

APS, Round 1 Q&A

Formatting Clarifications

The Department of State has received numerous questions regarding formatting requirements for Statements of Interest (SOIs). The following clarifications are provided to ensure consistent interpretation of the instructions outlined in *Section D: Application Contents and Format* of the APS.

- **Page Limit and Narrative Content**
As stated in the APS, SOI submissions should be no more than five (5) pages in length for the narrative portion. This page limit applies to the core narrative content only. Submissions will only be reviewed up to the specified page limit and no further.
- **Table of Critical Details (Cover Page)**
The required “Table Listing of Critical Details” (Section D.1.a) does not count toward the five-page narrative limit. Applicants may include this table as a cover page to their submission.
- **Tables, Charts, and Visual Elements**
As specified in the APS, tables and charts are not included in the five-page narrative limit. Applicants may include relevant tables and charts either within the narrative or as annexes. For the purposes of this guidance, diagrams, conceptual frameworks, and other visual representations may be treated as charts and are therefore also excluded from the page limit. Given the nature of tables and charts, font sizes as small as 10-point are acceptable for these elements.
- **Annexes**
Applicants may include annexes containing supporting tables, charts, or other visual materials. **To ensure a fair and efficient review process, the Department will review up to four (4) annexes per submission, and each annex should be no more than one (1) page.** Annexes should be used to supplement, not replace, the narrative. Reviewers will primarily evaluate the five-page narrative submission in accordance with the APS review criteria.
- **General Guidance**
Applicants are encouraged to present information clearly and concisely within the five-page narrative, using annexes only where they add value or clarity. Submissions that exceed these parameters may not be fully reviewed.

Process and Timeline Clarifications

The Department of State has received a number of questions regarding the anticipated timeline for review, selection, and award under the Advancing Global Health APS. The following clarifications are provided to outline the general process while preserving necessary flexibility.

- **Review Timing and Process**
All SOIs submitted within a given quarterly window are reviewed after the submission deadline for that window has passed. Following the close of the submission window, the Department conducts a multi-step review process, including:
 - Technical Eligibility Review
 - Merit Review Panel evaluation

- Internal clearance and selection decision-making

The Department aims to complete initial review and communicate outcomes in a timely manner following the close of the window. However, timelines may vary based on the volume of submissions and operational considerations.

- **Notification of Results**

Organizations who have submitted an SOI will be notified of one of the following outcomes, consistent with the APS:

- Not selected for continued review
- Recommended for consultative program design
- Recommended to proceed to Phase 2 (full application)

Due to the anticipated volume of submissions, the Department does not anticipate being able to provide individualized feedback to unsuccessful applicants.

- **Consultative Program Design (if applicable)**

For organizations selected for consultative program design, this stage is intended to be a structured, time-bound process to refine proposed concepts in collaboration with the Department of State. In general, this process is expected to occur over a defined and relatively short period and may include virtual, in-person, or hybrid engagement. As this is a new approach being implemented on a pilot basis, the Department retains flexibility in how consultative program design is conducted.

- **Phase 2 (Full Application) and Awards**

Organizations invited to submit a full application will receive additional guidance, including submission requirements and timelines, at that stage. The timing of full application review and award issuance will depend on a range of factors, including:

- Complexity of proposed programs
- Availability of funding
- Completion of required reviews and approvals

- **General Guidance**

The Department of State is committed to conducting a fair, transparent, and efficient review process. At the same time, applicants should anticipate that the full process (from SOI submission to potential award) may take several months. Organizations are encouraged to plan accordingly and monitor official communications for updates.

Submission Platform Clarifications (Grants.gov and MyGrants)

The Department of State has received a number of questions regarding submission requirements across Grants.gov and MyGrants, particularly related to required forms at the SOI stage.

- **SOI Submission Requirements**

As stated in the APS, the only required submission at Phase 1 is the SOI. Standard federal assistance forms (e.g., SF-424, SF-424A, SF-424B) are not required at the SOI stage and are not part of the merit review. SOIs will be accepted on grants.gov (now requires an active sam.gov registration to apply) or MyGrants (does not require an active sam.gov registration to apply)

- **Grants.gov System Requirements**

The Department is aware that, due to Grants.gov system functionality, certain forms (including the SF-424) may appear as required fields in order to complete a submission through that platform. At this time, these system requirements cannot be

modified or bypassed. Applicants who choose to submit via Grants.gov may therefore complete and upload the required forms for the purpose of satisfying system submission requirements only.

- **Review Process**

Any SF-424 or related forms submitted as part of a Grants.gov package at the SOI stage will not be reviewed or evaluated. The Department will assess only the SOI document in accordance with the evaluation criteria outlined in the APS.

- **Alternative Submission Platform**

Applicants may also submit SOIs via MyGrants, which does not require completion of these forms at the SOI stage.

- **Troubleshooting Help Desk**

- For assistance with **Grants.gov** accounts and technical issues related to using the system, please call the Contact Center at +1 (800) 518-4726 or email support@grants.gov. The Contact Center is available 24 hours a day, seven days a week, except federal holidays.
- For assistance with **MyGrants** accounts and technical issues related to the system, please contact the ILMS help desk by phone at +1 (888) 313-4567 (toll charges apply for international callers) or through the Self Service online portal that can be accessed from <https://afsitsm.servicenowservices.com/ilms>. Customer support is available 24/7.

MOU Alignment and Country Priorities Clarifications

The Department of State received several questions regarding how applicants should align proposed activities with bilateral Memoranda of Understanding (MOUs) and whether these documents are publicly available. As stated in the APS, bilateral MOUs are a central element of the America First Global Health Strategy (AFGHS) and serve as a framework for partnership, reinforcing shared commitments between the U.S. government and recipient governments to sustain health gains and advance health systems performance and integration. The overarching goals are to save lives, strengthen health systems, and advance U.S. interests by fostering country self-reliance, reducing dependency on U.S. funding, and improving global health security to protect U.S. and global populations.

MOUs will be implemented through multiple mechanisms, including government-to-government (G2G) agreements and APS-funded activities. The APS is designed to support projects that support the implementation of the MOUs as well projects that complement the MOUs. For example, some APS addenda will be for specific countries and will be used to implement MOU priorities with MOU funding. Other APS addendum will be for specific services that could compliment MOUs and would be funded with non-MOU funding.

SOIs should be responsive to the priorities outlined in the specific Addendum to which they are applying. For general context on U.S. global health priorities and the strategic framework underpinning this APS, applicants may refer to the publicly available U.S. Department of State America First Global Health Strategy: <https://www.state.gov/america-first-global-health-strategy/>. This resource provides high-level information on the goals of the strategy. Organizations should focus on developing clear, feasible, and impactful concepts that respond directly to Addendum priorities. Detailed knowledge of specific

MOUs is not required to submit a competitive SOI.

Addendum A: Child Protection

1. We are trying to apply for funding for a grant to help implement a mental health program amongst school children, incorporating teachers, parents, and community/religious leader using schools as the hub for the transformation we seek. Reduction of bullying, depression, and anxiety, and building resilience through the provision of psychosocial support. Could you please confirm if it aligns with your goals and that we can go ahead and apply?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
2. Our organization is currently preparing a Statement of Interest in response to the 'Child Development, Care and Protection' Addendum. Since the main APS highlights the importance of bilateral Memoranda of Understanding (MOUs) as a framework for implementation, we would like to inquire if such an agreement has already been established, or is currently being negotiated, with the government of Colombia.
The scope of this Addendum reflects the direction of the AFGHS, especially in areas such as supporting frontline workers who provide lifesaving support to children and increasing government ownership and financing. While activities to support the health and well-being of vulnerable children complement key efforts in the Memorandums of Understanding (MOUs), proposed activities under this Addendum are not limited to countries where there is an existing MOU.
3. Could you clarify whether the U.S. Department of State is only considering projects that take place in one of the 26 countries where bilateral global health MOUs have been signed? Or will proposals for activities in other countries also be eligible for consideration?
While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.
4. What is the anticipated size and number of awards for the Child Protection Addendum? Does GHSD intend to fund one large award or multiple smaller awards? Is there a recommended or average award size range that applicants should target?
The available funding and maximum number of awards are specified in the APS Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
5. Could you please confirm whether applicants are expected to address all three objectives within a single proposal, or whether it is acceptable to focus on only one of these objectives? *Context- The addendum outlines three primary objectives related to: strengthening child protection systems, preventing malnutrition and supporting early childhood development, and preventing child-family separation and promoting family-based care.*
SOIs do not need to address all three Addendum objectives; it is acceptable to focus on only one.
6. Is the focus specifically on children ages 0–5, or can programming target older children and adolescents?

- Outside of Objective 2, which centers on comprehensive programs to prevent malnutrition and poor development during the critical first 1,000 days (conception to age two), the Addendum scope applies to all children ages 0-17.
7. Is this opportunity primarily oriented toward international development/system strengthening, or does it also support humanitarian approaches?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
 8. When comparing the Advancing Global Health (AGH) APS and the Child Development, Care and Protection (CDCP) APS Addendum, is it correct that the CDCP APS Addendum will go through multiple quarterly windows as described in the AGH APS? For example, will applicants have the opportunity to apply for the CDCP APS Addendum opportunity during Window 1: March 5 - May 31st, Window 2: June 1 - August 14th, Window 3: August 15 - November 14, AND Window 4: November 15 - February 14? Or will applications only be accepted for the CDCP APS Addendum until May 31, 2026?
As of now, this is the only window for the CDCP APS. SOIs will only be accepted for this Addendum until May 31, 2026.
 9. A Detailed Budget is not listed as a submission requirement at the SOI or Full Application stage. Will that be a requirement at some point in the application process?
Detailed instructions regarding the full application submission process will be provided to those applicants that move to Phase 2.
 10. Regarding the “Child Development, Care, and Protection” APS Addendum, does the consultative design process result in a revised SOI and re-submission of the SOI, or something else?
The results of the consultative program design process may or may not result in a recommendation for funding and movement to phase 2. The Department of State reserves the right to make this final determination. Organizations that have moved either directly to Phase 2 or subsequent to consultative program design, will be directed to an announcement available via MyGrants to submit a full application based on their approved concept.
 11. Regarding the “Child Development, Care, and Protection” APS Addendum, does GHSD intend to give priority to certain countries for this funding opportunity? If so, will GHSD share a list of those countries?
There are no priority countries specified in this Addendum.
 12. Regarding the “Child Development, Care, and Protection” APS Addendum, would GHSD prefer projects that are multi-country or single country focused?
There is no minimum or maximum number of countries that may be included in SOIs.
 13. Regarding the “Child Development, Care, and Protection” APS Addendum, can GHSD clarify the number of applications that an applicant is allowed to submit, and how that applies to a prime applicant versus a sub applicant?
Organizations may submit as many SOIs as they like, either as a prime implementer or a sub-implementer.
 14. Does the Department anticipate issuing bilateral Child Protection programs under future waves of this APS?
In anticipation of the quarterly windows, the State Department will amend the APS to

- include Addenda indicating specific areas in which the U.S. government plans to invest.
15. Could you please confirm which countries have signed MOUs and have also signed an addendum for Child Protection, or where that information can be found?
Information on existing MOUs can be found on the [DOS website](#). While activities to support the health and well-being of vulnerable children complement key efforts in the Memorandums of Understanding (MOUs), proposed activities under this Addendum are not limited to countries where there is an existing MOU.
 16. The Addendum highlights a focus on prevention during the first 1,000 days. Should nutrition interventions be limited to pregnancy and children under age two, or may activities involving older children (ie. children ages 2-5 and school-age children) be included where they are clearly linked to child protection, family stability, or prevention objectives?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Outside of Objective 2, which centers on comprehensive programs to prevent malnutrition and poor development during the critical first 1,000 days (conception to age two), the Addendum scope applies to all children ages 0-17.
 17. The Child Protection Addendum references alignment with "global best practices" and evidence-based interventions. Are there specific models, frameworks, or prior State Department-funded programs that applicants should explicitly build upon or demonstrate awareness of in their SOIs?
Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum in identifying specific outcomes and results that the proposed approach/activities seek to achieve and defining "success."
 18. For Objective 3 (preventing child-family separation and reducing residential care), will GHSD consider SOIs that focus primarily on system-level policy reform and workforce development as sufficiently responsive, or is a direct services delivery component required?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
 19. Given the wide award range (\$500K–\$250M) in the umbrella APS and available funding for Child Protection addendum (up to 5 awards with ceiling of \$52.6M), is there a preferred or anticipated budget band per award that applicants should target to remain competitive during merit review?
The available funding and maximum number of awards are specified in this Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
 20. Will the CP Addendum be a grant or cooperative agreement?
Final size, number, and type of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
 21. What is the Bureau of GHSD's approach to the involvement of local grassroots organizations in the development of a full proposal application?
Instructions for the full application process will be shared with applicants that have moved either directly to Phase 2 or subsequent to consultative program design, based on their approved concept.
 22. What is the Bureau of GHSD's approach to project co-design involving groups with

lived experience, to ensure a child centered approach to project design and implementation?

Organizations should present SOIs that follow the APS instructions and address the technical scope of the Addendum. Outcomes and results should aim to save lives, strengthen systems, enhance efficiency, foster self-reliance and ensure investments directly benefit American safety, strength, and prosperity.

23. With regards to the theme on "Child Development, Care, and Protection":
We have implemented in the past some USAID projects that included specific activities related to "Orphan and Vulnerable Children (OVC)". Would this opportunity include some themes that may be covered in the MoU signed between the USA and DRC governments?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.
24. Are there budgetary limitations or ceiling per project on submitting of the SOI?
The available funding and maximum number of awards are specified in the APS Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
25. Regarding the Child Protection Addendum, are there any preferred child vulnerability subpopulations for this addendum, such as children without parental care, children at risk of separation, trafficked children, children facing online exploitation, children with disabilities, or very young children in the first 1,000 days?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
26. The APS emphasizes that AGH investments should support implementation gaps, sequencing challenges, or transitional needs connected to bilateral MOUs/G2G efforts. For the child protection addendum, should applicants explicitly frame the proposed work as gap-filling around existing government efforts, or are broader child protection system-strengthening concepts also welcome?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
27. Does GHSD expect applicants to propose direct service delivery, technical assistance, systems strengthening, policy reform, workforce development, or some combination of these approaches?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
28. The Child Protection Addendum refers to supporting government partners and local organizations to develop the social service workforce. Is there an expectation that SOIs include formal government partnership or endorsement at Phase 1, or is that only expected later in Phase 2 or co-design?
Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum.
29. The Child Protection Addendum stresses capacity building and sustainability with local and national partners. Is there any preference for local prime applicants, local subrecipients, or a minimum level of local partner leadership expected under this

addendum?

Eligible applicants are listed on page 4 of the APS. Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum.

30. The APS requires outcomes/results that “directly benefit American safety, strength, and prosperity.” Can GHSD provide examples of how applicants should articulate that linkage in a child protection SOI? This point seems especially important but is not operationalized in the addendum.

Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum in identifying specific outcomes and results the proposed approach/activities seek to achieve and defining “success.”

31. For the addendum on child protection/1000 days, there are three stated objectives - can we apply for one of these or is the expectation that our proposal would need to address all three objectives? We noted that the surveillance addendum clearly states that applying for only one objective is permissible, but the other addendum does not explicitly state that

SOIs do not need to address all three Addendum objectives; it is acceptable to focus on only one.

32. Could the Department clarify how “extremely vulnerable children and families” should be defined for the purposes of this opportunity? For example, should applicants prioritise specific categories (such as children at risk of family separation, children with disabilities, or children outside of family care), or propose context-specific definitions aligned with country-level data?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

33. What are the age limits for a child in the Annual Program Statement Addendum of Child Development, Care, and Protection?

Outside of Objective 2, which centers on comprehensive programs to prevent malnutrition and poor development during the critical first 1,000 days (conception to age two), the Addendum scope applies to all children ages 0-17.

34. The Annual Program Statement Addendum of Child Development, Care, and Protection anticipates to award up to five awards. Are these global, regional or country specific?

Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

35. In the event that the Annual Program Statement Addendum of Child Development, Care, and Protection is global, does the U.S Department of State Bureau of Global Health and Security and Diplomacy (GHSD) intend to issue country-specific APS addenda?

In anticipation of the quarterly windows, the State Department will amend the APS to include Addenda indicating specific areas in which the U.S. government plans to invest.

36. Are applicants to the Annual Program Statement Addendum of Child Development, Care, and Protection required to respond to all the objectives of the APS or to some of them?

SOIs do not need to address all three Addendum objectives; it is acceptable to focus on only one.

37. For Objective 2 of the Child Development, Care, and Protection Addendum, does GHSD intend for nutrition-related activities to span the full continuum of prevention and early childhood development (e.g., within the first 1,000 days), or to focus more narrowly on acute malnutrition and emergency response interventions?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
38. What is the specified upper age range for "children" in the APS? Does it extend to 18 or 24 to accommodate youth development programming?
Outside of Objective 2, which centers on comprehensive programs to prevent malnutrition and poor development during the critical first 1,000 days (conception to age two), the Addendum scope applies to all children ages 0-17.
39. The Rapid Outbreak Response addendum states that proposed projects may focus on a single objective or address multiple objectives. Does this flexibility also apply to the Child Development, Care, and Protection addendum?
SOIs do not need to address all three Addendum objectives; it is acceptable to focus on only one.
40. There are countries with no signed bilateral health MOUs in which critical gaps exist in child care, development, and protection. Does this addendum accommodate proposals for countries that do not have a signed MOU at the time of application?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.
41. The addendum states that a total of five awards will be made. Is there a funding ceiling for each individual award?
The available funding and maximum number of awards are specified in the APS Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
42. Are there particular research methodologies or approaches that are preferred or expected?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
43. Is there any preferences or expectations on policy or systems-strengthening research, and direct service delivery or pilot implementation?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
44. Should health MOUs between the USG and country governments mention child protection for the country to be considered for implementation?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.
45. Is Objective 2 intended to include procurement of nutrition supplements?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
46. Will State allow teams to incorporate implementation science frameworks and

- methods into the monitoring and evaluation strategy?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
47. Are there specific criteria that will determine whether awards are grants v. cooperative agreements?
The available funding and maximum number of awards are specified in the APS Addendum. Final size, number and type of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
48. Is it possible that only 1 award will be made under this addendum?
The available funding and maximum number of awards are specified in the APS Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
49. How do you anticipate that up to 5 awards will be determined – will the split be by objective or by country/region of focus for example
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
50. Can programs funded under this Addendum include WASH activities that prevent maternal, newborn, and child death and/or support early childhood development, nurturing care, and nutrition outcomes?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
51. Are stand-alone WASH programs that advance child well-being and nurturing care eligible for funding under this Addendum, or must programs be integrated?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
52. Should applicants propose their own M&E frameworks, or align with existing USG/PEPFAR indicators?
Please refer to Section D (“Application Contents and Format”) of the APS for instructions on the SOIs. Detailed instructions regarding the full application submission process will be provided to those applicants that move to Phase 2.
53. To what extent should proposals integrate HIV/AIDS prevention and treatment services with child development and protection activities?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
54. Number of anticipated awards [listed in the Child Protection Addendum] is up to 5, how do you intend to distribute the awards across continents/countries? Is there a set minimum allocation say for Africa, Asia, Americas etc.
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
55. Are community-based and kinship care models (including informal family support systems) considered acceptable approaches to family-based care?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum in identifying specific outcomes and results the proposed approach/activities seek to achieve and defining “success.”

56. What types of investments in the social service workforce are prioritized (training, recruitment, supervision systems, or case management strengthening)?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
57. Will GHSD accept SOIs that designate a non-health ministry as the primary government counterpart where that reflects the appropriate institutional architecture for child protection programming? How should SOIs address coordination between social welfare and health ministries where both are engaged?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum in identifying specific outcomes and results the proposed approach/activities seek to achieve and defining “success.”
58. Child Health Information Systems as Eligible Programmatic Activity - Does GHSD consider the design and implementation of an integrated child health information system - enabling continuity of care across facilities, universal access to a child's medical history for trained providers regardless of the clinic visited, and tracking of treatment completion and medication adherence - an eligible programmatic cost under this Addendum? Given that pediatric medication non-adherence contributes to antimicrobial resistance (AMR), a documented threat to American biosecurity, how does GHSD view AMR-prevention through health data system design within the America First Global Health Strategy framework
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
59. Can a monitoring and evaluation design include prospective assignment of child protection workers or children if more than one intervention or delivery mode will be deployed?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
60. Can you please clarify whether the following countries where the USG has previously supported health, development, and/or humanitarian collaborations are eligible for funding under this APS Addendum due to:
- The high priority for global health, such as Tanzania, Zambia, Philippines?
 - The need for system innovation and adaptation to protect children and youth, and the strategic importance for regional stability, such as Jordan?
 - The urgency of threats to child protection and family separation due to conflict, such as Ukraine?
- There are no priority countries specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.**
61. Please confirm: that sickle cell disease is considered a priority condition responsive to both the Rapid Outbreak Response and Child Development, Care and Protection Addenda?
Organizations are encouraged to submit SOIs for any work that falls within the scope

- outlined in the Addendum.
62. Should applicants focus on one objective only, or are proposals expected to address multiple objectives across child protection systems, early childhood development/nutrition, and care reform/family strengthening?
SOIs do not need to address all three Addendum objectives; it is acceptable to focus on only one.
63. Does the operational definition of "evidence-based family strengthening" require a program already field-tested as a complete unit, or can it be a program built upon existing, validated evidence (e.g., the "Ad Gen 3" strategy)?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
64. Is a focus on family strengthening and prevention of family separation sufficient to address this objective?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
65. Would GHSD prefer concepts focused primarily on systems strengthening, with limited targeted service delivery only where needed?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
66. Does GHSD expect applicants to address residential care reform, or is a focus on preventing unnecessary separation and expanding family-based alternatives sufficient?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
67. Is there a specific limit or preference regarding the percentage of funding allocated to direct service delivery (e.g., nutritional supplements, kits) versus technical assistance and system strengthening?
There is no specified limit. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
68. At the SOI stage, is it sufficient to name "types" of local partners (e.g., "Local NGO in Kenya"), or must the specific legal entities be identified?
Please refer to Section D.1.d ("List of Partner Roles and Responsibilities (if applicable)") of the APS.
69. For countries with bilateral MOUs focused mainly on HIV/AIDS or other disease priorities, would GHSD view child protection, family strengthening, and early childhood development concepts as responsive where they address systemic vulnerabilities affecting vulnerable children and families, even if they are not framed as disease-specific interventions?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.
70. Should SOIs under this Addendum be explicitly anchored to countries with existing GHSD bilateral health MOUs, or will GHSD also consider SOIs in countries where no bilateral MOU has yet been publicly announced?
Organizations are encouraged to submit SOIs for any work that falls within the scope

outlined in the Addendum. While activities to support the health and well-being of vulnerable children complement key efforts in the MOUs, proposed activities under this Addendum are not limited to countries where there is an existing MOU.

71. For Objective 1, does GHSD consider anti-child trafficking and child labor programming as responsive to the violence, exploitation, abuse and neglect framing of this Addendum? What minimum level of existing child protection systems expertise or track record is expected from the prime applicant versus being fulfilled through a specialist sub-partner?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Refer to Section D (“Application Contents and Format”) of the APS for instructions on the SOI. Detailed instructions regarding the full application submission process will be provided to those applicants that move to Phase 2.

72. Will proposals that incorporate an Early Childhood Development model — using the child as the central nucleus for integrated nutrition, health, protection, and community penetration interventions — be considered favorably under this Addendum?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

73. Given that formal social services infrastructure is minimal or absent in several of the anticipated target countries, how does DOS expect applicants to address Objective 3's reference to 'connecting vulnerable families to social services' in contexts where those services do not exist at scale?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations submitting SOIs should refer to the information outlined in the APS instructions and the Addendum in identifying specific outcomes and results the proposed approach/activities seek to achieve and defining “success.”

74. Is a comprehensive baseline and situational analysis study (proposed as a Year 1 deliverable) an acceptable and valued component of the project design, or does the donor expect in-depth situational analysis to be completed prior to SOI or full proposal submission?

Please refer to Section D (“Application Contents and Format”) of the APS for instructions on the Statements of Interest. Detailed instructions regarding the full application submission process will be provided to those applicants that move to Phase 2.

75. What is the expected level of government engagement in the SOI? Must Ministries of Health, Social Services, or Education be named partners at SOI stage, or can this be confirmed at the co-creation or full proposal stage?

Please refer to Section D (“Application Contents and Format”) of the APS for instructions on the Statements of Interest. Detailed instructions regarding the full application submission process will be provided to those applicants that move to Phase 2.

76. Objective 3 emphasizes reducing reliance on residential care and expanding family-based alternatives. In country contexts where residential care is not prevalent or de-institutionalization is already advanced, how should applicants approach Objective 3?

Organizations are encouraged to submit SOIs for any work that falls within the scope

- outlined in the Addendum, and are not required to address all three Objectives.
77. Concerning the "social service workforce". Does this include training and capacity building for private pediatricians and community health workers managed by private entities?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

Addendum B: Rapid Outbreak Response

1. May a single SOI propose activities that span both immediate outbreak surge response (Objectives 1–3) and longer-term investment in domestic manufacturing capacity for essential diagnostic medical countermeasures under Objective 4 (System Reinforcement and Transition)? Or would these be better submitted as separate SOIs?
SOIs can focus on one Objective or several.
2. Under Objective 4, does the Department consider private-sector investment in domestic rapid diagnostic test (RDT) manufacturing infrastructure within a partner country as an eligible activity, provided such investment demonstrably contributes to national outbreak detection and response capacity and reduces long-term dependence on imported diagnostic supplies?
Investments that achieve the objectives and are aligned with the overall APS are eligible for consideration.
3. The Addendum notes that proposed projects can focus on one Objective or cover several. Within a single Objective, does the Department envision awards that focus on a specific technical domain (for example, diagnostic supply chain deployment and surveillance data generation), or does the Department prefer proposals that address the full range of activities listed under each Objective?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objective(s) outlined in the Addendum.
4. The addendum emphasizes early detection and rapid response. Would projects focused on operational early-warning systems and outbreak intelligence platforms, for example, integrating clinical, environmental, and animal surveillance data to support the seven-day detection goal, be considered within scope?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
5. To what extent are ROR projects expected to include direct surge response capabilities (e.g., deployable response teams or operational response support) versus systems that enable rapid detection, risk assessment, and decision support for containment?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
6. Could you please clarify whether the call allows for implementation science research to generate evidence that can inform cultural appropriateness and scalability? *Context- The Annual program Statement Addendum Rapid Outbreak response, under program description paragraph 2, last sentence states that activities under the ROR projects are expected to be time-bound, surge-oriented, culturally adapted, and scalable, allowing*

partners to adapt interventions as outbreak dynamics evolve.

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

7. Can an institution apply independently without formal partners, provided it demonstrates how it will support government and its existing frameworks respond to outbreaks

Context- The Addendum indicates that ROR efforts will capitalize on existing country capacities and partnerships to support swift activation of outbreak response activities, complementing national leadership and established response frameworks. Projects supported under this addendum will prioritize speed, operational readiness, and flexibility, enabling countries to respond rapidly to evolving epidemiological threats, while maintaining coordination across national, regional, and international actors.

The following organizations are eligible to apply: U.S. and foreign private for-profit enterprises; U.S. and foreign public and private institutions of higher education; U.S and foreign organizations, including faith-based organizations; and Public International Organizations (PIOs) and governmental institutions. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

8. For emergency outbreak responses, are applicants permitted to propose activities outside their country of primary operation?

Applicants are permitted to propose activities outside of their country of primary operation.

9. Are there certain countries (among the existing list of bilateral MOUs signed with the US govt) that are prioritized for global outbreak response? Or are all bilateral agreement countries of equal interest?

There are no priority countries specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

10. Will proposals be considered if the geographic scope does not cover an entire country, or is nationwide coverage required for each country included in the proposal?

Nationwide scope is not required for proposals. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum, without limitations on coverage of an entire country.

11. Under the Rapid Outbreak Response addendum, are SOIs limited to countries with signed bilateral global health MOUs, and if so, can GHSD confirm the countries currently eligible for submission?

Proposed activities under this Addendum are not limited to countries where there is an existing health MOU.

12. Does this call also include Animal (Livestock) disease outbreaks?

As recognized by the American First Global Health Strategy's Goal (AFGHS), zoonotic diseases present a significant outbreak risk. Work proposed in the SOI should focus primarily on GHS, and organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

13. Funding Cap (India): Is there a cap on funding for Rapid Outbreak Response applications from India? If yes, what is the maximum award amount?
 The available funding and maximum number of awards are specified in this Addendum. Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
14. Under the Outbreak Response Goal 2 (page 15, paragraph 2), the America First Health Strategy describes the Field Epidemiology Training Program (FETP) as one of “our highest returns on investments in this area.” Will the FETP program be positioned under the GHS&D Bureau, or will this remain under HHS?
 The U.S. Centers for Disease Control and Prevention created and continues to run the Field Epidemiology Training Program (FETP).
15. The Addendum states “Projects supported under this addendum will prioritize speed, operational readiness, and flexibility, enabling countries to respond rapidly to evolving epidemiological threats.....” (page 2, paragraph 1). Many emerging and re-emerging threats are zoonotic in nature, please confirm that proposals may include the animal health sector for outbreak response
 There are no priority pathogens specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
16. The Addendum states “Projects supported under the Rapid Outbreak Response (ROR) Addendum will be guided by the principles outlined in the America First Global Health Strategy, emphasizing targeted, results-driven investments that protect the health and security of the American people while strengthening partner countries’ ability to prevent, detect, respond to, and recover from infectious disease threats.” (page 3, paragraph 3), are there specific definitions or prioritizations of these threats? Can bacterial pathogens, especially MDR, XDR or PDR bugs be included?
 There are no priority pathogens are specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
17. Speed is given as one of the guiding principles for outbreak response, (page 3, paragraph 4), can organizations recommend/endorse any specific model such as 7-1-7 or leave it to the implementing entities and/or beneficiary countries to decide what model they look to adopt?
 ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
18. The Rapid Outbreak Response (ROR) addendum includes four objectives and describes the core components of outbreak response. Given the role that CDC has historically played as the lead agency for international outbreak response (per Congressional mandate to protect the homeland), is the expectation that these awards partner with CDC in that capacity? Or is CDC no longer expected to lead or support international outbreak response?

- The ROR addendum is designed to solicit proposals for funding by the Department of State. Organizations should explain in the SOI how their proposed work, including partnerships, will achieve the objectives outlined in the Addendum.
19. The Rapid Outbreak Response addendum does not mention a One Health approach to detection and mitigation. Does that mean that activities for detection and mitigation only occur after a pathogen has spilled over into a human, and caused an outbreak? Or could the activities support outreach and education on something like anthrax prevention in the event of a hippo die-off from anthrax infection?
- As recognized by the AFGHS, zoonotic diseases present a significant outbreak risk. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
20. What is DOS's expectation in terms of coordination between the ROR APS Addendum and current Global Health Security projects like STRIDES.
- ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other U.S. Government programs is proposed, that should be outlined in the SOI.
21. The ROR Addendum references a broad range of technical domains (laboratory, surveillance, case management, IPC, nutrition, logistics, etc.). Will GHSD prioritize SOIs that demonstrate cross-cutting surge capacity across multiple domains, or are highly specialized, single-domain proposals equally competitive?
- All SOIs will be reviewed. SOIs should explain how the proposed work supports achieving one or several Objectives. Proposals that address single or multiple technical domains may be competitive.
22. Given the wide award range (\$500K–\$250M) in the umbrella APS and available funding for the ROR addendum (up to 10 awards with ceiling of \$290M), is there a preferred or anticipated budget band per award that applicants should target to remain competitive during merit review?
- The available funding and maximum number of awards are specified in this Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
23. Will successful applicants be required to facilitate data sharing provisions outlined in Pillar 1 of the America First Health Strategy, specifically regarding genetic sequencing information or physical pathogen samples?
- Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum and will need to ensure compliance with any relevant agreements between the United States and country or countries of operation.
24. Will the GHSA addendum cover only diseases with epi-pandemic potential, or will it also encompass all priority diseases specified in the America First Strategy (malaria, tuberculosis, and HIV/AIDS)?
- This addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and

- nutrition) is a priority, this addendum focuses on the aforementioned goals.
25. Would countries with known outbreak risks (e.g., Ebola, Lassa fever, cholera) be at an advantage for this APS?
There are no priority countries specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
26. If cooperative agreements, what specific areas of “substantial involvement” (per APS Section C) does GHSD envision for ROR – e.g., joint activation decisions during outbreaks, approval of surge deployments, or technical direction on surveillance protocols?
Details of “substantial involvement” may vary by award.
27. Could HHS provide additional clarification on how funding under this addendum is expected to be structured? Specifically, we would like to understand whether funding will primarily be provided through rapid-response task orders issued when an outbreak occurs, or are awardees expected to implement standing readiness activities in the priority countries in-between responses (such as health facility readiness and supporting surge clinical capacity)?
This award is administered by the Department of State. Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications). Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
28. Could GHSD share details on how you envision coordination between activities funded under the ROR addendum and existing global health security initiatives funded by the US Government including CDC and the Department of State?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other U.S. government programs and initiatives is proposed, that should be outlined in the SOI.
29. The ROR addendum references activities such as surveillance support, laboratory strengthening, IPC, and clinical response. Could you clarify whether direct clinical service delivery and treatment facility support are within the intended scope?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. ROR SOIs should align with the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.
30. Could you confirm whether alignment with national health security plans and priorities identified through IHR and JEE assessments is a priority?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.
31. Understanding the importance of data collection in responding to and anticipating

outbreaks, please provide any specific expectations related to data collection and sharing that can help inform data collection, innovation, and management plans.

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

32. Should applicants plan to maintain prepositioned outbreak response supplies or standardized response packages to enable rapid deployment at the onset of an outbreak, or is it expected that procurement would take place after response activities are activated?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

33. Could you share what criteria or decision-making process will be used to trigger outbreak response activities under this mechanism? In particular, it would be helpful to understand whether activation of response support would be tied to formal declarations, outbreak notification or declaration of a Public Health Emergency, a declaration by the Ministry of Health in the affected country, or another determination made by the U.S. Government.

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

34. What timeframe does GHSD consider “rapid activation” in operational terms (e.g., 48 hours, 72 hours, 7 days)?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

35. Could the Department of State please clarify how the anticipated programs and intended awards under the Rapid Outbreak Response Annual Program Statement Addendum will coordinate with or complement existing Department of State programs, such as Strengthening Infectious Disease Detection Systems (STRIDES), as well as relevant Centers for Disease Control and Prevention Global Health Protection international programs? If possible, can GHSD share any publicly available, recent reports on current scope, scale and/or performance?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other U.S. Government programs is proposed, that should be outlined in the SOI.

36. Can GHSD share a prioritized pathogen list?

There are no priority pathogens specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

37. What is the maximum award amount for the Rapid Outbreak Response addendum?

The available funding and maximum number of awards are specified in the APS Addendum. Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

38. For this NOFO Addendum on Rapid Outbreak Response, where can I find the official definition of “outbreak”. Across the US government, academia and organizations that

deal with preparedness and response, this definition can differ? And here the word “outbreak” is only for infectious diseases? And is this NOFO only concerned with diseases with outbreak potential in food, water, air, environment, insect bites or other conditions? Or is outbreak limited to what we call “high threat pathogens” like viral hemorrhagic fevers, SARS, etc. and not common diseases like malaria, TB, HIV, vaccine preventable diseases?

This addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and nutrition) is a priority, work proposed in the SOI should focus primarily on GHS.

39. Are any of the objectives listed in the addendum ((1) rapid activation and surge response; (2) Early Detection, Containment, and Mitigation; (3) Coordinated and Operationally Effective Response, and (4) System Reinforcement and Transition) prioritized over others?

Each of the objectives listed are priorities, organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

40. Are there specific diseases of highest interest?

There are no priority pathogens specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

41. Outbreak response strategies vary greatly when there are no approved vaccines and only investigational vaccines are available. Is there interest in supporting the use of investigational vaccines as a rapid response tool?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

42. Is there interest in including vaccine clinical trials in specific outbreaks, e.g., RVF, Marburg? If yes, is there interest in including building country capacity to conduct this type of clinical trial as part of rapid outbreak response?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

43. Are medical countermeasures, such as vaccinations, a priority for this APS?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

44. Can the SOI include continuity of essential health services, such as sustaining immunization programs, during an outbreak?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

45. Can the SOI include activities supporting a countries' ability to get ready to respond to an outbreak? These activities would support the country to be able to detect and quickly respond to outbreaks.

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

46. Are there areas or topics applicants should avoid at the SOI stage?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source
47. Can State funds support training of government officials at point of entry screenings?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. Activities proposed should be in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source
48. Can State funds support drones used for delivery of medical supplies and countermeasures as long as the drones are not manufactured by foreign entities listed on the Federal Acquisition Security Council list?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. Please also see section E-5 of the APS related to funding restrictions specific to drones.
49. Does GHSD anticipate placing particular value on proposals that focus on innovation to drive step-change improvements in the speed, efficiency, or scalability of outbreak response systems (e.g., through enhanced coordination, operating models, or data use), as compared to traditional surge-based response approaches?
GHSD welcomes all proposals that are in line with the objectives outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
50. Does GHSD anticipate placing particular value on proposals that incorporate advanced analytics, digital tools, or AI-enabled approaches to improve the speed and accuracy of outbreak detection, surveillance, and response decision-making?
GHSD welcomes all proposals that are in line with the objectives outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
51. Are there preferred approaches for cross-border coordination (e.g., bilateral agreements, regional platforms, simulations)?
GHSD welcomes all proposals that are in line with the objectives outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
52. Should projects prioritize existing regional platforms (e.g., ECOWAS, Africa CDC, WAHO) or can new mechanisms be proposed where gaps exist?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
53. Are there expectations for data sharing, interoperability, or real-time surveillance across participating countries?
Organizations should explain in the SOIs how their proposed work will achieve the

objectives outlined in the Addendum.

54. How do you expect ‘rapid outbreak response’ to be operationalized under this addendum—for example, is there a preference for pre-positioned in-country capacity versus regional or global surge mechanisms that deploy when an outbreak is detected?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
55. The APS notes that funding is meant to complement bilateral MOUs and that G2G agreements are a key implementation pathway. Do SOIs under the Rapid Outbreak Response addendum need to focus exclusively on countries with signed MOUs, or can multi-country SOIs also include high-risk countries without MOUs, such as countries with prior PEPFAR investments, if they clearly support the Strategy’s goals?
Proposed activities under this Addendum are not limited to countries where there is an existing MOU.
56. Do you expect, or have a preference for, Rapid Outbreak Response projects that align with other major global health funding streams (such as the Global Fund and similar mechanisms) and build on existing investments when you evaluate proposals?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other bodies or programs is proposed, that should be outlined in the SOI.
57. To achieve the Goal 1 target of detection within seven days, does the Bureau anticipate providing any form of pre-authorization for rapid fund reallocation?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
58. What mechanism will be in place to alert the team that a deployment is necessary? How will "rapid activation" be defined contractually — is there an expected response timeline (e.g., deployment within X days of notification)?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
59. For surge-oriented activities, how does GHSD expect partners to maintain standby capacity between outbreak events — will overhead or readiness costs be allowable?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
60. What are the expectations around pre-positioning of supplies or personnel in-country prior to an outbreak trigger?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs

- how their proposed work will achieve the objectives outlined in the Addendum
61. What data sharing and reporting obligations will awardees have, particularly regarding epidemiological data collected in partner countries?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and terms outlined in the broader APS. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
62. Are procurement activities (such as purchasing medical countermeasures, supplies for infection prevention and control, laboratory equipment/supplies, or logistical support) permitted as part of proposed projects?
Activities, including proposed procurements should be in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
63. Will a regional stockpiling approach be supported? E.g. Establish regional vaccine and therapeutics banks that would enable local rapid response?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
64. Are preparedness activities (e.g., pre-positioning, standby capacity) in scope?
Activities should be in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source and with the objectives outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum
65. What is the requested balance between surge workforce deployment vs longer-term system strengthening?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
66. Under Objective 1 (Rapid Activation), is funding available to leverage existing private sector logistics and supply chains for the distribution of medical countermeasures?
Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
67. Can project funds be used to integrate private healthcare providers into national community-based surveillance and data collection systems?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
68. Given that the MOU allocations are largely HIV/Malaria-specific with minimal TB funding and no mention of other pathogens, how should we scope outbreak response activities? Are we limited to HIV and Malaria outbreaks, or does the funding allow for response to the broader spectrum of outbreak-prone diseases?
This Addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain

outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and nutrition) is a priority, work proposed in the SOI should focus primarily on the aforementioned goals.

69. Are primary prevention activities, those targeting the root conditions that enable outbreaks to occur, such as unsafe water sources and failing sanitation infrastructure eligible under this funding opportunity, or is the prevention focus oriented toward detection and response once outbreak risk has already materialized?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

70. Eliminating the conditions that enable outbreaks, contaminated water sources, inadequate sanitation coverage, unregulated informal water supply, is the most upstream and durable form of outbreak prevention; are activities addressing these structural risk factors eligible?

This addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and nutrition) is a priority, work proposed in the SOI should focus primarily on GHS.

71. Is there a pre-defined Technology Readiness Level needed at the start and towards the end of the project?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

72. Would GHSD team be able to provide additional requirements and/parameter on rapid program start-up (activation and surge response)?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

73. Can DoS funds be used to support in country personal compensation (sample collection teams, lab staffing/training, etc.).

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

74. Will the DoS provide a list of prioritized infectious disease agents of pandemic/outbreak potential?

There are no priority pathogens specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

75. Are there any previous awards or related initiatives that could be shared to provide historical context for the design of this program?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

76. Should SOIs provide different scenarios of what the project scope would be depending on

whether or not an outbreak occurs within the project timeframe?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

77. Does GHSD expect applicants to budget for standing readiness capacity (retainers, pre-positioning, training, framework agreements) even if no outbreak occurs, and how rapid (duration in time) will GHSD allow reprogramming/approval pathways when an outbreak occurs?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

78. How do you anticipate that up to 10 awards will be determined – will the split between awards be made based on a specific objective, by country/region or by infectious disease type for example?

Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

79. Our organization specializes in epidemiological analysis and disease surveillance support before and during emergencies. We find that in many circumstances, remote (virtual) support is highly effective and more efficient than in-person deployment. Is the funder open to proposals that prioritize virtual activity when prudent?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

80. Are awardees obligated to perform physical in-person deployments to emergencies in any country?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

81. Should the proposed budgets include expenses resulting from activation during emergencies, or should they only include planned non-emergency activities intended to bolster in-country emergency capacity? If we are advised to include emergency activation expenses, how should we estimate them given that the frequency and scale of emergencies are not very predictable year-on-year?

Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

82. Are there any priority geographies or country groupings (e.g., specific regions, income levels, or partner-country lists) that GHSD recommends applicants focus on or avoid for this ROR Addendum?

There are no priority countries specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

83. There is potentially a high degree of overlap between the objectives stated in the Rapid Outbreak Response Addendum and the anticipated SOWs included in MOUs recently signed between DOS and individual countries. Can the government please provide additional details on how it would see activities funded through the APS complementing MOU-related activities carried out by countries?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other U.S. Government

- programs is proposed, that should be outlined in the SOI.
84. Given these links between outbreak response and Water, sanitation and hygiene (WASH), how do you foresee WASH, particularly hand hygiene and WASH in health facilities, contributing to this Addendum, particularly under Objectives 2 and 4?
This Addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and nutrition) is a priority, work proposed in the SOI should focus primarily on GHS.
85. Are stand-alone WASH programs that support surveillance, prevention and/or containment of outbreaks, including in health facility settings, eligible for funding under this Addendum, or must programs be integrated?
This Addendum will support GHSD's global health security (GHS) work, focusing on the American First Global Health Strategy's Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. While integration with other program areas (TB, malaria, HIV/AIDS, WASH, MCH and nutrition) is a priority, work proposed in the SOI should focus primarily on GHS.
86. Under objective 4: A mix between working with national-level stakeholders and on-the-ground first responders would arguably be an effective approach to building national-level readiness and response capacity -will there opportunity to partner with national organisations and institutions as outbreaks emerge under this addendum?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. If coordination with other governments, bodies or programs is proposed, that should be outlined in the SOI.
87. Rapid Outbreak Response involves having a strong readiness capability (i.e. people, equipment, warehousing, pharmaceuticals, training, etc.) - will the programmes designed under this addendum be able to charge funds for outbreak readiness capabilities?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
88. Are detection solutions, for example, the introduction of new diagnostic technologies, that support increased medium- to long-term surveillance capacity, allowable under this APS, or are applicants expected to support use of established detection solutions?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
89. Approximately what percent of proposed core activities (and corresponding outcomes and results) should focus on supporting immediate response actions during the earliest stages of an outbreak?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within

- seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
90. Approximately what percent of proposed core activities (and corresponding outcomes and results) should focus on reinforcing and investing in critical country systems for detecting, responding to, and managing outbreaks?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
91. Within Objective 2, is there a hierarchy among the listed interventions (IPC, lab, surveillance, immunization, etc.), or are all weighted equally?
Each of the objectives and interventions listed are priorities. Organizations should submit SOIs which they feel are most likely to achieve the objectives outlined in the Addendum.
92. Does GHSD have a target award size among the up to 10 awards totaling \$290M? Are some awards expected to be large (\$50M+) and others smaller?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
93. Should the “Total Federal Share Requested” include cost for immediate outbreak response actions, or will there be a separate pot of money to support outbreak activities? If the “Total Federal Share Requested” includes costs for immediate outbreak response actions, approximately how many outbreaks should we budget for?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
94. The Outbreak Response Addendum says projects should be 'time-bound' and 'surge-oriented,' but the main APS allows for a five-year performance period. Could you please clarify the specific parameters (such as a specific drop in cases or a defined period of time) that GHSD uses to determine when a project should transition from the short-term response in Objective 2 to the system reinforcement in Objective 4?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
95. Has the Department of State established standard indicators for Rapid Outbreak Response that can be shared with Applicants?
ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.
96. Could you provide general guidance on the anticipated funding scale or typical size of awards under the Rapid Outbreak Response addendum?
Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).
97. Could the GHS&D Team clarify if surveillance activities under the America First Global Health Strategy are only for geographic locations listed under Surveillance Goal 1 (page 13, paragraph 1), which includes “Sub-Saharan Africa, Southeast Asia, and South and

Central America?”

There are no priority countries specified in this APS Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

98. Under Surveillance Goal 1 (page 15, paragraph 2), the America First Global Health Strategy states, “the US government will also engage in multilateral relationships for targeted purposes, such as when there is not the ability to develop a bilateral relationship with a specific country for the purposes of surveillance.” Is there an example of this type of relationship between a multilateral institution and the US government to clarify this type of engagement?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

99. What does success look like across the, let’s say, 27 countries (with signed MOUs) to GHSD? All performing at the same levels being able to rapidly respond in 7 days to an event? Or graded depending on the readiness and capability standard at the beginning of this funding? Would this be unique system for each country or should they have some conformity across all 27 to ensure consistent surveillance, case tracking and mitigation of threats?

ROR SOIs are invited that are in line with Pillar 1 of the America First Global Health Strategy Goal 1: Enable detection of an outbreak with epidemic potential within seven days of its emergence and Goal 2: Contain outbreaks that originate outside of the United States rapidly at their source.

100. Given the total estimated funding of up to 290M and up to 10 anticipated awards, does GHSD have an indicative range for the size of individual awards that would be considered competitive?

Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

101. While projects should be completed in five years or less, does GHSD have expectations for typical project durations (e.g., 3 years vs. 5 years) for ROR mechanisms, given their surge-oriented nature?

Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

102. How will GHSD assess the “targeted, high-impact use of resources” in proposals—for example, is there an expectation for unit costs, coverage targets, or cost-effectiveness metrics that applicants should propose?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. Please also reference section F of the APS for review criteria.

103. Does GHSD anticipate that ROR funding will primarily support operational surge costs (e.g., deployments, commodities, logistics) or will there also be room for capital investments (e.g., equipment, cold chain, laboratory infrastructure) that underpin rapid response?

Organizations are encouraged to submit SOIs for any work that falls within the scope

- outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
104. Does the Department of State have a standardized set of KPIs or specific metrics for evaluating outcomes under Pillar 1 of the America First Global Health Strategy? Alternatively, should applicants propose their own metrics that demonstrate alignment with the strategy’s goal of “saving lives and strengthening health systems” and the 7-1-7 approach?
- Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
105. Are there specific expectations or benchmarks for how quickly partners should be able to activate outbreak response activities following detection, and should this be explicitly described in the SOI?
- Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
106. Can APS funds cover both surge response costs (e.g., rapid deployment, overtime, emergency supplies) and longer-term system strengthening investments (e.g., training systems, infrastructure) to prevent future outbreaks, and if so, does GHSD have any indicative expectations about the balance between these cost categories?
- Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
107. Will GHSD require the disclosure of Personally Identifiable Information (PII) or Protected Health Information (PHI) about patients in reporting, or will anonymized and de-identified datasets be sufficient for programmatic compliance and evaluation?
- Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
108. Is FedRAMP authorization required for cloud-based platforms and data systems used in ROR programming? Given that many consortium partners will be non-U.S. entities operating in-country, would GHSD consider a waiver or alternative security framework (e.g., ISO 27001, SOC 2, NIST 800-171) for data systems that do not process classified information?
- Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
109. What data-sharing agreements or protocols does GHSD require between prime awardees and host-country governments? Are there existing GHSD data-sharing templates or approved frameworks that awardees should reference in their SOIs?
- Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.
110. The ROR Addendum’s Guiding Principles call for “risk-based and evidence-informed decision making” grounded in “real-time epidemiological data” (Addendum Section B.2). Does GHSD actively seek AI-based innovation for next-generation surveillance systems – specifically, machine-learning models for image-based screening,

geospatial case mapping, predictive outbreak modeling, or natural-language processing of community health reports?

Organizations should submit SOIs which they feel are most likely to achieve the objectives outlined in the Addendum

111. Smartphone-based photography of dermatologic manifestations (e.g., Mpox lesions, measles rashes) by frontline healthcare workers represents an emerging evidence modality for early outbreak detection. Would GHSD be receptive to SOI proposals that incorporate AI-powered image analysis of such clinical photographs as an acceptable form of early outbreak evidence – particularly in rural areas where rapid diagnostic tests and laboratory confirmation are unavailable or delayed?

Organizations should submit SOIs which they feel are most likely to achieve the objectives outlined in the Addendum.

112. Are there any outbreak-related commodities or response activities that are not allowable under this Addendum?

Please refer to Section E-5 of the Addendum for detailed funding restrictions.

113. How does the Department define and assess “operational readiness” at the SOI stage (e.g., pre-existing workforce, logistics systems, prior activation experience), and what level of detail is expected to demonstrate readiness?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

114. Can the Department further clarify expectations around the duration, intensity, and potential frequency of “surge-oriented, time-bound” activities, including whether repeated activation cycles over the project period are anticipated?

Organizations should submit SOIs which they feel are most likely to achieve the objectives outlined in the Addendum.

115. Does the Department expect SOIs to include explicit plans for transition from emergency response to longer-term system strengthening, and what level of detail is appropriate at this stage?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum.

116. How does the Department weigh technical expertise (e.g., disease-specific knowledge, modeling) relative to demonstrated field implementation capacity in evaluating SOIs?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in the SOIs how their proposed work will achieve the objectives outlined in the Addendum. Please also reference section F-1 of the APS for review criteria.

Administrative

1. Are national organizations registered in South Africa eligible to submit a Statement of Interest (SOI) under this APS?
Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
2. We just registered our organization in Uganda last month and would like to apply for this,

are we eligible? We will be partnering with one of the main hospitals in Uganda which has been operational since 1903. We want to make sure whether it strongly aligns to the funding opportunity and is under the remit of the Department of State?

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

3. I'd like to seek clarification about the allowed service delivery areas under this listing. The APS statement and 2 posted Addenda reference activities globally and worldwide. Could you confirm if a U.S based NGO that proposes activities/services to take place inside the United States and its territories is eligible under this award?

Projects funded under the APS are intended to be implemented overseas (outside of the United States).

4. Can Pakistan apply for the Global Grants opportunity?

Organizations that meet the eligibility criteria outlined in Section B of APS are eligible to apply.

5. Can organization apply in multiple consortium?

Organizations may participate in multiple consortium arrangements.

6. Can local government apply?

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

7. I would kindly appreciate clarification on the eligible countries or regions for project implementation. Specifically, we would like to know whether projects can be implemented in Nigeria.

Organizations may propose activities in Nigeria.

8. I am writing to inquire about the eligibility criteria for the funding opportunity referenced above. Specifically, I would like to confirm whether State Health Departments are eligible to apply under this announcement.

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

9. Whether current or upcoming Addenda are expected to prioritize civilian harm reduction in settings like Burkina Faso, including explosive hazards and conflict-related injuries?

Organizations should refer to the relevant Addendum for specific priorities. The Department does not provide advance guidance on future or evolving thematic priorities beyond what is published.

10. The extent to which proposals that integrate prevention, community engagement, and health system capacity (e.g., early trauma care) align with APS priorities?

Organizations should refer to the relevant Addendum for specific priorities. The Department does not provide advance guidance on future or evolving thematic priorities beyond what is published.

11. Whether there is particular value placed on linking mine action or civilian protection efforts with health sector strengthening?

Organizations should refer to the relevant Addendum for specific priorities. The Department does not provide advance guidance on future or evolving thematic priorities beyond what is published.

12. Any general considerations that distinguish competitive SOIs in this space (e.g., operational partnerships, scalability, alignment with embassy priorities).

- Competitive SOIs will demonstrate a clear, feasible, and impactful approach aligned with the objectives outlined in the relevant Addendum and will be evaluated in accordance with the APS review criteria.
13. Can an Indian organization apply for this grant?
Organizations that meet the eligibility criteria outlined in Section B of APS are eligible to apply.
 14. Would it be acceptable for an organization to submit a multi-country proposal, for example covering South Africa, Eswatini and Botswana, provided that the project aligns with the priorities outlined in a specific addendum?
Multi-country proposals are acceptable, provided they align with the priorities outlined in the relevant Addendum.
 15. Is there any preference for a consortium approach and/or multi-country submission for either addenda?
The Department has no stated preference regarding consortium or multi-country approaches.
 16. Is there a minimum or preferred number of countries that an SOI should cover under this Addendum, or are single-country proposals acceptable?
There is no minimum number of countries required. Single-country proposals are acceptable.
 17. We have a few regions/countries we're working, with different partners as subrecipients or host-country operational partners for each. Would it be better to submit different SOI's for each region where we'll have different subrecipients or operational partners? Or, does State prefer it to be a single grant application that encompasses all these regions given a start-up company will be the primary recipient listed on all these SOIs?
Organizations may structure submissions as they determine most appropriate. The Department has no stated preference.
 18. For for-profit applicants, does the Department anticipate awards under this Addendum to be structured primarily as grants or cooperative agreements? Are there specific expectations regarding program income or indirect cost considerations for for-profit entities?
Awards under this APS may be structured as grants or cooperative agreements. Applicants should refer to 2 CFR 200. Subpart E – Cost Principles and the APS for applicable cost and program requirements. Applicants selected for award will be able to get clarification from their Grants Officer prior to finalizing the award.
 19. Are multi-country initiatives (e.g., coordinated surveillance and response platforms operating across several partner countries) considered responsive, or does GHSD generally prefer country-specific projects?
Multi-country initiatives are responsive, provided they align with the objectives outlined in the relevant Addendum.
 20. Should proposed projects be designed for nationwide implementation, or are localized/regional interventions preferred?
There is no stated preference between nationwide or localized approaches.
 21. Are additional addenda anticipated during this quarter in addition to those already on the grants.gov website or do we need to wait until the next quarter? For context our broad area of interest is chronic disease surveillance and prevention.
The Department intends to follow the quarterly addenda schedule outlined in the

- APS; however, there may be exceptions based on operational considerations.
22. Given the upcoming March 27 deadline, would you recommend submitting an initial proposal during this window, or is it advisable to wait for a later round in order to assemble a more developed team and proposal? Additionally, does the review process typically include feedback that encourages resubmission, or is the submission generally considered a one-time opportunity?
Organizations should submit SOIs within the current submission window if they are prepared to do so. The APS does not include a resubmission process for the same submission window.
23. The funding range listed (\$500K–\$250M) is quite broad. Is there a typical or recommended budget size for proposals, or guidance on how applicants should determine an appropriate funding request?
There is no recommended or preferred budget size. Organizations should propose a budget that is reasonable and sufficient to successfully implement the activities described in the SOI and responsive to the priorities outlined in the relevant Addendum.
24. Are projects commonly funded in phases, and if so, would it be reasonable to structure a proposal around an initial Phase 1 request?
Projects are funded based on the amount of funding available at the time of initial obligation and may be structured for a period of performance of up to five (5) years.
25. For proposals in this area, are project teams typically large and multidisciplinary, or are smaller teams also common? For example, would it be advisable to include additional collaborators from other institutions or international partners, or are proposals often led by a smaller core group?
Organizations should propose a team structure that is appropriate and necessary to successfully implement the proposed activities.
26. Can one company/organizations submit two SOIs for both of the addendums or must they choose one?
Organizations may submit SOIs in response to more than one Addendum.
27. Is it acceptable for a proposal to address all four objectives? If so, is this encouraged, or is it preferable to focus on fewer, more targeted objectives?
Organizations may address one or more objectives within their submission. There is no stated preference.
28. Can an organization apply independently, or is a partnership with other entities required or encouraged?
Organizations may apply independently. Partnerships are not required.
29. As in the previous USG cooperative agreements, is the use of De minimis rate of up to 15 percent of modified total direct costs (MTDC) allowable for this opportunity?
The use of the de minimis rate of up to 15 percent of modified total direct costs (MTDC) is allowable for this opportunity in accordance with 2 CFR 200.
30. Section 18 of the Application for Federal Assistance SF-424 requires an estimated budget. Do we need to attach a separate budget document to support this budget estimate? If yes, what is the degree of detailing required for this budget?
A detailed budget is not required at the SOI stage. Organizations are only required to provide the total federal funding requested.
31. Do we need to include a Monitoring, Evaluation, and Learning (MEL) plan for the

proposals at this stage?

A MEL plan does not need to be included at this stage.

32. Will the organizations who do not have “Certification of Trafficking in Person Compliance and Compliance Plan” at this stage be disqualified from the review of Statement of Interest (SOI) or can the organizations prepare the above compliance plan if they are selected for the full Application?

Required certifications and compliance documentation are not required at the SOI stage. Additional requirements will be communicated to applicants invited to submit a full application.

33. Please confirm that providing the cost-share will not influence the applicant's rating or position at any stage of the selection process.

Cost sharing or matching is not required. While applicants may propose cost share or matching, cost-sharing/matching will not be evaluated as part of the merit review process. Opportunities for cost sharing and matching may be discussed during negotiation and/or consultative program design, if applicable. Per 2 CFR §200.306, items proposed for cost share must be allowable.

34. How many Statements of Interest or applications can our organization submit? Is there a limit of one SOI per organization per Addendum? If yes, is this limit for being the prime applicant or does it include being a subgrantee in a consortium?

There is no limit.

35. Are there any requirements or expectations for host government endorsement or U.S. Embassy involvement in our proposal?

There are no requirements at the SOI stage.

36. Are SOIs reviewed on a rolling basis, or only once after the May 31 deadline? Does early submission affect GHSD’s timing of review?

The deadline for SOI submission for the two current Addenda in Round 1 is May 31st – at which time all submissions will be reviewed. Early submission does not affect timing of GHSD’s review.

37. How does GHSD anticipate structuring the consultative program design process? Is GHSD considering an approach that would bring together multiple applicants that were recommended for continued review into a shared co-design or co-creation process?

Consultative program design will be determined following merit review and internal approvals and will be structured to support achievement of the objectives outlined in the relevant Addendum. The format, timing, and structure may vary based on the specific Addendum and operational considerations.

38. Can a foreign organization registered and operating in a non-MOU country apply to implement activities in a country that does have an MOU with the U.S. Government?

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply; MOU status does not disqualify an organization.

39. Can the same organization apply as a lead applicant for multiple submissions with different geographic focuses (e.g., as a lead for 3 different regions - Asia/Middle East/Africa)?

Organizations may submit multiple SOIs with different geographic focuses.

40. Are organizations eligible to participate as a sub-awardee in more than one application, including across different regions? We note that there are no explicit restrictions in the APS regarding multiple submissions as a sub-grantee; we would appreciate your

confirmation on this interpretation.

Organizations may participate as sub-awardees in multiple applications.

41. Does the Department have an official definition of a “local organization,” and will partnering with local organizations be required in each country?
Unless otherwise specified in an Addendum, partnering with local organizations is not required.
42. Does the Department expect this award to include a grants component, and if so, would grants be directed to CSOs, government entities through G2G arrangements, or both?
The Department does not have a stated preference. Approaches will be evaluated based on alignment with the objectives outlined in the relevant Addendum.
43. Is the award expected to include direct payments to frontline health workers, or will this vary by country context?
This will vary based on the country context and the proposed approach.
44. Can you confirm that this email address is the appropriate channel for submitting questions, and whether responses will continue to be provided after the March 27 question deadline?
The email you used to submit your question was the appropriate one. As stated in the APS, the deadline for submitting questions was March 27. The Department has addressed submitted questions through this amendment.
45. Will any informational sessions or pre-application webinars be held for this opportunity?
Prospective applicants should monitor Grants.gov and MyGrants for information regarding pre-award conferences or informational sessions for this opportunity.
46. Section 16 of the Application for Federal Assistance SF-424 requires to provide “Congressional Districts of : a) Applicant b) Program/Project” Can you please clarify on this and advise how and where we can access this information if the applicant is Foreign Private for-profit organizations.
Please review the SF424 instructions:
https://apply07.grants.gov/apply/forms/instructions/SF424_4_0-V4.0-Instructions.pdf. **If the program/project is outside the US, enter 00-000.**
47. Section 19 of the Application for Federal Assistance SF-424 requires to provide “Is the Application subject to Review by State under Executive Order 12372 Process” Can you please clarify on this and advise how and where we can access this information if the applicant is Foreign Private for-profit organizations.
Please review the SF424 instructions:
https://apply07.grants.gov/apply/forms/instructions/SF424_4_0-V4.0-Instructions.pdf. **This program is not covered by E.O. 12372.**
48. Page 7: The SOI limit states, "no more than 5 pages or 2500 words." Should applicants treat these as two independent limits (i.e., both must not be exceeded), and does reaching either threshold, whichever comes first, constitute the submission limit?
5 pages is the limit (2500 words was provided as a reference marker). Submissions will only be reviewed up to the specified 5-page limit and no further.
49. Page 13: The review states panelists "will review the first page of the SOI up to the page limit and no further." Does this mean reviewers read only the first page, or up to the full 5-page limit?
Reviewers will read the full 5-page submission, but will not review submissions beyond the 5-page limit.

50. Please clarify if bidders should propose regions of work for our proposals - such as WHA, EAP, SCA, EUR, and AFR.
Organizations should propose the geographic scope that best supports achievement of the objectives outlined in the relevant Addendum.
51. Can GHSD provide guidance on the standard proposal format that would be acceptable for this APS and subsequent Addendums?
SOIs will be accepted on grants.gov (now requires active sam.gov registration to apply) or MyGrants (does not require active sam.gov registration to apply) under the announcement title “Advancing Global Health,” funding opportunity number “DFOP0017890.” Organizations should follow the directions in *Section D: Application Contents and Format* of the APS.
52. Page 7 notes that the allowed font sizes for tables including budget but, the budget is not listed under Phase 1 – SOI. Can you clarify that Phase 1 only requires total federal share requested amount?
Phase 1 only requires total federal share requested.
53. What award mechanism will be used for this contribution (Cooperative Agreement, Voluntary Contribution, etc.)?
Awards may be issued as grants, cooperative agreements, or fixed amount awards, consistent with the APS.
54. Does the Department expect cost-share or matching contributions at the SOI stage or Phase 2? If so, do in-kind technology contributions qualify?
Cost sharing or matching is not required. While applicants may propose cost share or matching, it will not be evaluated as part of the merit review process. Opportunities for cost share may be discussed during later stages, if applicable. All cost share must comply with 2 CFR 200.
55. African NGOs able to apply?
Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
56. Who specifically at GHSD and at Embassies will be driving the addenda?
Addenda are developed by GHSD in coordination with U.S. Embassies and relevant stakeholders. Addenda are in line with government priorities. SOIs and applications will be reviewed by a Merit Review Panel (MRP) in accordance with the APS.
57. Can Department of State confirm whether applicants can include a cover letter with the statement of interest (SOI) that would not count against the page limit?
A cover letter will not count against the page limit; however, narrative text in a cover letter will not be considered for merit review.
58. United Republic of Tanzania has two separate health ministries, systems and structures. Can the interested organization include both Tanzania mainland and Zanzibar in one application or two separate applications will need to be submitted (One for each)?
They can be in the same application.
59. Will the funds be disbursed in USD or local currency?
Funds will be disbursed in U.S. dollars.
60. The APS indicates awards may range from \$500,000 to \$250 million (APS Section A.1), and the ROR Addendum envisions up to 10 awards totaling \$290M. Should SOI budget proposals be structured as a Base Year plus four (4) Option Years to align with the five-year performance period? Or does GHSD prefer a single five-year budget with annual

funding increments subject to availability?

Organizations may present proposed budgets in either a multi-year or phased format. However, at the SOI stage, submissions are only required to include the total federal funding requested. Organizations should clearly indicate whether resources are required upfront or over time.

61. Could the Department of State share information on the general themes or focus areas of upcoming addenda under the Advancing Global Health APS ahead of their publication?
Not at this time. Please continue to monitor Grants.gov.
62. May an applicant propose a parastatal in the target country as an implementing partner or subrecipient under this Addendum? If so, are parastatals treated as governmental entities, subrecipients, or implementing partners for purposes of eligibility and review?
Depending on their governance structure, parastatals may be treated as non-governmental organizations or as foreign public entities. Eligibility and treatment will be determined in accordance with the APS and applicable federal regulations.
63. Can the Department confirm that applicants may use subcontractors consistent with 2 CFR 200 definitions?
Applicants may use subcontractors consistent with 2 CFR 200.
64. Page 12: F. Application Review Criteria, 2. Indirect Costs says indirect costs will be used as a tie breaker if two or more applications receive equivalent scores. Does that apply at the SOI/phase 1 stage? If so, should applicants append their NICRA letters or other indirect cost rate information to their SOI submission?
This does not apply in the SOI phase.
65. Under Quality of Program Idea the last sentence says, “The proposed timeline is reasonable.” Could DOS please confirm that you mean the overall duration of the proposed project (e.g., 3 years) and not a more detailed timeline of activities?
This refers to the overall duration of the proposed project.
66. Is UNICEF (as a UN entity) eligible to apply directly for this funding opportunity?
Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
67. Are UN agencies considered on equal footing with NGOs, or under a separate track?
All submissions will be evaluated in accordance with Section F of the APS review criteria. There is no separate track.
68. Does the mechanism position UNICEF as a contractor or as a strategic partner?
The APS does not make this distinction. Roles will be determined based on the proposed approach and applicable regulations.
69. Are there requirements for consortium arrangements, and can UNICEF lead them?
There are no requirements for consortium arrangements. Eligible organizations may serve as the prime applicant.
70. What level of decision-making authority would UNICEF retain in implementation?
The level of decision-making authority retained by the Department during implementation depends on the award instrument. Awards may be issued as grants, cooperative agreements, or fixed amount awards, consistent with the APS. The specific terms, including the nature and extent of any Department involvement, will be outlined in the award provisions if your organization is selected for award.
GHSD anticipates that many awards will involve substantial involvement, consistent with cooperative agreement structures, as outlined in the APS.

71. What weight, if any, will be given to the participation of qualified U.S. Small Businesses during the competitive evaluation process?
All submissions will be evaluated in accordance with Section F of the APS.
72. Is a Theory of Change (ToC) mandatory in the SOI?
A ToC is not mandatory in the SOI.
73. Should applicants incorporate the costs of baseline, mid-term, and endline evaluations into their proposed program budgets, or will the Bureau of Global Health Security manage these evaluations independently?
Organizations may propose an evaluation approach as appropriate; however, a detailed budget is not required at the SOI stage.
74. Does the SOI submission require a detailed line-item budget? Furthermore, if a budget is required, will the Bureau provide a standardized template for applicants to utilize?
The SOI does not require a detailed line-item budget.
75. Would applying to the addendum in this cycle preclude an organization from applying during future quarterly windows?
Applying to an addendum in this cycle does not preclude an organization from applying during future quarterly windows.
76. The question challenging my team and me is whether the SOI should be more about planning and implementing activities, or could it be more research-oriented? By research-oriented, I mean to come up with hypotheses that we think, when answered, will meet all the objectives detailed in the addendum.
SOIs may propose either implementation-focused or research-oriented approaches, or a combination of both. All approaches will be evaluated by the Merit Review Panel in accordance with the APS evaluation criteria.
77. Will U.S. embassies play a role in identifying or selecting implementing partners under this APS mechanism?
U.S. Embassies may play a role in all stages of the selection, implementation, and coordination, consistent with standard U.S. government processes.
78. To what extent will applicants' ability to leverage additional resources to advance US Government objectives be considered in evaluation?
Cost sharing or matching is not required and will not be evaluated as part of the merit review process. While applicants may propose additional resources, all submissions will be assessed based on the evaluation criteria outlined in the APS.
79. Can different staff members from the same organization register separately on the grant portal and submit applications for different addenda?
Differ staff members from the same organization may register separately on the grant portal and submit applications for different addenda.
80. At the SoI stage, are applicants expected to submit any supporting documents, such as letters of support, no objection letters, or endorsements from country authorities or US posts where the project is proposed?
Supporting documents are expected at the SOI stage. All required application documents are outlined in Section D of the APS.
81. Could you please share the anticipated timeline for future addenda, if available?
The Department intends to follow the quarterly addenda schedule outlined in the APS; however, there may be exceptions based on operational considerations.
82. Should the SOI focus only on activities explicitly listed in the relevant G2G MoU, or may

it also include complementary activities that are not specifically mentioned in the MoU but are technically important to achieving project objectives?

SOI should be responsive to the published APS and relevant Addendum.

83. Are national level surveys allowable as part of application scope?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
84. Is capacity building allowable?
Organization are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
85. Is GHSD more interested in single-country proposals, multi-country proposals, or both?
Unless explicitly stated in the Addendum, GHSD has no preference.
86. Since the APS requires “Target Benefiting Country or Countries” in the SOI table, how should applicants respond if they want to propose a global mechanism, regional platform, or country selection process rather than a fixed country list at the outset?
Organizations may describe the proposed geographic scope in a manner that best reflects their approach. A reasonable explanation of geographic coverage is acceptable.
87. Would this opportunity include some themes that may be covered in the MoU signed between the USA and DRC governments?
It could include themes that may be covered in the MOU.
88. Are there budgetary limitations or ceiling per project on submitting of the SOI on either subject?
The funding floor and ceiling are described in the APS and relevant Addenda. At the SOI stage, applicants are only required to provide the total federal funding requested.
89. Does the APS or this Addendum place any restrictions on an organization participating in multiple applications under the same Addendum, for example as a prime applicant on one SOI and as a subrecipient or partner on another?
There are no restrictions.
90. Please confirm there is no required SOI template, and applicants should just follow Required Format of SOI Submission in Sectio D. Application Contents and Format.
There is no required SOI template; organizations should follow the directions in Section D.
91. Could the Department confirm whether geographic eligibility is limited to countries currently prioritised under relevant U.S. Government strategies, or whether applicants may propose additional countries based on need, existing partnerships, and feasibility?
Organizations may propose activities in low- and middle-income countries. All proposals will be assessed by the Merit Review Panel in accordance with the APS evaluation criteria and relevant Addendum priorities.
92. Does the Department have a preference for single-organisation versus consortium-led applications? If consortia are encouraged, are there expectations regarding the roles of prime and sub-recipients, particularly in relation to technical versus implementation leadership?
The Department has no preference in this regard.
94. How does the Department envisage sustainability and potential continuation beyond the initial five-year period? For example, should applicants prioritise approaches that can be institutionalised within government systems or transitioned to other funding streams?

- The America First Global Health Strategy (AFGHS) emphasizes the importance of transitioning assistance to partner governments and strengthening country self-reliance. Organizations are encouraged to consider sustainability in their proposed approaches.
95. To what extent does the Department expect or prioritise partnership with national and sub-national government actors in programme design and implementation, particularly in relation to strengthening public systems?
Organizations may propose approaches that include engagement with government actors, as appropriate. Proposals will be evaluated based on alignment with Addendum objectives.
96. Could the Department clarify the expected balance between direct service delivery and systems strengthening approaches (for example, policy reform, workforce development, and cross-sector integration) under this opportunity?
The AFGHS outlines U.S. government priorities, including investments in global health security, frontline health workers and commodities, increased country self-reliance, and promoting American innovation. Organizations should propose approaches aligned with these priorities.
93. What level of documented engagement or endorsement from host-country governments is expected at the SOI stage versus the full proposal stage?
The SOI stage is intended to reduce barriers to entry and does not require formal documentation of government engagement. Organizations may incorporate relevant context as appropriate.
94. Should applicants pre-identify all local and international partners in the SOI, or can partner roles be further refined during the full application stage?
Partner roles may be further refined during subsequent stages of the process.
95. To what extent does the Department prioritize proposals that leverage existing large-scale service delivery or surveillance platforms, versus those proposing new systems or pilot approaches?
The Merit Review Panel will consider a range of approaches and assess them against the objectives and evaluation criteria outlined in the APS.
96. While the APS notes that proposals may address one or more objectives, is there a competitive advantage to demonstrating an integrated approach across multiple objectives, or are highly focused, single-objective proposals equally encouraged?
There is no competitive advantage one way or the other.
97. Does the Department prioritize country-specific proposals with deep operational capacity, or multi-country/regional approaches that demonstrate scalability across settings? Should applicants explicitly address how proposed activities complement existing U.S. Government or other donor-supported investments in-country?
The Department has no stated preference. Organizations should ensure alignment with the objectives outlined in the relevant Addendum.
98. Will applicants receive guidance on expected budget ceilings or preferred funding ranges for individual awards?
Applicants will not receive guidance on expected budget ceilings or preferred funding ranges at this stage.
99. Are there any expectations regarding the proportion of funding allocated to international versus local partners?

There are no expectations regarding the proportion of funding allocated to international versus local partners.

100. Could a foreign entity, such as an University or public health entity of a country with an approved bi-lateral MOU be eligible to submit or be a sub-awardee be eligible for funds from this funding opportunity?

Organizations that meet the eligibility criteria outlined in Section B of the APS may apply or participate as sub-awardees.

101. And if yes, do these funds represent additional funds to the MOU amount? (for instance, if the MOU funds goes to the MOH and the partner submitting a SOI is the public health lab of the country, can this lab receive funds from this application?)

APS-funded activities are intended to complement existing bilateral engagements and are intended to support the implementation of MOUs.

102. What if the applicant is an academic institution in the country, their application and potential to receive funds from this NOFO will not be tied to the MOU, Yes or no?

Submissions will be evaluated based on alignment with Addendum objectives, and APS criteria. Direct linkage to a specific MOU is not required.

103. If the foreign entity is part of a consortium application and will be receiving funds as a sub-awardee, then it is the primer recipient providing the funds directly to the foreign entity or will GHSD use another mechanism to do so?

Funding arrangements will be determined during the award process, consistent with applicable regulations and the proposed approach.

104. In referring to the indirect costs, the EO nor this NOFO provides what is a permissible indirect cost percentage. For example, a cap has been proposed at 15% indirect for NIH grants but because of the courts blocking that proposal, current NIH indirects are negotiated, so what is or how should applicants to this NOFO calculate the indirect? Can you provide guidance as to what is acceptable range? This could impact the willingness of highly qualified eligible applicants to apply.

Applicants should comply with 2 CFR 200, Subpart E - Cost Principles with respect to indirect costs. Organizations with a federally negotiated indirect cost rate agreement (NICRA) may use that rate. Organizations that have never received a federally negotiated indirect cost rate may elect to use the de minimis rate of 15% of modified total direct costs (MTDC) as outlined in 2 CFR 200.414(f). Per Section F of the APS, if two or more applications receive equivalent scores based on the evaluation criteria outlined in this APS, preference will be given to the applicant with the lower indirect cost rate, as consistent with Executive Order 14332, Section 4(b)(iii). This preference will only be applied as a tie-breaking mechanism and does not supersede the primary evaluation criteria.

105. Can a consortium be in a single, unified application? And if it is a consortium, an approach to streamline spending, what is the highest limit allowable for this NOFO for an application? Between \$29 m to \$250 m? or is a submission whether single or consortium, must be limited to \$29 m (for this NOFO with \$290 ceiling and expect 10 awards)?

A consortium may submit a single application. Funding ceilings are specified in the relevant Addendum.

106. List of partners' roles and responsibilities: Is this provision mandatory to jointly plan with other consortium members?

- This is not required at the SOI stage.**
107. Can a local NGO apply for a single sub-national unit such as Amhara National Regional State?
Organization may apply for single sub-national units.
108. Are there specific geographic regions of highest interest?
GHSD prioritizes activities that align with U.S. government global health objectives and areas of existing engagement. Organizations should refer to the relevant Addendum for specific priorities.
109. Can the SOI have a regional or global component or do all activities need to be linked to supporting specific countries?
SOIs may include regional or global approaches.
110. Is the Total Federal Share Requested in the SOI a percentage or dollar amount? If a dollar amount, what level of detail in a budget does the SOI require?
The Total Federal Share Requested should be provided as a dollar amount. No detailed budget is required at the SOI stage.
111. Is the budget for the SOI included in the 5-page limit?
A detailed budget is not required at the SOI stage.
112. How are the SOI review criteria on page 12 of the APS (quality of program idea, organizational capacity and record on previous grants, and program planning /ability to achieve objectives) weighted (equally versus different percentages)
Evaluation criteria are equally applied in accordance with the APS.
113. Will the APS consider programs that include vocational training or tuition support as drivers of economic development and stability?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.
114. How will cost-effectiveness and value-for-money considerations be evaluated within proposals, particularly in relation to localization and partnership models?
Cost-effectiveness and value for money will be assessed as part of the evaluation criteria outlined in the APS, including the quality and feasibility of the proposed program approach.
115. MOU Alignment: How are partners expected to identify specific technical gaps when many bilateral agreements (MOUs) defining USG investment strategies have not yet been finalized?
Alignment with bilateral priorities is a guiding principle. Proposals will be evaluated based on the objectives outlined in the relevant Addendum and the APS evaluation criteria.
116. Under current policy, what is the process for requesting waivers for essential medical supplies manufactured in cost-effective regions (e.g., India) if they meet quality standards but fall outside the primary U.S. supply chain?
This would be addressed post-award in accordance with applicable regulations.
117. For a multi-country project, to what extent will awardees have flexibility to determine geographic focus and adjust country-level activities during implementation, and what role will U.S. Embassy or GHSD teams play in those decisions?
Program implementation will be informed by multi-year planning processes and coordinated with GHSD, U.S. Embassies, and recipient governments, consistent with U.S. government priorities and applicable requirements.

118. Following award, what role will U.S. Embassy teams play in the implementation of country-level activities? For example, will Embassy engagement or concurrence be required for initiating or scaling activities in specific countries?
Country-level activities will be coordinated closely with U.S. Embassy teams and recipient governments, consistent with standard U.S. government processes.
119. At the SOI stage, how specific should applicants be regarding geographic focus, partnerships, and implementation design? (I am wondering if we could create a buy-in mechanism?)
Organizations should provide sufficient detail to demonstrate a clear and feasible approach to achieving the objectives outlined in the Addendum. Organizations may also propose flexible or scalable implementation approaches, including mechanisms that allow for adaptation during implementation.
120. Can the DoS confirm that it will release all new addenda at the same time for each window? Or does it expect to release new addenda at different times throughout each window?
The Department intends to follow the quarterly addenda schedule outlined in the APS; however, there may be exceptions.
121. Given the global health technical nature of this opportunity, is the funding under this APS meant to complement CDC's forecasted opportunities?
The Department of State and other U.S. government agencies manage separate funding mechanisms. Organizations should focus on alignment with the APS and relevant Addenda.
122. Will the DoS hold applicants to proposed SOI budget ceilings in Phase 2, or will selected applicants have the flexibility to increase or decrease budget ceilings when developing a full application?
Proposed budgets may be refined during subsequent stages of the process, including consultative program design and full application development.
123. Page 4 states that cost share is not required and will not be used in the merit review, but Section D. Application Contents and Format on Page 6 includes a section on cost share. Can the DoS clarify if cost share is expected/preferred, or if Page 6 is inaccurate? If cost share is not expected and will not be part of the evaluation criteria, how does the DoS intend to use that information in Phase 1?
Cost share information may be relevant for planning and negotiation purposes. It is not, however, evaluated as part of the merit review at the SOI stage.
124. If applicants are selected to advance beyond Phase 1, does the DoS envision additional competition between applicants?
Organizations invited to Phase 2 will be evaluated in accordance with Section F of the APS.
125. On page 12 of the Annual Program Statement, it is noted that in the event that multiple applicants have tie scores, preference will be given to those with lower indirect cost rates per Executive Order 14332, Section 4(b)(iii). As applicants are not required to submit budgets with this information, how will the DoS make this determination?
Indirect cost considerations are not applied at the SOI stage. These considerations may be addressed during subsequent stages of the process.
126. According to page 4 (Eligible Applicants) of the Advancing Global Health APS, the APS notes that "government institutions" are eligible to apply. Is this accurate? We understood

that government institutions will be funded under the Department of State America First Global Health Strategy G2G mechanisms and not under the APS. Please clarify.

While governmental institutions are listed as eligible entities in the APS, GHSD anticipates that direct agreements with national governments will generally be implemented through government-to-government (G2G) mechanisms.

127. On page 6 of the Advancing Global Health APS Section D – List of Partner Roles and Responsibilities (if applicable), it requires applicants “to list the federal share to be award by pass-through entity”. The sentence is unclear. Can you please clarify?

If your organization will serve as a pass-through entity and make subawards using federal funds, you should identify how much of the federal funding you plan to pass through to each subawardee. This information helps the Department understand your proposed funding structure and the role of any partner organizations in implementing the program.

128. To what extent is direct collaboration with national government ministries expected or encouraged?

Applicants may propose approaches that include collaboration with government entities, as appropriate. Proposals will be evaluated based on alignment with Addendum objectives.

129. Can grant funds support activities implemented directly by government counterparts, or must funding flow only through non-governmental implementing entities?

Activities may be implemented through governmental or non-governmental entities, consistent with applicable regulations and the proposed approach.

130. Are there any specific expectations regarding the role of local civil society organizations or local implementing partners?

Unless explicitly stated in an Addendum, there are no specific expectations.

131. Are there any eligibility, compliance, or country-specific restrictions that would affect proposals in fragile or conflict-affected settings?

Proposals will be considered in accordance with applicable regulations and U.S. government requirements.

132. Can additional detail be provided as to the composition of the MRP? How many voting members will there be on the MRP and will they all come from GHSD? What would be the role of non-voting participants, and who are the “SMEs” mentioned on page 14 of the APS?

Additional detail regarding the composition of the Merit Review Panel (MRP) will not be provided at this time. The APS outlines the merit review process that will be used to evaluate applications.

133. Will the evaluation scale used to assess each SOI according to the evaluation criteria listed on page 12 of the APS be made available to applicants?

Evaluation criteria are outlined in Section F of the APS.

134. Can you provide further insight on what GHSD intends with “evidence-based” approaches and interventions? Does this term imply a narrower definition comprising only impact evaluation, published data or a broader definition including best practices and implementation research?

Organizations should propose approaches that are supported by appropriate evidence or best practices relevant to the proposed activities.

135. Are there specific metrics or indicators that the Department of State expects organizations

to use to measure project outcomes? Are there any monitoring guides that applicants are encouraged to reference?

Organizations may propose metrics and indicators appropriate to their proposed approach.

136. Is there a preference for more stable countries, or is there a preference for more fragile ones?

There is no preference.

137. Are country-specific addenda expected to be released soon under the APS? If so, will that affect the decision-making related to SOIs under this Addendum?

We expect that country-specific addenda will be published under this APS. The publications of country-specific addenda, however, will not affect the decision-making related to the SOIs under the two current Addenda.

138. Should the approaches, activities, outcomes, and results be presented in table format?

Organizations may present information in a format that best communicates their proposed approach, consistent with APS requirements.

139. Will preference be given for coalition responses?

There is no preference either way.

140. Can an organization submit with multiple coalitions?

Organizations may submit with multiple coalitions.

141. Is it okay to submit a technically focused proposal where the org is the prime while also being a technically focused sub for another organization with a broader focus?

It is allowable for organizations to submit multiple SOIs in different configurations, including both prime and sub roles..

142. Will the State Department consider coalitions post-award based on the subject matter expertise of the different entities?

This may be considered as part of implementation, as appropriate.

143. Is there consideration for having a meeting with U.S. industry partners (i.e., Ceres Nanosciences, Illumina, ThermoFisher, New England Biolabs, Zymo Research, and GT Molecular)?

Engagement with partners may be proposed as part of an applicant's approach.

144. Do you plan to incorporate corporate partnerships. If so, how?

Organizations may propose partnerships as part of their approach. All proposals will be evaluated in accordance with the APS.

145. To what extent should proposed projects emphasize filling implementation gaps versus directly delivering services, particularly in contexts where Global Fund and PEPFAR-supported programs are already active?

Organizations should propose approaches aligned with the objectives outlined in the relevant Addendum.

146. What level of detail and quantification is expected in defining outcomes and results at the SOI stage, especially in demonstrating value for money and contributions to health system strengthening and self-reliance?

Organizations should provide sufficient detail to demonstrate a clear and feasible approach. Detailed quantification is not required at the SOI stage.

147. Since a Unique Entity Identifier (UEI) is not required for the initial Statement of Interest (Phase 1), but is for the full application (Phase 2), what is the expected turnaround time between the SOI approval and the Phase 2 deadline to allow for SAM.gov registration?

- Additional guidance, including timelines, will be provided to applicants invited to submit a full application.
148. Let's suppose that one of our country federation members submit a similar SOI as the umbrella federation, which one has more chances to be selected?
All submissions will be evaluated independently in accordance with the APS evaluation criteria.
149. For each addendum, please confirm whether there is an established funding floor and/or ceiling for the Federal award amount.
As stated in the main APS document, the funding floor is 500k. The ceiling is specified within each Addendum.
150. Can you please confirm that this funding opportunity is able to support co-investigators in Israel (Bar Ilan University) and the United Kingdom (University of Oxford)? And that relevant staff and associated research costs (including international travel for these teams, for example, to the United States) at Bar Ilan University and the University of Oxford are in scope to be covered by grant funds?
Provided the proposed approach aligns with the APS and relevant Addendum and complies with applicable regulations, this is allowable
151. Can an Excel worksheet be submitted for the budget? Is a full, detailed budget with a corresponding Budget Narrative required at the SOI stage?
A full detailed budget with a corresponding Budget Narrative is not required at the SOI stage.
152. Is there a preview available of future Addenda topic areas?
A preview of future Addenda topic areas is not available at this time. Prospective applicants should monitor Grants.gov and MyGrants for future addendum postings.
153. Should partners be identified prior to initial submission of the SOI, or will GHSD match partners based on similar submissions or partner needs
Organizations may identify partners as appropriate. Partner roles may be refined during subsequent stages of the process.
154. Can the Department clarify the anticipated number of awards under this APS overall versus by Addendum? Specifically, how should applicants interpret the “up to 100 awards” in the APS relative to the Addenda ceilings (e.g., up to 10 for Rapid Outbreak Response and up to 5 for Child Development, Care, and Protection)?
The anticipated number of awards is outlined in the APS and relevant Addenda.
155. Are there preferences or expectations regarding partnerships with faith-based organizations or local civil society actors
Unless explicitly stated in a specific Addendum, there are no preference or expectations.
156. On page 7 of the primary ASP announcement, it states “Pre-Award Conferences may be held via conference call or in-person throughout the rolling period.” Dose this include the period under which consortiums are developing their SOI to help guide the phase 1 submission?
A pre-award conference is separate from the consultative program design phase.
157. Are third-tier agreements allowed under this award?
Subaward structures must comply with applicable regulations, including 2 CFR 200.
158. Will new addendums only be added at the beginning of the four windows?
The Department intends to follow the quarterly schedule outlined in the APS;

- however, there may be exceptions.
159. Is there a limit on how many countries can be included in a submission under both addenda
There is no limit.
160. Are you required to provide details on the proposed federal share for the entire consortium and/or for each organization within it?
Detailed budget breakdowns are not required at the SOI stage.
161. Are proposed projects required to be implemented for five years, or can applicants adjust the timeline based on the needs of the targeted countries? Are there minimum and maximum project lengths that applicants should stay within?
Minimum project length is 1 year and maximum is 5 years. Organizations should propose a timeline that is the most reasonable for their project.
162. The Review Criteria states that “The SOI should demonstrate the organization’s expertise and previous experience in administering programs.” However, the Application Contents and Format do not appear to list organizational past performance. Can GHSD please clarify where in the SOI applicants should describe their organizational capacity and past performance?
Applicants should address organizational capacity and experience within the SOI narrative, as appropriate.
163. Does GHSD have a weighting or preference amongst the three objectives?
There is no weight or preference.
164. Would DOS please confirm if Burkina Faso, Kenya, and Niger are applicable countries in which activities can be proposed in SOIs?
Organizations may propose activities in any geography. Any awards issued will comply with all statutory requirements, including country restrictions.
165. Addendum Timing: Can the GHSD APS Team confirm whether this Addendum will be considered only under the May 31 submission window, or if similar concepts may be submitted under subsequent APS windows?
SOIs for currently published Addenda must be submitted within the applicable submission window.
166. Can proposed solutions be framed as ‘base and options’, showing different levels of scope and corresponding budget?
Proposed solutions may be framed as ‘base and options.’
167. Could the Department of State please confirm if there is any advantage from an evaluation standpoint if an Applicant proposes interventions in one country versus multiple countries?
There is no advantage one way or the other.
168. Will feedback be provided to applicants whose SOIs are not selected?
Due to the anticipated volume of submissions, the Department does not anticipate being able to provide individualized feedback to unsuccessful applicants.
169. Beyond the high-level APS guidance, will GHSD publish any additional technical evaluation criteria specific to this ROR addendum (e.g., weighting across speed, coordination, sustainability, and country ownership)?
GHSD will not publish any additional technical evaluation criteria.
170. Are there any specific expectations for how applicants should demonstrate “operational feasibility in high-risk environments” (e.g., prior work examples, security and access

strategies, safety and duty-of-care protocols) within the SOI format?

There are no specific expectations. Applicants should propose approaches appropriate to their operating context.

171. If an applicant's statement of interest appeals to a geographic region, can the applicant name the geographic region in its listing of critical details, or does the Department of State prefer that applicants specifically name all target benefiting countries

Naming a geographic region is acceptable. Organizations are welcome to provide a reasonable explanation of the geographic coverage they propose if the categorization of "target benefiting country or countries" is not the best fit.

172. Are hyperlinks to prior published work - such as peer-reviewed articles, technical reports, or publicly available tools developed by the applicant - permitted in the SOI? If included, will these materials be accessed and considered by reviewers during the Merit Review Panel, or will only the content within the SOI page limit be evaluated?

Hyperlinks are permitted; however, the Merit Review Panel will only read the content within the 5-page limit.

173. "Applications due by 11:59 EST"- Is the time AM or PM?

PM

174. At the Stage 1 / SOI stage, are applicants required to submit the listed certifications, representations, or other compliance forms?

Applicants are not required to submit the list of certifications, representations, or other compliance forms at this stage.

175. If an SOI is not selected in Window 1, can it be revised and resubmitted for a subsequent quarterly window, or is the decision final for that specific concept?

Applicants may submit new SOIs in future windows. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

176. Is an internationally headquartered NGO with a US-registered entity eligible to serve as the prime applicant? Specifically, can ForAfrika USA submit as the prime and implement through its country offices (ForAfrika South Sudan, ForAfrika Angola, etc.) as branches — without those country offices being separately registered in SAM or listed as individual consortium partners?

Provided the organization meets eligibility requirements, this is allowable.

177. Can a faith-based implementing organization with no prior USG funding history participate as a named sub-awardee under a prime applicant with established USG past performance? What documentation of organizational capacity will be required for such a partner at the SOI stage versus the full proposal stage

Organizations that meet the eligibility criteria outlined in the APS are eligible to apply. Prior USG funding history is not a requirement for eligibility.

178. For organizations operating under an umbrella structure comprising an NGO, a faith-based organization, and a for-profit social enterprise, can all three entities be incorporated under a single SOI submitted by the prime entity — without each being listed as a separate legal consortium partner?

Organizations operating under an umbrella structure may be considered provided that all organization meet eligibility criteria.

179. Can DOS clarify the co-creation process — specifically, the extent to which consortium composition, country selection, and scope of work may change during co-creation versus what is locked in at SOI stage? Is co-creation conducted virtually or does it require in-

person participation in Washington DC, and what is the typical timeline between SOI submission and co-creation initiation?

Consultative program design will be determined following merit review and internal approvals and will be structured to support achievement of the objectives outlined in the relevant Addendum. Consortium composition, country selection, and scope of work may all change during the process. The format, timing, and structure may vary based on the specific Addendum and operational considerations.

180. How does GHSD define 'local organizations' for the purposes of this Addendum, and will proposals demonstrating high percentages of local staffing and locally-led implementation receive additional consideration in the evaluation.

Evaluation will be conducted in accordance with Section F of the APS. There are no additional considerations outside of what is written in the APS.

181. Can faith-based community networks and their existing rural touchpoints be counted as part of the organizational capacity demonstration in the SOI?

Organizations may describe relevant organizational capacity within the SOI narrative.

182. The Addendum references alignment with the America First foreign policy vision and the promotion of family values. Can you confirm whether faith-based organizations and their existing community networks are explicitly encouraged as implementing partners under this Addendum?

Faith-based organizations are eligible to apply.

183. Can you confirm whether all sub-awardees under this Addendum must certify compliance with the Protecting Life in Global Health Assistance (PLGHA) policy, and what documentation is required at the SOI stage versus the full proposal stage?

The Protecting Life in Global Health Assistance (PLGHA) Policy was replaced by the Promoting Human Flourishing in Foreign Assistance (PHFFA) Policy. All recipients agree to the policy's terms when they sign their award (for prime recipients) or sub-awards (for sub-recipients). There is no requirement for additional "certification." All offerers should understand the policy requirements and carefully consider their ability to comply. The best way to learn about the policy requirements is to read the rules published in the Federal Register. When awards or sub-awards are issued, they will contain standard provisions that enshrine the policy requirements in the award or sub-award. Additionally, prime recipients are responsible for conducting due diligence on all sub-recipients, including for PHFFA-related compliance. As part of their due diligence, prime recipients should assess a proposed sub-recipient's ability to comply with PHFFA requirements prior to making a sub-award.

184. For organizations headquartered outside the United States whose place of performance is entirely outside the United States, does the DEI certification requirement under Section E of the APS apply?

Per the terms of the provision, certification of compliance with applicable Federal anti-discrimination laws is required if the place of performance or delivery is within the United States.

185. For organizations entering USG federal funding for the first time, what organizational readiness documentation will be required at Phase 2, and what does the risk review process under 2 CFR 200.206 typically involve for first-time recipients?

Per Section E.3 of the APS, all organizations must have UEI and active registration in SAM.gov in order to submit full application under Phase 2. This process can take 4-8

- weeks and therefore registration is encouraged to do as early as possible. Besides that, additional requirements will be communicated to applicants invited to submit a full application.
186. Can organizations submit both an SOI under this Addendum and an unsolicited proposal on related themes simultaneously, or does submitting an SOI preclude separate unsolicited proposal submissions to the same Bureau?
Applicants may submit SOIs in accordance with the APS.
187. Could GHSD clarify the total funding available for the APS?
The discrepancy is due to a system limitation. The total estimated funding is up to \$4.5 billion, subject to availability of funds, as outlined on page 3 of the APS document.
188. Can GHSD confirm this means that after evaluation of the SOI, bidders will receive results “i. SOI is not recommended for continued review” or “iii. SOI is recommended for funding and submission of phase 2 - The concept outlines a well-tested approach that is ready to move to full application.” as defined in the APS pg. 13 and that option “ii. SOI is recommended for continued review through consultative program design prior to recommendation for funding and submission of phase 2.” will not be exercised?
Outcomes will be applied as outlined in the APS.
189. Can GHSD clarify if any engagement between the bidder and GHSD is envisioned before a full application is requested or before an award is issued?
Engagement may occur as part of the consultative program design process, if applicable.
190. For Phase 2, are collaborative partners in proposed countries required to have UEI and registration in SAM?
Please see Section E3 of the APS. The 2 CFR 200 requires subrecipients to obtain UEI before an award is processed.
191. Would a U.S. professional public health or infectious disease organization with 501(c)(3) organization registration be eligible to apply or receive funds as sub-awardee
Organizations that meet the eligibility criteria outlined in the APS are eligible to apply.
192. Are there specific platforms or vendor registries we should ensure we are registered in to be considered for consortium participation?
Per Section E of the APS, organizations interested in applying under this APS should be registered in the System for Award Management (SAM.gov) and have an active Unique Entity Identifier (UEI). If you are interested in serving as a subrecipient or partner in another organization's application (rather than applying directly), you should reach out directly to potential prime applicants to discuss consortium participation opportunities and review the requirements outlined in 2 CFR 200 Subpart D. The Department does not maintain a registry for consortium partners.
193. Are there particular technical areas or implementation gaps within child health and outbreak response that you are prioritizing for partners?
Organizations should propose approaches aligned with the objectives outlined in the relevant Addendum.
194. Beyond the tasks outlined in the submitted proposal, what additional contractual obligations — such as reporting requirements, compliance frameworks, or coordination

- mandates — might be expected of selected applicants by the Department of State
Requirements will be communicated during later stages of the process.
195. Given that "foreign private for-profit enterprises" are eligible, can private clinics or diagnostic centers within our federation participate as sub-recipients under a non-profit prime applicant?
Organizations that meet the eligibility criteria outlined in the APS are eligible to apply.
196. Can indirect costs be included in set asides and the line-item under direct costs and indirect costs?
Indirect costs must comply with applicable regulations, including 2 CFR 200 Subpart E.
197. Is there a preferred percentage or limit to the portion of the budget that can be allocated to U.S.-based personnel?
No preference is currently stated.
198. Will State allow U.S.-based organizations to issue and monitor a subaward to an in-country partner that exceeds 50% of total budget?
U.S.-based organizations may issue subawards to in-country partners that exceed 50% of the total budget, provided the arrangement complies with applicable federal regulations, including 2 CFR 200, Subpart D. The prime recipient remains responsible for subaward monitoring and oversight in accordance with 2 CFR 200.332.
199. Is there a minimum or maximum percentage that can be allocated to monitoring and evaluation?
There are no stated minimum or maximum percentages.
200. Does State have a target formula for distributing Advancing Global Health funds across eligible nations?
State does not have a target formula for distributing funds across eligible nations.
201. Will the three merit review criteria identified in Section F(1) of the APS be weighted by importance, and if so, how?
Evaluation will be conducted in accordance with Section F of the APS.
202. What is the anticipated disbursement mechanism for awards under this Addendum? Specifically: will funds be disbursed on an advance/pre-financing basis (e.g., via a Letter of Credit or advance payment arrangement), or on a reimbursement basis? If reimbursement, what is the anticipated payment cycle and maximum reimbursement lag?
Disbursement mechanisms will be determined during the award process.
203. What is GHSD's policy on program modifications, including budget realignment, changes to activities, and geographic scope adjustments? Is there a formal threshold below which modifications can be approved at the AOR level without requiring a full amendment? What is the typical turnaround time for modification approvals?
Program modifications will be managed in accordance with applicable regulations including 2 CFR 200.308, 2 CFR 200.407, and the award provisions.
204. During the pre-award risk review under 2 CFR 200.206, what special award conditions does GHSD most commonly apply to foreign NGOs or consortium subrecipients? Under what circumstances are such conditions lifted?
Award conditions will be determined during the award process.
205. What role will the U.S. Embassy or other in-country U.S. Government stakeholders play

in reviewing country selection, partner choice, and program design under this Addendum? Is Mission concurrence or country-level endorsement expected at the SOI, consultative design, or Phase 2 stages?

Embassies will play a role consistent with standard U.S. government processes.

206. Is consultative program design anticipated for this Addendum, or is the intent to move strong SOIs directly to Phase 2?

As stated in the Addenda: Consultative Program Design is planned for the Child Protection Addendum and is not planned for the Outbreak Addendum.

207. Are organizations expected to provide a summary of the Total Federal Share requested or should provide the total amount?

Applicants should provide the total federal share amount requested.

208. Are CVs or biosketches for key personnel required as part of the SOI, or are these deferred to a later stage of the application? If required, would these count against the 5-page limit.

CVs and/or biosketches are not required at the SOI stage.

209. Can allowable costs include infrastructure and rehabilitation, including for water supply?

Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs. Additionally, organization are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

210. Can we submit for or include countries under US sanctions?

Applicants may propose activities in any country. In carrying out any such activities, the Department expects that the Applicant can comply with the relevant terms and conditions of any resulting award that may be issued by the Department, and any relevant legal and regulatory requirements that may apply to the organization. The Department reserves the right to reject applications for activities in specific countries which do not align with the American First Global Health Strategy, the Department's Agency Strategic Plan, and the National Security Strategy.

211. Are there limits/restrictions or ineligible costs that we cannot consider during planning/implementation (e.g., system strengthening, infrastructure, HR, travel)?

Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs. Additionally, organization are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

212. Section D of the APS, Page 6, under d. Academia e.g. higher education institutions, can they be included on the list of potential partners?

Organizations that meet the eligibility criteria outlined in the APS are eligible to apply.

213. Under B. Program Description of the APS Addendum: 1. Goals and Objectives, for Objective 1: Please confirm that logistical capacities could be for both in-kind and cash?

Cost sharing or matching is not required. While applicants may propose cost share or matching, cost-sharing/matching will not be evaluated as part of the merit review process. Opportunities for cost sharing and matching may be discussed during negotiation and/or consultative program design (aka “co-design”), if applicable. Applicants should refer to 2 CFR 200.306 for additional guidance on what costs can be proposed for cost share.

214. In referring to the indirect costs, the EO nor this NOFO provides what is a permissible indirect cost percentage. For example, a cap has been proposed at 15% indirect for NIH

grants but because of the courts blocking that proposal, current NIH indirects are negotiated, so what is or how should applicants to this NOFO calculate the indirect? Can you provide guidance as to what is acceptable range? This could impact the willingness of highly qualified eligible applicants to apply.

Applicants should comply with 2 CFR 200, Subpart E - Cost Principles with respect to indirect costs. Organizations with a federally negotiated indirect cost rate agreement (NICRA) may use that rate. Organizations that have never received a federally negotiated indirect cost rate may elect to use the de minimis rate of 15% of modified total direct costs (MTDC) as outlined in 2 CFR 200.414(f). As outlined in Section F of the APS, if two or more applications receive equivalent scores based on the evaluation criteria outlined in this APS, preference will be given to the applicant with the lower indirect cost rate, as consistent with Executive Order 14332, Section 4(b)(iii). This preference will only be applied as a tie-breaking mechanism and does not supersede the primary evaluation criteria.

215. Would 10% of cost share be viewed favorably?

Cost share is not evaluated.

216. Of these 24 countries listed below, could you confirm which, if any, are ineligible under current program criteria? Sub-Saharan Africa: Nigeria, Kenya, Uganda, Liberia, Sierra Leone, Botswana, Lesotho, Eswatini, Cameroon, Rwanda, Burkina Faso, Niger, DR Congo, Burundi, Mozambique, Ethiopia; Latin America: El Salvador, Guatemala, Dominican Republic, Panama; South Asia: Pakistan, Afghanistan, Nepal; Southeast Asia: Vietnam

Organizations may propose activities in any geography. Any awards issued will comply with all statutory requirements, including country restrictions.

217. Does the Department of State consider regional private health federations (like FOASPS) as "foreign organizations" or "Public International Organizations" for the purpose of primary eligibility?

The Department adheres to the definitions of foreign organization and foreign public entity in 2 CFR 200.1.

218. While not required, will FOASPS's ability to mobilize "in-kind" contributions from its private sector members (e.g., donated facility time or equipment) be viewed favorably during the "co-design" phase?

Cost share is not evaluated.

219. Are applicants expected to identify and include key personnel as part of the Statement of Interest (SOI)?

Organizations are not expected to identify and include key personnel within their SOIs.

220. Does the Department of State anticipate a specific number of countries to be covered under this opportunity?

No priority or number of countries are specified in this APS Addendum.

221. Is an initial monitoring and evaluation (M&E) overview expected as part of the SOI, or will this be required only at the full application stage?

Please refer to Section D ("Application Contents and Format") of the APS for instructions on the Statements of Interest. Detailed instructions regarding the full application submission process will be provided to those applicants that move to phase 2.

Addendum C: Philippines

1. *“The Department of State (DOS) aims to build durable government capacity and reduce the risk of cross-border infectious disease outbreaks that threaten both the Philippines and U.S. health security.”* We recognize the integrated nature of the Addendum, which references HIV, TB, NTDs, MNCH, and GHS across its objectives. Could you please clarify the level of funding across these technical areas?

GHSD welcomes SOIs that are aligned with the America First Global Health Strategy’s emphasis on integrating work across disease programs within a country’s health system, including in the Philippines. The Addendum does not prescribe specific funding allocations across technical areas.

2. Mindanao and BARMM have historically faced elevated security considerations. Will implementing partners be expected to support USG site visits to these regions, and what guidance can be provided regarding associated security and cost considerations?

Organizations should explain in their SOIs how proposed activities will be implemented in the target context, including any relevant operational considerations. Specific requirements related to implementation, including site visits and associated considerations, will be addressed as appropriate following the SOI review process.

3. TB remains a top priority for the Government of the Philippines. Could DOS please clarify the expected level of integration of TB-related activities across all Addendum 3 objectives?

GHSD welcomes SOIs that are aligned with the America First Global Health Strategy’s emphasis on integrating work across disease programs within a country’s health system, including TB among the Government of the Philippines’ priorities.

4. The U.S. Department of State currently funds multiple health programs in the Philippines. To improve coordination among the projects, please confirm: (a) What is the anticipated start-up date for projects awarded under this addendum? (b) Which current projects are expected to continue, and what are their anticipated timelines for close-out?

The timing of project start-up will depend on the completion of the SOI review process, Phase 2 (full application), and required approvals. Existing programs may transition over time; however, specific timelines for start-up and close-out will vary.

5. Are applicants expected to use specific national-level Department of Health (DOH) epidemiological datasets to justify the selection of target areas, or is localized, community-level data, including data from Rural Health Units (RHUs) and barangay health stations, acceptable to demonstrate that an area carries the ‘greatest disease burden’? Our consortium partners have access to frontline, granular, barangay-level morbidity and mortality data in provinces across Luzon and Mindanao that may not be reflected in national-level surveillance.

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum, including how data sources are used to inform targeting and demonstrate need.

6. The Addendum emphasizes strengthening the institutional capacity of Philippine government agencies to transition financing to host government funding. Does this allow for the direct transfer of grant funds to the DOH, PhilHealth, or Local Government Units (LGUs) as formal sub-recipients under the prime award, or must funds be managed exclusively by the primary recipient and non-governmental sub-partners?

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

7. Can we formally partner with and directly fund Rural Health Units (RHUs), the primary public health delivery infrastructure at the municipal level in the Philippines, to deliver integrated care in target communities? Specifically, are RHUs eligible to serve as sub-recipients, and if so, does the standard sub-recipient monitoring framework under 2 CFR 200.332 apply to these government health facilities? [Ref: Objective 2; Guiding Principle: Leverage Local Organizations]

Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

8. The Addendum encourages leveraging private sector expertise and investment. Does this allow the project to charge subsidized, nominal fees for certain medical services delivered through private or community-based facilities creating a revenue stream to sustain community health worker operations beyond the award period? If so, how should program income generated from these fees be treated under the award?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum. Any program income generated under an award would be subject to applicable federal regulations and guidance, including 2 CFR 200 Subpart E – Cost Principles and the APS for applicable cost and program requirements. Applicants selected for award will be able to get clarification from their Grants Officer prior to finalizing the award.

9. Does the Addendum’s emphasis on promoting a “fair and open environment for the private sector to deploy innovative health products” allow grant funds to be used as seed capital or small grants-under-grants to incentivize Philippine startups developing innovative supply chain logistics tools or digital health platforms? [Ref: Objective 3; Guiding Principle: Partnership with Private Sector]

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum. Any proposed use of funds must be consistent with applicable federal regulations and guidance, including 2 CFR 200 Subpart E – Cost Principles and 2 CFR 200.331 Subrecipient and contractor determinations.

10. Regarding the “robust performance accountability mechanisms” described in Objective 4, to what extent should applicants propose contributing to the DOH national monitoring system versus the U.S. Embassy’s portfolio-level performance tracking platform? Are applicants expected to support both systems, or will the scope be clarified during consultative program design? And should the SOI propose a single integrated M&E framework that feeds both, or separate workstreams?

Organizations are expected to propose approaches that support both the Department of Health (DOH) national monitoring system and the U.S. Embassy’s portfolio-level performance tracking platform, recognizing their complementary roles. For DOH, this includes strengthening institutional capacity to monitor and track surveillance data and performance data across all health programs and harmonizing data across overall health investments. SOIs should present a clear, integrated monitoring and evaluation (M&E) framework that aligns both systems and demonstrates how activities will link and add value across both platforms, with further refinement during consultative program design.

11. The Addendum references “aligned indicators and routine performance reviews, including the use of geospatial and analytics tools.” Can the Department provide

guidance on the anticipated frequency and format of these routine performance reviews, specifically whether they will be quarterly, semi-annual, or annual, so that we can appropriately resource our M&E staffing and data infrastructure in the SOI budget estimate?

Indicators and performance reviews will be aligned with program needs and may vary (e.g. may be on a monthly, quarterly, semi-annual, or annual basis). Additional guidance will be provided, as appropriate, following the SOI review process.

12. Can DOS share any information on how it intends to split programming/scope between the 6 anticipated awards (e.g., technical, geographic, or otherwise)?

Final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications)

13. Is DOS open to/interested in receiving SOIs that focus on one standalone disease area, or should SOIs maintain an integrated focus across all disease areas listed under objective 2 (HIV, TB, NTDs, MNCH, and global health security)?

While this Addendum emphasizes integrated approaches, there is no restriction on submitting SOIs that focus on a standalone health area. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain how their proposed work will achieve the objectives.

14. Are there specific expectations regarding alignment with national data systems and the U.S. Embassy monitoring platform referenced under Objective 4?

Data systems should be aligned to both Department of State and the Government of the Philippines (GPH) monitoring platforms. Furthermore, organizations should explain in their SOIs how proposed approaches to data systems and performance monitoring support the objectives outlined in the Addendum.

15. For proposals centered on a digital surveillance platform, will the consultative co-design phase include joint technical architecture review with the Department of Health (system design, data flows, interoperability with existing DOH infrastructure), or is co-design typically scoped to programmatic questions such as activity sequencing and outcome framing?

The scope and nature of any post-SOI engagement will depend on the results of the review process and the needs of the proposed concept. Additional guidance, if applicable, will be provided to selected organizations prior to entering into the consultative program design phase.

16. Are there preferred interoperability frameworks (e.g., HL7, FHIR, national health information systems) that applicants should align with when proposing digital health and data systems?

Organizations should explain in their SOIs how proposed data systems and frameworks support the objectives outlined in the Addendum, including considerations for interoperability. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

17. Objective 2 lists data systems and human resources as parts of a broader integrated system. Are these specific elements budgeted for, or is a recipient supposed to address the integration of the entire system?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain in their SOIs how proposed activities, including specific components, will achieve the objectives outlined.

18. What does human resources mean in this context? Are workforce or community health worker support (including training and supervision) in scope?
Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain how proposed workforce-related activities support the objectives outlined.
19. Do the US Embassy and DOH have accountability/monitoring systems in place, or will these be designed and built by recipients?
There are existing Department of State and Government of the Philippines monitoring and accountability systems. Organizations should explain in their SOIs how proposed approaches will align with and support the objectives outlined in the Addendum.
20. Can the term "interoperability" be clarified? Is this purely technical system interoperability? Would the integration of qualitative frontline worker feedback be considered relevant? Organizations should explain in their SOIs how proposed systems support interoperability in a manner consistent with the objectives outlined in the Addendum.
21. The addendum emphasizes procurement and supply chain management. Will direct procurement of commodities/equipment be included as intervention to fill critical gaps? Organizations should explain in their SOIs how proposed activities, including any procurement, support the objectives outlined in the Addendum. All proposed costs must be consistent with applicable federal regulations and guidance, including 2 CFR 200.
22. For Objective 4, does DOS envision a single portfolio-level performance platform for all U.S.-funded activities in the Philippines, or separate project-level systems that can interoperate with an Embassy platform?
Organizations should explain in their SOIs how proposed approaches to performance monitoring support the objectives outlined in the Addendum, including how systems may operate at project and/or portfolio levels.
23. Are applicants expected to cover specific regions (e.g., Luzon, Visayas, Mindanao, BARMM), or are we expected to implement in ALL?
Nationwide scope is not required for proposals. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum, without limitations on coverage of an entire country.
24. Would a proposal focused on family strengthening, prevention of unnecessary family separation, family-based alternative care, and strengthening child protection systems be considered within the scope of this Addendum C?
Organizations are encouraged to submit SOIs that are responsive to the objectives and scope outlined in this Addendum.
25. If multiple awards are made under this Addendum, what mechanisms does the Department envision to ensure coordination, data sharing, and alignment among awardees—particularly in relation to Objective 4? For example, is it envisioned that the Objective 4 implementer has a formal convening or coordination role?
Coordination, data sharing, and alignment across awards will be informed by the results of the SOI review process and subsequent award design. Additional guidance, if applicable, will be provided at a later stage.
26. Are there specific provinces or subnational areas within Luzon, Visayas, Mindanao, or BARMM that GHSD considers highest priority for investment?
There are no specific provinces or subnational areas designated as priorities.

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

27. In objective 3 - could you provide more information around the statement "streamline product registration process"? Does it apply to drugs, devices and/or vaccines?

Organizations should explain in their SOIs how proposed activities support the objectives outlined in the Addendum, including strengthening regulatory systems as applicable. In general, this is meant to apply to items under the purview of the Philippines FDA.

28. In objective 3 - is the assumption that these products would be coming from the U.S. and already have their FDA approvals? If so, would that information need to be included in the submissions to the Philippines?

Organizations should explain in their SOIs how proposed approaches align with the objectives outlined in the Addendum. Any proposed use of products must be consistent with applicable regulatory requirements.

29. In objective 3 – for strengthened post-marketing surveillance. Please describe, in a little more detail, what exactly the scope for these activities would be.

Organizations should explain in their SOIs how proposed activities related to post-marketing surveillance support the objectives outlined in the Addendum. In general, under objective 3 this includes strengthening the Philippines FDA capacity to monitor safety and effectiveness of drugs after approval and market release. This would include, for example, detection of poor-quality products to reduce the prevalence of sub-standard and falsified medicines.

30. In objective 3 – for strengthened post-marketing surveillance. Would this be akin to the FDA MedWatch Program and include systems like MAUDE, FAERS and VAERS? So is there any one particular area that would be a focus to start with, or are they all equally as important?

Organizations should explain in their SOIs how proposed approaches to post-marketing surveillance support the objectives outlined in the Addendum. There is no specific model prescribed.

31. In objective 3 - for post-market surveillance, would providing mobile access to submitting adverse events be a solution of interest?

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum. Organizations should explain how proposed approaches to post-marketing surveillance support the objectives outlined.

32. In objective 3 - for post-market surveillance, would a surveillance system integrated into electronic health record systems be within the scope of this request.

Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum – with emphasis on existing post-market surveillance systems. Organizations should explain how proposed systems support the objectives outlined in the Addendum.

33. The Addendum anticipates up to 6 awards totaling up to \$200 million. Does GHSD envision these awards as: (a) objective-specific lots (e.g., one award per objective); (b) geographically differentiated awards (e.g., Luzon vs. Visayas/Mindanao/BARMM); (c) a lead integrator award plus specialized subawards; or (d) independently competitive awards spanning all four objectives? Understanding the intended portfolio architecture is critical for applicants to determine how to scope their SOIs.

Final size, scope, and number of awards are subject to the results of the SOI review

process and Phase 2 (request for full applications). Organizations may propose approaches aligned to one or more objectives.

34. Objective 1 (Page 3) calls for supporting domestic surge capacity, including trained rapid response teams and emergency operations coordination. Does GHSD expect awardees to deploy and sustain standing surge capacity in the Philippines throughout the award period? GHSD does not have predetermined expectations beyond the stated objectives. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain how their proposed work will achieve the objectives.
35. Objective 3 (Page 4) includes supporting the Philippine FDA in streamlining product registration and strengthening post-marketing surveillance. Is this regulatory reform work expected to be led by the same implementer managing health service delivery activities, or does GHSD anticipate a separate specialized award targeting the Philippine FDA? GHSD does not have predetermined expectations beyond the stated objectives. Organizations should explain in their SOIs how their proposed approach will achieve the objectives outlined in the Addendum.
36. Objective 3 (Page 4) emphasizes transitioning financing from U.S. government funding to host government funding. Should SOIs include a costed transition plan at this stage, or is a narrative transition approach sufficient for the SOI? SOIs are not required to include detailed costed transition plans at this stage. Organizations should describe, at a high level, how proposed activities support the objective of strengthening domestic capacity and transition to host government financing.
37. The Addendum references procurement bottlenecks and supply chain management as priorities under both Objective 2 and Objective 3. Does GHSD expect awardees to directly procure and manage health commodities such as ARVs, TB medications, or NTD drugs as part of this award? Or is the role limited to supply chain systems strengthening, forecasting, and capacity building without direct commodity procurement? GHSD does not have predetermined expectations beyond the stated objectives. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain how proposed activities support those objectives.
38. Under Objective 4 (Page 4), the addendum calls for “aligned indicators” across the DOH system and the U.S. Embassy Manila platform. Will DoS provide a standard indicator framework and expected data-sharing architecture for alignment, or should applicants propose their own indicators and interoperability approach? Organizations should explain in their SOIs how proposed indicators and performance monitoring approaches support the objectives outlined in the Addendum. Existing indicators may be used, and additional indicators may be proposed, as appropriate.
39. Regarding the instructions on annexes, the APS states that annexes are meant to contain “supporting tables, charts, and other visual materials” to complement the main text. Should this be interpreted to mean that annexes should not contain any additional clarifying narrative text beyond what is needed to explain visuals? Annexes should be used to present supporting tables, charts, and visual materials. Any accompanying text should be limited to what is necessary to describe those materials.
40. For objective two, must applicants address the full integrated package of services (HIV, MNCH, TB, NTDs, and global health services)? Can applicants target one or two areas?

While this Addendum emphasizes integrated approaches, there is no restriction on submitting SOIs that focus on a standalone health area. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum and should explain how their proposed work will achieve the objectives.

41. Will the Operational Plan for the Joint Declaration of Intent (either in final or near-final form) be shared publicly prior to the Addendum C SOI submission deadline, to ensure alignment with government-led activities?

The operational planning process is ongoing. There is no certainty that additional materials will be made available prior to the SOI submission deadline.

42. Please confirm if there are specific emerging infectious diseases under Objective 1. Or should the applicant propose the top priority pathogens to address the top health security threats? Different pathogens don't behave the same way—so using a single, one-size-fits-all outbreak response would be ineffective.

There are no priority pathogens specified in this Addendum. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

43. Are applications expected to cover the full country, build upon prior investments, or can they be selective in which geographic areas they will target based on the needs?

Nationwide scope is not required for proposals. Organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum, without limitations on coverage of an entire country.

44. To what extent can funds be used for the direct procurement of medical commodities, treatments, and essential medicines for HIV, TB, neglected tropical diseases, and vaccine-preventable diseases, versus funding only the administrative and supply chain systems that manage them? The Addendum's Objective 2 calls for integrating health service delivery, which implies both the system and the commodities flowing through it.

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget (either commodity procurements vs systems strengthening) to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.

45. Under the focus on disease detection and integrated service delivery, is the direct purchase of rapid diagnostic testing kits (specifically for HIV, Syphilis, Hepatitis B, and NTDs) an allowable procurement cost? Our consortium's physicians in Isabela, Nueva Ecija, and Agusan Del Norte report that stock-outs of rapid diagnostic kits at RHUs are a primary barrier to early detection in their facilities.

Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs. Additionally, organizations are encouraged to submit SOIs for any work that falls within the scope outlined in the Addendum.

46. Does the U.S. Department of State mandate the purchase of generic pharmaceutical products to maximize cost-efficiency, or are branded medications allowable when generics face documented local procurement bottlenecks in the Philippines? Additionally, must procured medications and diagnostics meet specific U.S. FDA or WHO pre-qualification standards?

Any proposed procurement must comply with relevant regulatory and quality requirements. If a branded patented product is available, it must be the first

- procurement option. There is no mandate to procure generic pharmaceutical products; however, generics are an allowable option provided their quality assurance meets appropriate standards. Additionally, countries are required to procure pharmaceuticals that are approved by the U.S. Food and Drug Administration (FDA), the World Health Organization (WHO), a Stringent Regulatory Authority (SRA), or a National Regulatory Authority (NRA). This requirement ensures that procured pharmaceuticals meet established safety, efficacy, and quality standards recognized by these regulatory bodies. If this requirement does not apply or cannot be met, countries may conduct sampling and testing by a qualified Quality Assurance (QA) partner with appropriate laboratory accreditation.
47. To ensure end-to-end supply chain integrity in the Philippines, where typhoons, flooding, and geographic fragmentation routinely disrupt last-mile delivery, are grant funds permitted for:
- procurement of solar-powered cold-chain equipment or construction of regional cold-chain storage,
 - leasing of localized warehousing and staging areas as buffer stock against natural disasters, and
 - procurement and distribution of household hygiene kits alongside community health education campaigns for NTD and communicable disease prevention?
- Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.
48. Because access to clean water is foundational to the prevention and control of NTDs, which the Addendum explicitly targets, are grant funds permitted for the procurement and installation of water, sanitation, and hygiene (WASH) infrastructure in target communities that currently lack a safe water supply, particularly in BARMM and the Cordillera highlands?
- Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.
49. Can grant funds be utilized to compensate specialized medical professionals, such as pediatricians, OB/GYNs, internal medicine physicians, and surgeons, to conduct regular, recurring clinical visits to underserved municipalities in Luzon and Mindanao as part of integrated service delivery? Several of our consortium physicians currently serve in district hospitals and seek clarity on whether outreach visit compensation is allowable.
- Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.
50. In alignment with Objective 3’s emphasis on building domestic capacity and host-country leadership, are we permitted to use funds to recruit, train, and financially support local Filipino residents to serve as community healthcare workers (barangay health workers), with a structured transition plan to sustain them through LGU or PhilHealth financing within the award period?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria. Are funds permitted for compensating or providing hazard pay to domestic rapid response teams and rural health workers mobilized during an active outbreak investigation, consistent with Objective 1’s emphasis on strengthening “domestic surge capacity, including trained rapid response teams”?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.

51. Because delivering integrated health services to fragile and underserved areas, particularly in Mindanao, BARMM, and the Cordillera highlands, requires overcoming significant geographic barriers, will the grant allow specific budget allocations for: (a) rental of vehicles such as mobile health units or 4x4 trucks to transport community-based providers to geographically isolated barangays, and (b) logistics costs for moving elderly or fragile patients (and a companion, when necessary) from remote villages to regional specialists, including short-term housing if care requires more than a one-day stay?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria. Under the guiding principle of ‘Data-Driven and Digitally Enabled Decision-Making,’ is the procurement and deployment of satellite internet hardware (such as Starlink kits and external networking routers) an allowable expense to ensure geographically isolated health units in Visayas, Mindanao, or BARMM have reliable connectivity for real-time disease surveillance reporting? Many target RHUs in our consortium’s provinces currently have no internet connectivity whatsoever.

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria. As a reminder, any proposed use of funds must be consistent with applicable federal regulations and guidance, including 2 CFR 200 Subpart E – Cost Principles.

52. Is it an allowable expense to purchase:
- mobile devices (tablets or smartphones) for trained community healthcare workers to conduct field-level data collection and real-time reporting, and
 - commercial geospatial and data analytics software licenses to help local health units improve targeting, forecasting, and routine performance reviews as described in Objective 4?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria. As a reminder, any proposed use of funds must be consistent with applicable federal regulations and guidance, including 2 CFR

200 Subpart E – Cost Principles.

53. Can funds be utilized to procure proprietary digital platforms or software designed specifically to streamline the Philippines FDA product registration process and address the procurement bottlenecks referenced in Objective 3?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.

54. Are grant funds permitted to cover the costs of establishing a physical satellite field office directly within the target community, such as renting space within a municipal town hall or funding the build-out of a dedicated project field office—to ensure sustained community engagement and local accountability?

Organizations should explain in their SOIs how their proposed work will achieve the objectives outlined in the Addendum – and it is up to organizations to determine the best use of the proposed budget to achieve those objectives. GHSD will assess SOIs based on the published evaluation criteria.

Administrative

1. Could DOS please confirm that a single SOI may address more than one objective?

A single SOI may address more than one objective

2. Regarding organizational eligibility for Addendum C, does the US-based prime applicant, bringing AI innovation and technical depth, need to have an established physical office or a legally registered branch in the Philippines at the time of the SOI submission, or can this in-country footprint be established through partnership with local consortium members? We note that Round 1 Admin Q176 confirms that a U.S.-registered entity may implement through country offices; we seek confirmation this eligibility also applies to Addendum C through establishing partnership with Philippines-based consortium members.

An in-country presence may be established through partnerships. Organizations should ensure that proposed arrangements support effective implementation of the proposed activities.

3. Is there a preference for single-organization submissions versus consortium-based approaches?

Unless otherwise noted in specific Addendum, Department of State has no preference.

4. Do you have preference in having local Philippine partners priming?

Unless specifically stated in the Addendum, Department of State has no preference.

5. Can private sector actors, and/or government-affiliated entities be part of the consortium?

Private sector actors and/or government-affiliated entities may be part of a consortium, provided they meet the eligibility criteria described in Section B of the APS.

6. Will Philippine institutions be the lead implementing agent for the project, or will they be a co-partner/subcontracting agent?

GHSD will make selections based on the published evaluation criteria outlined in Section F of the APS.

7. If a Philippine institution is the lead agent, is it required to partner with an international or US-based institution?
There is no requirement to partner with an international or U.S.-based institution.
8. Can one institution or organization with several units or departments that can potentially implement the project independently be allowed to submit multiple proposals?
Organizations may submit more than one SOI.
9. If a proposed technology subrecipient (Team Partner) holds an active Letter of Intent from the Philippine Department of Health for the work described in the SOI, is that endorsement credited to the prime applicant for country ownership purposes, or does GHSD expect the prime to hold its own separate MOH endorsement at SOI stage?
GHSD will make selections based on the published evaluation criteria outlined in Section F of the APS. At the SOI stage, there are no specific requirements regarding endorsements unless otherwise stated in the APS or Addendum.
10. Where the prime applicant's role is systems integration, federal compliance, and program management, and the technical platform is provided by a U.S. technology subrecipient, we would like to confirm two points. First, is it acceptable at the SOI stage to describe this as a subrecipient arrangement with formal subaward terms to be finalized in Phase 2? Second, does the Organizational Capacity criterion consider the subrecipient's own country relationships, technical readiness, and deployment history, or is that criterion scored only against the prime applicant's record?
It is acceptable at the SOI stage to describe a subrecipient arrangement, noting that formal subaward terms would be finalized in Phase 2. Organizational capacity will be assessed based on the information provided in the SOI, including the roles and contributions of proposed partners.
11. We intend to submit SOIs under both Addendum A (ROR) and Addendum C (Philippines). The same prime and the same subrecipient-provided platform would be named in both, with country scope adjusted per addendum. Is this approach acceptable, and may the Philippines also be named as a deployment country in the ROR SOI without creating a conflict or responsiveness issue with the separate Addendum C submission?
This is an acceptable approach. The Philippines may also be named as a deployment country in the ROR SOI without creating conflict.
12. Some of Addendum C reads in service-delivery terms and some in systems-strengthening terms. For an applicant proposing a sovereign surveillance platform owned and operated by the host government, rather than a service delivery or technical assistance program, does the Merit Review Panel treat an infrastructure investment as equally responsive to Objectives 1 and 4? Or is there language in the criteria that favors service delivery framing over infrastructure framing?
GHSD will make selections based on the published evaluation criteria outlined in Section F of the APS. Organizations should submit SOIs that clearly articulate how the proposed approach achieves the objectives outlined in the Addendum.
13. Our approach assumes that epidemiological data generated under the award is hosted on Philippine government infrastructure and owned by the Department of Health rather than by the implementing partner. Does GHSD have a stated position on where surveillance data must be hosted, on whether data ownership should rest with the host government, and on whether a government-hosted and DOH-owned architecture is required, preferred, or simply permissible?

Unless otherwise specified, GHSD does not prescribe specific requirements regarding data hosting or ownership. Organizations should explain in their SOIs how proposed approaches support the objectives outlined in the Addendum.

14. The Round 1 Q&A confirms that a single-objective focus is acceptable. For a proposal concentrated on Objectives 1 and 4, is a two-objective focus considered sufficiently responsive for a country-specific addendum with only six anticipated awards? Or does GHSD typically see a broader multi-objective approach as more competitive at this scale?
A two-objective focus is acceptable. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.

15. The Round 1 Q&A confirms that up to four annexes (one page each) are permitted and that diagrams and conceptual frameworks count as charts rather than narrative. For a platform-centered proposal, do reviewers find value in architecture diagrams, a methodology framework for leading-indicator surveillance, and a deployment timeline visual? Or is annex space better used for partner tables and outcome frameworks, with platform architecture described in the narrative?

Use of annex space is at the discretion of the organization. Applicants should follow the guidance provided in Section D of the APS.

16. How does GHSD define “integrated service delivery” in this context? For example, should applicants interpret this to mean support to integration of data systems or collocation of services or more foundational changes such as fully merged health program governance structures?

Organizations should interpret “integrated service delivery” in the context of the objectives outlined in the Addendum and explain in their SOIs how their proposed approach supports those objectives.

17. To what extent are applicants expected to incorporate U.S.-based technologies, or standards into program design? How will GHSD evaluate SOIs that utilize open-source, local or other non-U.S. solutions where they may be more cost-effective or contextually appropriate?

Organizations should explain in their SOIs how proposed approaches support the objectives outlined in the Addendum. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.

18. At the SOI stage, what level of engagement or alignment is expected with Philippine government entities such as DOH, FDA, and PhilHealth? Is formal endorsement or partnership required?

At the SOI stage, formal endorsement is not required. Organizations should explain in their SOIs how proposed approaches support the objectives outlined in the Addendum.

19. Is this intended to be implemented by a single recipient, or are awards going to be distributed across multiple functions?

That determination will be made based on the SOIs received and the evaluation process outlined in Section F of the APS.

20. Does the Department of State anticipate any actual or perceived conflict of interest if the same organization proposes to implement activities under Objective 4 (establishing performance accountability and portfolio-level monitoring mechanisms) and under one or more of Objectives 1–3? If so, what structural, governance, or firewall arrangements would the Department consider acceptable to mitigate such conflicts?

Organizations should ensure that any proposed approach complies with applicable federal

regulations and guidance, including conflict of interest requirements.

21. Is Objective 4 expected to track and report on the performance of only activities funded under this specific Addendum, or more broadly across other U.S.-funded health activities in the Philippines

Organizations should explain in their SOIs how proposed approaches to performance monitoring support the objectives outlined in the Addendum.

22. The Addendum indicates total available funding and the anticipated number of awards, but we did not identify a specific minimum or maximum budget per individual proposal. Is there any recommended budget range for a single-country proposal?

There is no recommended budget range. Organizations should propose cost-conscious budgets that achieve the objectives outlined in the Addendum.

23. Are broad integrated proposals and specialized proposals evaluated under the same criteria?

All SOIs are evaluated under the criteria listed in Section F of the APS.

24. The addendum states that up to 6 awards are anticipated. Will DOS be willing to provide an indicative budget range expected per award?

There is no recommended budget range. Organizations should propose cost-conscious budgets that achieve the objectives outlined in the Addendum.

25. Given the emphasis on an integrated approach, could the DOS please confirm that, like the other addenda, applicants are not required to address all four objectives?

Applicants are not required to address all four objectives.

26. How does GHSD intend to prioritize across the four stated objectives during evaluation, and should applicants consider strengthening disease surveillance and outbreak response as the primary driver of this initiative?

All SOIs will be evaluated based on the published evaluation criteria. Organizations should explain how their proposed approach supports the objectives outlined in the Addendum.

27. How will GHSD assess proposals that emphasize integrated service delivery across disease programs relative to those that demonstrate measurable impact on specific high-burden diseases?

All SOIs will be evaluated based on the published evaluation criteria in Section F of the APS. Organizations should explain how their proposed approach supports the objectives outlined in the Addendum.

28. To what extent does GHSD expect applicants to explicitly articulate how proposed activities contribute to U.S. national security, particularly in reducing cross-border infectious disease threats?

Organizations should explain in their SOIs how proposed activities support the objectives outlined in the Addendum, including contributions to health security as applicable.

29. Does GHSD prioritize strengthening and integrating existing Government of the Philippines digital health systems, or is there openness to introducing new platforms, including U.S.-based technologies and solutions?

Organizations should explain in their SOIs how proposed approaches support the objectives outlined in the Addendum.

30. How strongly will GHSD evaluate proposals based on their ability to expand private sector engagement, including partnerships with U.S. firms and the deployment of U.S. technologies and standards?

All SOIs will be evaluated based on the criteria outlined in Section F of the APS.

31. With up to six awards anticipated, does GHSD envision a portfolio composed of large, integrated programs alongside smaller specialized efforts, or multiple similarly scoped awards?

Final size, scope, and number of awards will be determined based on the SOI review process and subsequent award design.

32. To what extent should proposals include laboratory infrastructure strengthening versus workforce development and systems integration to support surveillance and outbreak response?

Organizations should explain in their SOIs how proposed activities support the objectives outlined in the Addendum to advance the America First Global Health Strategy.

33. What are GHSD's expectations regarding timelines and benchmarks for transitioning from U.S. government support to increased domestic financing and management of health systems?

Unless specifically stated, GHSD does not have predetermined expectations.

Organizations should explain in their SOIs how proposed approaches support the objectives outlined in the Addendum and in alignment with the AFGHS.

34. Could GHSD provide illustrative examples of what successful integration across disease programs (e.g., HIV, TB, MNCH, and health security functions) would look like at the service delivery level?

GHSD will not be providing illustrative examples.

35. Are there existing Department of Health platforms, systems, or frameworks that GHSD expects applicants to align with or build upon, particularly for surveillance, digital health, and supply chain management?

Organizations should explain in their SOIs how proposed approaches align with and support existing systems, as appropriate, to achieve the objectives outlined in the Addendum.

36. Could GHSD clarify the types of private sector partnerships that would be most valuable (e.g., service delivery, technology deployment, supply chain/logistics), and how these are expected to contribute to sustainability?

Organizations should explain in their SOIs how proposed partnerships support the objectives outlined in the Addendum.

37. From GHSD's perspective, what are the most critical operational bottlenecks currently limiting effective outbreak detection, response, and integrated service delivery in the Philippines?

Organizations (not GHSD) are meant to identify (and then propose solutions for) the most critical operational bottlenecks in their SOI submissions.

38. Does GHSD have a preference for proposals that address multiple components of the health system in an integrated manner, or those that focus deeply on a limited set of high-impact interventions?

Unless otherwise stated in the APS or Addendum, GHSD does not have a preference.

39. Could GHSD provide additional guidance on how sustainability will be assessed, particularly in relation to government ownership, financing, and long-term system performance?

All SOIs are assessed under the evaluation criteria listed in Section F of the main APS.

40. How does Addendum C (Philippines) relate to Addendum B (Rapid Outbreak Response,

or ROR)? Will they be treated separately, or what is the programmatic delineation? Does that mean the Philippines will be excluded from the ROR SOI?

The Philippines is not excluded from Addendum B (Rapid Outbreak Response). Each SOI will be assessed based on published evaluation criteria in Section F of the APS.

41. Will the funding divide cleanly ROR only for outbreak response (reactive), Addendum C only for baseline systems (sustained)? Or could fund overlapping work at the same time? For example, Addendum B (ROR Obj 1 and Obj 2) and Addendum C (Obj 1) both fund lab networks, surveillance systems, and outbreak response in the Philippines. How will GHSD distinguish which activities belong to ROR versus Addendum C?

Organizations should explain in their SOIs how proposed activities align with the objectives of the specific Addendum to which they are applying. Each SOI will be assessed according to the published evaluation criteria outlined in Section F of the APS.

42. ROR is short-term and surge-focused, while Addendum C funds a five-year health system. Both have the same May 31, 2026, deadline and could start at the same time. Does GHSD plan to sequence these (for example, build the health system first, then add ROR capacity), or run both in full parallel from day one?

The timing and sequencing of activities will depend on the design of individual awards and the results of the SOI review process.

43. Can organizations respond to each objective separately, meaning a separate SOI for each objective, or must SOIs address the program comprehensively?

Organizations may respond to individual objectives separately. Each SOI will be evaluated independently.

44. How do you envision the role of local organizations under this addendum? Do you envision most of the direct implementation being carried out by local organizations with the INGO providing more technical assistance?

Unless otherwise stated, GHSD does not have predetermined expectations or visions.

45. Are applicants required to cover all four objectives? Or, can they target one or two?

Applicants are not required to address all four objectives.

46. Since this addendum was released later than the others, would you be open to extending the deadline?

The deadline for SOI submissions for Addendum C is May 31, 2026.