative impact of climate change and ways to build resilience in TB programming.

f. Country ownership and sustainability

USAID is committed to working with local partners on sustainability and supporting them to be fully integrated in the country's health sector for the long term. Therefore, USAID is seeking local institutions to lead the implementation and management of this high-quality TB program, building on the experience and expertise of local CBOs, local Government, and existing community structures for TB control. This award is limited to local partners, furthering USAID's contribution to USAID's own and its UN-HLM [commitment of at least 60% direct funding to local partners](#) by 2027.

To build and strengthen a network of local actors that can support an effective TB response, and in line with USAID's sustainability policy, the Applicant will consult, strategize, align, collaborate, and implement the Activity in coordination and cooperation with all relevant local actors. The Activity will foster meaningful community participation and adopt innovative approaches to create ownership among stakeholders, service providers and program participants to support sustainable improvements in TB services and broader health outcomes in the targeted geographical areas. The Activity will transfer skills from the prime implementing partner(s) to smaller community partners, health providers and institutions,

private sector practitioners as well as MOHCC program coordinators, technical officers, and policy makers. Additionally, this Activity will collaborate closely with HIV, NCDs programs, occupational health services and other programs targeting priority population groups (e.g. children, artisanal miners, people in congregate settings). The Activity will implement disease control interventions targeting individuals, their families and communities which will build agency and lead to sustainable changes in harmful norms and practices that place individuals at increased risk of contracting TB and other illnesses, as well as defaulting from treatment. These measures will ensure the capacity built and lessons learned from the Activity remain within Zimbabwe and have a positive effect on public health beyond the life of the project.

The Recipient is expected to participate in all relevant national and sub-national technical working groups, and other MOHCC coordination bodies as appropriate, to share program learning and impart technical expertise. The Activity will work with local accountability bodies like health center committees, thematic civil society structures (e.g. Community Level Monitoring platform), and parliamentarians to promote inclusive and accountable TB programming. Further, the Activity will support or collaborate with other stakeholders to advocate for increased domestic resources for health services. USAID will facilitate linkages between partners working in different sectors to bolster advocacy efforts related to the priorities set out in this NOFO.

g. Adaptive management

Adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. Examples relevant to this Activity include a changing epidemiological context as the country reaches HIV/AIDS epidemic control, other disease outbreaks, new pandemics, and shifting socio-economic conditions. This is especially important in Zimbabwe where the implementation context is turbulent and the potential for economic instability, and the resulting adverse effects on the health, education, and social sectors, is high. The Recipient should articulate how these risks are accounted for and that the capacity is present to manage risk, apply mitigation strategies, and incorporate contingency plans, across a range of future scenarios. The health sector programming environment is also fluid and program adjustments may be necessary to accommodate evidence driven policy shifts and evolving programming priorities.

6. Performance monitoring, evaluation, reporting, collaboration, and learning

The backbone of the Zimbabwe TB M&E system is the Ministry of Health District Health Information Software 2 (DHIS2) database, which the Recipient will be expected to strengthen and build through the revision of tools, provision of recording, and reporting tools, data quality assessments, data driven performance reviews, data driven supportive supervision and training in data collection analysis and use at local level. The recipient is expected to develop a data management plan and identify the critical stages and steps that they in

collaboration with MoHCC will use to produce well-documented, well-protected, and high-quality data.

The Activity will focus on strengthening the national HMIS, which is the source of TB data. It will employ a rigorous monitoring and evaluation system for this Activity, including adequate staffing, technical support, and information systems for routine data collection and analytics, while also participating in all the relevant national and subnational TB Strategic Information TWGs.

The Activity will fully comply with the USAID Performance-Based Monitoring and Evaluation Framework ([PBMEF](#)), which is a key component of USAID's effort to ensure accountability for effective use of investments in TB at the global, regional, country, and project levels and accelerate progress to end the TB epidemic.

The framework streamlines and prioritizes indicators for monitoring progress toward reaching global TB milestones and targets in USAID's bilaterally supported, high-burden TB countries, like Zimbabwe. The framework underpins USAID's Global TB Strategy 2023-2030 and is fully aligned with the World Health Organization (WHO) End TB Strategy 2015-2030 and the Stop TB Partnership's Global Plan to End TB 2023-2030, as well as the commitments and targets set at the United Nations High-Level Meeting (UNHLM) in 2023 on ending TB.

The framework has a TB Indicator Guide, which includes practical guidance for selecting, using, and reporting relevant TB indicators. It also has a TB Indicator Compendium, which includes a full list of TB indicators and standard indicator reference sheets (IRS). It also has a Monitoring, Evaluation, Accountability and Learning (MEAL) Plan Template and Guidance, which includes the MEL plan template with instructions, an example of a completed sample MEAL plan, and a blank template for implementing partners (IPs) to draft their own MEAL plans for TB activities.

The Recipient is required to use indicators from the four indicator levels described in the PBMEF, comprising Core, Core Plus, National Level, and Project Level categories of indicators. All these PBMEF indicators are "standard" indicators, meaning that definitions should be uniformly applied whenever the indicators are used to enable standardized data collection and comparability and aggregation across countries and other geographic regions. In addition to the above prescribed groups of indicators, the recipient may also elect to add some custom indicators as they deem necessary for national and project level tracking. However, these custom indicators may not form part of reportable indicators.

This Activity will report on all ten Core indicators, which are required in the Performance Plan Report (PPR) and will also be included in the TB Division's semiannual Accelerator data calls. These indicators reflect national level attainment and are aligned with the USAID congressional reporting requirements.

The Core Plus indicators provide more granular data points to help to provide further insight into what is driving the performance of the Core indicators and into performance against TB strategy goals at the national level. These indicators are not reported in the PPR but are included in the USAID TB Accelerator data calls. Therefore, Applicants are expected to select all relevant Core Plus Indicators and include them in their MEL plans, as these are important to monitor progress towards Core Indicator targets and will help to inform activity redirection and adaptation.

The Activity will also include National Level indicators in their MEL plans. These indicators provide expanded details to help further explain the performance attained by the Core and Core Plus indicators. National Level indicators are recommended for measuring the contribution of TB investments toward programmatic targets at the national level. While they are not in PPR nor the TB Accelerator calls, Applicants are expected to select relevant indicators that should be used to gain further insight into areas highlighted by data reviews such as the Accelerator calls and to aid in planning at the national level.

Applicants should consider Project Level indicators, select all that are relevant to planned activities, and incorporate these into MEL plans and quarterly reporting; applicants are not expected to include all these indicators. Selected indicators should be incorporated into activity MEL plans to help meet additional reporting requirements outlined in the End TB Now Act. The Project Level indicators allow for an in-depth understanding of the TB epidemiology in the country and how activities are contributing to national TB objectives. Furthermore, these indicators can function to measure a project's attribution to programmatic outcomes. Specific indicators added under this category include additional information about TB infection (TBI), healthcare workers (HCWs), treatment support, laboratory turnaround times, stockouts, stigma, diabetes, and mental health. Project Level indicators also add even more detail and insight to cascade analyses. These indicators will not be included in the PPR and have not been included in semiannual Accelerator data calls to date.

The Recipient will work closely with USAID to finalize indicators and set performance targets based on USAID and NTP guidance and requirements. In consultation with USAID, the Recipient may be requested to report on other relevant health indicators. The Recipient will be responsible for data collection, analysis, and performance reporting required by USAID per the defined monthly, quarterly, and annual results reporting cycle. Data will be used to evaluate the Activity's performance, drive decisions, guide course corrections as needed, and determine future funding. The Activity will be expected to enter data on a monthly/quarterly basis into USAID's Development Information Solution database.

i. Environmental monitoring and mitigation plan (EMMP)

Section 117 of the Foreign Assistance Act of 1961, as amended, requires that USAID "take fully into account" the impacts of its activities on the environment and natural resources of developing countries. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Chapters 201 and 204

(<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed and USAID-managed activities are identified prior to a final decision to proceed, and that appropriate mitigation and monitoring measures are incorporated to address adverse impacts.

An [Initial Environmental Examination \(IEE\)](#) has been approved for the actions expected to be implemented under this cooperative agreement. It assigns a '**Negative Determination with conditions**' to one or more of the proposed actions under this cooperative agreement and specifies requirements for mitigation (conditions). The implementing organization will be responsible for implementing all conditions pertaining to actions to be funded under this cooperative agreement. Accordingly, appropriate quality assurance assessments and field monitoring (at random or of representative sites) must take place to confirm that proper management practices of both hazardous and non-hazardous waste are being followed.

A five-year EMMP is expected prior to the start of implementation of this Activity. This plan must include a description of systems or management tools the implementing organization will use to ensure the recommended mitigatory actions are taken. The following steps will be expected:

- Prepare an EMMP describing, in specific terms, how the implementing organization will implement all conditions that apply to proposed actions to be implemented under the award and monitor condition implementation and effectiveness.
- Submit the EMMP to the USAID for approval and ensure that no activities subject to conditions are undertaken prior to receipt of written USAID approval of the EMMP.
- Integrate the approved EMMP into the initial work plan.
- Integrate the approved EMMP into subsequent annual work plans, making any necessary adjustments to implementation to minimize adverse impacts to the environment.

In addition, the implementing organization must comply with host country environmental requirements unless otherwise directed in writing by USAID. The implementing organization, in collaboration with the USAID, must review all ongoing and planned activities under this cooperative agreement at least annually to verify conformance with the scope of the approved 22 CFR 216 documentation. This should be done as part of initial and annual work plan development. If the implementing organization plans any new activities outside the scope of the approved 22 CFR 216 documentation, it will prepare an amendment to the documentation for USAID review and approval. No new activities will be undertaken prior to receiving written USAID approval of 22 CFR 216 documentation amendments. Any ongoing activities found to be outside the scope of the approved 22 CFR 216 environmental documentation will be the subject of corrective action and, at minimum, will be halted pending receipt of written USAID approval of amended 22 CFR 216 documentation.

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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to availability of funding, USAID intends to award one Cooperative Agreement award pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide **\$29 million** in total USAID funding over a five-year period. Actual funding amounts are subject to availability of funds.

Issuing this NOFO does not commit the U.S. Government to make an award or to pay the costs incurred in the submission of an application. Further, the U.S. Government reserves the right to reject any or all applications received if such an action is in the interest of the U.S. Government. Actual funding amounts are subject to availability of funds. USAID reserves the right to fund any or none of the applications submitted.

2. Expected Performance Indicators, Targets, Baseline Data, and Data Collection

Indicators, targets, baseline data, and expectations for data collection will be developed as part of the award negotiation process, and will be included in a Monitoring, Evaluation, and Learning Plan.

3. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is up to five years. The estimated start date will be October 1, 2024.

4. Substantial Involvement

The anticipated award(s) will be a Cooperative Agreement(s). USAID/Zimbabwe anticipates a strong and close working partnership with the Recipient(s) of this Cooperative Agreement. USAID will be involved in monitoring progress toward achievement of the objective and expected results during the course of the Cooperative Agreement. As defined in ADS 303.3.11, a Cooperative Agreement allows “substantial involvement” by USAID (active involvement by USAID in certain programmatic elements during performance of the activity). This substantial involvement will be exercised through the Agreement Officer (AO), except to the extent that the AO delegates authority to the Agreement Officer’s Representative (AOR) in writing.

The AO or AOR will exercise substantial involvement as defined in ADS 303.3.11 under this Cooperative Agreement in the following areas:

1. Involvement in work planning, and approval of the list of the geographic districts where the activity will be implemented, approval of the recipient's annual implementation plans and any subsequent revisions of the implementation plan.
2. Approval of all sub awards.
3. The Agency's approval of specified recipient key personnel, and
4. Approval of the M&E Plan – the M&E Plan will be developed in consultation with USAID/Zimbabwe. During the initial project planning period, the recipient shall work closely with USAID/Zimbabwe to ensure that the M&E plan clearly links the Recipient's activity with the objectives and targeted outcomes of the Program Description
5. Agency and recipient collaboration or joint participation, such as when the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge.

5. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is 937. This code includes any geographical area or country including the recipient country but excluding any country that is a prohibited source.

6. Nature of the Relationship between USAID and the Recipient

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID's supplement, 2 CFR 700, as well as the additional requirements outlined in Section F.

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the **Scaling-Up Prevention, Oversight, Reach and Treatment Of Tuberculosis (SUPPORT-TB)** which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this NOFO is restricted.

Eligibility is restricted to Zimbabwean local entities. Only local organizations as defined below are eligible for the award. Therefore, applications should be from qualified local, Zimbabwean entities, such as private, nonprofit organizations (or for-profit companies willing to forego profits), including private voluntary organizations, universities, research organizations, professional associations, and relevant special interest associations.

In accordance with ADS 303.6 USAID defines a “local entity” as an individual, a corporation, a nonprofit organization, or another body of persons that:

- (1) Is legally organized under the laws of the recipient country; and
- (2) Has as its principal place of business or operations in the recipient country; and
- (3) Is
 - (A) majority owned by individuals who are citizens or lawful permanent residents of; and
 - (B) managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

For purposes of this definition, ‘majority owned’ and ‘managed by’ include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award

Applicants are reminded that US Executive Orders and US 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 sub-awards issued under this Cooperative Agreement.

2. Cost Sharing or Matching

Cost sharing is not required.

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Name: Andrea Plucknett
Title: Agreement Officer
Email: Aplucknett@usaid.gov
Mail Address: 2 Lorraine Dr, Westgate, Harare

Name: Joyce Machingauta
Title: Assistance Specialist
Email: jmachingauta@usaid.gov
Mail Address: 2 Lorraine Dr, Westgate, Harare

2. Questions and Answers

Questions regarding this NOFO should be submitted at harareprocure@usaid.gov no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

3. General Content and Form of Application

Preparation of Applications:

Each applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts: the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the full application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

Both the Technical and Business (Cost) Applications must include a cover page containing the following information:

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Notice of Funding Opportunity number

- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303).

Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the applicant must be accompanied by evidence of that agent's authority unless that evidence has been previously furnished to the issuing office.

Applicants may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria.

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- Use standard 8 ½" x 11", single sided, single-spaced, 12-point Calibri font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10-point font can be used for graphs and charts. Tables however, must comply with the 12-point Calibri requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.

The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for their records.

4. Application Submission Procedures

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications will not be reviewed or may be considered at the discretion of the Agreement Officer. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time/confirmation from the receiving office/certified mail receipt.

Sample Language for email submission:

Applications must be submitted by email to harareprocure@usaid.gov. Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application each be submitted as consolidated email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

Applicants are reminded that email is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Zimbabwe Mission cannot guarantee their acceptance by the internet server. File size must not exceed 25MB.

5. Technical Application Format

The technical application should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and merit review criteria found in this NOFO.

a. Cover Page (See Section D.3 above for requirements)

b. Table of Contents (not included in the 20-page limit)

Include major sections and page numbering to easily cross-reference and identify merit review criteria.

c. List of acronyms (not included in the 20-page limit)

d. Executive Summary (One page)

The Executive Summary must provide a high-level overview of key elements of the Technical Application.

e. Organizational Capacity (no more than 8 pages, excluding annexes)

This section must address the following:

- Describe the lead Applicant's organizational knowledge and capacity, including relevant experience working with the proposed target populations.
- Demonstrate the organization's ability to successfully implement the proposed program and ability to transfer skills from the implementing partner to public sector health workers and engage the private sector.
- Include a description of the organization's operational systems that would enable successful implementation. Please include any examples in which the Applicant demonstrates the successful implementation of programs similar in magnitude, complexity, objectives, and context.
- If the Applicant is proposing sub-awards, describe experience in administering and accounting for sub-awards, experience in building capacity of sub grantees, amounts awarded, and systems in place to monitor and track sub awards. If partners/sub-awards are proposed, describe their organizational history and experience and provide letters of support, indicating they have been consulted and have agreed to participate in the proposed activities. Letters of support do not count toward the page limit and if included, should be placed in the Appendices.

f. Technical Approach (no more than 6 pages) excluding annexes

This section must address the following:

Conceptual approach: Include a problem statement with a brief analysis of the stakeholders and intended beneficiaries involved. Discuss the anticipated causal link between the proposed activities, expected results, and how they will impact the objectives of this Activity.

Methodology:

- Describe the proposed approaches, including any innovative methods, techniques, or tools, and their evidence base, as relevant.
- Describe feasible approaches to support and strengthen the TB diagnostic network.
- Describe how the applicant will use program data, and other available data sources to identify target populations and strategically target services to them.
- Applicants are expected to describe how they will achieve the expected results as well as quantify such proposed achievements as applicable. For instance, specify which and how many high impact interventions will be implemented in how many geographic areas.
- Describe the approach for addressing the cross-cutting issues described in the Program Description and how the proposed program will link with other USAID programs, other donor, government, private sector, or NGO activities currently underway. The implementation plan should also include flexibility in programming to be responsive to changes in the operating context or unanticipated situations that could impact implementation.
- Describe how the Applicant will integrate TB services into and with priority diseases , like nutrition, mental health, HIV, silicosis, diabetes mellitus, and others.
- Applicants should describe how they will utilize already existing structures and organizations at community level as applicable. The Applicants should include a sustainability plan that will describe how they will build capacity building of such local entities.
- The Applicant should describe criteria for how and when direct procurement of essential TB control commodities and equipment would be appropriate under this Activity.
- The Applicant is expected to propose a plan for district coverage and should select a minimum of three districts per province with a justifiable criterion.
- Results: Describe how the proposed activities are likely to achieve the desired outputs, outcomes, and results.

g. Management and Staffing (no more than 6 pages, excluding annexes)

This section must address the following:

The Applicant should describe the composition and organizational structure of the proposed project team and key personnel, including team member titles, roles, and requisite technical expertise.

There are five key personnel positions envisioned under this activity:

- Chief of Party
- Technical Director
- Financial Management and Operations Director
- Monitoring, Evaluation and Learning Advisor
- TB Diagnostic Network Advisor

The key personnel specified above are essential to the work to be performed under this Activity. Note that proposed Key Personnel are subject to approval by the Agreement Officer in consultation with the relevant USAID technical office. The proposed distribution of functions across personnel should be supported with demonstrated capacity and experience. The Applicant should also strive to keep the number of full-time expatriate staff to a minimum. Proposed key personnel must have demonstrated relevant knowledge, experience, and skills for their planned areas of responsibility.

Resumes may not exceed three (3) pages in length and should be included as Annexes to the Technical Application.

Each resume should be accompanied by a signed letter of commitment from the proposed candidate indicating his/her commitment and availability to serve in the stated position if selected. The Applicant has the discretion to determine the proper number and mix of additional long-term personnel, short-term technical assistance, and other staffing arrangements to effectively carry out the objectives of this activity with cost efficiency.

Key Responsibilities for the Chief of Party

The Chief of Party is a critical position and requires an individual who can provide expert overall leadership, management, and vision to the complex TB control program. The Chief of Party will have overall responsibility for coordination of all project activities and staff. S/he will have primary responsibility of serving as the key liaison with USAID, the Government of Zimbabwe, implementing partners, and other stakeholders. S/he will have the leadership qualities, technical expertise and experience, management experience, interpersonal skills, and relationships to fulfill the requirements of the program description.

Key Responsibilities for the Technical Director

The Technical Director will be responsible for the technical management of the elements of the Activity, including being a lead technical resource for the whole activity, supporting operations of the project, supervising staff, leading and coordinating all work planning and reporting processes. S/He must have experience and/or in depth understanding of the Zimbabwean health care system.

Key Responsibilities of the Financial Management and Operations Director

The Financial Management and Operations Director will be responsible for the overall leadership over the budgeting, accounting, finance, and administration of financial controls for the program. S/he will ensure financial reporting is in accordance with USAID contractual requirements and will oversee program procurement activities. S/he will oversee the effective and appropriate use of financial resources of the project and develop effective mechanisms to monitor the expenditures and liquidations of the project.

Key Responsibilities of the Monitoring, Evaluation and Learning Advisor

The Monitoring, Evaluation and Learning Advisor will be responsible for designing and implementing systems to ensure appropriate tracking and assessment of all project activities. S/he will have primary responsibility of reporting on project outputs and outcomes and for ensuring quality of MEL tools and processes.

Key Responsibilities for the TB Diagnostic Network Advisor

The TB Diagnostic Network Advisor is a critical position for the successful implementation of the program. S/he will be responsible for providing cutting edge technical leadership to the review, evaluation, quality and performance improvement of the TB diagnostic network. S/He must have qualifications, experience and/or in depth understanding of the Zimbabwean health diagnostic network.

6. Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.206. Applicants should not submit any additional information with their initial application.

The Cost Application must contain the following sections (which are further elaborated below this listing with the letters for each requirement):

a. **Cover Page** (See Section D.3 above for requirements)

b. **SF 424 Form(s)**

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at <https://www.grants.gov/web/grants/forms/sf-424-family.html>

Failure to accurately complete these forms could result in the rejection of the application.

c. **Required Certifications and Assurances**

The applicant must complete the following documents and submit a signed copies with its application:

1. "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at <https://www.usaid.gov/ads/policy/300/303mav>
2. Assurances for Non-Construction Programs (SF-424B)
3. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

d. **Budget and Budget Narrative**

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award and may result in a rejection of the cost application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs.

The applicant must ensure the budgeted costs address any additional requirements identified in Section D, such as Branding and Marking and in Section F such as Monitoring and

Reporting. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See , Annex 1 for Summary Budget Template
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budget must contain the following budget categories and information, at a minimum:

1. **Salaries and Allowances** – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant's budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.

2. **Fringe Benefits** – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

3. Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

4. Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

5. Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant's budget, including those related to fringe and indirect costs.

6. Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.

7. Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

Method 1 - Direct Charge Only

Eligibility: Any applicant

Initial Application Requirements: See above on direct costs

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)

Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA

Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the

award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non-Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)

Eligibility: Any applicant that does not have a current NICRA

Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

Eligibility: Non-U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO

Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year. Guidance to AO: If the indirect costs are expected to be minimal or easily attributed to performance of a USAID agreement, the AO should delete this first bullet.
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

e. Prior Approvals in accordance with 2 CFR 200.407

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required

for allowability, the applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

f. Approval of Subawards

The applicant must submit information for all subawards that it wishes to have approved at the time of award. For each proposed subaward the applicant must provide the following:

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

g. Unique Entity Identifier (UEI) and SAM Registration

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (<https://sam.gov/>) in order to be eligible to receive federal assistance, such as grants and cooperative agreements. Unless an exemption applies (see ADS 303maz), applicants must be registered in SAM prior to submitting an application for award for USAID's consideration. Recipients must maintain an active SAM registration while they have an active award. Each applicant (unless the applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

1. Provide a valid UEI for the applicant and all proposed sub-recipients.
2. Be registered in SAM before submitting its application.
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a federal awarding agency.

The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on <https://sam.gov/>.

h. History of Performance

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed 3 awards, as follows:

- Name of the Awarding Organization;
- Award Number;
- Activity Title;
- A brief description of the activity;
- Period of Performance;
- Award Amount;
- Reports and findings from any audits performed in the last 3 years; and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

i. Branding Strategy & Marking Plan

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award

1. Branding Strategy – Assistance (June 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
 - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
 - (2) The intended name of the program, project, or activity.
 - (i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at <http://www.usaid.gov/branding>, unless the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.
 - (ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.
 - (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
 - (iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
 - (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. The RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

- (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
 - (4) Planned communication or program materials used to explain or market the program to beneficiaries.
 - (i) Describe the main program message.
 - (ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.
 - (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."
 - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.
 - (5) Information on any direct involvement from the host-country government or ministry, including any planned acknowledgement of the host-country government.
 - (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement
- (END OF PRE-AWARD TERM)

2. Marking Plan – Assistance (June 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and landmark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency and is found on the USAID Web site at <http://www.usaid.gov/branding>. The RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

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

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity , and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as a host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

j. Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.5 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

k. CONFLICT OF INTEREST PRE-AWARD TERM (August 2018)

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an

Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but

are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

(END OF PRE-AWARD TERM)

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SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

The merit review criteria prescribed here are tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Merit Review Committee (MRC) using the criteria described in this section.

2. Review and Selection Process

• Merit Review

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Responsive applications shall be reviewed in two parts: 1) A Selection Committee (SC) will review the technical applications in accordance with the merit review criteria described in the following section; and 2) thereafter, the cost/business application of the apparently successful applicant will be evaluated to determine reasonableness and allowability of costs in the budget in accordance with USAID Cost Principles (2 CFR 200 Subpart E). The Government may make an award based on the initial applications received, without further discussions or negotiations. Therefore, each application should contain the applicant's best terms from a technical and cost standpoint. However, the Government reserves the right (but is not under obligation to do so) to enter into negotiations with one or more applicants in order to obtain clarifications, additional detail, or to suggest refinements in the activity description, budget, or other aspects of an application. The award decision will be made by the Agreement Officer.

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO.

Applications will be reviewed and evaluated in accordance with the following criteria shown in {insert descending order of importance. The evaluation factors for this award are organizational capacity, technical approach, and management and staffing. The organizational capacity criteria will be considered the most important criterion. This will be followed by the technical approach and the management and staffing criteria which will be considered of equal importance as the technical approach criteria. Applications will be reviewed and evaluated in accordance with the following criteria shown in (descending order of importance):

Merit Review Criteria #1: Organizational Capacity

The extent to which the applicant, and proposed sub-grantees, possess the current organizational knowledge, capability, relevant experience, and management and operational systems necessary to implement the desired interventions.

Merit Review Criteria #2: Technical Approach

The quality of the proposed conceptual approach, methodologies, and techniques in achieving the stated results of the activity.

Merit Review Criteria #3: Management and Staffing

Evaluation of this will focus on the extent to which the proposed key personnel have the required management capability and technical expertise, and the extent to which the staffing plan demonstrates the appropriate labor mix for the applicant's technical approach, to effectively implement the TB control program.

b. Business Review

The Agency will evaluate the cost application of the applicant(s) under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.208).

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. 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 Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

For US organizations: [ADS 303, 2 CFR 700, 2 CFR 200, and Standard Provisions for U.S. Non-governmental organizations.](#)

For Non US organizations: [ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.](#)

See **Annex 2**, for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

0. Reporting Requirements

- **Financial Reporting:**

The Recipient shall prepare quarterly financial reports using SF 1034 showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Zimbabwe. As permitted by 2 CFR 200.327, the Recipients must submit quarterly financial reports to the USAID AO and AOR, respectively, within 30 calendar days following the end of each quarter utilizing the Office of Management and Budget SF-425. The Federal Financial Report

(FFR/SF425) is available in PDF or Excel format at the following OMB website:

<https://www.usaid.gov/forms/sf-425a>

- **Performance Reporting**

The Recipient is required to employ a rigorous monitoring and evaluation system for this Activity, including adequate staffing, technical support, and information systems for routine data collection and analytics.

The applicant will submit a draft Monitoring, Evaluation, and Learning (MEL) Plan with the application. This plan is expected to describe the MEL approach for ensuring effective implementation and achievement of the required results. Learning will be used to make mid-course adjustments to the choice and implementation of interventions to ensure the intervention outputs achieve the desired outcomes. As a minimum, the draft MEL Plan will identify appropriate activity indicators for each level of the results framework; show data sources; and describe how performance monitoring data will be collected, collated and/or acquired to provide good tracking and regularly inform USAID/Zimbabwe and activity managers on activity performance. The draft plan will provide preliminary five-year performance indicator baselines and targets, which will be reviewed and possibly revised during work planning. The draft plan will propose indicators and targets for measuring quality improvement processes and outcomes, and gender specific indicators and targets.

Upon award, the USAID/Zimbabwe Agreements Officer Representative (AOR) and Health Office Strategic Information staff will provide guidance for finalizing the MEL Plan to ensure that the indicators are aligned with the Mission's CDCS. The successful applicant will be expected to obtain AOR's approval for the final MEL Plan within 90 days of award. The successful applicant shall develop a robust data collection system that includes adequate data quality controls and complies with all USAID/Zimbabwe data quality requirements, as outlined in ADS 201.3.5.8. Each indicator in the final MEL Plan will have a performance indicator reference sheet that provides detailed description of the indicator, the baseline, numerator, and denominator where proportion/per cent measures are used and a data collection plan. The MEL Plan shall specify approximate dates for data collection, the method, type, and source of information to be collected, and shall report on these indicators in line with existing and future USG guidance. USAID/Zimbabwe plans to conduct evaluations of individual interventions/approaches and possibly of target populations or the implementation environment at different times and a comprehensive external evaluation of the activity during the fourth year of implementation.

The table below outlines illustrative goal, outcome, and output indicators that should be reviewed during the development of the Monitoring, Evaluation, and Learning (MEL) plan for inclusion. These indicators are linked to USAID/Zimbabwe's Performance Management Plan (PMP) and are part of USAID TB standard (required) indicators. This list is not limited to

standard indicators and suggestions of custom indicators are welcome and for reference of other process indicators, refer to the [Performance Based Monitoring and Evaluation Framework \(PBMEF\)](#)

Indicator Code	Indicator Name
HL.2.1-6	TB Detection rate
HL.2.1-7	Childhood TB Notifications
HL.2.1-8	Private Sector TB Notifications
HL.2.1-9	Contact Investigation Coverage rate
HL.2.1-10	TB Preventive Treatment (TPT) enrollment
HL.2.1-11	Proportion of Domestic Financing for TB
HL.2.4-1	Drug-Resistant TB Notifications
HL.2.4-4	Drug-Resistant TB treatment Success Rate
HL.2.5-1	TB Treatment Success Rate
HL.2.9-1	Bacteriological Diagnosis Coverage rate - Pulmonary TB
HL-8	Index indicator for health workforce management at facility and community levels
HL-6	Quality improvement - Overall facility utilization rate in areas implementing quality improvement (QI) supported by USAID
HL-5	Financial risk protection - Percentage of people enrolled in USAID-assisted financial protection schemes in area(s) receiving USAID assistance

The Recipient will work closely with USAID to finalize indicators and set performance targets based on USAID guidance and requirements. The Recipient will be responsible for data collection, analysis, and performance reporting required by USAID per the defined quarterly, and annual results reporting cycle. Data will be used to evaluate the Activity's performance, drive decisions, guide course corrections as needed, and determine future funding.

A. Program Reporting:

1. Annual Work Plan: Based on this program description, the Recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the Activity MEL Plan), as well as the associated costs. The Recipient shall ensure a collaborative process in work plan development, consulting beneficiaries, partners, USAID and other relevant stakeholders in preparing the annual work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as selection of implementation districts, key assumptions and risks (as well as plans to mitigate and update these), lessons learned and work plan adjustments going forward.

2. Quarterly Reports: The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g., meetings, trainings, workshops, significant events, subcontracts, and grants). The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. The Recipient shall notify USAID of developments that have a significant impact on the award-supported activities. The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

3. Annual Report: Annual performance reports on the project activities and progress against indicators are the responsibility of the Recipient and are needed by USAID/Zimbabwe to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the cumulative experience, learning, adaptations, and the implications of these for the year.

4. Final Report: The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

5. Closeout Reporting

Six months prior to the completion date of the agreement, the Recipient will submit a close-out plan for approval by the Agreement Officer with technical concurrence of the Health,

Population and Nutrition technical office. The close-out plan will include, at a minimum, an illustrative inventory of equipment and other capital expenditures, in accordance with 2 CFR 200.343, a delivery schedule for all reports or other deliverables required under the cooperative agreement and a timetable for completing all required actions in the close out plan, including the submission date of the final inventory of equipment and other capital expenditures to the Agreement Officer.

6. Program Income

If the successful applicant is a non-profit organization, any program income generated under the award will be added to USAID funding (and any cost-sharing that may be provided, if applicable), and used for program purposes.

7. Environmental Compliance

Section 117 of the Foreign Assistance Act of 1961, as amended, requires that USAID “take fully into account” the impacts of its activities on the environment and natural resources of developing countries. This mandate is codified in Federal Regulations [22 CFR 216](#) and in USAID’s Automated Directives System (ADS) Chapters 201 and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed and USAID-managed activities are identified prior to a final decision to proceed, and that appropriate mitigation and monitoring measures are incorporated to address adverse impacts.

An Initial Environmental Examination (IEE) has been approved for the actions expected to be implemented under this cooperative agreement. It assigns a ‘Negative Determination’ to one or more of the proposed actions under this cooperative agreement and specifies requirements for mitigation (conditions). The implementing organization will be responsible for implementing all conditions pertaining to actions to be funded under this cooperative agreement. Accordingly, appropriate quality assurance assessments and field monitoring (at random or of representative sites) must take place to confirm that proper management practices of both hazardous and non-hazardous waste are being followed.

A five-year EMMP is expected prior to the start of implementation of this Activity. This plan must include a description of systems or management tools the implementing organization will use to ensure the recommended mitigatory actions are taken. The following steps will be expected:

- Prepare an EMMP describing, in specific terms, how the implementing organization will implement all conditions that apply to proposed actions to be implemented under the award and monitor condition implementation and effectiveness.
- Submit the EMMP to the USAID for approval and ensure that no activities subject to conditions are undertaken prior to receipt of written USAID approval of the EMMP.
- Integrate the approved EMMP into the initial work plan.

- Integrate the approved EMMP into subsequent annual work plans, making any necessary adjustments to implementation to minimize adverse impacts to the environment.

In addition, the implementing organization must comply with host country environmental requirements unless otherwise directed in writing by USAID. The implementing organization, in collaboration with the USAID, must review all ongoing and planned activities under this cooperative agreement at least annually to verify conformance with the scope of the approved 22 CFR 216 documentation. This should be done as part of initial and annual work plan development. If the implementing organization plans any new activities outside the scope of the approved 22 CFR 216 documentation, it will prepare an amendment to the documentation for USAID review and approval. No new activities will be undertaken prior to receiving written USAID approval of 22 CFR 216 documentation amendments. Any ongoing activities found to be outside the scope of the approved 22 CFR 216 environmental documentation will be the subject of corrective action and, at minimum, will be halted pending receipt of written USAID approval of amended 22 CFR 216 documentation.

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

NOFO Points of Contact

Andrea Plucknett
Agreement Officer
Email: aplucknett@usaid.gov

Joyce Machingauta
Agreement Specialist
Email: jmachingauta@usaid.gov

2. Acquisition and Assistance Ombudsman

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: <https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman>

[The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov](mailto:Ombudsman@usaid.gov)

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SECTION H: OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

Applications with Proprietary Data

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 purpose, should mark the cover page with the following:

“This application includes data that must not be disclosed, duplicated or used – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. 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 {insert sheet numbers}.”

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

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

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ANNEX 1 - SUMMARY BUDGET TEMPLATE

Each applicant is required to submit a summary budget using the SF-424A. Additionally, each applicant is required to submit a detailed summary budget in Section D (6), using the format provided in Annex 1 Budget Template.

ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: <https://www.usaid.gov/ads/policy/300/303maa>, <https://www.usaid.gov/ads/policy/300/303mab>, and <https://www.usaid.gov/ads/policy/300/303mat>). The actual Standard Provisions included in the award will be dependent on the organization that is selected (or the type of award, in the case of a fixed amount award). The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations, as appropriate. The award will also contain the following “required as applicable” Standard Provisions:

Please note that the resulting award will include all standard provisions (both mandatory and required as applicable) in full text.

REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
		RAA8. SUBAWARDS (DECEMBER 2014)
		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
		RAA12. PATENT RIGHTS (JUNE 2012)
		RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)

		RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
		RAA 15. COST SHARE (JUNE 2012)
		RAA16. PROGRAM INCOME (AUGUST 2020)
		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
		RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
		RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
		RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
		RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
		RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
		RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
		RAA30. RESERVED
		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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