USAID | ASIA
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Issuance Date: June16, 2011
Closing Date: July 28, 2011
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Subject: USAID-RDMA-486-11-038-RFA
Greater Mekong Subregion Multidrug Resistant Tuberculosis Prevention and Management

The United States Agency for International Development (USAID), is seeking applications (proposals for funding) from U.S. or non-U.S. non-governmental organizations (NGOs) and/or a consortia to provide technical support to regional and country-based tuberculosis (TB) programs. USAID/RDMA is issuing a request for applications (RFA) for a 5 years cooperative agreement(s). Please refer to the Program Description (RFA section I) for a complete statement of goals and expected results.

Subject to annual availability of funding, USAID intends to award a cooperative agreement(s) for approximately $10 million over a five-year period (on/about October 1, 2011-September 30, 2016). This funding is focused on developing multiple innovative and scalable models to prevent and manage multi-drug-resistant TB (MDR-TB). This award will permit the recipient to carry out activities on a region-wide basis and/or in all of the following USAID non-presence countries in the Greater Mekong Sub-region (GMS): Burma, China, and Thailand. USAID reserves the right to fund any or none of the applications submitted.

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

1. Section I Funding Opportunity Description;
2. Section II Award Information;
3. Section III Eligibility Information;
4. Section IV Application and Submission Information;
5. Section V Application Review Information;
6. Section VI Award and Administration Information;
7. Section VII Agency Contacts; and
8. Attachments Representations and Certifications

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

The federal grant process is now web-enabled. As of December 19, 2005, grant and cooperative agreement Request for Application (RFA) and Annual Program Statement (APS) announcements, modifications to the announcements, and the corresponding application packages must be posted via Grants.gov on the World Wide Web (www). This RFA and any future amendments can be downloaded from the website www.grants.gov. It is the responsibility of the Recipient of the application document to ensure that it has been received the RFA from www.grants.gov in its entirety.

Applicants may submit their applications electronically on www.grants.gov or by e-mail attachment formatted in Microsoft Word (up to 2 MB limit per email) and must also submit hard copies by the due date. Please see Section IV of the RFA for detailed instructions regarding submission of applications via email. Applications and modifications thereof shall be submitted with the name and address of the Applicant and the RFA number (referenced above) inscribed thereon, via email, to pvirasingh@usaid.gov and copied to criegler@usaid.gov .

Applicants must confirm with Craig Riegler/Praveena ViraSingh that their electronic submissions (either via grants.gov or via email) were successfully received by the required due date. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions. An original and four (4) hard copies of the technical application, and an original and one hard copy of the cost proposal, must be sent to:

Praveena ViraSingh
Regional Office of Procurement
US Embassy Thailand
Box 47 (USAID)
APO, AP 96546

or

Praveena ViraSingh
USAID/Regional Development Mission Asia
Regional Office of Procurement
Athenee Tower, 25th Floor, Room 2465
63 Wireless Road, Lumpini, Pathumwan
Bangkok 10330, Thailand

Hard copies of submissions must arrive by the due date. It is recommended that Applicants use courier service instead of international mail for the hard copies. Applications will be accepted for consideration as long as they arrive at USAID/RDMA by the time stipulated. See RFA Section II regarding late applications.

Applicants are requested to submit the technical and cost portions of their applications in separate volumes so that they may be reviewed separately. Award will be made to that responsible Applicant(s) whose application(s) best meets the requirements of the RFA and the selection criteria contained herein.

Faxed proposals are not acceptable.

Issuance of the RFA does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant cooperative agreement(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the Applicant, and all preparation and submission costs are at the Applicant's expense.

In the event of any inconsistency between the sections comprising this RFA, it must be resolved by the following order of precedence:

(a) Section V Application Review Information
(b) Section IV Application and Submission Information
(c) Section I Funding Opportunity Description
(d) This Cover Letter

Applicants should take into account the expected delivery time required by the proposal transmission method they choose, and are responsible to ensure that the electronic copies are sent to the right email address and the hard copies of the proposals are received at USAID/RDMA, (and not at another location) by the due date and time specified above.

Applicants should retain for their records one copy of all enclosures which accompany their application.

Thank you for your interest in USAID/RDMA programs and activities.

Sincerely,

/s/

Craig Riegler
Regional Agreement Officer
USAID/RDMA, Bangkok

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SECTION I: FUNDING OPPORTUNITY DESCRIPTION

1. STATEMEMT OF WORK

I. INTRODUCTION

The USAID Regional Development Mission Asia (USAID/RDMA) seeks to procure the services of an organization, institution, and/or consortium to provide technical support to regional and country-based tuberculosis (TB) programs.

II. BACKGROUND

USAID/RDMA was originally cast as a regional platform responsible for the management of USAID programs and operations in Burma, China, Laos, Vietnam and Thailand, but quickly expanded to include the development of regional and cross-border programs and the provision of administrative and cooperative support for several country missions in the Region.

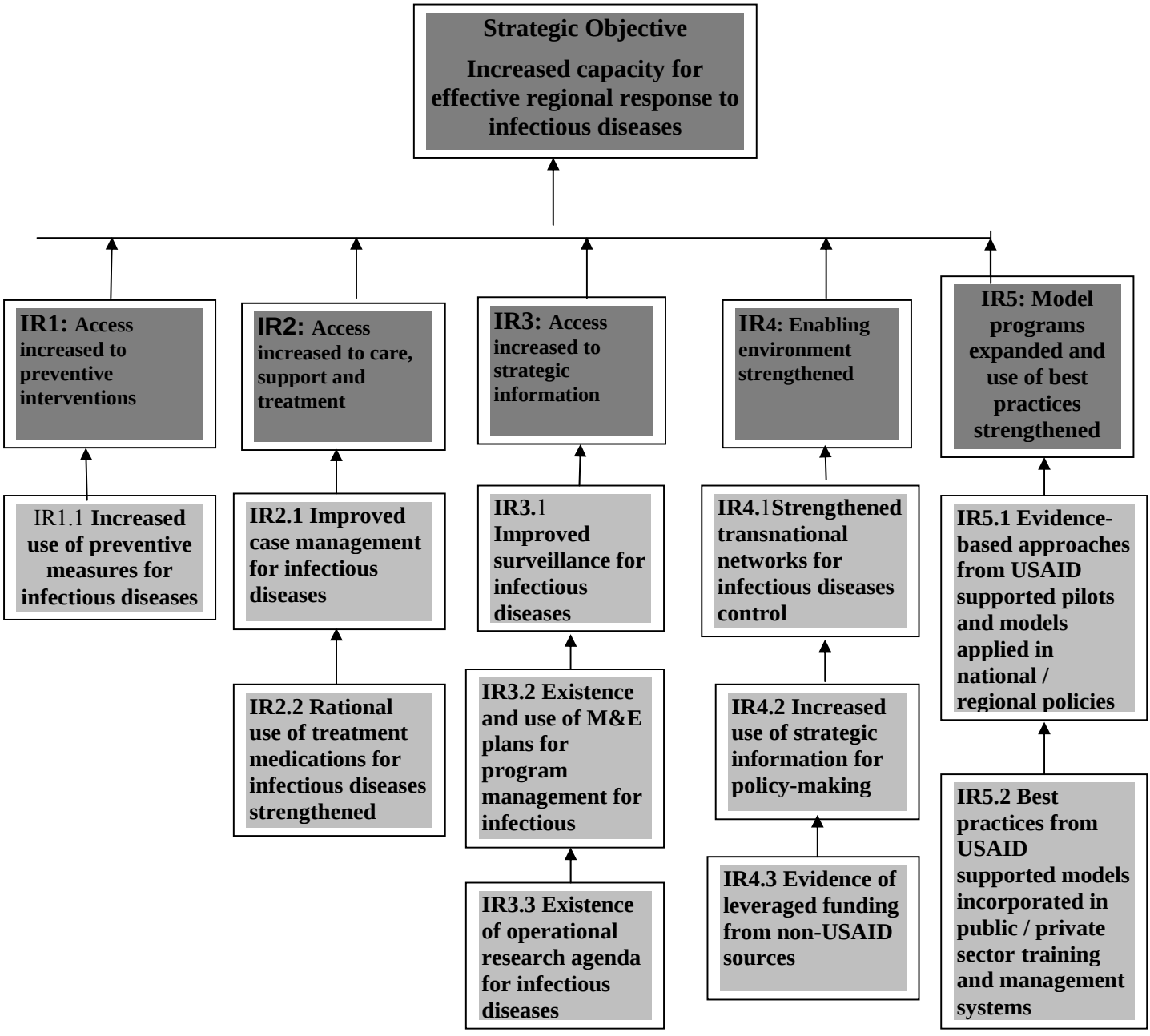
USAID/RDMA works to engage a variety of partners to address regional or cross-border issues and enhances regional collaboration and cooperation to ensure that knowledge, best practices, and lessons learned are widely disseminated. It also provides a platform for human resource capacity to complement and support the existing portfolios of the bilateral Missions in the region.

The mandate of the USAID/RDMA Office of Public Health (OPH) is to develop high-impact programs to address the most important epidemiologic needs and infectious diseases (ID); to manage programs in USAID non-presence countries; to design and manage cross-border activities and other programs for mobile populations, and to develop pilot and test innovative model programs, particularly for service provision, that can be scaled up in a partnership with host governments, other donors, and multilaterals. The regional program is expected to enhance opportunities for sharing lessons learned. Consistent with USAID's commitment to gender equality as a critical element of development as described in the President's Global Health Initiative (GHI), the OPH strategy integrates activities that promote gender equality and avoids those with adverse gender impacts.

USAID/RDMA will address the Office of Public Health (OPH) assistance objective to increase an effective regional response to prevent and mitigate HIV/AIDS, malaria, tuberculosis, avian influenza and other emerging infectious diseases. Refer to OPH's results framework below:

Program Impact Indicators:

1. Prevalence of infectious diseases
2. Incidence of new infectious diseases
3. Morbidity among who are infected with infectious diseases
4. Mortality due to and infectious diseases



The USG Global Health Initiative and the USG TB Strategy

In response to the urgent need to control the spread of TB worldwide, the U. S. Congress passed the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act (Reauthorization Act) in 2008. This Act called for a substantial increase in US government (USG) funding for TB treatment and care over a five-year period and requested the development of a USG Global TB Strategy which supported the objectives of the WHO's Global Plan to STOP TB. In May 2009 President Obama announced the Global Health Initiative (GHI), a $63 billion investment over six years to help partner countries improve health outcomes through integrated approaches that improve health systems and ensure that best practices drive the program investments made with the funding. The GHI and the Reauthorization Act provide the framework for the USG TB program's goals and objectives as outlined in the 2010 USG TB Strategy. Under the rubric of the GHI, the USG program 2009-2014 goals and protected targets are:

1. Contribute to a 50 percent reduction in TB deaths and disease burden (1990 baseline);
2. Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of TB and successfully treat at least 85 percent of cases detected in countries with established USG tuberculosis programs;
3. Successfully treat 2.6 million new sputum smear-positive TB patients under Directly Observed Therapy-short course (DOTS) programs by 2014, primarily through support for needed services, commodities, health workers, and training, and additional treatment through coordinated multilateral efforts; and
4. Diagnose and initiate treatment of at least 57,200 new MDR-TB cases by 2014 and providing additional treatment through coordinated multilateral efforts.

The World Health Organization (WHO) new 6-point Stop TB Strategy, with which the USG TB Strategy is complementary, builds on the successes of DOTS while explicitly addressing the key challenges facing TB control. Its goal is to dramatically reduce the global burden of tuberculosis by 2015 by ensuring that all TB patients, including for example, those co-infected with HIV and those with drug-resistant TB, benefit from universal access to high-quality diagnosis and patient-centered treatment. The strategy also supports the development and introduction of new and effective tools to prevent, detect and treat TB. The Stop TB Strategy underpins the Stop TB Partnership's Global Plan to Stop TB 2006-2015.

OPH TB Results Framework

Contributing to the Investing in People overall objective under the U.S. Foreign Assistance Framework, this request for applications (RFA) will address the TB program element through the development of replicable and innovative models for MDR/TB prevention and management with the expectation that they will be successful in improving the management of MDR-TB and increasing detection and treatment success rates in selected areas where the models MDR-TB programs will be implemented.

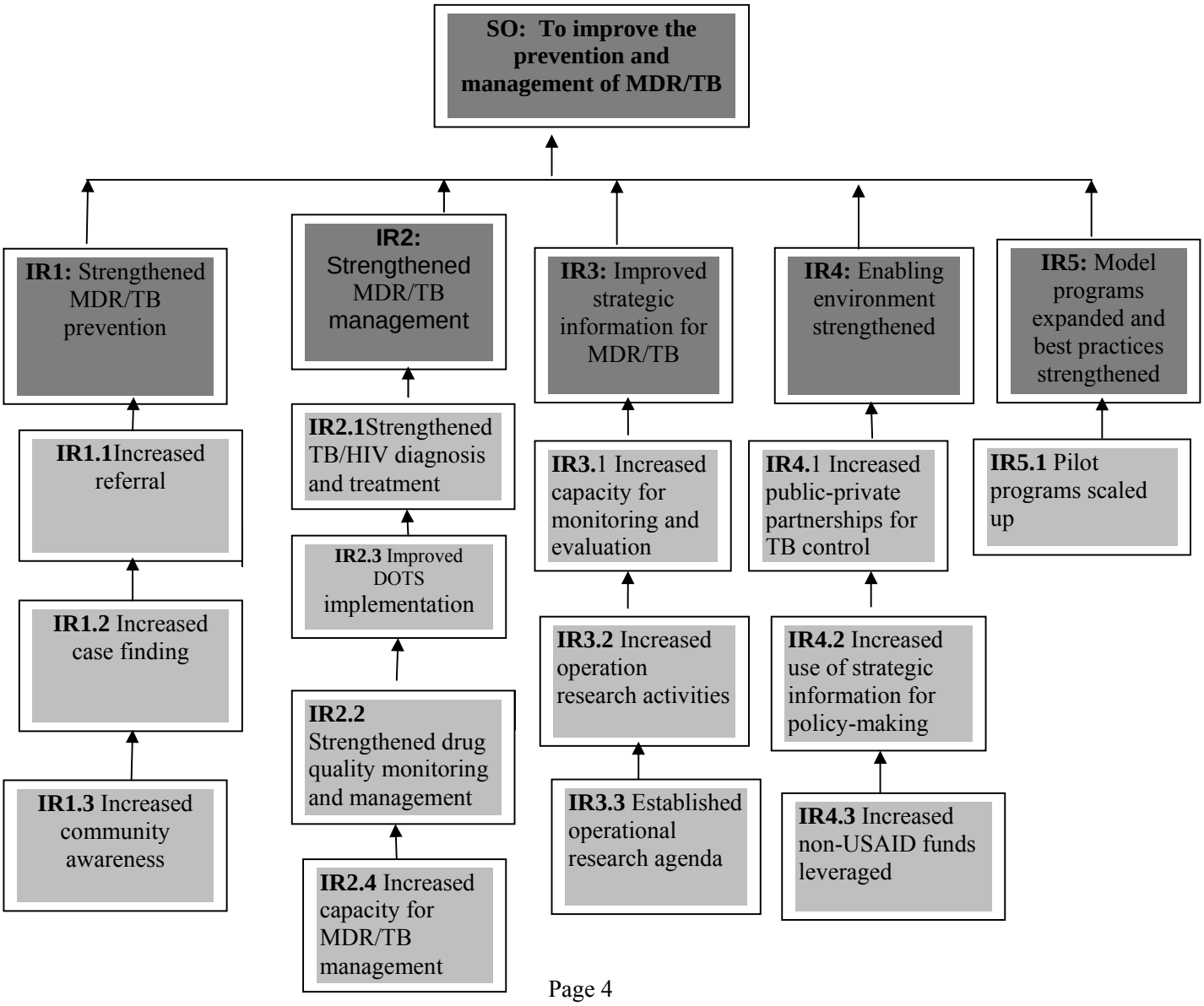
The RFA's primary goal is to contribute to a reduction in the incidence and mortality related to MDR-TB in the region served by USAID/RDMA. Specifically, USAID/RDMA is seeking an organization, institution and/or consortium to achieve the following objectives:

- Improved management of TB through the development, implementation and evaluation of scalable and innovative models for the management of MDR-TB
- Increased detection of MDR-TB cases and treatment success among MDR-TB cases in selected areas where model MDR-TB programs will be implemented.

Proposed activities and interventions are expected to be within and address elements of the OPH results framework in increasing prevention and management of MDR/TB in the RDMA region (see results framework below).

Program Impact:

1. Increased MDR/TB case detection rate in targeted area
2. MDR/TB prevalence maintained or reduced in targeted areas
3. MDR/TB treatment success rate in targeted area increased



Geographic focus

The geographic focus of this activity is to cover the Greater Mekong Subregion with a particular focus on RDMA's key non-presence countries Burma, China (Southern provinces of Yunnan and Guangxi in particular), and Thailand given their status as TB high burden countries and their contribution to the regional MDR/TB burden.

USAID/RDMA Regional Context

The USAID/RDMA manages regional programs that benefit all of East Asia and much of South Asia and the Pacific. The Mission supports TB activities in nine TB high-burden countries: Bangladesh, Burma, Cambodia, China, India, Indonesia, Philippines, Thailand, and Vietnam. USAID/RDMA-supported regional TB activities are focused primarily on the countries in the Greater Mekong subregion (GMS) in which there is no USAID country Mission: Burma, China, Laos, and Thailand. Despite treatment success rates above the WHO global targets in the Western Pacific Region, Laos and China have high rates of multidrug resistant TB that are 1.7% and 5%, respectively. China accounted for 22% of new MDR-TB cases globally in 2009 and approximately 85% of MDR-TB cases in the region. The prevalence of tuberculosis among boys and girls is equal up to age 15 years of age; thereafter male cases predominate. In most of the world, more men than women are diagnosed with TB and die from it (Sen and Östlin, 2007). However, longitudinal studies have shown that women have a greater risk than men of progression from infection to disease. TB is one of the leading cause of death among women (WHO http://www.who.int/tb/challenges/gender/page_1/en/index.html; accessed April 18, 2011).

Treatment of MDR-TB is more widely available through support from the Green Light Committee (GLC) and the Global Fund, but the availability of treatment is far less than the burden of disease. Challenges to effective management of MDR-TB in the region include, but are not limited to: limited capacity of national laboratories for testing and diagnosis; difficulties ensuring continuous access to quality assured first and second line anti-TB drugs, in part due to unreliable suppliers and substandard TB drug quality; poor adherence to treatment protocols, in part due to prolonged chemotherapy and more severe adverse drug reactions; prescription of inappropriate treatment regimens; limited capacity to diagnose and treat drug-resistant TB; insufficient attention to outpatient and community-based care models for MDR-TB and nascent links between facilities and communities for social support, case detection, and other public health functions associated with effective TB control.

Access to quality assured first-line and second-line anti-TB medicines is a critical part of preventing MDR-TB and extensively drug-resistant TB (XDRTB), yet there are reports in the popular media about drug rings in Asia which are reportedly developing fake versions of medications and then selling them to consumers on the black market. Such medications may not have the same amounts of the ingredients found in the real product which, in the case of anti-TB drugs, could facilitate the development of drug-resistant TB. In 2008, the International Criminal Police Organization confiscated $6.65 million (more than 16 million pills) worth of counterfeit medications for TB, malaria, and HIV in Southeast Asia and made more than two dozen arrests. The counterfeit medications were seized from China, Laos, Cambodia, Burma, Singapore, Thailand, and Vietnam, countries within the region served by USAID/RDMA.[1]

In the context of the recent counterfeit anti-TB drug seizures, the scope of counterfeit and substandard anti-TB drugs and the availability of quality assured suppliers of TB drugs in the region needs to be better understood. In addition to the drug quality assurance issues, there is also a need to document the priority pharmaceutical management issues for anti-TB drugs. USAID/RDMA is currently supporting a desk review of stakeholder country MDR-TB programs relevant to pharmaceutical management systems and their implications for MDR-TB prevention and management. By identifying country strengths, weaknesses, opportunities, and threats, with a focus on pharmaceutical management for MDR-TB, USAID/RDMA will be better able to increase the regional capacity to improve pharmaceutical management practices for MDR-TB. USAID/RDMA has also supported activities to develop the ANEQAM (Asian Network for Ensuring the Quality Assurance of Medicines), which provides a permanent regional source of technical assistance for Ministries of

[1] Interpol Media Release, November 17, 2008: Police across Southeast Asia target counterfeit medicines in multi-agency operation is.

Health, manufacturers, and NGOs involved with supplying essential medicines. Given the burden of MDR-TB and XDR-TB within the region, it is important to develop innovative and scalable models and regional assistance approaches to help the region to reach the Stop TB Partnership target of diagnosing and treating 80% of estimated M/XDR TB cases in accordance with international guidelines. USAID/RDMA recognizes the need for varied and complex approaches to preventing and managing drug-resistant TB in collaboration with host country governments and regional stakeholders and will prioritize support for activities in non-presence countries and/or activities that have regional implications.

USAID/RDMA has designed this activity to be in line with the U.S. Secretary of State's Lower Mekong Initiative (LMI) health pillar to improve health systems through increased collaboration between the four member countries in infectious diseases control and prevention. This activity will specifically add to RDMA's and the region's previous effort to control and regulate counterfeit and substandard medicines, one of the key contributing factors to multidrug resistant TB in the region. Counterfeit drug is a regional challenge with enormous impact in countries beyond the three focus countries of this activity. Vietnam and Cambodia which are focus countries of the LMI initiative deal with the same challenge and should be included in the planning and exploration for a regional approach to addressing counterfeit and substandard medicines.

The TB/ MDR-TB burden situation in the three USAID non-presence countries; and USAID/RDMA's highest priority for the development of scalable comprehensive models for MDR-TB prevention and management is provided below.

Priority USAID/RDMA Non-Presence TB/MDR-TB Country Contexts

Burma

According to the 2009-2010 Ministry of Health Report on the National TB Prevalence Survey in Burma, the smear-positive TB prevalence was 242 per 100,000 among those aged 15 or more; the prevalence of smear-negative culture positive TB was 370 per 100,000 population aged 15 or more and the rate of bacteriologically positive TB was 612.8 per 100,000-population aged 15 or more, a level significantly higher than previous WHO estimates. The second national drug-resistant survey completed in 2008reported 4% and 10% multidrug resistant TB among new and previously treated TB patients respectively, compared with 4% and 15% MDR-TB in the first survey conducted 6 to 7 years prior. Burma is a high TB burden, high MDR-TB burden and TB/HIV priority country. The rates of MDR-TB in Thailand are in border provinces with Burma where extensively drug resistant TB (XDRTB) was diagnosed in 2008 among Burmese migrant workers.

The TB Program in Burma struggles with shortages of first-line drugs which is likely to be contributing to increased numbers of cases and increased regional spread of MDR and XDR TB. During the 2007 Joint External Monitoring Mission, as described in the most recent Global Fund Application, the team highlighted the risks posed by drug stock outs in addition to the following country-specific challenges:

- barriers to access diagnostic and treatment services, both in rural and urban areas;
- constraints for supervision due to limited travel allowances, long distances and difficult terrain;
- evidence of rising TB/HIV and MDR-TB rates, especially at border areas;
- limited coverage of Public-Private Mix (PPM) DOTS to involve private practitioners; and
- limited involvement in community based DOTS, especially in hard-to-reach areas.

Burma is without a functioning primary health system and has struggled with international assistance for many years, relative to other countries in the region. The Global Fund to Fight AIDS TB and Malaria canceled grants to Burma in 2005 because of imposed travel procedures that led to increased restriction of movement by implementing partners making it impossible for program implementation and monitoring. In response to the potential humanitarian crisis that could have followed, a collection of donors developed the concept of the 3 Diseases Fund (3 DF)[2] to combat HIV/AIDS,

[2] The 3 Disease Fund was set up with donations from 6 countries and organizations including the European Commission, Britain's Department for International Development, Australia's AusAID, Sweden's Sida, the Netherlands, and Norway.

malaria, and TB in Burma. The funds began to flow to implementing partners in 2007 with approximately 20% of the $100 million pledged over a five year period, or $4 million/year going toward TB control. More recently, the Global Fund awarded a $19 million 2-year grant to Burma for scaling up TB control between January 2011 and December 2012. Priority Global Fund-supported activities include DOTS, TB/HIV, public private mix and community-based approaches to care and integration of International Standards of TB Care. Few local nongovernmental organizations work on HIV or TB.

USAID/RDMA currently supports multiple TB programmatic initiatives components in Burma, including social franchising for TB treatment using a community-based, public-private sector mix model to increase equitable access to quality TB services in low-income communities (Sun Quality Network). Private practitioners/clinics function within the Sun Quality Network; the network builds the capacity of private service delivery points, raises TB awareness on a community level, supports DOTS implementation, and provides referrals between HIV and TB services. The Sun Quality Network does not manage patients with drug-resistant TB, but refers MDR-TB suspects for specialty evaluation and care. USAID also supports national level technical assistance related to the scale up of interventions for TB, drug resistant TB, TB/HIV, childhood TB, infection control, and strengthening the use and management of strategic information. Current efforts are not enough, however, and donor-supported technical assistance to Burma is not commensurate with TB and drug-resistant TB needs.

China

China has the highest burden of TB in the world, and a correspondingly high level of drug-resistant TB. China accounts for 22% of the global MDR-TB burden with approximately 100,000 cases, based on the 2010 WHO Report on Global Surveillance and Response for Multidrug and Extensively drug-resistant TB (M/XDR TB). A 2007 resistance survey reported 5.7% multidrug resistance in new TB cases and 25.6% multidrug resistance in retreatment cases; these rates are substantially higher than regional and global averages. Data from drug-resistance surveys for several provinces have revealed high rates of MDR-TB in nine out of China's 31 provinces, yet the rates of MDR-TB have decreased since the mid-1990s. XDRTB has been documented in China; it is unknown how widespread XDRTB is in China, particularly in the southern provinces which are of especially great geographic importance to the Greater Mekong subregion. In China, TB/HIV co-infection rates can be as high as 40% with an HIV epidemic concentrated among high-risk populations.

The programmatic response to MDR-TB in China has been initiated with support from various partners including the World Health Organization, the Global Fund, and the Gates Foundation, yet progress with MDR-TB scale up in China has been slow. While China ranks second globally in terms of estimated MDR-TB cases, the number started on treatment under the Global Fund grants was less than 400. Currently the TB system in China is controlled by the government with limited or no nongovernmental organizations working in this area and facility-based approaches to the management of drug-resistant TB. The Government of China (GoC) is committing its own resources to the problem and works with other stakeholders and donors on the response.

WHO/WPRO is USAID/RDMA's primary TB partner in China. USAID support for TB efforts in China has supported national level technical assistance to prevent and manage multidrug resistant TB, develop management tools and guidelines, implementation of Global Fund projects in China, and lead the Chinese TB technical working group. USAID has also supported efforts to strengthen pharmaceutical systems for the Chinese Center for TB Control and Prevention, coupled with manual development, training, and workshops and country-level follow-up related to drug and therapeutics training, drug qualification, and MDR-TB. China has a large population size, high mobility patterns, and borders shared with multiple GMS countries. Given these factors and its high rates of drug-resistant TB, China, especially Southern China, plays an important role in approaches to address MDR-TBMDR-TB in the region.
The greatest opportunities for integration with existing USG interventions in China are in the two Southern Provinces of China Yunnan and Guangxi.

Thailand

Thailand ranks as one of the WHO 22 high TB burden countries, despite full DOTS coverage and maintenance of the global target for case detection since 2003. Thailand has a treatment success rate of 77% and 59% of notified TB cases are voluntarily tested for HIV. The rate of drug-resistant TB was found to be 1.6% in smear-positive TB patients in 2006. The highest rates of MDR-TB in Thailand are in border provinces with Burma where extensively drug resistant TB (XDRTB) was diagnosed in 2008 among Burmese migrant workers. The Thailand Strategic Plan for TB control outlines the following priorities: (a) enhancement of National Standard TB management with registration of communities and partners; (b) TB/HIV integration; (c) TB collaboration mechanisms for high-risk populations; (d) MDR-TB surveillance and control, including development of a quality assured laboratory network; and (e) promotion of research and development. The Strategic Plan describes the importance of community participation in TB control. Thailand has been awarded a Round 10 Global Fund grant which will focus on harmonization of public private TB care providers in Bangkok Metropolitan area; identify case finding among vulnerable populations, including improved diagnostic approaches; and improved access to basic TB services for high-risk, marginalized populations including commercial sex workers, hill tribe people, homeless populations, refugees, none Thai migrants working in southern Thailand and men who have sex with men.

Thailand has a strong health infrastructure. Both public and private institutions contribute to TB control in Thailand and most Thai citizens are covered by a health insurance scheme to allow them to access treatment for TB. Thailand struggles with inadequate linkages between health centers and hospitals and other healthcare providers, possibly contributing to under reporting. There are gaps in public health functions of TB control such as treatment support, conduct investigation, linkage with community support systems. In recent national TB Program reviews, health services fragmentation, especially in the Bangkok Metropolitan area; the Round 10 Global Fund grant will be tackling fragmentation of TB services in the Bangkok Metropolitan Area. Most TB activities are implemented at the hospital level. The Thai government allocated $9.2 million for TB control activities in 2009, including the cost of anti-TB drugs. Global fund support from 2008 is being used to support MDR-TB patients in Thailand. Thailand now receives assistance for drug-resistant TB management based on a May 2010 Green Light Committee approval; this initiative is expected to enroll 140 patients during the five-year period of the Round 8 Global Fund TB Grant.

Thailand's response to HIV/AIDS is the longest-established and most advanced in the Asia-Pacific region. Commercial sex workers, people who inject drugs, men who have sex with men and other high risk/marginalized populations are at risk for TB because of the high incidence of HIV reported among these most at risk populations. Thai Ministry of Public Health (MOPH) data from 2003 and 2005 revealed a steep climb in HIV prevalence among Thai MSM, from approximately 17% (2003) to over 28% (2005). Meanwhile, IDU prevalence has remained unacceptably high for over a decade, 40-60%. Also, the nature of sex work is changing in Thailand; while much sex work remains establishment-based, there is now more street-based and indirect sex work. Further, given the high number of persons already infected in Thailand, TB/HIV co-infection is an important issue for national leaders working in TB and HIV. The TB prevalence among people with HIV in Thailand was 29%, while HIV prevalence among TB patients was 18%.

USAID's role under the USG regional operational plan for HIV is to support partners at the community-level in creating and implementing the minimum package of services model for MARPs and PLHA (with the focus for PLHA being prevention with positives); this limited USAID HIV work is done in collaboration with the CDC. CDC is a key collaborator of USAID in the implementation of operational research on TB/HIV with multiple studies conducted in Thailand, Cambodia, and Vietnam. With TB funding, USAID is prioritizing efforts to address TB and TB/HIV, as well as efforts to address MDR and XDR TB in the border regions shared with Burma. The greatest opportunities for integration with existing USG interventions in Thailand are Bangkok, Chiang Mai, Chiang Rai, Pattaya, and Phuket.

USAID/RDMA TB Strategy

The USAID/RDMA Regional TB Strategic Plan draws its guidance from the USG TB Strategy and the WHO Stop TB Strategy. Given the high rates of MDR-TB in the region, USAID/RDMA has the important opportunity to contribute to meeting USG TB Strategy and the Stop TB Partnership MDR-TB-related objectives described above. USAID/RDMA will also ensure that its TB program reinforces the principles of the GHI. Specifically, TB programs will strive to improve

case detection and treatment success among women and will incorporate innovative methods to reduce gender barriers to appropriate TB treatment and care. The USAID/RDMA TB program will also seek out opportunities to foster integration with other host country government or donor-supported programs, where appropriate, and improve coordination with key donors and stakeholders, especially with the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and the region's respective National TB Programs. Countries will have a tailored TB strategy based on its unique needs, operational environment and available resources; this specificity will foster country ownership and transfer of models for scale up in USAID/RDMA-supported TB Programs. USAID will address TB and MDR-TB within the broader development context by crafting, implementing, and evaluating innovative and sustainable models and programs that are replicable and can be used to scale up for the programmatic management of drug-resistant TB. USAID/RDMA recognizes the unique opportunities and challenges associated with addressing MDR-TB in the region while working towards the eventual transfer to and scale up by host country governments.

Despite widespread implementation of the Directly Observed Therapy-Short course (DOTS) in the region, multidrug resistant TB in China and India alone accounts for roughly 50% of the global MDR-TB burden. Populations with high mobility patterns, such as those in regional border areas, are at high risk for TB and MDR-TB. Additional key populations at high risk for TB and MDR-TB are injecting drug users (IDU) and individuals with HIV infection. Contextual factors that add to vulnerability to MDR-TB include prison environments, poverty and homelessness, and migration. Migration patterns increase the likelihood that MDR-TB will spread within and between countries in the region, a critical concern for GMS. The TB situation in the Asia-Pacific region is local as well as cross-border in nature.

RDMA's overall TB portfolio aims to sustain national investments in DOTS implementation, build local capacity to address the threat of MDR-TB, integrate TB/HIV management approaches, develop new tools and approaches for effective TB control in the private and public sectors, strengthen laboratory capacity, support TB advocacy, communication, and social mobilization (ACSM), enhance the use of information in strategic ways, improve the quality of medicine to strengthen health and pharmaceutical management of TB drugs to reduce stock outs, and provide TB-related technical assistance and capacity building to the national TB programs and their staff. While the context and programmatic approach differs between countries and across settings, the USAID/RDMA TB goal is to contribute significantly to the regional reduction of morbidity and mortality associated with TB and multidrug resistant TB. The RDMA TB strategy for achieving this goal is to develop regionally relevant and innovative approaches to addressing the gaps in TB system management, with focused attention to those system gaps that foster the development of drug-resistant TB.

The RDMA Office of Public Health (OPH) dual focus on regional activities and support for non-presence countries is mirrored in its allocation of TB-specific funds. The majority of its allocation is for regional activities supporting policy and guideline development, local adaptation of global recommendations, and operation research on model diagnosis and treatment programs, laboratory strengthening and drug quality monitoring and management, an approach that benefits both presence and non-presence countries. The RDMA TB portfolio focuses particularly on China and Burma as USAID non-presence country and due to their high burden TB status. Moving forward, USAID has representation in China, Laos and Burma with the hiring of USPSC in China and Laos and Foreign Service national in Burma, all three sitting within the respective US embassies. This reflects USAID's increased engagement in the health sector in the region and its aim to improve response and program management, therefore reducing the proximity gap which contributed to isolating USAID as solely a humanitarian assistance contributor in both Burma and China.

In summary, USAID's role under the RDMA OPH Strategy is to support partners at various levels, including at the community-level, with the creation, implementation, and the evaluation of innovative and scalable models for services that address key gaps in programmatic management of drug resistant TB. USAID/RDMA encourages an approach to model development that is synergistic and, where appropriate, collaborative with other USAID/RDMA supported community based, public sector, private sector, and other activities.

III. PROGRAM DESCRIPTION

USAID/RDMA is seeking an organization, institution, and/or consortia to introduce systematic and innovative approaches for tailoring the components of the DOTS framework to the management of drug-resistant TB through efforts in the following non-presence countries, as well as on a region-wide basis: China, Burma, Laos, and Thailand. The framework for addressing multidrug resistance TB in the RDMA is organized around the five components of the DOTS strategy:

- Sustained local commitment;
- Rational case finding strategy including accurate, timely diagnosis with quality assured culture and drug sensitivity testing;
- Appropriate treatment strategies using second line drugs under proper case management conditions;
- Uninterrupted supply of quality assured anti-tuberculosis drugs; and
- Standardized recording and reporting system selection.

Goal: Contribute to the reduction in the incidence and mortality related to MDR-TB in the RDMA

Objectives:

- Improve the management of TB through the development, implementation and evaluation of models for the management of MDR-TB that can be scaled up.
- Increase the detection of MDR-TB cases and treatment success among MDR-TB in selected areas where model MDR-TB programs will be implemented.

The Applicant will work in close collaboration with National TB programs to provide technical assistance and support for the development, implementation of scalable model of prevention and management of MDR-TB taking into account local situations and in line with international standards. Ideally a comprehensive model focusing on effective and innovative ways for preventing MDR-TB, strengthening the diagnosis of MDR-TB through the implementation of effective lab networks and improvement of access that is linked to effective MDR TB team treatment taking advantages of lab networks.

In most cases, management of drug resistant TB should be integrated into the National Tuberculosis Program. When the private sector plays a prominent role in the management of patients with drug-resistant or multidrug resistant TB, public-private mix or other innovative approaches can be used. The gaps in both infrastructure and health system operations in some countries further exacerbate the challenges associated with addressing drug-resistant TB. When developing activities, the Applicant should consider the magnitude and geographic distribution of drug-resistant TB, options for case finding, existing infrastructure of the healthcare system, available laboratory capacity, infection control policy, quality standards for the laboratory network and any other relevant factors.

In alignment with the Global Initiative priorities in the USG TB strategy, the Applicant should focus on the development and implementation of numerous innovative and scalable models in the region. The Applicant should focus its activities in Burma, China and Thailand and address key challenges to scaling up the management of MDR-TB. These models may include technical assistance to governments, improving critical private or public sector health system functions, quality management strategies, community-based approaches, and advocacy, community and social mobilization, TB-HIV integration, and/or any other creative approaches to preventing and addressing MDR-TB. Models must include evaluation components including documentation, analysis and packaging of information to inform future approaches to expanding the coverage of these health interventions (“scaling up").

In addition, the Applicant should incorporate in the package of interventions, strategies to evaluate and strengthen pharmaceutical management systems and monitor drug quality for medicine quality assurance, with special attention to first-line and second-line anti-TB drugs.

Objective 1: Develop and/or strengthen efforts to prevent MDR-TB

Incidence of MDR-TB often reflects a failure to promptly diagnose and correctly treat drug susceptible TB. Given the difficulties inherent in MDR-TB treatment, the risk of developing XDR TB, and the reduced likelihood of cure,

prevention of MDR-TB through effective treatment and cure of drug susceptible TB the first time around is critical. The Applicant should engage National TB programs and other stakeholders to develop a model or models for strengthening the prevention of MDR-TB.

Illustrative activities:

- collaborate with National TB programs (NTP) to implement a formative assessment to determine or confirm the magnitude of the MDR-TB problem, identify and understand factors that are contributing to the emergence of drug resistant TB, identify equity issues related to gender (male, female, or transgender) gaps or barriers to care or treatment adherence/completion that are influencing the MDR-TB epidemic, including management of MDR-TB. The gender analysis should include attention to gaps or barriers influenced by gender, with attention to marginalized groups, rural settings versus urban settings, child care responsibilities, and any other relevant factors
- based on finding from the assessment, develop innovative country specific model interventions to address challenges and factors, including gender-specific factors, which are driving the emergence of drug resistant TB (e.g. strengthening the ongoing DOTS program, introduce novel strategies for facility, community, or household infection control, strengthen community education on TB transmission) and create linkages enabling a comprehensive prevention paradigm of MDR-TB
- support active case finding for both drug susceptible TB and MDR-TB cases
- develop a robust data collection system to monitor progress and build local capacity on the use of data for decision making conduct periodic operation research activities to inform programmatic directions
- document the processes and findings associated with MDR-TB prevention and management efforts and engage key stakeholders to support dissemination and replication of the intervention.

Objective 2: ***Strengthen the integrated management of MDR-TB to include an efficient approach or approaches to MDR-TB diagnosis linked to high performing MDR-TB treatment center (s), capitalizing on opportunities within the private sector and the community for active case finding, prevention of transmission (implementation of infection control measures) and treatment support, including social support.***

a. Strengthen MDR-TB diagnosis:

There has been a great deal of international attention to the development of diagnostic tools to reduce delays in the diagnosis of MDR-TB and increase the effective identification of drug resistant strains. These new MDR-TB diagnostic tools are available in less than a half of the high MDR-TB burden countries. The Applicant should provide significant technical support for planning and training for the effective integration of new diagnostic tools into TB programs and present innovative strategies for reducing barriers to accessing diagnostic modalities for MDR-TB, including taking advantage of opportunities within private sector settings and addressing any gender related gaps for accessing TB diagnosis.

Illustrative activities:

- develop the capacity of health professionals and their supervisors to identify MDR-TB suspects and ensure that facilities have easy access to quality labs to perform culture and drug sensitivity test (DST); the approaches to capacity building should be innovative and not limited to traditional didactic sessions
- work with NTPs to introduce existing or improved technologies as they become available for DST, including use of rifampicin susceptibility testing where appropriate
- build public-private partnerships with other laboratory services to ensure that each program has easy access to quality lab services
- optimize various processes that reduce transport time, reduce sample loss, and increase treatment success rates
- improve approaches to reporting and communication
- provide long-term technical assistance to NTPs and health officials to help identify the gaps in their laboratory networks and leverage resources from donors or private enterprise to address those gaps
- provide training in all phases and levels of diagnostics
- assist in development of electronic systems to facilitate transfer of information among and between patients, health care workers, and laboratory staff

b. Strengthen MDR-TB Treatment

At present, only 10% of new MDR-TB cases are treated each year and most MDR-TB cases are still without treatment and therefore are still contributing to the ongoing emergence of new MDR-TBTB and XDR TB cases. In order to prevent the further emergence of MDR-TB/ XDR TB there is an urgent need to identify and address barriers to effective diagnosis and treatment of drug-resistant TB. The Applicant should develop systems and approaches to support universal and equitable access to high-quality, comprehensive MDR-TB treatment in order to scale up access to MDR-TB treatment. The Applicant should pay close attention to and find effective strategies to mitigate any gender-specific gaps that are limiting access to or completion of MDR-TB treatment.

Illustrative activities:

- in collaboration with the National TB Programs, identify inter-disciplinary teams comprised of TB clinical experts, public health nurses, laboratory experts, and other clinical professionals who will be responsible for adapting global good and scalable practices for treating MDR-TB
- identify inter-disciplinary teams comprised of TB clinical experts, public health nurses, and lab experts who will be responsible for adapting global good and scalable practices for treating MDR-TB
- work closely with Regional Network of Center of Excellence on MDR-TB (in development and being funded by USAID/RDMA) to identify and implement strategies for building national/local level MDR-TB experts; these experts will provide mentoring and on-the-job support to clinical practitioners and community health workers engaging in MDR-TB management
- train clinical practitioners and community health workers to ask gender-specific questions regarding signs and symptoms of TB.
- identify inter-disciplinary teams comprised of TB clinical experts, public health nurses, laboratory experts, and other health professionals who will be responsible for adapting global good and scalable practices for treating MDR-TB

c. Ensure the availability of high-quality second line TB drugs

The availability of high-quality drugs is one of the prerequisites for effectively combating MDR-TB and preventing emergence of drug resistant strains. There is a need to have strong systems for pharmaceutical management and forecasting to ensure a regular and reliable supply of appropriately quantified, quality-assured drugs. The Applicant should assess the drug supply management systems and based on findings from the assessment implement activities that will result in uninterrupted access to high-quality second line TB drugs. The Applicant should be able to demonstrate expertise in rational pharmaceutical management within developing countries.

Illustrative activities:

- assess the drug supply management systems that impact access to first line and second line TB drugs
- assess consumer medicine purchasing behavior for TB drugs and assess quality of popular sources and determine their impact on MDR-TB incidence
- identify any regulatory/licensing issues that may compromise universal access to quality-assured drugs
- determine the availability of second line drugs outside the TB system and the participation of local suppliers in TB drug management assess the national procurement systems and determine the integration of first line and second line drugs within those systems
- evaluate the forecasting capability

d. Strengthen community participation in MDR-TB prevention and treatment (or evaluate the contribution of community-based MDR-TB prevention and management)

Given the increasing global recognition of the urgent need for scale up of programmatic management of MDR-TB and an increase in access to laboratory services many countries will be making significant efforts and progress with the process of scaling up various approaches to the management of MDR-TB. Yet, many countries are still relying on hospital settings

alone for management of MDR-TB and some are not using programmatic approaches. Reliance on hospital-based management of MDR-TB has created bottlenecks that limit effective scale-up because of insufficient availability of hospital beds and the increased costs associated with hospitalization. Furthermore, hospital-based care increases nosocomial transmission. Community-based care for MDR-TB potentially can address these problems, but there is limited experience in implementation of this strategy. The Applicant should develop, implement and evaluate models of community-based management of MDR-TB engaging local institutions to ensure long term sustainability.

Illustrative activities

- convene meeting (s) with the National TB Programs, host country and international partners, and/or committee stakeholders to obtain commitment to the implementation (even a pilot) of community-based programmatic management of drug-resistant TB (PMDT) models
- identify and establish partnership with community; seek opportunities to enhance the organizational capacity of local partners, as needed, to support community-based approaches to PMDT
- develop a community-based PMDT team
- establish and facilitate sustainable linkages between health facilities and community-based PMDT teams
- develop and implement community-based data collection and reporting systems

e. Strengthen involvement of the private sector for MDR-TB prevention, diagnosis and management

The private sector involvement in TB control is essential to enhance the quality of TB diagnosis and treatment. In a landscape where the mainstream of patients seeks health services in the private sector, engaging the private sector in partnership with public institutions to encourage the use of best practices and international guidelines is likely to reduce diagnostics and treatment errors and increase success in treatment outcome. Through systematic engagement of all care providers in TB care and control, in line with International Standards for MDR/TB Care for patients, USAID/RDMA expects to gain a clear understanding of the private sector role and contribution in MDR/TB prevention and management, assess challenges and opportunities and develop a comprehensive model which takes into considerations all actors in TB control from the individual, community, public and private levels. The ultimate goal is to increase case detection and treatment success rates as well as reducing the incidence of MDR/TB in the region engaging all care providers.

Objective 3: Strengthen pharmaceutical systems, supply chain management, and other regional activities for improving TB drug management

Provide technical assistance in multiple areas of pharmaceutical management in the region. Provide technical assistance to address the commodity procurement, secure and sustainable supply chain management, distribution and logistics and rational use of the products to prevent stock outs the first line and second line anti-TB medications. This may include, but is not limited to: in-depth assessments to determine gaps in the pharmaceutical management in the Greater Mekong Subregion, capacity building of key stakeholders with follow-up technical support, and assistance with the development of logistics management information systems.

Objective 4: Evaluate and improve the availability of and access to quality-assured drugs for infectious diseases in the Greater Mekong Subregion

Given the recent seizures of counterfeit anti-TB and other drugs in the region, reports of substandard medications, and the importance of quality-assured medications for infectious disease control in GMS, the Applicant must propose research and monitoring activities that evaluate the prevalence of substandard and counterfeit anti-TB medications and provides evidence-based data on nature of and reasons for identified quality trends for anti-TB medicines in the marketplace within the GMS. These activities may take advantage of existing, mobile technologies for screening medicines in the field. Based on the outcomes of the evaluation and the prevalence of substandard and counterfeit anti-TB medications, the recipient must work with the USAID/RDMA to design and implement a tailored technical assistance plan that will ultimately result in increased supplies of quality-assured anti-TB medications.

Illustrative activities

- assist drug manufacturers with the WHO prequalification process through technical assistance on the preparation of technical dossiers for submission
- facilitate discussions with WHO to remedy incomplete dossiers
- on-site technical assistance complying with the principles and guidelines of WHO Good Manufacturing Practices
- provide technical assistance to national medicine regulatory authorities strengthen their quality control capacity related to premarket and post-market functions

Objective 5: Strengthen strategic information with focus on recording, reporting, analysis, strategic use and dissemination of data for priority setting, decision making, and planning for health systems strengthening

This may include the documentation and dissemination of implementation processes, lessons learned, evaluation findings, and other information from the innovations, models and in-depth evaluations developed by the Applicant to a wide range of stakeholder to facilitate buy-in and scale up. Within its strategic information strategy, the Applicant should include a plan for the dissemination of program data to a wide range of partners, including national governments, government organizations, other donors, the global fund, multilaterals, international and community organizations. The Applicant should also engage in capacity building for key regional stakeholders and key non-presence in country stakeholders related to these data collection processes. The Application should include proposed approaches to measure the outcome and impact of the innovations that are developed and the approaches that are implemented to build an evidence base that will demonstrate whether or not there is potential for replication and scale up.

Objective 6: Create a crosscutting mechanism to support overall health portfolio

The applicant must propose a plan for monitoring, documentation, packaging for advocacy to replicate and scale up successful models which is central to this project. In addition to using this mechanism to meet its strategic information needs for this activity, USAID/RDMA plans to use it to strengthen pharmaceutical management and quality of medicine monitoring in the GMS and the activity focus countries as part of a comprehensive package of services for MDR/TB prevention, treatment and care. USAID/RDMA anticipates opening this mechanism to the broader RDMA health portfolio in HIV/AIDS, malaria and Avian Influenza, as needed with additional contribution beyond the estimated $10 million in Life-of-Project funding over five years.

Objective 7: Strengthen regional collaborations and synergies

Parallel USAID bilateral efforts are being conducted in other countries in the Asia-Pacific region (e.g., Cambodia, India, Indonesia, Philippines, and Vietnam) and there may be instances when it will be useful for the Applicant to share program content and technical expertise. The recipient will be expected to collaborate not only with USAID/RDMA but also with all US embassies and US government agencies engaged in TB efforts in the targeted countries in the region. The Applicant will also collaborate closely with other international and bilateral donors, nongovernmental agencies, host government agencies, including principal and sub recipients of Global Fund monies. The Applicant will work closely with other USAID/RDMA-supported implementing partners in the coordination and, where applicable, implementation of activities. The Applicant is encouraged to demonstrate how proposed interventions leverage existing TB and HIV platforms, complement TB and MDR-TBMDR-TB activities supported by the host governments and Global Fund, and those interventions fit into the continuum of services for MDR-TB including prevention, diagnostics, and treatment.

Objective 8: Increase focus on achieving sustainability

The Applicant must propose one or more local organizations in each country that will implement in partnership with the Applicant and outline a plan for capacity building; the purpose of the partnership is to build capacity of the local partner with the goal of this USAID-funded project resulting in local organizations that can continue and contribute to scaling up the model approaches that are developed, implemented, and evaluated through this program. ***At the end of year three of implementation, the recipient is expected to have provided capacity building and mentoring to at least two local organizations that are capable of receiving direct funds from USAID to implement a complimentary component of USAID/RDMA's TB program. The recipient is expected to highlights newly acquired skills of the local organization***

which enable them to receive direct USG funding. It is the intention of this agreement to incorporate capacity building and technical assistance focused on documenting lessons learned that can inform scale up, planning, and eventual replication through host government programs, particularly to leverage funding such as Global.

Objective 9: Build on existing USAID/RDMA projects

Current activities in Burma, Thailand and China focus on preventing MDR/TB with strong emphasis on DOTS strengthening, TB/HIV prevention, laboratory strengthening and improve diagnosis and treatment through laboratory strengthening and health care providers capacity building. In Burma specifically, USAID supports activities in the private sector through the SUN clinics network of private practitioners treating TB patients to expand and strengthen directly observed treatments short course (DOTS). In addition, USAID supports behavior change communication working through SUN primary health network staffed with public practitioners with close contact to surrounding communities to implement advocacy, communication and social mobilization activities with the objective of developing a TB control framework linking the private and public sector for community behavior change for increased health seeking behavior. The Applicant must create linkages with existing activities where applicable in order to build on past investment and avoid possible duplication and reinventing the wheel.

Objective 10: Increase Gender Equity

Per ADS 201.3.9.3, USAID strives to deliberately promote gender equality, in which both men and women have equal opportunity to benefit from and contribute to economic, social, cultural, and political development and enjoy socially valued resources.

A gender approach can be used to stimulate their emancipations and the common attention given to their immediate and strategic needs. More information on USAID's focus on women in development is available at http://www.usaid.gov/our_work/cross-cutting_programs/wid/.)

Getting the Tuberculosis Program right for gender is of the utmost importance to assure women are not excluded from information, benefits, and reforms that can bring strategic changes to their status, and to gender relations. Such exclusion of a group of people who have legitimate interests would constitute a threat and potentially result in failure of national strategies.

Caring is a gendered activity that generally falls to women. Family members may face challenges in being a DOTS provider coupled with the emotional, financial and time consuming burdens associated with being an all-round care giver. TB control programs should promote a flexible approach to treatment and DOTS so that it is more likely to meet the needs of women and men of different ages and socio-economic status. Applicants shall put in place structures and processes that systematically address gender by building accountability mechanisms for gender, affecting changes in organizational culture, and generating political commitment. This is critical to ensure that the implementation is effective, efficient, permanent and sustainable and reduces risks. Program implementation should incorporate gender mainstreaming tools, including a gender analysis to identify the roles, responsibilities, and knowledge of women and men, gender-disaggregated data, gender-sensitive participatory tools to include women's perspectives and gender indicators. Where appropriate, Applicants must incorporate gender indicators into existing standards and guidelines for performance monitoring and evaluation to ensure that women have equal access to benefits and avoid negative impacts.

USAID suggests that the program should encourage at least 30% women's representation in decision-making bodies and consultations so that women have equal and timely access to information on policies, processes, risks, and benefits that are organized on terms that maximize women's participation. (Thirty percent is considered the 'tipping point' and adopted by the Beijing Platform for Action; see www.un.org/womenwatch.) In order for women to feel sufficiently empowered to play an active role, they should gain technical skills as well as skills, where applicable, in advocacy, public speaking, influencing decision-making, and negotiation. The Applicant must propose its approach for increasing and enhancing efforts to address gender-related objectives.

II. Key Personnel

Past personnel experience involving the Project's subject matter is required, and past experience in the Asia region, particularly Burma, China and Thailand, is highly desirable. Qualified candidates from the RDMA regions should be considered for key personnel positions.

A. Chief of Party

The Chief of Party (COP) will be responsible for overall planning and management of activities. The COP is primarily responsible for facilitating senior level policy and technical dialogue with the Ministries of Health (MoHs), other Ministries, international donors and Partners including the Global Fund. S/he will also assist USAID/RDMA with effective use and coordination of USAID resources and should be readily available for interaction with USAID/RDMA, located in Bangkok, Thailand.

Qualifications:

- Graduate degree in public health, the health sciences or other relevant discipline;
- Minimum ten years' experience in international public health with proven track record of successful program strategic planning and monitoring and evaluation. Previous experience managing USAID funded projects at chief of party level or equivalent is desired;
- Demonstrated experience in senior level health policy dialogue;
- Demonstrated success at providing technical assistance to developing country Ministries of Health;
- Experience in institutional development;
- At least five years' experience in TB programming in developing countries such as Burma, China and Thailand;
- Experience and/or knowledge of programs based on the WHO-recommended STOP TB Strategy and DOTS;
- Experience in Asia Greater Mekong Subregion, Southeast Asia, and other developing countries;
- Recent, prior experience in the management of a long–term health technical assistance programs with similar scope focused on clinic and community MDR/TB prevention and management , including negotiating work plans, interfacing with donors, ministries, other development partners; developing terms of reference, identifying technical assistance sources, and ensuring high quality implementation of approved scopes of work. Skills and experience in s negotiation, advocacy, health policy development and strategic planning, information management, monitoring and evaluation, public health human resources development, decentralization of health systems and local health planning, managing community participation, quality assurance and improvement, and technical areas of tuberculosis, TB/HIV, drug quality management and creating linkages where appropriate.
- Ability to provide effective guidance and oversight to the technical members of the local teams and short–term technical consultants;
- Understanding of USAID financial management regulations;
- Demonstrated excellent interpersonal and cross–cultural skills; and
- Excellent communications skills, both oral and written in English.

B. Senior Tuberculosis medical/technical advisor

The Senior Tuberculosis medical technical advisor serves as the tuberculosis subject matter expert for TB and MDR/TB prevention, diagnosis, care and treatment, program planning and implementation and monitoring and evaluation of all activities in focus countries.

Qualifications:

- medical degree with an advanced degree in the health sciences or relevant disciplines with applicability to international public health;
- minimum of ten years of combined experience in TB control in clinical and public health settings, including at least five years of experience in MDR TB;
- Minimum of three to five years of experience providing short or long term technical assistance in TB control in resource poor settings;
- Experience working in Burma, China and Thailand;

- Experience with MDR TB control in resource poor countries with a high burden of MDR TB;
- Experience and/or knowledge of programs WHO-recommended STOP TB Strategy including DOTS;
- Experience and expertise in programmatic management of drug resistant TB and surveillance of drug resistant TB;
- Knowledge of and familiarity with key international TB initiatives and organizations; and
- Strong interpersonal, oral and written communication skills.

C. <u>Country Program Managers for Burma, China and Thailand:</u> (one position for each of the three countries) Each will be fully in charge of the USAID/RDMA activities with guidance from the senior tuberculosis medical/technical advisor and the chief of party.

Qualifications:

- Minimum five years managing TB program in target country;
- A minimum of five years managing USAID or activities funded by international donors
- Experience with MDR TB control in focus country;
- Experience and/or knowledge of WHO-recommended STOP TB Strategy including DOTS;
- Experience and expertise in programmatic management of drug resistant TB and surveillance of drug resistant TB;
- Knowledge of and familiarity with key international TB initiatives and organizations; and
- Strong interpersonal, oral and written communication.

III. Non-Key Personnel

a. <u>Senior Quality of Medicines Advisor:</u>

The Senior Quality of Medicine although a non-key personal is a required position for this activity. The Senior Quality of Medicine Advisor will play an important role ensuring access to quality medicines and developing approaches to address contributing factors to the spread and access of counterfeit medicines in the project focus areas.

Qualifications:

- Minimum of five years' experience in infectious diseases drug quality management with a particular focus in tuberculosis;
- Familiarity with global pharmaceutical management guidelines for forecasting, procurement and monitoring;
- Familiarity with global procurement and initiatives including the Global fund and Global Drug Facility (GDF);
- Knowledge of issues related to counterfeit medicine and other contributors to substandard medicines;
- Experience working in Asia on pharmaceutical management;
- Experience with MDR TB control in resource poor countries with a high burden of MDR TB;
- Experience and/or knowledge of programs WHO-recommended STOP TB Strategy including DOTS;
- Experience and expertise in programmatic management of drug resistant TB and surveillance of drug resistant TB;
- Knowledge of and familiarity with key international TB initiatives and organizations; and
- Strong interpersonal, oral and written communication skills.

IV. <u>Substantial Involvement</u>

As stated in Section II of this RFA, USAID anticipates the award resulting from this RFA to be a Cooperative Agreement. Thus, The Agreement Officer Technical Representative (AOTR) is responsible for the following elements or USAID's involvement during the implementation of the program:

1. Approval of key personnel.

2. Approval of the initial and costed annual work plans, including any significant changes to the approved work–plan.

3. Approval of the Monitoring and Evaluation Plan, any revisions to the approved the performance monitoring plan will require additional approval.

4. Approval of all sub–awards over $25,000 except those covered by 22 CFR 226.25(c.8).

5. Collaboration and Coordination: The USAID/RDMA AOTR is responsible for all day-to-day management, oversight, and technical direction of the Recipient. The AOTR will provide information to the Recipient both in writing and verbally. The Recipient must meet with the AOTR or his/her designees as required to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID/RDMA, and U.S. Embassy staff as appropriate.

V. Deliverables and Reports

1. **Annual Work Plan:** Within 60 days of signing the agreement, the Recipient must develop an annual work plan for Year 1, designed in concert with other USAID partners, and with input from host governments. This Annual Work Plan and Annual Work Plans for subsequent years will describe the activities and interventions to be carried on the corresponding time frames. Work plans are expected to reflect extensive discussions and joint planning exercises of the local, national, and regional levels. Work plans will take into consideration discussions with other USAID and USG partners and joint planning which will include integrated work planning with other cooperating agencies in each country, as required (see Attachment 2 for listing of partners). The Annual Work Plan will also include a Financial Report and annual budget plan. The AOTR will review and approve plans to ensure that they are within the Program Description and contribute to achieving the objectives of the program.

   The work plan must include, as a minimum:
   1. Proposed accomplishments and expected progress towards achieving results and performance measures tied to the indicators agreed upon within the M&E plan;
   2. Timeline for implementation of the year's proposed activities, including target completion dates;
   3. Information on how activities will be implemented;
   4. Personnel requirements to achieve expected outcomes;
   5. Major commodities to be procured;
   6. Details of collaboration with other major partners;
   7. Detailed budget; and,
   8. Targets and anticipated results and milestone indicators against which the recipient will be evaluated (jointly established with the AOTR)

2. Monitoring and Evaluation Plan

The Recipient is responsible for developing and executing a Monitoring & Evaluation plan, in consultation with RDMA. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator and major milestone. The M&E plan should include plans for a mid-term, external program assessment and describe how the assessment's results will be used to make program improvements. Routine data quality assessments are also required. *(See ATTACHMENTS 3 & 4)*

The M&E plan will include narrative descriptions of what success would look like after five years for each country and for each cross-country activity.

During the initial program planning period, the recipient must work closely with USAID/RDMA to establish final indicators, as well as baseline data and performance targets for each indicator as they relate to the descriptions of success. The M&E plan shall be submitted to the USAID RDMA AOTR for approval within 60 days of the award of the Cooperative Agreement. USAID/RDMA and the Recipient will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. Due to unforeseen circumstances, the M&E Plan may need to be updated at a later date and will be revised, as appropriate, on an ongoing basis in collaboration with USAID.

3. Guiding principles for implementation

In Burma, China and Thailand the three planned focus countries of this project, USAID/RDMA partners with a range of U.S government agencies such as the U.S Centers for Disease Control and Prevention (CDC), multilateral agencies such the World Health Organization (WHO) and international NGOs such as Population Services International (PSI), United States Pharmacopeia (USP), Management Sciences for Health (MSH), RTI international, Family Health International (FHI) and PACT International to name a few (See Attachment 2 for the list of USAID/RDMA OPH partners). These partners have a long history of implementing HIV/AIDS and Tuberculosis activities in Burma, China and Thailand and with funding from USAID and others donor agencies.

In order to build on the investment of the last 5 years, the Applicant's coordination with these entities is highly encouraged and expected to create strong linkages between the public and private sector for MDR/TB prevention, treatment care and support, TB/HIV diagnosis, ensuring access to quality anti-TB medicines and community advocacy, communication and social mobilization.

The Applicant's coordination and support to National TB and HIV/AIDS programs and relevant ministries of health in the three focus countries is crucial during the lifetime of the project but even more so during start up activities. Given USAID/RDMA's regional mandate and because it does not have a bilateral agreement with the governments of these three countries, USAID needs to be extra attentive to details and make sure that national technical bureaus and ministries are fully appraised and involved in activities when appropriate.

Thailand is less complex in terms of partnership building with ministries of health and technical bureaus. In China, implementation is planned at the provincial level where USAID has a long history and has formed strong partnerships with the implementation of HIV/AIDS prevention activities in the provinces of Yunnan and Guangxi. However, new activities present fresh sets of challenges; therefore the Applicant must be attentive and flexible to political demands and expectations.

In Burma, the uncertainty of the political situation in the country requires flexibility and patience. Over the life of the project, there may be changes regarding what sort of interactions the project can have with the government of Burma at all levels. The Applicant must be flexible and willing to change and update its program approach as needed.

The Applicant is encouraged to engage in early alliance building in all three countries with relevant entities.

The Applicant must develop linkages in activities in each of the three focus countries as appropriate in instances where there are other USAID funded activities such as HIV/AIDS, malaria and tuberculosis. The creation of linkages is critical to minimize duplication and leverage existing structures and already established relationships at all levels of implementation including in communities for prevention activities. Close collaboration and linkages across activities are also important to avoid fatigue of beneficiaries and local authorities from frequent demands from various activity managers.

4. **Quarterly progress reports:** The Recipient must prepare and submit to the USAID/RDMA AOTR a quarterly report within 30 days after the end of the Recipient's first full quarter, and quarterly thereafter. These reports will be used by RDMA to fulfill electronic reporting requirements to Washington; therefore, they need to conform to certain requirements. The report shall contain, at a minimum:

1. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by country and program area;
2. Problems encountered and whether they were solved or are still outstanding;
3. Proposed solutions to new or ongoing problems;
4. Success stories (if available);
5. Documentation of best practices that can be taken to scale; and.
6. List of upcoming events with dates.

5. **Quarterly financial reports**: Pursuant to 22 CFR 226.52, the Recipient must submit a Standard Form 425 or 425a on a quarterly basis and in accordance with the schedule specified by the USAID/RDMA AOTR.

6. Completion report

Each Recipient shall submit an original and five copies of the final report to the AOTR and one copy to the USAID Development Experience Clearinghouse. No later than 60 days after the completion date of the Cooperative Agreement, the recipient must submit a final report which includes an executive summary of the Recipient accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results by country, as appropriate, during the life of the Cooperative Agreement; an assessment of progress made toward accomplishing the objective, results, and expected outcomes; significance of these activities; important research findings; comments and recommendations; and a fiscal report that describes how the recipients funds were used. In particular, the report should include:

- A financial report detailing how funds were expended, by line item;
- A summary of the accomplishments against work plans, giving the final tangible results; and
- A summary of deliverables/benchmarks, addressing lessons learned during implementation and suggesting ways to resolve constraints identified.
- A summary describing the final status of the benchmarks and results with recommendations for follow-on work that may complement the completed work.

See generally, 22 CFR 226.51 Monitoring and Reporting Program Performance.

7. Management Reviews and External Evaluations

The annual work plans will form the basis for joint annual management reviews by USAID and program staff to review program directions, achievements of the prior year work plan objectives, any major management and implementation issues, and to make recommendations for any changes as appropriate. These management reviews as well as work plan meetings may be broadened to include dialogue across the different cooperating agencies, and among relevant Ministries of Health/Public Health.

At any time during program implementation, USAID may conduct one or more external mid-term evaluation(s) to review overall progress, assess the continuing appropriateness of the program design, and identify any factors impeding effective implementation. USAID will utilize the results of the assessment to recommend any mid-course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur any time after start up. USAID will carry out a final external evaluation at the end of the lifetime of the project.

8. Management Plan

Coordination and communication with a wider range of partners, including member countries in the Greater Mekong Subregion, USG agencies, local public/private sector partners, other cooperating agencies, recipients and other geographic regions, other donors, and communities are vital to achieving results (see Attachment 2 for listing of partners). Applicants should reflect a willingness to partner with non–traditional, such as local NGOs and professional associations, and to use diverse human resources in a creative manner. As stated previously, it must be demonstrated that local partners have a significant role in management and implementation.

A management plan for the Award will need to specify clear lines of supervision, count ability, decision-making and responsibility among staff. In the case of proposed prime/sub relationships, especially in cases of geographic separation of collaborative institutions, clear lines of communication should be established. Special attention will be needed to ensure efficiencies in operational and financial management. Applicants should address how they intend to manage the operational partnerships in order to maximize the importance and utility of all partner organizations, collaboratively and effectively.

2. AUTHORIZING LEGISLATTION

The authority for this RFA is found in the Foreign Assistance Act of 1961.

3. AWARD ADMINISTRATION

For U.S. organizations, the award will be administered in accordance with 22 CFR 226, OMB circulars and the Standard Provisions for U.S. Non-governmental Organizations. For non-US organizations the Standard Provisions for non-U.S. Non-governmental Organizations will apply. Web sites containing these regulations are provided in Section VI of this RFA.

SECTION II: BASIC AWARD INFORMATION

1. ESTIMATED FUNDING

Subject to the availability of funds, USAID intends to provide approximately $10,000,000 total for this planned 5 year activity under this RFA. The distribution of this total funding shall depend upon application(s) selected for award. USAID reserves the right to fund any or none of the applications submitted.

USAID plans to award one cooperative agreements resulting from this RFA to the responsible Applicant whose application conforming to this RFA offers the greatest value in terms of the selection criteria (see Section V of this RFA). USAID may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received. USAID may award a cooperative agreement on the basis of initial applications received.

Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting cooperative agreement unless explicitly stated otherwise in the agreement.

2. PERFORMANCE PERIOD

The estimated start date is October 1, 2011 through September 31, 2016.

3. AWARD TYPE

USAID anticipates the award will be a Cooperative Agreement. The USAID/RDMA AOTR's Substantial Involvement under the award is described in Section I.VIII of this RFA.

4. AUTHORITY TO OBLIGATE THE GOVERNMENT

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

SECTION III: ELIGIBILITY INFORMATION

1) USAID policy encourages competition in the award of grants and cooperative agreements. U.S. or non-U.S. non-governmental organizations (NGOs) and/or a consortia are eligible to submit applications. For the purposes of this solicitation, NGOs include any incorporated entity, either non-profit or for-profit, other than a governmental organization. Applicants may form partnerships with other academic institutions, private sector entities, or NGOs in submitting applications.

2) All applicants are required to demonstrate the ability to perform and implement the activities under this RFA in Burma, China and Thailand.

3) All applicants should have a DUNS number and applicants that do not have a DUNS number are required to obtain one within 30 days after award (if successful). To obtain a DUNS number, applicants may contact Dun and Bradstreet or by calling 1-866-705-5711, or request a number via the internet at http://fedgov.dnb.com/webform

4) USAID encourages applications from organizations that have not received funding from USAID in the past.

5) A cost share is defined by USAID as "contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives and which are verifiable from the recipient's records." Cost sharing or match refers to that portion of a project or program costs not borne by the Federal Government. Cost share or match is normally associated with contributions from the same prime and sub-recipients sources that also receive USAID funds. Examples of cost share for this program may include the provision of technical assistance, commodities, distribution networks and other sources of support relevant to achieve program objectives. Cost share must be verifiable from the recipient's records, is subject to the requirements of 22 CFR 226.23, and is subject to audit. A recipient's failure to meet its cost share requirement can result in questioned costs.

According to USAID policy, cost sharing is an important element of the USAID-recipient relationship. While there is no stated minimum required cost share amount, applicants are encouraged to give serious consideration to the amount they propose as a signal of the applicant's commitment to the activity and increase overall program impact. Applicants must be aware that all cash contributions and non-Federal third party in-kind contributions must meet all the criteria set forth in 22 CFR 226.23 and the applicable OMB cost principles.

6) To be eligible for award of a cooperative agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

7) Pursuant to 22 CFR 226.81, USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization) may be paid under the Agreement.

8) To be eligible for award, the Applicant must provide all required information in its application, including the requirements found in any attachments to this www.Grants.gov opportunity.

SECTION IV: APPLICATION SUBMISSION INFORMATION

I. PREPARATION GUIDELINES

a. Any prospective Applicant desiring an explanation or interpretation of this RFA must request it in writing to Ms. Praveena ViraSingh, Acquisition Specialist, via email to pvirasingh@usaid.gov and copied to Mr. Craig Riegler at criegler@usaid.gov by July 5, 2011, 4:00 pm Bangkok time. The questions and answers (Q&A) will be posted as an amendment to the RFA on www.grants.gov. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective grantee concerning this RFA will also be furnished to all other prospective grantees as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective grantees.
b. Applications must be submitted in two separate parts: (a) technical and (b) cost or business application. An original and two (4) hard copies of the technical application and an original and one (1) hard copy of the cost application must be submitted in addition to the electronic submission, as described in the cover letter of this RFA.

c. Applications must be received no later than the date and time indicated on the cover page of this RFA, to the location stated in the cover letter accompanying this RFA. Applications which are received late or are incomplete run the risk of not being considered in the review process. USAID may review and consider late or incomplete applications if: (i) USAID's treatment of the material is consistent with the terms of the RFA, (ii) all late applications are treated the same, (iii) they are evaluated before any agreements are awarded under the RFA and (iv) the Agreement Officer consents in writing to the review of late or incomplete applications.

d. Technical applications must be specific, complete, and presented concisely. A lengthy application does not in and of itself constitute a well thought out proposal. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the Applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted. Applications must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. Applications must take into account the technical evaluation criteria found in Section V of this RFA.

e. Submission of Applications Electronically (Important):

1. Preferred software for electronic submissions: Microsoft Word (for narrative text) or Excel (for tables). PDF files are acceptable. Please be advised that the selected Applicant will be required to submit their budget breakdown in Excel. The excel sheets should not be password protected. Applicants may post their applications electronically on www.grants.gov instead of submitting via email.
2. After you have sent your application via email, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or make note in the filename if submitted via grants.gov that it is a "corrected" submission. Each Applicant is responsible for their submissions.
3. Please do not send the same email to us more than one time unless there has been a change, and if so, please note that it is a corrected email. Your organization must appoint one person to send in the email submissions who will serve as the contact person for future communications regarding this RFA
4. If you send your application by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.). For example, if your cost proposal is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Proposal, Part 1 of 2".
5. USAID's preference is that the technical proposal and the cost proposal be submitted as single respective email attachments, e.g., that you consolidate the various parts of a technical proposal into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling submitted electronic proposals if no instructions are provided or if instructions are unclear.

f. The hard copies of applications and modifications thereof must be submitted in sealed envelopes or packages addressed to the office specified in the cover letter of this RFA, with the RFA number, the name and address of the Applicant, and whether the contents contain technical and/or cost proposals noted on the outside of the envelopes/packages.

g. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

h. Preparation of Applications:

1. Applicants must review, understand, and comply with all aspects of this RFA. Failure to do so may be considered as being non-responsive and may be evaluated accordingly.
2. Each Applicant must furnish the information required by this RFA. On the hard copies of applications, the Applicant must sign the application and certifications and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office
3. Applicants which include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes must:

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

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

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

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

II. TECHNICAL APPLICATION FORMAT

To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below:

Technical Applications are limited to thirty (30) pages only; information contained on any page over the 30 page limit will not be evaluated. The 30 pages consist of applicant response to the Technical Application Sections of this RFA. Applications shall be written in English, text should be left justified; 12 point font on standard 8 ½" X 11" paper, single spaced, with each page numbered consecutively, and no less than 1" margins on all sides. Supplementary materials such as the monitoring and evaluation plan, past performance reference information, personnel resumes and relevant letters of support are excluded from this page limitation. However, unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the prospective recipient's lack of cost consciousness.
The suggested outline for the technical application is:

I. Title Page

II. Table of Contents, listing all page numbers and attachments;

III. Narrative: (not to exceed 30 pages,) describing:

Technical Approach (20 pages): The technical approach must include a clear description of the proposed conceptual approach and the general strategy (e.g. methodology and techniques). It must outline specific, focused activities; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the program is completed. Applicants are highly encouraged to propose innovative programs designed to reach the desired outcomes/results as well as draw from past regional successes. The application must respond to the technical evaluation criteria. The Applicant must demonstrate an overall understanding of the issues related to MDR/TB prevention and management and understanding of current approaches to inform the development of models for testing, replication and scale up. The application must include:

1) How the approach and activities contribute to achieving the overall goals of the project and the 10 objectives laid out in the RFA by country/region with a strong focus on: (a) strengthening MDR/TB prevention and management (b) creating programmatic linkages between the public and private sector and the community to increase case finding and overall MDR/TB prevention and management; (c)strengthening pharmaceutical systems;(d) evaluating and improving the availability and access to quality medicines; (e) strengthening the gathering and dissemination of strategic information (f) creating crosscutting mechanisms to support the broader RDMA health portfolio to buy into with additional resources contribution; (g) creating regional collaboration and synergies; (h) increasing the focus on sustainability through capacity building of local organizations; (i) building on existing USAID/RDMA projects in focus countries; and (J) increasing gender equity (please refer to Section III for a complete description of each objective including proposed illustrative activities);
2) A description of the key issues and constraints in MDR/TB prevention and management;
3) Identification and partnering with a strong local organization in Burma, China and Thailand and a description of the capacity building activities the Applicant will engage in;
4) A description of proposed approach/model by country and targeted geographic areas, with a focus on linking community and the facility services/activities including close collaboration with the private sector, pharmaceuticals and other TB service delivery entities. The approach must take into account all element of MDR/TB prevention including TB/HIV and how linkages will be created for a comprehensive service delivery model to control MDR/TB in the three focus countries;
5) A sample one-year work plan along with a description of how the work plan will be implemented;
6) A discussion of the Applicant's approach to collaboration with other partners in the region; and
7) A discussion of how the Applicant will adhere to the guiding principles outlined in the program description.

Key personnel (3 pages): The Applicant must propose key technical personnel and other personnel as part of the technical proposal as deemed appropriate to implement the major tasks described in the program description. For those personnel based in the field, RDMA leaves to the applicant to determine the appropriateness of employing overseas and/or local hires. Past personnel experience involving the Project's subject matter is required, and past experience in the Asia region, particularly Burma, China and Thailand, is highly desirable. Qualified candidates from the RDMA regions should be considered for key personnel positions.

1. **Chief of Party:** The applicant is required to appoint a Chief of Party (COP). The Chief of Party will lead the project and is responsible for achieving the project's vision and strategy, directing the project's technical team composed of a Senior Tuberculosis Medical/Technical Advisor, a Senior Quality of Medicines Advisor and Country Program Managers, and managing critical relationships with national and international partners, and other key stakeholders. The COP has overall programmatic and fiscal responsibility for the project, including achieving project results, effectively communicating accomplishments, financial accounting and reporting, and ensuring compliance with all USAID regulations. The Chief of Party is the primary interlocutor with USAID. The COP must demonstrate exceptional technical, written and oral communications, an exceptional understanding of development challenges and a strong commitment to building sustainability through multisectoral collaboration and implementation of comprehensive programming in achieving meaningful impact. Knowledge of global TB

challenges and international guidelines and policies and familiarity with the political, social and cultural context of Asia are required. (See Section I.VI for details)

2. **Senior Tuberculosis Medical/Technical Advisor:** The Applicant is required to hire a Senior Tuberculosis Medical Technical Advisor who serves as the tuberculosis subject matter expert for TB and MDR/TB prevention and management. The Senior Tuberculosis Medical Technical advisor must have an excellent clinical and programmatic knowledge of tuberculosis control including the prevention and management of MDR/TB specifically in TB diagnosis, care and treatment, program planning and implementation and monitoring and evaluation of all activities in focus countries. In addition, the Senior Tuberculosis Medical advisor must have a broader knowledge of TB control in the Asia and Pacific region and be up-to-date with global/international guidelines and approaches to inform technical decisions as relevant and is able to represent the program at global technical forums. (See section I.VI for details.)

3. **Country Program Managers:** One position for Burma, Thailand, and China must be proposed who will be fully in charge of the USAID/RDMA activities with guidance from the senior tuberculosis medical/technical advisor and the chief of party. The country manager is responsible for the day-to-day implementation of activities in her/his country of operation under the guidance of the Senior Tuberculosis Medical/Technical Advisor. He/she must demonstrate technical skills as well as written and oral communications skills in English (See Section I.VI for details.)

Non-Key personnel (1 page):

Senior Quality of Medicines Advisor: The Senior Quality Medicines Advisor will serve as the pharmaceutical management and drug quality monitoring expert providing expert technical assistance to strengthen pharmaceutical systems, supply chain management to improve TB drug management. The Senior Quality Medicine Advisor will be instrumental in assessing gaps in anti-tuberculosis medicines including identification of sources of counterfeit medicines regularly accessed by TB patients for treatment and make programmatic recommendations to address identified challenges. He/she must demonstrate technical, written and oral communications skills in English. (Section I.VI for details.)

Management and M&E Plan (3 pages):

The Applicant must propose a management plan that includes coordination and communication with a wide range of partners, including non-traditional ones. It must demonstrate the significant role local partners will have in the management and implementation of the program. The management structure must address the breadth and depth of technical skills, development experience, and specific country experience required to successfully undertake this activity. In addition, the Applicant must provide a description of how lessons learned will be transferred between staff and country level programs. This section must include an organizational chart as well as partnership and sub-award arrangements where applicable.

The Monitoring and Evaluation Plan must be clear, appropriate, and sound in terms of identification of expected interim and final results of the Project and the extent to which the plan for collecting baseline, mid-term and end of project evaluation is cost-effective, will reliably measure project progress and impact, and contribute to the body of knowledge in MDR/TB prevention and management in the RDMA region. A detailed strategic framework for monitoring performance towards achieving each of the technical areas must be provided that includes expected timelines, benchmarks, and indicators to monitor progress over the life of the project. The M&E plan must also clearly highlight stages of model development and a timeline for monitoring and evaluation. This section must include a results framework highlighting stages of results to meet the project objectives to improve management of TB through the development, implementation and evaluation of scalable and innovative models for the management of MDR-TB and increase the detection of MDR-TB

cases and treatment success among MDR-TB cases in selected areas where model MDR-TB programs will be implemented.

Institutional capacity (3 pages): Applicants must offer evidence of their technical resources and expertise in addressing relevant problems and issues. Care must be taken to establish the relevance of past experience to this program and the basis for reliance upon that experience as an indicator of success on this program. Information in this section must include (but is not limited to) the following:

1. Brief description of organizational history/expertise;
2. Pertinent work experience and representative accomplishments in developing and implementing programs of the type required under the proposed RFA;
3. Evidence of a successful record of implementing projects overseas, and in the region, if applicable;
4. Relevant experience with proposed approaches; and
5. Institutional strength as represented by breadth and depth of experienced personnel in project relevant disciplines/areas.

Past performance: Applicants must include the five (5) most relevant U.S. Government and/or privately funded contracts, grants, cooperative agreements, etc. received by your organization in the last three years involving programs similar to the program proposed in your application. (This includes ongoing programs. The end date of the program should not be more than three years ago.) Include the following for each award listed:

- Name of awarding organization or agency
- Address of awarding organization or agency
- Place of performance of services or program
- Award number
- Amount of award
- Term of award (start and end dates of services/program)
- Name, current telephone number, current fax number and e-mail address (if one is available) of a responsible technical representative of that organization or agency
- Brief description of the program

Applicants must also include the three (3) most relevant U.S. Government and/or privately funded contracts, grants, cooperative agreements, etc. received by each major sub-grantee proposed. A major sub-grantee is one whose proposed cost exceeds 25% of the Applicant's total proposed cost. Include the same information as listed above.

USAID may contact references and use the past performance data, along with other information to determine the Applicant's responsibility. The Government reserves the right to obtain information for use in the evaluation of past performance from any and all sources inside or outside the Government.

Annexes: (Annexes beyond those stated will not be read or taken into consideration):

1. Relevant Past Performance Information (Recipient and Key Partner Organizations, if applicable);
2. Curriculum Vitae for Key Personnel;
3. Performance Monitoring Plan.

III. COST APPLICATION FORMAT

The Cost or Business Application must be submitted separately from the technical application. Certain documents are required to be submitted by an Applicant in order for the Agreement Officer to make a determination of responsibility. The following sections describe the documentation that Applicants for Assistance awards must submit to USAID prior to award. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. The Applicant must submit a budget and budget narrative that allows the Agreement Officer to reach the determination that all proposed costs are reasonable and the proposed budget is realistic to carry out the program the Applicant proposed in its technical application. The proposed budget must clearly identify the costs involved to perform the activities identified in the technical approach and the budget narrative must provide evidence that the proposed budget is both reasonable and will achieve the program objectives. A summary of the budget must be submitted using Standard Form 424 and 424A which can be downloaded from the grants.gov website at www.grants.gov.

1. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices.
2. The breakdown of all costs according to each partner organization (or sub-Recipient) involved in the program.
3. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.
4. The breakdown of the financial and in-kind contributions of all organizations involved in implementing the expected Cooperative Agreement.
5. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.
6. The procurement plan for commodities.
7. Indicate the name, annual salary, and expected level of effort of each person charged to the project. Provide resumes showing work experience and annual salary history for at least the three most recent years for major personnel.
8. If not included in an indirect cost rate agreement negotiated with the U.S. Government, specify the applicable fringe benefit rates for each category of employees, and explain the benefits included in the rate.
9. The same individual information for consultants must be provided as for regular personnel.
10. Allowances must be broken down by specific type and by person, and must be in accordance with the Applicant's policies.
11. Travel, per diem and other transportation expenses must be detailed in your proposal to include number of international trips, expected itineraries, number of per diem days and per diem rates.
12. Specify all equipment to be purchased and the expected geographic source.
13. Financial Plans for all proposed sub-grants and subcontracts must have the same format and level of detail as those of the Applicant. Following the Applicant‘s detailed budget breakdown, detailed budget breakdowns for each sub-Recipients/(sub) contractor must be presented. Sub-Recipient/(sub) contractor budgets must not be intermingled. The first page must be a summary budget, following the same budget format and line items as are set forth above for the full term of the sub-agreement/subcontract. Detailed budget notes which explain how the subs‘ proposed budget was reviewed and how a determination was made that it is fair and reasonable must be provided.
14. Other direct costs such as supplies, communication costs, photocopying, visas, passports and other general costs must be separate cost line items.

B. A copy of the latest Negotiated Indirect Cost Rate Agreement if your organization has such an agreement with the US Government;

C. Required certifications and representations (see Attachment 1 of this RFA); NOTE: Past Performance References requested in the certifications and representations should be attached to the technical proposal;

D. USAID endorses cost-sharing as an important principle in USAID-Recipient relationships. Applicants are encouraged to contribute cost share to increase overall program impact. Applicants must be aware that all cash contributions and non- Federal third party in-kind contributions must meet all the criteria set forth in 22 CFR 226.23 and the applicable OMB cost principles. Applicant cost share may be in any combination of in-kind support, staff salaries, waiver of overhead, etc. Awards will be made to responsible applicants whose applications offer the greatest value, cost and other factors (i.e. technical evaluation criteria) considered.

E. Applicants which do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency must also submit the following information:

1. Copies of the Applicant's financial reports for the previous three-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
2. Projected budget, cash flow and organizational chart; and,
3. A copy of the organization's accounting manual.

F. Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and,
5. Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).

G. Applicants that have never received a cooperative agreement, grant or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant must advise which Federal Office has a copy.

H. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by the USAID/Washington's Office of Procurement.

NOTE: This RFA does not provide for reimbursement of any pre-award costs.

SECTION V: APPLICATION REVIEW INFORMATION

A technical evaluation committee will review the applications based upon the criteria set forth below. Approximate weighted points indicate the relative importance of each technical criterion against which technical applications will be evaluated. Thereafter, the cost application of all applicants submitting a technically acceptable application will be reviewed and costs will be evaluated for general reasonableness, allowability, and allocability. Award(s) will be made to responsible applicant(s) whose application(s) offer the greatest value, cost and other factors considered.

USAID may award a cooperative agreement on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application must contain the Applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID may elect to discuss technical, cost or other pre-award issues with one or more Applicants. Alternatively, USAID may proceed with award selection based on its evaluation of initial applications received and/or commence negotiations solely with one Applicant.

To facilitate the review of applications, Applicants are requested to organize the narrative sections of technical proposals according to the evaluation criteria set forth below. Awards will be made based on the ranking of proposals according to the technical selection criteria identified below:

The criteria presented below have been tailored to the requirements of this RFA. Weighted points indicate the relative importance of each technical criterion and sub-criteria, of which 100 points are possible (please note that the sub-criteria are weighted equally and not listed in any order of importance, further information under each sub-criteria will be evaluated as a whole in determining the score of the technical criterion). Applicants should note that these criteria serve to (a) identify the significant issues that applicants should address in their applications, and (b) to set standards against which all applications will be evaluated.

The sub-factors listed below are intended to further explain the relevance of the evaluation factor, but no one sub-factor is more important than any other.

I. Technical Approach [40 points]

The technical approach will be evaluated in terms of the extent to which it: Demonstrated understanding of the key issues and constraints in MDR/TB control and provides detail of a realistic and balanced approach to achieving the ten objectives contained in the program description, particularly in China, Burma and Thailand.

Increases the impact of the proposed activities by placing them in the context of collaborating with traditional and non-traditional partners, supporting National TB programs and other stakeholders, linking activities to the private sector, other service delivery entities, and other USAID funded programs focusing on HIV/AIDS and malaria, and providing the flexibility to shift activities based on evolving challenges.

Proposes comprehensive models approaches for MDR/TB prevention and management to be replicated and scaled up in each focus country and in particular approaches that integrate critical elements of MDR/TB control.

Identifies strong partnerships with local organizations in China, Burma and Thailand and describes capacity building activities to strengthen each.

II. Management Plan and Personnel [25 points]

The management plan will be evaluated according to its quality and feasibility, including the extent to which it provides clear lines of supervisions; identifies significant roles for local organizations; demonstrates key elements of coordination and collaboration with other USAID/RDMA programs, and other relevant counterparts; establishes clear lines of communication with sub-partners; proposes an appropriate, effective staffing pattern and use of resources; and proposes an appropriate organizational structure for the entire program.

Key Personnel and the Non-Key Person identified in Section IV will be evaluated with respect to demonstrated relevant qualifications, technical and program management expertise and experience applicable for completing Project activities in the critical areas outlined in this RFA, and meeting all specific qualifications. Past personnel experience involving the Project's subject matter is required, and past experience in the Asia region, particularly Burma, China and Thailand, is highly desirable. Qualified candidates from the RDMA regions should be considered for key personnel positions.

III. Monitoring and Evaluation Plan [15 points]

The Monitoring and Evaluation Plan will be evaluated according to the extent to which it is clear, appropriate, and sound in terms of identification of expected interim and final results of the Project and extent to which the plan for collecting baseline, mid-term and end of project evaluation is cost-effective, will reliably measure project progress and impact, and contribute to the body of knowledge in MDR/TB prevention and management in the RDMA region.

Other factors for evaluation include: strength of the proposed approaches for measuring quality, effectiveness and outcomes of the Project and the extent to which the application includes a comprehensive set of indicators that reflect these elements.

IV. Institutional Capability [10 points]

Institutional capability will be evaluated based on the extent to which the Applicant clearly demonstrates that it possesses the organizational knowledge, capability, and experience to develop, manage and implement TB/MDR/TB service delivery programs including prevention in contexts similar to Burma, China and Thailand, and manage multiple complex activities involving collaborative efforts where clear and effective lines of communication between and among various stakeholders, including national/local governments, donors, and implementing partners and sub-partners are maintained.

The Applicant demonstrates organizational capacity and expertise to work collaboratively with host government and other stakeholders to achieve project goals and objectives, and draw on local expertise with a focus on capacity building of local organizations and institutions.

V. Past Performance [10 points]

Past performance will be evaluated based on evidence of past achievement of successful results in the technical subject areas described in this RFA, as well as experience in program monitoring and evaluation, timeliness, budgeting, and financial reporting.

Each applicant is required to provide past performance references for itself and each proposed sub-applicant. The past performance evaluation will focus on the applicant's record of conforming to contract /agreement requirements and to standards of good workmanship, record of forecasting and controlling costs, adherence to contract /agreement schedules, including administrative aspects of performance, history of reasonable and cooperative behavior and commitment to customer satisfaction, the business-like concern for the interest of the customer, and the competency of personnel who worked on the contract/agreement.

[Note: The Technical Evaluation Committee may give more weight to past performance information that is considered more relevant and/or more current. In cases where an applicant lacks relevant past performance history or in which information on past performance is not available, the applicant will not be evaluated favorably or unfavorably on past performance. The neutral rating provided to these applicants is at the Agreement Officer's discretion based on the past performance ratings for all other applicants. Prior to assigning a "neutral" past performance rating, the Agreement Officer may take into account a broad range of information related to an applicant's past performance.]

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

SECTION VI: AWARD and ADMINISTRATION INFORMATION

A. AGREEMENT AWARD

5. Following selection for award and successful negotiations, a successful applicant will receive an electronic copy of the notice of the award signed by the Agreement Officer which serves as the authorizing document. The Agreement Officer will only do so after making a positive responsibility determination that the applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

6. The award will be issued to the contact as specified in the application as the Authorized Individual in accordance with the requirements in the Representations and Certifications.

7. Pre-award Surveys

For organizations that are new to working with USAID or for organizations with outstanding audit findings, USAID may perform a pre-award survey to assess the applicant's management and financial capabilities. If notified by USAID that a pre-award survey is necessary, applicants must prepare, in advance, the required information and documents. Please note that a pre-award survey does not commit USAID to make any award.

8. Resulting awards to U.S. non-governmental organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 22 CFR 230 for non¬profit organizations (formerly OMB Circular A-122), and OMB Circular A-133 for both universities and non-profit organizations, and Standard Provisions for U.S. Nongovernmental Organizations. These policies and federal regulations are available at the following web sites:

ADS-303: http://www.usaid.gov/policy/ads/300/303.pdf

22 CFR 226: http://www.access.gpo.gov/nara/cfr/waisidx_03/22cfr226_03.html
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a21.pdf

22 CFR 230 (formerly OMB Circular A-122)
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a122.pdf

OMB Circular A-133 - Audits of States, Local Governments and Non-Profit Organizations
http://www.whitehouse.gov/omb/circulars/index.html

48 CFR 31.2: http://www.arnet.gov/far/

Mandatory Standard Provisions for U.S. Nongovernmental Recipients can be accessed through USAID's website
http://www.usaid.gov/policy/ads/300/refindx3.htm

Mandatory Standard Provisions for Non-U.S., Nongovernmental Recipients can be accessed through USAID's website
http://www.usaid.gov/policy/ads/300/refindx3.htm

Resulting awards to non-U.S. non-governmental organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 22 CFR 220 for universities (formerly OMB Circular A-21), 2 CFR 230 for non-profit organizations (formerly OMB Circular A-122), or 48 CFR 31.2 (for for-profit organizations), and Standard Provisions for non-U.S. Nongovernmental Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: http://www.usaid.gov/policy/ads/300/303mab.pdf

Resulting awards to PIOs will be administered in accordance with Chapter 308 of USAID's Automated Directives System (ADS-308), 22 CFR 220 for universities (formerly OMB Circular A-21), 2 CFR 230 for non-profit organizations

(formerly OMB Circular A-122), or 48 CFR 31.2 (for for-profit organizations), and Standard Provisions for Public International Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: http://www.usaid.gov/policy/ads/300/303mab.pdf

9. The reporting requirements indicated in Section I shall be incorporated as part of the award made under this RFA.

B. GEOGRAPHIC CODE

The source and origin of procurements under this agreement will be subject to the Standard Provisions titled "USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (APRIL 1998)" and "Local Procurement." In addition, a blanket waiver for local procurement has been approved by the USAID Administrator. Application of the waiver is included in the letter from the Agreement Officer as an Attachment to this RFA.

C. U.S. EXECUTIVE ORDERS AND LAW REGARDING TERRORISM

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

D. FOREIGN GOVERNMENT DELEGATION TO INTERNATIONAL CONFERENCES

Funds in the agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" at http://www.info.usaid.gov/pubs/ads/300/refindx3.htm or as approved by the Agreement Officer.

E. SALARY SUPPLEMENTS

Any payments by the Recipient to employees at any level of any foreign government must be subject to the USAID policy on salary supplements (dated April 1988 or as amended). If this issue arises during the period of the agreement, the Recipient must consult with USAID on any questions regarding the applicability of the policy.

F. UNSUCCESSFUL APPLICATIONS

Unsuccessful applications will not be returned to the Applicant.

G. NON-FEDERAL AUDITS

In accordance with 22 C.F.R. Part 226.26 Recipients and sub-Recipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, "Audits of States, Local Governments, and Non-Profit Organizations." Recipients and sub-Recipients must use an independent, non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

H. OFAC LICENSE

While there are a number of statutory provisions affecting assistance for Burma, the assistance under this request may be provided notwithstanding those statutory provisions, as authorized by section 638(b)(2) of the FY 2008 Foreign Operations Appropriations Act. The assistance shall also be provided consistent with applicable Executive Orders (including EO 13047, 13310, 13448, 13464), OFAC Burmese Sanctions Regulations, licenses issued pursuant thereto, and applicable Department of Commerce Export Regulations. Current OFAC license no. BU 1847f is provided in Attachment 5 of this RFA.

I. BRANDING STRATEGY AND MARKING PLAN

The apparently successful applicant(s) will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer. A Branding Implementation Strategy and Marking Plan shall be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link:

http://www.usaid.gov/policy/ads/300/. The Recipient shall comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

J. USAID DISABILITY POLICY – Assistance (December 2004)

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

USAID therefore requires that the Recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under any Grant or Cooperative Agreement awarded pursuant to this RFA. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the Recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

K. STANDARD PROVISION: EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATIONS (December 2009)

a. All the requirements of 22 CFR Part 205, Participation By Religious Organizations In USAID Programs, are applicable to the recipient and to subrecipients which meet the definition of "Recipient" in 22 CFR Part 226. The requirements of 22 CFR Part 205 apply to both religious and secular organizations.

b. If the recipient makes subawards under this agreement, faith-based organizations must be eligible to participate on the same basis as other organizations, and must not be discriminated for or against on the basis of their religious character or affiliation.

c. The recipient must not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services directly funded with financial assistance from USAID. If the recipient engages in inherently religious activities, such as worship, religious instruction, and proselytization, it must offer those

services at a different time or location from any programs or services directly funded by this award, and participation by beneficiaries in any such inherently religious activities must be voluntary. These restrictions do not apply to programs where USAID funds are provided to chaplains to work with inmates in prisons, detention facilities, or community correction centers, or where USAID funds are provided to religious or other organizations for programs in prisons, detention facilities, or community correction centers, in which such organizations assist chaplains in carrying out their duties.

d. The recipient must not use USAID funds for the acquisition, construction, or rehabilitation of structures to the extent that those structures are used for inherently religious activities. Where a structure is used for both eligible and inherently religious activities, USAID funds may not exceed the cost of those portions of the acquisition, construction, or rehabilitation that are attributable to eligible activities in accordance with applicable cost accounting principles. Sanctuaries, chapels, or other rooms that the recipient uses as its principal place of worship are ineligible for acquisition, construction, rehabilitation, or improvements using USAID funds.

e. The recipient may not discriminate against any beneficiary or potential beneficiary under this award on the basis of religion or religious belief. Accordingly, in providing services supported in whole or in part by this agreement or in its outreach activities related to such services, the recipient may not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

f. When the recipient is a religious organization, the recipient

(1) Retains its independence and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct financial assistance from USAID to support any inherently religious activities, such as worship, religious instruction, or proselytization.

(2) Retains its authority over its internal governance and may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

(3) Retains its exemption from the Federal prohibition on employment discrimination on the basis of religion, set forth in Sec. 702(a) of the Civil Rights Act of 1964, 42U.S.C. 2000e–1.

(4) May use space in its facilities, without removing religious art, icons, scriptures, or other religious symbols.

g. The Secretary of State may waive the requirements of this provision in whole or in part, on a case-by-case basis, where the Secretary determines that such waiver is necessary to further the national security or foreign policy interests of the United States.

L. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

a. Requirement for Central Contractor Registration (CCR). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

b. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

(1) Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.

(2) May not make a subaward to an entity unless the entity has provided its DUNS number to you.

c. Definitions. For purposes of this award term:

(1) Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at http://www.ccr.gov).

(2) Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at http://fedgov.dnb.com/webform).

(3) Entity, as it is used in this award term, means all of the following, as defined at 2 CFR part 25, subpart C:

(i) A Governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization; and

(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(4) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, ―Audits of States, Local Governments, and Non-Profit Organizations‖).

(iii) A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

(5) Subrecipient means an entity that:

(i) Receives a subaward from you under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

M. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

a. Reporting of first-tier subawards.

(1) Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e of this award term).

(2) Where and when to report.

(i) You must report each obligating action described in paragraph a.1. of this award term to www.fsrs.gov.

(ii) For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

(3) What to report. You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

(1) Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if –

(i) the total Federal funding authorized to date under this award is $25,000 or more;

(ii) in the preceding fiscal year, you received—

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and

Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(iii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

(2) Where and when to report. You must report executive total compensation described in paragraph b.(1) of this award term:

(i) As part of your registration profile at www.ccr.gov.

(ii) By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

(1) Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient‘s five most highly compensated executives for the subrecipient‘s preceding completed fiscal year, if –

(i) in the subrecipient's preceding fiscal year, the subrecipient received—

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

(2) Where and when to report. You must report subrecipient executive total compensation described in paragraph c.(1) of this award term:

(i) To the recipient.

(ii) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

(1) subawards, and

(2) the total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

(1) Entity means all of the following, as defined in 2 CFR part 25:

(i) A Governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization;

(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(2) Executive means officers, managing partners, or any other employees in management positions.

(3) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A- 133, ―Audits of States, Local Governments, and Non- Profit Organizations‖).

(iii) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

(4) Subrecipient means an entity that:

(i) Receives a subaward from you (the recipient) under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

(5) Total compensation means the cash and noncash dollar value earned by the executive during the recipient‘s or subrecipient‘s preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(i) Salary and bonus.

(ii) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(iii) Earnings for services under nonequity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(iv) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(v) Above-market earnings on deferred compensation which is not tax-qualified.

(vi) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

N. TRAFFICKING IN PERSONS (OCTOBER 2010)

a. Provisions applicable to a recipient that is a private entity.

(1) You as the recipient, your employees, subrecipients under this award, and

subrecipients' employees may not—

(i) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

(ii) Procure a commercial sex act during the period of time that the award is in effect; or

(iii) Use forced labor in the performance of the award or subawards under the award.

(2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity —

(i) Is determined to have violated a prohibition in paragraph a. (1) of this award term; or

(ii) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a. (1) of this award term through conduct that is either—

(A) Associated with performance under this award; or

(B) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, __OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),'' as implemented by our agency at 22 CFR 208 or its superseding Part in 2 CFR.

b. Provisions applicable to a recipient other than a private entity.

(1) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity

(i) Is determined to have violated an applicable prohibition in paragraph a. (1) of this award term; or

(ii) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a. (1) of this award term through conduct that is either—

(A) Associated with performance under this award; or

(B) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, ‗‗OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),'' as implemented by our agency at 22 CFR 208 or its superseding Part in 2 CFR.

c. Provisions applicable to any recipient.

(1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a. (1) of this award term.

(2) Our right to terminate unilaterally that is described in paragraph a. (2) or b of this section:

(i) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and

(ii) Is in addition to all other remedies for noncompliance that are available to us under this award.

(3) You must include the requirements of paragraph a. (1) of this award term in any subaward you make to a private entity.

d. Definitions. For purposes of this provision:

(1) ‗‗Employee'' means either:

(i) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

(ii) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

(2) ‗‗Forced labor'' means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

(3) ‗‗Private entity'':

(i) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25(b).

(ii) Includes:

(A) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

(B) A for-profit organization.

(4) ‗‗Severe forms of trafficking in persons,'' ‗‗commercial sex act,'' and ‗‗coercion'' have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

SECTION VII: AGENCY CONTACTS

The Agency contact for this RFA are:

1. Craig Riegler, Contracting Officer, email: criegler@usaid.gov
2. Praveena ViraSingh, Acquisition & Assistance Specialist, email pvirasingh@usaid.gov

ATTACHMENT 1 - CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

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

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the Recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the Recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the Recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the Recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For Recipients other than individuals, Alternate I applies.

(4) For Recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The Recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about:

1. The dangers of drug abuse in the workplace;

2. The Recipient's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1, from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The Recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

_____

Alternate II

The Recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

The Recipient has reviewed and is familiar with the proposed grant format and the applicable regulations, and takes exception to the following (use a continuation page as necessary):

_____

_____

_____

_____

_____

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

_____

Signature _____ Date _____

[1] FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The Recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment 1 hereto. The Recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the Recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the Recipient is a non-U.S. nongovernmental organization.

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

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

Name Title Telephone No. Facsimile No.

_____

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

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

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

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

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

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

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

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

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the Applicant has an existing Letter of Credit (LOC) with USAID or another US federal agency, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

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

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

$_____

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

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST

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

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

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

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

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

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SUPPLIER (Non-US Only)	NATIONALITY	RATIONALE for NON-US

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

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

(h) The source and origin of procurements under this agreement will be subject to the Standard Provisions titled "USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (APRIL 1998)" and "Local Procurement".

6. PAST PERFORMANCE REFERENCES

On a continuation page or as part of your cost proposal, please provide a list of the U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., received during the last there years, and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

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

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

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

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

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

PART III - OTHER CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

_____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

2. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

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

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

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

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____
_____

Date of Birth: _____

NOTICE:

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

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

3. PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING
[not required to be completed pre-award].

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

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

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

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

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

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

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

FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The Recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment 1 hereto. The Recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the Recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the Recipient is a non-U.S. nongovernmental organization.

4. CERTIFICATION REGARDING MATERIAL SUPPORT AND RESOURCES

As a condition of entering into the referenced agreement, _____ hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: § 219 of the Immigration and Nationality Act, as amended (8 U.S.C. § 1189), the International Emergency Economic Powers Act (50 U.S.C. § 1701 et seq.), the National Emergencies Act (50 U.S.C. § 1601 et seq.), or § 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001)(8 U.S.C. §1182). _____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, "material support and resources" includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, "engage in terrorist activity" shall have the same meaning as in section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. § 1182(a)(3)(B) (iv)).

For purposes of this certification, "entity" means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signature: _____

Name: _____

Date: _____

Address: _____

NOTICE:

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

5. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

_____

Signature _____ Date _____

6. SURVEY on ENSURING EQUAL OPPORTUNITY for APPLICANTS

OMB No. 1890-0014 Exp. 1/31/2006

Purpose: The Federal government is committed to ensuring that all qualified Applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of Applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the Applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the Applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50

☐ 4-5 ☐ 51-100

☐ 6-12 ☐ over 100

3. What is the size of the Applicant's annual budget? (Check only one box.)

☐ Less than $150,000

☐ $150,000 - $299,999

☐ $300,000 - $499,999

☐ $500,000 - $999,999

☐ $1,000,000 - $4,999,999

☐ $5,000,000 or more

4. Is the Applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the Applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the Applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the Applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the Applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the Applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit Applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the Applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money our organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

OMB No. 1890-0014 Exp. 1/31/2006

7. LOCAL PROCUREMENT BLANKET WAIVER

The purpose of this letter is to notify you that the USAID Administrator approved a blanket waiver authorizing local procurement from the cooperating country in an amount of up to $5 million of commodities and services under your award effective as of November 24, 2010.

This waiver authority is provided under the provision in the Mandatory Standard Provision entitled “Local Procurement" of your grant/cooperative agreement for the purchase of goods and services supplied by local businesses, dealers or producers with the following limitations and requirements.

The waiver includes:

- Services of host country nationality;
- Commodities of host country source and origin;
- Commodities of host country source and any origin (Code 935)

This blanket waiver effectively establishes (per USAID award) a single $5 million threshold for local procurement to replace those individual thresholds currently set forth in 22 CFR 228.40 Local Procurement and ADS Chapter 311. Under the authority of this blanket waiver, you may now purchase

- up to $5 million of commodities of U.S. origin from local suppliers; OR
- up to $5 million of commodities of geographic code 935 origin from local suppliers; OR
- up to $5 million of professional services contracts from local suppliers; OR
- any combination of these commodities and professional services not to exceed $5 million.

The waiver does not affect the eligibility of construction-related local procurements nor commodities and services which are only available locally as set forth at 22 CFR 228.

This amount is a single aggregate total comprised of all purchases under the prime award, all subawards, and purchases under those subawards. You may choose to allocate portions of the waiver threshold authority to subawardees; however, it is your responsibility as the prime awardee to monitor and document the total local procurement expenditures made under the authority of the blanket waiver to ensure that the cumulative sum of those procurements under the award does not exceed the dollar threshold in the waiver.

If the total amount of purchases of goods and services reaches the $5 million threshold authorized in the waiver, then the requirements for local procurement revert to 22 CFR 228.40 (and as supplemented in ADS 311) for any additional purchases above the threshold.

Individual or case-by-case waivers which were approved before the effective date of the blanket waiver are not considered part of the $5 million threshold.

This waiver does not include Restricted Commodities and Eligibility of Commodities under the Commodity Eligibility Listing (CEL). Waiver approval requirements for restricted commodities (as set forth in 22 CFR 228 Source Origin and Nationality Rules and ADS 312) remain in effect; eligibility of commodities as set forth in the CEL are also unchanged (Mandatory Reference to ADS 312).

All other terms and conditions of the award remain unchanged.

ATTACHMENT 2: USAID/RDMA Health Partners

	Partners
1	National TB programs in focus countries, Burma, China, Thailand
2	Australian Aid (AUSAID)
3	Japanese International Cooperation Agency (JICA)
4	UK Department for International Development (DFID)
5	3 Diseases Fund (Burma)
7	World Bank
8	Asian Development Bank (ADB)
9	Bill and Melinda Gates Foundation
10	WHO Western Pacific Regional Office (WPRO)
11	WHO Southeast Asia Regional Office (SEARO)
13	WHO Western Pacific Regional Office (WPRO)
14	PATH
17	Research Triangle Institute (RTI)
18	Family Health International (FHI)
19	Population Services International (PSI) - new award
20	Other relevant NGOs

ATTACHMENT 3: USAID/RDMA MDR/TB PREVENTION AND MANAGEMENT PROJECT

INDICATOR TABLE

Indicator Statement	Achievement for the period under review	Achievement for the previous period	Year under review		Comments
			Target	Actual Data	

ATTACHMENT 4: USAID/RDMA MDR/TB PREVENTION AND MANAGEMENT PROJECT PERFORMANCE MONITORING PLAN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APPROACH OF DATA COLLECTION OR CALCULATION	DATA ACQUISITION BY MISSION		ANALYSIS, USE AND REPORTING	
				SCHEDULE/ FREQUENCY	BY WHOM (PERSON/ TEAM)	SCHEDULE/ FREQUENCY	BY WHOM (PERSON/ TEAM)

ATTACHMENT 5: BURMA OFAC LICENSE

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

License No. BU-1847f

BURMESE SANCTIONS REGULATIONS

AMENDED LICENSE

(Granted under the authority of one or more of 50 U.S.C 1601-1651, 1701-1706; PL 104-208, § 570; PL 108-61, PL 110-286, Executive Order 13310, Executive Order 13047, Executive Order 13448, Executive Order 13464 and 31 C.F.R. Parts 501 and 537.)

To: United States Department of State
United States Agency for International Development
c/o Office of Terrorism Finance and Economic Sanctions Policy
United States Department of State
Washington, D.C. 20520

1. Based on correspondence from the United States Department of State, Office of Terrorism Finance and Economic Sanctions Policy to the Office of Foreign Assets Control (the "Correspondence"), and information otherwise available to the Treasury Department, **License No. BU-1847d is hereby amended**, and the transactions and activities delineated herein are hereby authorized.

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Issued on behalf of the Secretary of the Treasury:

OFFICE OF FOREIGN ASSETS CONTROL

By _____ Sept. 23, 2010
Andrea Gacki — Date
Assistant Director for Licensing

Attention is directed to 18 U.S.C. §1001, 50 U.S.C. §1705, and 31 C.F.R. 537.701 for provisions relating to penalties.

SECTION I – AUTHORIZATION: **(a)** Subject to the terms and conditions set forth in this License, U.S. persons who are employees, grantees or contractors of the United States Department of State or the United States Agency for International Development (the "Licensees") are hereby authorized, for the conduct of the official business of the United States Government, which in the case of grantees and contractors are those activities defined and authorized by their U.S. government grants and contracts, to conduct all financial transactions and other activities otherwise prohibited by the Burmese Sanctions Regulations, 31 C.F.R. Part 537, Executive Order 13448 of October 18, 2007, Executive Order 13464 of April 30, 2008, or the Tom Lantos Block Burmese JADE (Junta's Anti-Democratic Efforts) Act of 2008 (P.L. 110-286) ("JADE Act"), that are necessary to support their activities in Burma.

(b) All transactions necessary for the importation into the United States of Burmese-origin human DNA specimens, in sample quantities, for analysis purposes are authorized.

(c) The Licensees are authorized to maintain bank accounts at a financial institution whose property is blocked pursuant to section 1 of Executive Order 13310.

(d) The Licensees are authorized to operate bank accounts on the books of U.S. financial institutions for the purpose of funding the activities authorized by this License.

(e) Payments pursuant to this License are authorized even though they may involve transfers to or from an account of a financial institution whose property is blocked pursuant to section 1 of Executive Order 13310, provided that the account is not on the books of a financial institution that is a United States person.

SECTION II – CONDITIONS: **(a)** Transfers of funds by Licensees to Burma pursuant to this License may be undertaken only in direct support of conducting official activities, which in the case of grantees or contractors are those activities defined and authorized by their U.S. government grants and contracts. Bank accounts maintained at a financial institution whose property is blocked pursuant to section 1 of Executive Order 13310, as authorized under Section I(c) above, may be used solely for funds in direct support of conducting official activities, which in the case of grantees or contractors are those activities defined and authorized by their U.S. government grants and contracts.

(b) Any transfer of funds through the U.S. financial system pursuant to the authority set forth above should reference the number of this License to avoid the blocking or rejection of the transfer.

(c) Except as expressly authorized in Section I(b) above, this License does not authorize any importation into the United States of any article that is a product of Burma or any importation into the United States of jadeite or rubies mined or extracted from Burma or any article of jewelry containing such jadeite or rubies.

(d) This License does not authorize new investment in Burma.

SECTION III – WARNING: Except as expressly authorized by the terms of this License, or otherwise by the Office of Foreign Assets Control, this License does not authorize the transfer of any blocked property, the debiting of any blocked account, the entry of any judgment or order that effects a transfer of blocked property, or the execution of any judgment against property blocked pursuant to any Executive order, statute, or 31 C.F.R. Chapter V.

SECTION IV – RECORDKEEPING AND REPORTING REQUIREMENTS: In accordance with 31 C.F.R. Part 501, the Licensees are required to keep full and accurate records of all transactions engaged in pursuant to the authorization contained in this License. Such records shall be made available for examination upon demand for at least five years from the date of each transaction. Such records shall clearly demonstrate the applicability of the authorization set forth in Section 1 hereof. (Attention is drawn to the recordkeeping, retention and reporting requirements of 31 C.F.R. §§ 501.601 and 501.602.)

SECTION V – PRECEDENTIAL EFFECT: The authorization contained in this License is limited to the facts and circumstances specific to the Application.

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