"Advancing Global Health" APS, Round 3 Q&A

Please be sure to read the Q&A for Round 1, Round 2a, and Round 2b first as those amendments contain many questions relevant to the preparation of your SOI. We do not answer duplicate questions, so it's critical that you read all Q&A documents.

Addendum K: NTD Q&A

1. The Addendum states that the 2019 End NTDs Act identifies 17 priority NTDs, and lists these explicitly; rabies is not included among them, although it is recognized as an NTD by WHO and referenced as an example NTD in other versions of End NTDs Act legislation (e.g. H.R. 826, 116th Congress). Could you please clarify whether rabies is considered in scope under this Addendum, and if so, whether prevention-focused programming (e.g. mass dog vaccination to interrupt zoonotic transmission to humans) would be considered consistent with the Addendum's "elimination/interruption of transmission" objective, given that funding for control-only strategies is explicitly excluded?
   This APS is specific for NTDs specified in the congressional act, which was signed into law under Public Law 116-94 (Further Consolidated Appropriation Act, 2020). The definition of NTDs and list of NTDs is found under section 303(2).
2. Given that projects may have a performance period of up to five years while Addendum K prioritizes NTDs that can be eliminated within approximately three years, may years four and five support activities required to preserve and document gains achieved during the elimination period, including post-treatment or post-interruption surveillance, verification/validation readiness, elimination-dossier support, integration into national surveillance systems, and sustainable transition to country management?
   Activities that could be considered for support are specified in the APS. The SOI does not require a detailed plan for all five years of the project period. The SOI should focus on achieving the objective and sub-objectives as appropriate.
3. For a broad-based integrated SOI, may an applicant propose country-specific packages addressing multiple priority NTDs at different points on the elimination continuum, provided that each disease-country component has a defined elimination, interruption-of-transmission, or control-to-elimination pathway, measurable milestones, and a realistic timeline, and that routine disease-control activities are not proposed as stand-alone objectives?
   Applicants can propose country-specific packages addressing multiple priority NTDs at different points on the elimination spectrum as long as those activities are clearly tied to the objectives and priorities specified in the Addendum.
4. For a coherent multi-country SOI, may shared regional functions—such as epidemiological and technical assistance, laboratory quality assurance and reference capacity, integrated surveillance and data systems, workforce development, supply-chain support, operational research, and cross-country learning—be supported where those functions directly serve and are allocable to defined country-level NTD elimination outcomes?
   Shared regional functions should be specified in SOIs. These shared functions should be tied to the objectives in the Addendum.
5. Where an NTD program is currently classified in a control phase, Addendum K permits strategic activities that demonstrate transition toward elimination. Does GHSD expect such a component itself to achieve elimination within the three-year priority period, or may it be responsive where the award closes a defined epidemiological, diagnostic, operational, or

implementation evidence gap and establishes a demonstrable and time-bound transition to an elimination pathway?

For NTD programs that are classified in a control phase, the Addendum permits strategic activities to demonstrate transition toward elimination. It is a GHSD preference to see evidence-based pathways demonstrating that elimination could be achieved in the timeframe of this project.

6. For country selection and targeting at the SOI stage, may applicants identify priority countries and indicative subnational geographies using the best available national and WHO/ESPEN evidence, with final districts, transmission zones, implementation units, or disease-specific targets refined during consultative program design or Phase 2 in coordination with national NTD programs as updated surveillance and program data become available?

   At the SOI stage, applicants should identify priority countries and indicative subnational geographies using the best available evidence.

7. Addendum K says that country co-investment is not required in Year 1 but that sustainability plans must include specific expectations for country co-investment beginning in Year 2. For a multi-country project, may those expectations be tailored by country and disease program, and may qualifying country contributions include government-financed personnel, facilities, laboratories, surveillance systems, logistics, commodities, existing program budgets, or other in-kind/public resources in addition to incremental cash financing?

   Country co-investment is expected as part of the five-year process. Proposed co-investment should be tailored to the individual situation of each country's NTD program and should be targeted to achieve sustainability long-term.

8. For countries or disease programs that have already met an epidemiological elimination threshold but have not yet completed formal verification/validation, may Addendum K support the remaining surveillance, evidence-quality, dossier, institutional-capacity, and sustainability requirements necessary to obtain and preserve formal recognition of elimination?

   Applicants should support those activities needed to meet, demonstrate, and maintain elimination goals, particularly when they help address sub-objective A: strengthen surveillance, laboratory, supply chain, and health system capacity for NTD detection, monitoring and response to accelerate elimination.

9. We would like to better understand the elimination requirement outlined in the Addendum. In our context, complete national elimination of the diseases we are considering targeting — dengue and scabies — is not realistic within the five-year project period. In addition, the Government of Bangladesh's current approach focuses primarily on disease control. Would a phased approach towards elimination, starting with defined geographic areas to demonstrate progress and generate evidence that can inform eventual national scale-up, be acceptable in this context?

   Dengue and scabies are not currently targeted for elimination by global programs. GHSD may consider funding programs in countries that do not have elimination targets at the global level if their national guidelines specify elimination targets and they have a plan for achieving elimination. Additionally, GHSD may consider funding strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination.

10. Under the ownership and sustainability clause, is the national government's investment from Year two mandatory? Or would co-investment from the participating organisation/consortium be considered sufficient to meet this requirement?
    Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term.
11. Sub-objective B refers to the identification and evaluation of innovative tools that accelerate progress toward elimination, and the Addendum states that activities demonstrating a programme could transition from control to elimination will be considered. Where a new diagnostic tool is required to close a defined evidence gap for a national programme's transition from control to elimination, would the following be allowable costs: (a) multi-country, multi-site validation studies in targeted geographies to generate country-level and WHO policy evidence; and (b) the technology transfer activity required to establish a manufacturer of record, where that transfer is a prerequisite for the tool being available at the scale the validation studies require? If (b) is not allowable, may it be included as a cost-shared or leveraged non-federal contribution?
    GHSD will consider funding strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination. GHSD will not fund the evaluation of the accuracy of new diagnostic tools. GHSD may consider an evaluation of the use of a new diagnostic tool in a multi-country setting as a strategy to generate elimination evidence that can be used to develop country or international level policies. Cost-sharing from other sources would be acceptable.
12. Sub-objective A includes strengthening supply chains and systems for commodities required for NTD detection and elimination. Where a WHO-recommended rapid diagnostic test essential to a national elimination programme has been discontinued by its manufacturer, leaving no equivalent commercially available product, would activities to restore supply continuity be allowable — specifically, securing a manufacturer of record, and the technical work required to bring the test to current regulatory and performance standards for WHO prequalification? We are asking whether commodity continuity of this kind is treated as eligible health systems and supply chain strengthening, or as product development outside the scope of this Addendum.
    Activities that help accelerate progress towards elimination goals and enhance program sustainability will be considered. It is important to link proposed supply chain activities to the broader goals specified in the Addendum.
13. Can proposals for the NTDs APS include vector control efforts leverating wolbaccia mosquitoes cultivation/expansion?
    The goal of the Addendum is to support implementation of activities that will lead to elimination of NTDs. Vector control efforts including Wolbachia mosquito cultivation and expansion can be considered as long as the applicant is able to demonstrate how the strategy will result in elimination of NTDs within the next three years.
14. Will you consider other countries outside of those listed in the Addendum K, such as Guyana which is only 3 years away from eliminating Lymphatic Filariasis?
    This Addendum is limited to the countries specified in the announcement.
15. For diseases such as schistosomiasis and STH, would projects be eligible where current programming remains partly focused on control but the proposed investment is specifically designed to demonstrate and enable a transition toward elimination? What level of evidence

or likelihood of achieving elimination within the project period would be expected?

For NTD programs that are classified in a control phase, the Addendum permits strategic activities that demonstrate transition toward elimination.

16. From Year 2 onward, is there a minimum expected level or percentage of country co-investment, or should applicants propose country-specific commitments based on fiscal capacity and existing domestic contributions?

    Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term, being cognizant of the fact that some programs will achieve sustainability faster than others.

17. Can the project work with the CDC and the CDC receive funding for technical assistance and laboratory testing?

    CDC is not eligible to receive funding through this Addendum.

18. The Addendum discusses priority neglected tropical diseases and references countries where elimination efforts are sought. Are SOIs expected to focus only on the NTDs specifically identified within Addendum K, or are projects addressing additional NTDs included on the broader WHO list of neglected tropical diseases also eligible for consideration, provided they align with the objectives of the Addendum?

    This APS is specific for NTDs specified in the congressional act, which was signed into law under Public Law 116-94 (Further Consolidated Appropriation Act, 2020). The definition of NTDs and list of NTDs is found under section 303(2). Those are the 17 NTDs specified in the Addendum. The focus of the SOI should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination.

19. Does GHSD have a preference for SOIs that propose multi-country and/or multi-region approaches, or will country-specific submissions be considered equally competitive if they demonstrate strong alignment with the Addendum's objectives and anticipated outcomes?

    GHSD does not have a preference for multi-country, multi-region, or country-specific approaches. Applicants may propose the geographic scope that they believe is most appropriate to achieving the objectives and anticipated outcomes of the Addendum. Multi-country or multi-region approaches should demonstrate a clear rationale for the proposed scope and how the approach will achieve results across the proposed geographies. Country-specific SOIs will be considered equally competitive when they demonstrate strong alignment with the Addendum's objectives and anticipated outcomes. All SOIs will be evaluated according to the selection criteria outlined in Section F of the APS.

20. Are single country proposals accepted?

    Single country SOIs are accepted.

21. Could NTDs that are transitioning from control to elimination be included as priority NTDs, along with those in the pre-elimination phase?

    Applicants can consider including NTDs that are transitioning from control to elimination. Strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination will be considered.

22. Could GHSD provide the list of eligible co-investment options from the country governments?

    Co-investment is primarily focused on financial resources that the country contributes to

meet those invested by the U.S. government.

23. Paraguay is not listed among the countries in the Western Hemisphere. Can Paraguay participate in a proposal that includes countries in the list like Bolivia and Guatemala?
    This Addendum is limited to the countries specified in the announcement.
24. We have read Addendum K and we understand that a main focus is to propose interventions that accelerate the elimination of transmission, in our case, onchocerciasis. Could the main applicants be based in the UK, or should they be based in the endemic countries of interest? Do we need to include co-applicants based in the USA?
    Under Section B of the APS Advancing Global Health U.S. and foreign organizations are eligible to apply.
25. Would it be possible for the project to focus on a community intervention trial -- comparing community-based interventions to measure the epidemiological impact of Mass Drug Administration (MDA) with different drugs (e.g., ivermectin vs. moxidectin) with or without vector control? Would proposing a suit of interventions tailored to the epidemiological characteristics of each study site under consideration, and aimed at accelerating the elimination of transmission be preferable?
    Community intervention trials as well as a suite of interventions tailored to the epidemiological characteristics of each study site can be considered as long as they support the objectives and sub-objectives specified in the Addendum.
26. How should we interpret the prohibition on "control" activities? For example, would activities designed to generate evidence, tools or systems that enable a transition from control to elimination be considered?
    Strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination will be considered.
27. Would State consider a U.S. university-led consortium, with core activities conducted by local entities, to be competitive or is the expectation that US organizations and US universities serve as technical/research subrecipients?
    Under Section B of the APS Advancing Global Health, U.S. and foreign organizations are eligible to apply. GHSD has not established a preferred organizational type or consortium structure, and U.S. organizations and universities are not required to participate solely as technical or research subrecipients.
28. What level of specificity is expected in the SOI regarding country government commitment?
    The SOI should provide as much information as it can that demonstrates government commitment or country co-investment.
29. Will GHSD identify which NTDs and geographic areas in Tanzania it considers sufficiently close to elimination, or should applicants select and justify diseases and implementation units using Tanzania Ministry of Health and WHO/ESPEN data?
    Applicants should propose the NTDs and geographical locations where they plan to implement the project. These selections should align with the objectives and sub-objectives of the Addendum.
30. Because schistosomiasis and soil-transmitted helminthiases are often characterized as control programs, what evidence should an SOI provide to demonstrate a credible transition to elimination—for example, prevalence thresholds, transmission-interruption milestones, precision mapping, stop-MDA criteria, or post-treatment surveillance?
    Schistosomiasis and soil-transmitted helminthiases are classified as elimination as public health problem diseases, and thus SOIs for these NTDs are consistent with the Addendum

objectives.

31. Within the listed geographies, does GHSD have an existing assessment of which countries should be prioritized for each NTD based on their proximity to elimination, or does it expect applicants to determine and substantiate this prioritization independently?

    GHSD does not have predetermined priorities for which NTDs should be prioritized in which country. Applicants should determine and substantiate this prioritization independently utilizing available data.

32. Where multiple NTDs could credibly be targeted within a country, would GHSD favor an integrated country-level elimination program or a more tightly focused intervention around the disease with the clearest near-term pathway to elimination?

    GHSD does not have a preference on the type of elimination program as long as the SOI prioritizes high-impact geographies, vulnerable populations, and efficient delivery approaches that strengthen integration with existing health and community platforms where appropriate.

33. For proposals covering multiple eligible countries, does GHSD prefer a regional SOI, separate country-level SOIs, or a multi-country, multi-region SOI? For instance, would a focused multi-region proposal covering selected countries where the applicant has strong implementation capacity be viewed differently from a broader proposal that covers all countries in a specified region?

    Applicants are free to decide which approach they would prefer to take, carefully weighing the risks and benefits specific to their capabilities and proposed program of work. There would be a preference for those SOIs that can clearly demonstrate impact in the time frame of the APS.

34. Does GHSD have a preference between SOIs that address both sub-objectives A and B for a focused disease, as opposed to SOIs that address a single sub-objective across multiple eligible NTDs? Would either approach be viewed more favorably in the evaluation?

    Applicants are free to decide which approach they would prefer to take, carefully weighing the risks and benefits specific to their capabilities and proposed program of work. There would be a preference for those SOIs that can clearly demonstrate impact in the time frame of the APS.

35. Would GHSD consider proposals in which a significant component of the intervention is embedded delivery support to governments, including strengthening coordination, performance management, data-driven decision-making and cross-ministerial delivery mechanisms to advance both sub objectives A and B?

    GHSD will consider approaches that include embedded delivery support to governments, including activities that strengthen coordination, performance management, data-driven decision-making, and cross-ministerial delivery mechanisms, provided that such activities are clearly linked to the objectives and anticipated outcomes of the Addendum. Applicants should describe how these activities will support implementation of the priority interventions, strengthen government capacity and ownership, and contribute to sustainable results.

36. Could GHSD clarify the level at which applicants should define the principal outcome (e.g., achievement of epidemiological thresholds required for validation, interruption of transmission within selected subnational geographies)?

    Applicants are free to present and define principal outcomes (e.g., achievement of epidemiological thresholds required for validation, interruption of transmission) as long

as long as these are in line with country guidelines

37. How many SOIs may a single eligible organization submit under this addendum? For example, may an organization submit separate SOIs addressing different sub-objectives, countries, diseases, or program approaches?
    The Addendum does not specify the number of SOIs that an organization may submit. However, each SOI should present a distinct and clearly defined approach that is responsive to the objectives and anticipated outcomes of the Addendum.
38. Are applicants permitted to propose activities in countries or geographic areas that are not included in the targeted geography list where there is a clear regional or cross-border rationale? For instance, submitting an ASEAN regional proposal with Indonesia listed as the priority country.
    This Addendum is limited to the countries specified in the announcement.
39. At the SOI stage, to what extent must implementation partners, subrecipients, technical partners, and host-government counterparts be identified and formally committed? Would indicative partner roles be sufficient, or are named and confirmed partners expected?
    At the SOI stage sufficient documentation of commitments should be made to demonstrate that the applicant has the organizational capacity to implement the project and the ability to achieve the objectives.
40. Under sub-objective B, in what circumstances are operational research and/or evaluation expected by GHSD when introducing new innovative tools? For example, is it expected to demonstrate feasibility, gain regulatory approval, or otherwise?
    Sub-objective B requires demonstration of the ability to accelerate progress toward NTD elimination and improve operational effectiveness. All activities required to accomplish this should be included.
41. What will the Bureau of Global Health Security & Diplomacy accept as evidence of a Dengue program transitioning from Control toward Elimination?
    Strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination will be considered.
42. Is there an expected funding range for individual projects under Addendum K?
    The Addendum does not specify funding range for individual projects. Applicants should apply for the funding required to complete the objectives specified in their proposals.
43. Are there any parameters on budget split between research and implementation?
    The Addendum does not specify parameters on the split between research and implementation.
44. Are there any parameters for the funds spend in USA, UK and Low- and Middle-Income Countries (LMICs)?
    The Addendum does not specify parameters on where funds should be spent.
45. The Addendum states that priority will be given to NTDs that can be eliminated within the next three years. It also allows programmes that demonstrate a transition from control to elimination. For leprosy, would the call consider: Sub-national elimination? Elimination as a public-health problem in defined areas? Or Achievement of clearly defined transition-to-elimination milestones within the project period?
    Applicants should specify the level at which their proposal is targeting elimination (e.g., national, sub-national). Although national level elimination is preferable, demonstrating elimination in a defined area is a measurable and meaningful impact, as long as the elimination is sustainable by country NTD programs.

46. Can we focus on selected high-burden districts and provinces within an eligible country rather than proposing nationwide implementation, considering the applicant can demonstrate that funding in those locations offers better pathway towards measurable milestones for elimination at the sub-national level?
    Applicants may target their proposal as they deem appropriate.
47. May organizations submit an SOI as a consortium or group of partners? If so, should one organization serve as the lead applicant and award recipient, with the others participating as subrecipients or implementing partners?
    Organizations may submit an SOI as a consortium or group of partners. The Addendum does not state how and if consortium should be organized to respond to this addendum. Applicants should clearly describe the roles and responsibilities of each consortium member or partner and how the proposed structure will support successful implementation and achievement of the Addendum's objectives.
48. We are considering activities addressing soil-transmitted helminthiases, schistosomiasis, and trachoma in Ethiopia. Although these diseases may not currently be on a nationwide path to elimination, certain high-prevalence districts may be positioned to achieve elimination targets with focused support. Would a geographically targeted proposal for such districts be considered responsive to the Addendum?
    Applicants may target their proposal as they deem appropriate. The Addendum does not specify how geographic areas should be prioritized.
49. Beyond the requirements in Section D of the main APS, will GHSD provide any Addendum K-specific guidance regarding the expected content or structure of the SOI—for example, the level of detail expected on geographic targeting, elimination milestones, partnerships, sustainability, monitoring, and indicative costs?
    The requirements for SOIs are outlined in Section D of the APS and the applicable Addendum. GHSD does not anticipate issuing additional Addendum-specific requirements regarding the structure or format of the SOI.
50. Does the Department have a preference for SOIs that group multiple countries around a specific priority NTD, shared elimination-stage challenge, or technical issue—rather than proposing country-specific activities? If so, what factors should applicants use to justify a multi-country approach?
    GHSD does not have a preference. Applicants should propose the approach that they have the organizational capacity to implement and the ability to achieve. See Section D of the APS Advancing Global Health.
51. Among the priority NTDs and eligible countries identified in Addendum K, are there particular diseases, elimination milestones, intervention types, or geographic areas that GHSD considers to be of highest strategic interest? In particular, should applicants only prioritize opportunities in countries with a credible pathway to achieving elimination as a public health problem or interruption of transmission within the next 3 years?
    The priorities of GHSD are specified in Addendum K. Applicants should prioritize activities to meet the objectives of the Addendum in the timeframe of the APS.
52. Does GHSD anticipate supporting a diversified portfolio of awards under Addendum K, including both (a) focused, potentially smaller-scale projects addressing a discrete technical, operational, innovation, surveillance, or geographically targeted “last-mile” elimination challenge, and (b) broader, multi-country and/or integrated NTD initiatives? If so, are applicants encouraged to propose projects at different scopes and funding levels,

commensurate with the scale, evidence base, and anticipated elimination impact of the proposed approach?

GHSD does not have a preference on the size and format of the awards as long as these awards are designed to meet the goals and objectives of the Addendum.

53. Addendum K states that its goal is "to accelerate progress toward the elimination and interruption of transmission of priority NTDs" and that control programs will not be supported. For the purposes of this Addendum, does GHSD define "priority NTDs" as only those that can be eliminated at a national level within the next three years determined by GHSD, U.S. bilateral priorities, or host-government elimination plans?

    Priority NTDs would be those with an eradication, interruption of transmission or elimination as a public health problem goal. Strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination will be considered.

54. For SOIs that include surveillance, laboratory, supply-chain, workforce, data-system, or other health-systems-strengthening activities, what level of linkage to disease-specific elimination outcomes is expected? Would GHSD consider an HSS-focused SOI competitive if it demonstrates a direct, measurable, and time-bound contribution to elimination milestones for one or more priority NTDs?

    GHSD would consider an HSS-focused SOI that demonstrates a direct, measurable, and time-bound contribution to elimination milestones for one or more priority NTDs. Applicants submitting stand-alone HHS-focus SOIs would need to demonstrate the impact of the project on elimination commensurate for the level of funding requested.

55. While individual governments lead their national NTD programmes, the WHO establishes the global standards, indicators, and validation/verification criteria. Please confirm whether the SOI may reference WHO technical guidance and/or describe coordination with Ministry of Health structures in which WHO may participate, provided that WHO, its regional/country offices, and WHO-administered projects receive no U.S. government funds and are not named as formal partners, subrecipients, contractors, or implementers.

    Executive order 14155 withdraws the U.S. from WHO and instructs the Secretary and the Director of the OMB to pause the future transfer of any U.S. government funds, support, or resources to the WHO. Applicants should prioritize activities to meet the objectives of the Addendum in the timeframe of the APS. SOIs will be evaluated in accordance with the review criteria (Section F) in the APS.

56. Addendum K indicates that recipient-government co-investment is not required in Year 1, but that projects should develop sustainability plans that include expectations for country co-investment beginning in Year 2. Could GHSD please clarify its expectations regarding the demonstration of increasing government ownership and domestic financing over the life of the award?

    Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term.

57. At the SOI stage, what evidence of future government ownership and financing is expected?

    At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term.

58. Addendum K states that "co-investment for NTDs may be counted toward overall bilateral health MOU co-investment commitments where applicable." May recipient-government NTD expenditures or in-kind contributions be counted toward those commitments when they support the same NTD elimination objectives but are financed through non-U.S. Government sources and are not funded under the proposed Department of State award? If so, please clarify the requirements for attribution, allowability, valuation, documentation, timing, and avoidance of double counting.

    The country ownership and sustainability concept supported by the MOU and by the overall bilateral health MOU process requires domestic resources and financing commitments to complement U.S. government support. Committed, stable co-investments from domestic sources should meet that requirement.

59. May eligible contributions include donated medicines; government or government-supported personnel time; campaign logistics; MDA delivery costs; commodity storage and distribution; routine surveillance; laboratory and diagnostic services; and other domestically financed NTD programme expenditures?

    The country ownership and sustainability concept supported by the MOU and by the overall bilateral health MOU process requires domestic resources and financing commitments to complement U.S. government support. Committed, stable co-investments from domestic sources should meet that requirement.

60. For donated medicines, please clarify whether eligibility depends on the donor, donation mechanism, transfer of title, delivery timing, or the availability of verifiable valuation documentation.

    Issues related to donated medicines will be addressed once donations are secured.

61. Addendum K notes that priority will be given to NTDs that can be eliminated within the next three years, while also encouraging operational research and activities that support transition from control to elimination. Would GHSD consider operational research projects competitive where they address a critical evidence gap preventing elimination, even if the disease programme is unlikely to achieve elimination within the project period itself?

    The sub-objectives under the Addendum are designed to support the main objective of accelerating the elimination of priority NTDs. An operational research project will be considered if it is designed to support ongoing or planned NTD elimination activities.

62. For NTDs supported by established pharmaceutical donation programs, should applicants assume that donated medicines will continue to be available through existing WHO and national mechanisms and focus proposed USG resources on the operational, technical, supply-chain, community engagement, last-mile delivery, monitoring, and surveillance requirements necessary to achieve elimination? Will there be any limitations on USG-funded partners coordinating with WHO on donated medicines? Are there circumstances in which applicants should budget for pharmaceutical procurement?

    GHSD does not anticipate asking country programs to obtain donated drugs through new mechanisms when one already exists. GHSD will not place limitations on U.S. government-funded applicants coordinating with WHO as long as U.S. government funds are not used to pay for that coordination.

63. The Addendum emphasizes accelerating elimination and interruption of transmission and indicates that interventions should have a credible pathway toward elimination. Should applicants propose activities only for diseases/geographies where elimination or interruption of transmission is reasonably achievable within the five-year award period, or may projects

support countries that are making measurable progress toward longer-term elimination targets beyond the award period?

Although the priority of the Addendum is to fund program activities that will achieve elimination targets within the timeframes specified, any activity that contributes toward accelerating the elimination of priority NTDs will be considered. Applicants will be expected to demonstrate the impact of the programs during the award period.

64. The Addendum calls for integrated approaches and leveraging existing health platforms. Does GHSD expect NTD activities to be integrated primarily into government health systems and existing NTD programs, or does it also encourage integration with community health, malaria, immunization, WASH, nutrition, surveillance, and other established delivery platforms where these provide an efficient pathway to reach populations relevant to NTD elimination?

    GHSD encourages applicants to consider whatever integration approaches make sense in the context of each particular country. Considerations for integration include all of the possibilities suggested in the question, particularly if they facilitate the development of a sustainable program.

65. What types of outcomes does GHSD expect applicants to propose at the SOI stage to demonstrate that an intervention will materially accelerate elimination? Does GHSD expect disease-specific epidemiological outcomes, achievement of WHO elimination milestones, coverage/access outcomes, or a combination of these?

    GHSD expects applicants to propose outcomes that can demonstrate in the context of the proposed work. Demonstration of program impact (i.e., disease-specific epidemiological outcomes) is preferred.

66. Would a specialized SOI centered on community-based surveillance, early detection, reporting, investigation, referral, and response for priority NTDs be eligible where it is directly linked to elimination or interruption of transmission? And if so, may CBS be the principal intervention, or must it be paired with direct NTD service-delivery interventions?

    GHSD will consider SOIs centered on community-based surveillance, early detection, reporting, investigation, referral, and response for priority NTDs, provided that the proposed approach is directly linked to achieving the Addendum's objectives, including elimination or interruption of transmission.

67. Would multi-country or cross-border approaches be considered, particularly where mobile populations or shared transmission areas create surveillance and response gaps?

    Multi-country and/or cross-border approaches will be considered as long as they are responsive to the Addendum's objectives.

68. What evidence and indicators should applicants use to demonstrate that community-based surveillance addresses a last-mile elimination barrier rather than routine disease control?

    Applicants will need to provide the evidence that they feel is necessary to demonstrate that community-based surveillance addresses a last-mile elimination barrier.

69. What evidence of host-government engagement, country ownership, and future co-investment is expected at the SOI stage?

    At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term.

70. Dengue is listed among the priority NTDs under the Addendum. Could GHSD clarify what

types of dengue interventions or elimination objectives would be considered eligible, given that control strategies are not allowable and the Addendum prioritizes interruption of transmission and elimination.

Priority NTDs would be those with an eradication, interruption of transmission or elimination as a public health problem goal. Strategic activities to demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination will be considered.

71. When deciding which NTDs can be eliminated within 3 years, what is the definition of "elimination" that will be used to evaluate the submissions?

    NTD programs that target eradication, interruption of transmission or elimination as a public health problem are considered as 'elimination' programs when making funding decisions. Applicants may target their proposal as they deem appropriate. Although national level elimination is preferable, demonstrating elimination in a defined area is a measurable and meaningful impact, as long as the elimination is sustainable by country NTD programs.

72. Not all countries listed on the APS Addendum K have a Global Health bi-lateral MOU with the US Government. Yet, the initiative seeks to strengthen the strategic bi-lateral partnerships. Will priority be given to countries with US Government Global Health MOUs?

    Priority countries are listed in the Addendum.

73. When considering contracting with country governments, will the standard Public International Organization (PIO) agreement framework and provisions be in place?

    Standard Public International Agreement framework and provisions are only used with specific international organizations.

74. The Addendum specifies interventions in "strategically targeted high-burden settings." What is considered "strategic" and "high burden" in this context?

    The targeted geographic areas and the priority NTDs mentioned in the Addendum constitute the strategically targeted high-burden settings for the purpose of the SOI.

75. What range of award sizes does GHSD anticipate making, given the total pool of up to USD 162,000,000, and up to 25 awards?

    GHSD does not anticipate establishing a standard award size under this Addendum. The total estimated funding available is up to USD $162,000,000, with up to 25 awards anticipated.

76. May an SOI target more than one country, or should applicants propose single-country programming?

    An SOI may target more than one country.

77. What form of documentation is required for collaborators e.g. government institutions-specifically, does a statement indicating we will collaborate with named institutions suffice?

    See 1.d: List of Partner Roles and Responsibilities under Section D of the APS Advancing Global Health.

78. The Addendum identifies eligible countries and the 17 NTDs but does not specify priority disease-country combinations. Should applicants independently identify and justify the disease-country combinations with the greatest potential to achieve elimination within the intended timeframe, or does GHSD have priority combinations it wishes applicants to address? Relatedly, does GHSD have a preference among single-country, multi-country/regional, or highly specialized SOIs focused on a common last-mile barrier such as

surveillance, diagnostics, persistent transmission hotspots, or cross-border transmission?

GHSD does not have pre-identified priority disease-country combinations. Applicants should apply for those NTDs and countries for which they have the capacity to achieve the objectives of the Addendum in the timeframe specified. GHSD also does not have a preference between single/multicounty proposals and highly specialized proposals.

79. The Addendum calls for country co-investment beginning in Year 2 and strengthening country capacity to plan, cost, finance, coordinate, and manage NTD programs. Could you clarify what forms of country co-investment may be recognized - for example, direct budget allocations, health insurance reimbursement, government personnel, commodities, laboratory inputs, logistics, or integration of NTD functions into routine health-system budgets? At the SOI stage, what evidence of government commitment or alignment with existing bilateral health MOU co-investment commitments does State expect applicants to demonstrate?

    At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term. Committed, stable co-investments from domestic sources should meet that requirement.

80. For a SOI submission for Addendum K, would you consider an SOI involving *Brucella* as a Neglected Tropical Disease although *Brucella* is not identified in your program description as an NTD?

    Only those diseases identified in the Congressional legislation and specified in the Addendum will be considered.

81. For diseases with mixed control and elimination status by country, such as schistosomiasis and onchocerciasis, what evidence or documentation is required to demonstrate that proposed activities advance elimination rather than constitute ineligible control programming?

    The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion.

82. Can sustainable transition and country ownership serve as an SOI's primary organizing approach, provided the project also demonstrates measurable progress toward elimination?

    Any proposal that is able to demonstrate measurable progress towards elimination will be reviewed and considered.

83. May an SOI focus primarily on one sub-objective, including Sub-objective B with only a limited Sub-objective A component, or are applicants expected to address both sub-objectives?

    An applicant may focus on one or both of the sub-objectives, provided that the proposal contributes to the overarching objectives specified in the Addendum.

84. Under Sub-objective B, will GHSD fund original development of new tools and interventions, or does it primarily envision adapting, evaluating, and scaling existing approaches in program settings?

    GHSD will consider SOIs focusing on sub-objective B that are able to demonstrate the ability to accelerate progress toward NTD elimination or improve operational

effectiveness in the timeframe of the APS.

85. Is operational research under Sub-objective B expected to generate broadly generalizable and potentially publishable evidence, or may it focus on program-embedded learning that improves the applicant's own implementation?

    While development of broadly generalizable recommendations would be the ideal, operational research that meets the requirements of the sub-objective to accelerate progress toward NTD elimination or improve operational effectiveness in the timeframe of the APS is important whether generalizable or not.

86. Are cross-country or regional technical functions, such as data systems, financing support, learning platforms, supply-chain support, or operational research, fundable alongside country-specific activities?

    Activities required to support achievement of the objectives specified in the Addendum could be considered for inclusion.

87. How specific must proposed countries, diseases, partners, activities, and budgets be at the SOI stage?

    See Section D (Application Contents and Format) of the APS Advancing Global Health, for expectations regarding the application at the SOI stage of development.

88. Is there an expected award-size range or funding ceiling within the overall $162 million and five-year parameters, or should applicants propose budgets based entirely on the scale of their concepts?

    GHSD does not anticipate establishing an expected award-size range or funding ceiling for individual awards within the overall funding available under the Addendum. Applicants should develop budgets based on the scope, scale, and anticipated outcomes of their proposed approaches and provide a level of funding that is reasonable and commensurate with the proposed activities. Actual award amounts will depend on the scope and quality of the proposed approaches, as well as the availability of funds.

89. What criteria will determine whether an SOI enters the consultative design process rather than standard review, and how would that process affect the review and award timeline?

    GHSD will determine the appropriate review and engagement process for each SOI based on the proposed approach and its alignment with the objectives and anticipated outcomes of the Addendum. Where GHSD determines that additional consultation with an applicant would strengthen the proposed approach, GHSD may invite the applicant to participate in a consultative design process. Participation in such a process does not guarantee an award. The timing and duration of any consultative design process may vary depending on the approach and the nature of the consultation required. GHSD will communicate applicable next steps and timelines to applicants invited to participate.

90. The APS indicates that up to 25 awards may be made. Does the Department currently anticipate making closer to that maximum, or a smaller number of larger awards?

    The Department anticipates making up to 25 awards, subject to the availability of funds and the quality, scope, and number of meritorious SOIs received. The final number and size of awards will depend on the approaches selected and the funding required to support those approaches. Applicants should develop their proposed budgets based on the scope and scale of their proposed approach rather than on an assumption about the number of awards that will be made.

91. Can funds be used to support elimination of NTDs that are not reliant on MDA?

    The focus of the project should be those diseases that have elimination targets or for

which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion. Please refer to the Addendum K Goals and Objectives section for a more detailed description of strategies that we anticipate will be proposed.

92. Will recipients be permitted to allocate a modest, specified portion of Addendum K funding for the procurement of standard medical supplies (such as topical treatments, antibiotics, medicine, and wound-care dressings) to treat non-priority diseases in the field?

    Expenditures should be linked to the goals of the Addendum. If the purchase of the supplies contributes to the objective of the Addendum to accelerate the elimination of priority NTDs through integrated, high impact interventions and supports the overarching approach to country ownership and sustainability, then they may be acceptable.

93. Will GHSD consider proposals that integrate the management of co-endemic, non-priority conditions (like podoconiosis and mycetoma) into existing skin-NTD platforms as a compliant maximization of U.S. government investments, rather than penalizing such dual-benefit approaches?

    If the inclusion of co-endemic non-priority conditions contributes to the objective of the Addendum to accelerate the elimination of priority NTDs through integrated, high impact interventions and supports the overarching approach to country ownership and sustainability, then they may be acceptable.

94. Please confirm that successful applicants under Addendum K are not responsible for securing, negotiating, or financing global drug donation commitments (e.g., Albendazole or Ivermectin for Mass Drug Administration) from major pharmaceutical companies.

    It is anticipated that country programs would use their standard approach to obtaining drug donations.

95. What minimum evidence must an SOI provide regarding baseline epidemiology, national program readiness, geographic scope, and measurable three-year milestones to successfully demonstrate a credible pathway from an unallowable "control program" to elimination as a public health problem?

    The Addendum does not specify the minimum evidence that an SOI should provide to successfully demonstrate credible pathways from control to elimination. The applicant is free to propose its standard as long as it can demonstrate the feasibility (proof-of-concept) of transitioning the program from control to elimination.

96. Which technical standards and endpoints (e.g., applicable disease-specific criteria, transmission assessment surveys, validation dossiers) should applicants use to define and verify elimination? How should applicants attribute results achieved through shared government, donated drug, and partner contributions?

    The currently accepted standards for disease-specific certification, verification, or validation should be used. If Ministries of Health have adapted international standards into their own guidelines, those guidelines should be followed. Any guidance on how to attribute achievements could be shared during the award-making phase.

97. When an NTD-elimination project leverages existing malaria, HIV, TB, MCH, or WASH platforms, what allocation methodology should be used for shared personnel, laboratories, data systems, community health workers, vehicles, and supply-chain costs? May the award pay the incremental cost of adapting these platforms if the expense directly advances approved NTD outcomes?

Expenditures should be linked to the goals of the Addendum. If the leveraging of other platforms contributes to the objective of the Addendum to accelerate the elimination of priority NTDs through integrated, high impact interventions and supports the overarching approach to country ownership and sustainability, then they may be acceptable.

98. If multi-country responses are eligible, is it required that the targeted countries be neighboring/bordering nations sharing the same NTD transmission dynamics, or can a proposal cover non-adjacent countries addressing different priority NTDs?

Multi-country SOIs are eligible, and an SOI may cover non-adjacent countries addressing different priority NTDs.

99. The Addendum states that "projects will work with recipient governments to develop a sustainability plan." Does this mean that the grant recipient is contractually responsible for securing the government's co-investment commitment, or is it sufficient to provide evidence-based recommendations to a government? It will be difficult for most NGO grant recipients to obtain enforceable commitments for policy change from sovereign governments.

At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term. Overall bilateral health MOU co-investment commitments should be taken into consideration.

100. Should applications include representatives or agencies from sovereign governments as co-recipients, or is it sufficient that an NGO grant recipient collaborate with public or quasi-public agencies from eligible countries?

See Section D (Application Contents and Format) of the APS Advancing Global Health, for expectations regarding the application at the SOI stage of development.

101. The Addendum states that government agencies should begin to adopt or co-finance activities in year two. Is there any flexibility in that deadline? What happens if the government fails to adopt or co-fund activities within two years? What if it takes three years?

At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term.

102. For PC-NTDs, how does GHSD define ineligible 'control' programming and eligible 'elimination' activities?

The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion.

103. Does GHSD consider achievement of an elimination milestone at subnational level to constitute sufficient progress for the three-year elimination expectation, or is national-level elimination expected?

Applicants may target their proposal as they deem appropriate. Although national level elimination is preferable, demonstrating elimination in a defined area is a measurable

and meaningful impact, as long as the elimination is sustainable by country NTD programs.

104. Are cross-border projects eligible under this addendum, including route-based approaches that address cross-country population movement and associated NTD transmission risks?
Cross-border approaches are eligible where they are directly responsive to the objectives and anticipated outcomes of the Addendum.

105. Can you confirm the maximum duration recommended for the project and the maximum amount that can be allocated to one country under this addendum per year?
The APS has a maximum duration of five years. The funding requested should be sufficient to cover the activities proposed and commensurate with the expected impact of transmission of the NTD in the country.

106. How is GHSD defining "elimination" and "control" for the sake of this addendum? Does "eradication" sit within scope? "Elimination as a public health problem"?
The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion

107. How will 'priority' be defined for NTDs? Will it be based on elimination within 3 years or priority to the country, or otherwise?
The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion.

108. Can you give examples of 'control activities' that are NOT eligible for support?
The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered as meeting the elimination criterion.

109. Could the Department of State clarify how applicants should distinguish between ineligible "control" activities and eligible activities that demonstrate a transition from control to elimination for a specific neglected tropical disease?
Most of the control strategies are not allowable under this Addendum unless these are strategic activities which demonstrate that the program for a specific NTD could transition from control to elimination. If the inclusion of co-endemic non-priority conditions contributes to the objective of the Addendum to accelerate the elimination of priority NTDs through integrated, high impact interventions and supports the overarching approach to country ownership and sustainability, then they may be acceptable.

110. Can you provide examples of the types of 'innovative tools' referenced in the call - does this include new treatments and/or diagnostics?
Both new treatments and new diagnostics could be considered innovative tools.

111. Would PAHO or other UN agencies be eligible recipients?
Organizations that meet the eligibility criteria outlined in Section B of the APS are

eligible to apply.

112. Are there preferred geographies within the countries listed? Must all countries in a region be targeted?

GHSD has no pre-defined preferred geographies within the countries.

113. With up to 25 awards anticipated across the 32 countries listed in the Targeted Geography, does GHSD anticipate that awards will generally be country-specific, or does the anticipated award count contemplate multi-country or regional awards?

GHSD anticipates a mix of awards, possibly including country-specific, multi-country and regional awards. Applicants should propose those activities that they are in a position to support.

114. Section A of the APS distinguishes between addenda that implement MOU priorities using MOU funding and addenda covering services that complement MOUs and are funded with non-MOU funding. Which of these describes Addendum K?

The activities supported in this Addendum are supported with non-MOU funding.

115. Several of the countries listed in the addendum do not currently have an MOU with the US under the America First Global Health Strategy. Does the Department of State anticipate establishing these prior to the implementation of the addendum work?

Funding proposals for this Addendum are not reliant on the presence of an MOU.

116. Several countries in the target geography have achieved elimination for specific NTDs. Experience suggests these gains can be undone without continued surveillance for reemergence, particularly where importation risk, vector persistence, or health-system disruption remain. Could GHSD confirm whether SOIs may include: (1) Post-elimination surveillance activities in geographies that have already met elimination targets for a given NTD, to detect and respond to reemergence; and (2) Operational research focused on reemergence risk factors or resurgence prevention, under Sub-objective B.

Those activities that contribute to the achievement of the objective or the sub-objectives would be considered for funding. Applicants would need to clearly link post-elimination surveillance and the operational research to the goals of the objectives of the Addendum.

117. The Addendum states that it prioritizes NTDs that can be eliminated within the next three years, while the period of performance may extend to five years. Should applicants understand the three-year reference as a requirement that the proposed elimination milestone be achieved within three years of award, as a prioritization preference within a longer performance period, or as a description of GHSD's own country and disease selection rather than a constraint on individual project timelines? Could Department of State please provide more clarity on what activities would be considered beyond year three?

Although the priority is supporting projects that can achieve elimination in three years, GHSD will consider funding projects that accelerate the progress towards elimination as defined in the Addendum even if the goal cannot be reached in three years. Support will depend on the availability of funding.

118. If the elimination milestone for a proposed country and disease is realistically expected in year four or year five of a five-year award, would that concept still be considered responsive?

Although the priority is supporting projects that can achieve elimination in three years, GHSD will consider projects that accelerate the progress towards elimination as defined

in the Addendum even if the goal cannot be reached in three years. Support will depend on the availability of funding.

119. The Addendum references the 17 NTDs identified in the 2019 End NTDs Act. Should applicants understand "priority NTDs" to mean all 17 of those diseases, or has GHSD identified a narrower set of priority diseases under this Addendum?

    The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered the priority NTDs.

120. The APS lists a key activity as "the strengthening of supply chains and systems for donated medicines and commodities." Will this award also cover the procurement of medicines and commodities that are not donated?

    The award should cover the cost of procurement of medicines and commodities if needed to achieve the elimination goals of the Addendum.

121. Can investments in digital reporting, campaign digitalization, geospatial tools, surveillance platforms, or other digital health systems be included where they strengthen neglected tropical disease detection, monitoring, targeting, and decision-making?

    Investments linked to the achievement of the goals of the Addendum can be made a part of the award. The link between the investment and achievement should be clearly stated.

122. Are supply chain systems for donated medicines and commodities eligible areas of support under this addendum, including last-mile delivery, inventory management, and commodity tracking?

    The systems that country programs need to invest in to maintain their supply chains are eligible for support within a program that meets the Addendum objectives.

123. What types of operational research or innovation would be considered responsive under this addendum, and should applicants prioritize research that directly accelerates elimination milestones within the award period?

    Operational research and innovations that accelerate the achievement of the elimination milestones in the country or countries supported by the project would be considered. Applicants should prioritize those projects which deliver the greatest impact and that can be completed during the award period.

124. Are NTD programs that have already reached, or are close to reaching, the relevant epidemiological thresholds and are preparing their elimination dossier eligible for funding? Would eligible activities include surveys, verification of interruption of transmission, dossier preparation, WHO validation, post-elimination surveillance, and prevention of re-establishment?

    Those activities that contribute to the achievement of the objective or the sub-objectives would be considered for funding. Applicants would need to clearly link post-elimination surveillance, prevention of re-establishment, etc, to the objectives of the Addendum.

125. Does the term "priority NTDs" include all 17 NTDs listed in the Addendum, including both preventive-chemotherapy NTDs and NTDs primarily addressed through individual case detection and case management, provided that the proposed program is focused on elimination rather than control?

The focus of the project should be those diseases that have elimination targets or for which strategic activities could provide proof-of-concept of the feasibility of transition to elimination. For this Addendum, those NTDs that have a program goal of eradication, interruption of transmission, or elimination as a public health problem are considered the priority NTDs, regardless of the strategy used to achieve elimination.

126. May a country-led SOI cover several NTDs that are at different stages of the elimination pathway, or does GHSD prefer proposals focused on a single NTD or a small group of NTDs?

    Country-led SOIs may cover several NTDs that are at different stages of elimination pathways.

127. For an NTD currently classified as being in the control phase, what minimum evidence should an applicant present to demonstrate that targeted investments could enable transition from control to elimination within a realistic timeframe?

    For NTD programs that are classified in a control phase, the Addendum permits strategic activities that demonstrate transition toward elimination and it is GHSD preference to see achievement of elimination within the three years or evidence-based pathways demonstrating that elimination could be achieved.

128. Where a foreign governmental institution serves as the prime applicant, may Federal funds be used to finance the salaries or proportionate salary costs of existing government employees assigned full-time or part-time to project implementation? If so, what documentation and conditions would apply? Are salary supplements or top-ups eligible?

    The salary of an employee working for the project implementation may be charged to the award as long as this conforms with established written policy and salary scale. The Recipient must maintain records that accurately reflect the work actually performed on this award by each individual whose compensation is charged, sufficient to support the distribution of that individual's compensation across this award and all other activities and must make such records available to the Grants Officer upon request. Charges may not exceed 100 percent of any individual's compensated time across all activities.

129. May a foreign governmental institution serving as the prime recipient include institutional or indirect costs in its budget? If so, what cost allocation methodology or applicable rate should be used?

    A foreign governmental institution serving as the prime recipient may include the indirect costs as long as they are not double counting and it's within the established written policies and considered to be reasonable

130. May award funds be used to procure NTD medicines, diagnostics, laboratory supplies, or other essential commodities when donations are unavailable or insufficient to meet elimination objectives?

    The award should cover the cost of procurement of medicines and commodities if needed to achieve the elimination goals of the Addendum when donations are not available.

131. What level of detail and quantification is expected for country co-investment? May existing government salaries, infrastructure, commodities, and other domestically financed program expenditures be recognized as country co-investment?

    At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD

program, and it should be targeted to achieve sustainability long-term. Committed, stable co-investments from domestic sources should meet that requirement.

132. Does the application need to include all priority NTDs or applicants can choose one?
SOIs do not need to include all priority NTDs; applicant may choose one.

133. Does the application have to include country co-investment for year 2 to 5?
At the SOI stage, the minimal requirement is that a sustainability plan be developed if one is not already in place. Country co-investment is expected as part of the five-year process. It should be tailored to the individual situation of each country's NTD program, and it should be targeted to achieve sustainability long-term. Committed, stable co-investments from domestic sources should meet that requirement.

134. May applicants engage countries that are not listed as eligible under this funding opportunity as part of a regional implementation strategy?
Applicants may not fund country programs that are not listed as eligible under this funding opportunity unless engaging those countries is essential for meeting the goals and objectives of this Addendum.

135. Would a Federated Health Research Cloud of this nature be considered an eligible project concept under the NTD Addendum if the infrastructure is explicitly designed and implemented as an enabling platform for NTD elimination, surveillance, operational research and data-driven decision-making?
GHSD will consider project concepts that include a Federated Health Research Cloud or similar digital infrastructure where the proposed infrastructure is explicitly designed and implemented as an enabling platform to advance the objectives and anticipated outcomes of the Addendum, including NTD elimination, surveillance, operational research, and data-driven decision-making and if approved by countries where the project will be implemented. Applicants should clearly demonstrate how the proposed platform will directly support implementation of the Addendum's priority NTD activities and contribute to measurable outcomes, rather than functioning primarily as a stand-alone information technology or research infrastructure investment.

136. Would GHSD consider the development and pilot implementation of secure digital/federated research infrastructure to be an allowable activity where the infrastructure directly supports the NTD Addendum's objectives, rather than being proposed as a stand-alone general-purpose ICT infrastructure project?
GHSD will consider activities involving the development and pilot implementation of secure digital or federated research infrastructure where the proposed infrastructure directly supports the objectives and anticipated outcomes of the NTD Addendum. Applicants should clearly demonstrate how the proposed infrastructure will support NTD elimination, surveillance, operational research, or data-driven decision-making, contribute to measurable NTD outcomes and is accepted by countries where the project is being implemented. The proposed activity should be designed and implemented as an enabling component of the NTD approach rather than as a stand-alone, general-purpose ICT infrastructure investment.

137. Would strengthening collaboration among Ugandan universities, research institutions, public-health authorities, laboratories and other NTD stakeholders through federated data and analytical capabilities fall within the Addendum's stated interest in operational research, innovative approaches and collaboration?
GHSD will consider approaches that strengthen collaboration among universities,

research institutions, public-health authorities, laboratories, and other NTD stakeholders through federated data and analytical capabilities, where such activities directly support the objectives and anticipated outcomes of the Addendum. Applicants should clearly describe how the proposed collaboration and capabilities will advance operational research, strengthen NTD surveillance and data-driven decision-making, support elimination or interruption of transmission, and contribute to sustainable government capacity and ownership.

138. Could a Ugandan institution of higher education serve as the applicant/lead organization and work with government, public-health, research and other institutional partners in Uganda, subject to the applicable partnership and subrecipient requirements?

    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply as the lead organization. Applicants should clearly describe the roles and responsibilities of the proposed partners and how the partnership structure will support implementation and achievement of the Addendum's objectives.

139. Would a project emphasizing institutional data sovereignty, country ownership, interoperability, workforce capacity, sustainability and integration with existing NTD surveillance and health-information systems be consistent with GHSD's priorities under this Addendum? Would GHSD expect such a proposed platform to integrate with existing national NTD surveillance and health information systems rather than establish a parallel reporting system? If so, are there particular systems or interoperability standards that GHSD would expect applicants to consider?

    An approach that emphasizes institutional data sovereignty, country ownership, interoperability, workforce capacity, sustainability, and integration with existing NTD surveillance and health information systems would be consistent with the objectives and anticipated outcomes of the Addendum. Where applicants propose digital or data platforms, GHSD expects such approaches to build upon and integrate with existing national NTD surveillance and health information systems, where appropriate, rather than establish parallel reporting systems. Applicants should describe how the proposed approach will promote interoperability and complement existing systems and processes. GHSD has not prescribed particular systems, technologies, or interoperability standards for applicants to use. Applicants should consider relevant national systems, policies, standards, and requirements in developing their proposed approaches.

Addendum L: Nutrition Q&A

1. We understand from the published Addendum and prior Q&A that final award size and number are subject to the SOI review process and Phase 2, and that funding under this Addendum is not pre-allocated by country. Is there any indicative guidance on award size that applicants should consider for Ethiopia specifically, given the Addendum's overall ceiling of up to $115,000,000 across up to 12 awards spanning 12 eligible countries?

    At this stage there is no guidance on the estimated size of the award per country. The SOI should focus on priority areas outlined in the Addendum.

2. Within Ethiopia's existing $1.466 billion bilateral Health Cooperation MOU (signed December 23, 2025), is any portion specifically earmarked for nutrition programming, as distinct from HIV/AIDS, tuberculosis, malaria, and infectious disease preparedness? We want to ensure our proposed activities are positioned to complement, rather than duplicate, MOU-funded nutrition-related work.

Current MOU budgets do not include funding earmarked for nutrition programming. However, if the MOU budget includes funding for maternal and child health programs, some planned activities may include those related to maternal or child nutritional outcomes. The funding from the Addendum should complement activities and address drivers of other health outcomes, that are part of the MOU and are impacted by nutrition.

3. Should applicants assume that funding under Addendum N is entirely separate from, and additive to, the MOU co-investment framework, or could Addendum N awards be counted toward or coordinated with existing MOU implementation plans for Ethiopia?

   Any activity funded from the U.S. government through the Nutrition Addendum will be in addition to the MOU funding; however, co-investments that are mobilized could be counted towards co-investment for the overall MOU.

4. Are single country proposals accepted?

   Single country SOIs are acceptable.

5. As there are going to be 12 awards and 12 countries, would there be one award per country?

   The "up to 12 awards" language establishes a maximum number of awards, rather than an expectation of one award per country. Following the competition of this Addendum, GHSD may make fewer than 12 awards, including no award in a particular eligible country, multiple awards within a single country, or multi-country, global, or single-country awards. The number and configuration of awards will be determined through the competition based on the merits of the SOIs received.

6. Could GHSD provide the list of eligible co-investment options from the country governments

   There are no specific requirements surrounding types of co-investment support at this stage. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time and advance nutrition and health outcomes. All requirements will be outlined in the award provisions.

7. Can you please give us an additional elaboration what this statement mean "activities should focus on identification and mobilization of domestic resources and may include development and implementation of costed nutrition action plans" mainly about costed nutrition action plans and does "domestic resources" include from the community and private sector?

   Domestic resources are the human, social, and financial assets available within a country that can be managed to support sustainability, economic growth, and self-sufficiency. They can include resources and assets from the community as well as the private sector. A costed action or implementation plan is a structured plan that translates strategic goals into concrete actions with associated costs over a defined period, typically several years.

8. Would the Department of State consider SOIs proposing a multi-country approach?

   SOIs proposing a multi-country approach are acceptable.

9. At the SOI stage, what evidence or level of detail should applicants provide regarding a government's commitment and capacity to co-invest in nutrition beginning in year two and to develop or submit costed national nutrition plans in years two through five?

   Given the page limitation, it is not expected that the applicant will provide substantial

details on government nutrition budgets. However, there should be some level of indication of technical priorities, sub-national geographies or health workers and/or sub-populations that the government will support to advance integrated nutrition plans in years two to five.

10. Are non-U.S. international NGOs eligible to apply?
    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
11. Are UN entities eligible to apply?
    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
12. Are there any limits on the number of SOIs in which an organization may participate, either as a prime applicant or as a partner to a prime applicant?
    There is no prescribed limit on the number of SOIs in which an organization may participate, whether as a prime applicant or as a partner to a prime applicant. Organizations may participate in multiple SOIs, including as a prime applicant, subrecipient, or consortium member. Applicants are encouraged to consider how their proposed approaches can be integrated across countries or otherwise grouped into a cohesive, multi-country approach where appropriate, rather than submitting multiple separate SOIs addressing substantially similar approaches in individual countries.
13. Are national NGOs eligible?
    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
14. Can national NGOs form a consortium and submit a project?
    Applicants may submit an SOI independently or propose a consortium, partnership, or other collaborative implementation arrangement. Organizations should select and clearly justify the structure best suited to achieving the objectives described in the Addendum.
15. Can a consortium of national NGOs partner with an international organization, with the latter's role being to provide institutional and management capacity building for the consortium members?
    Applicants may submit an SOI independently or propose a consortium, partnership, or other collaborative implementation arrangement. Organizations should select and clearly justify the structure best suited to achieving the objectives described in the Addendum.
16. Are local (in-country) organizations eligible to apply as prime applicants and submit a Statement of Interest for their own country, rather than only participating as a subrecipient to an international prime?
    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.
17. May a local organization participate in more than one consortium or partnership whether in a prime or sub-recipient capacity across separate Statements of Interest submitted for the same or different eligible countries?
    Local organizations may participate in more than one SOI, including serving as the prime applicant in one submission and as a consortium partner or subrecipient in another. Each SOI should present a distinct, coherent approach, and applicants should clearly describe the organization's proposed role and demonstrate sufficient capacity to

fulfill all proposed commitments.

18. Is a letter of support from the relevant national or sub-national government required at the SOI or full-application stage, confirming its commitment to resource the costed national nutrition plan beginning in Year 2, or is a narrative description of the anticipated government co-investment sufficient at this stage?

    A formal endorsement or letter of support from the relevant sub-national government is not required at the SOI stage. Applicants should describe anticipated government engagement and roles, and formal arrangements may be developed during consultative program design, Phase 2, and/or award implementation, as applicable.

19. Does funding under the Accelerating Nutrition Progress addendum count toward the sums already committed under the applicable bilateral health MOU for the specific country, or is it considered separate funding?

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

20. Would the GHSD confirm if applicants are to submit one SOI per country or should a single SOI cover multiple eligible countries?

    Applicants may submit one SOI per country or may submit one SOI to cover multiple countries.

21. What level of government co-investment is expected beginning in Year 2?
    a. Is co-investment expected but not quantified?
    b. Is there a targeted percentage?
    c. Is in-kind support acceptable?
    d. Is cash co-investment preferred?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time. Co-investment targets will be developed in partnership with governments and the U.S. government as part of the sustainability plan development.

22. Will success of the program be measured by government co-investment, improved nutrition indicators, or both?

    SOIs will be evaluated in accordance with the review criteria (Section F) in the APS. Organizations may propose metrics and indicators appropriate to their proposed approach.

23. Does GHSD anticipate support for nutrition commodities (e.g., vitamin A, wasting treatment commodities, micronutrient supplements), or is the emphasis on systems strengthening and service delivery?

    GHSD has not established a preference for a specific activity outlined in Addendum L. Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes.

24. The addendum emphasizes both scaling nutrition interventions and strengthening domestic nutrition financing. Could the Bureau clarify whether successful applications are expected to include both components, or whether proposals may focus primarily on service delivery or financing mechanisms if they demonstrate strong impact and sustainability? Will a weighted score system be used to evaluate these components?

    Organizations may address one or more of the five high impact interventions outlined

in the Addendum. SOIs will be evaluated in accordance with the review criteria (Section F) in the APS. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time and advance nutrition and health outcomes.

25. The addendum encourages applicants to achieve impact at scale within high-burden communities, but does not specify an expected geographic scope within eligible countries. For the SOI stage, is the Bureau seeking approaches that demonstrate broad, multi-region or national-level reach, or would a more geographically focused intervention in one high-burden region be considered equally competitive if it demonstrates strong impact, scalability, and a clear pathway to sustainability?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

26. How broadly does the Bureau define "existing health and community platforms"? Would school-based nutrition interventions, community caregiver groups, and other non-clinical child development platforms be considered responsive approaches when they contribute to nutrition outcomes and are linked to government systems?

    GHSD has not defined "existing and community platforms." All SOIs that are within scope of the objective and activities outlined in the Addendum will be considered.

27. How does DOS define and calculate country co-investment beginning in Year 2? Can existing government expenditures, personnel, commodities, facilities, and operational costs count toward this requirement?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time and advance nutrition and health outcomes.

28. Must applicants address all five priority nutrition interventions, or may a country select a focused package based on epidemiological and programmatic data?

    Organizations may address one or more activity outlined in the Addendum. SOIs will be evaluated in accordance with the review criteria (Section F) in the APS.

29. To what extent should nutrition activities be integrated with HIV, TB, and malaria programs supported under existing bilateral U.S. Government plans?

    Submissions are strongly encouraged to integrate proposed nutrition activities in existing programs to support sustainability, but it is not required.

30. Is a dedicated nutrition financing specialist or partner expected, or may this capability be provided through a consortium member organization?

    There are no staffing requirements outlined in the Addendum. Organizations are responsible for determining personnel needs and staffing arrangements (direct hire, contractor, consultant, etc.) for their proposed SOI.

31. What level of geographic coverage or scale does DOS expect applicants to achieve by the end of the five-year period?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

32. Will applicants be expected to utilize existing government HMIS, DHIS2, and/or eCHIS systems for nutrition surveillance rather than establish parallel systems?

GHSD has not prescribed the utilization of existing government HMIS, DHIS2, and/or eCHIS systems for nutrition surveillance nor the establishment of parallel systems in the Addendum. Organizations may propose the approach best suited for their proposed SOI.

33. How will SOIs be evaluated when multiple organizations submit concepts for the same country, particularly when one organization participates in more than one consortium?

    The Department of State will review the SOIs in accordance with the review criteria (Section F) in the APS.

34. If an organisation submits an SOI for multiple countries, would it be preferred over an application for a single country?

    GHSD does not have a preference for single-country versus multi-country SOIs. Applicants may submit SOIs that address one or multiple eligible countries. Where an applicant proposes to work across multiple countries, the SOI should present a cohesive approach while clearly describing how the approach would be adapted to the specific context and needs of each country. Applicants are encouraged to consider whether related country approaches can be effectively integrated into a single, cohesive SOI rather than submitted as multiple separate SOIs.

35. While this is an unrestricted call and non-US international organisations are eligible to apply, does the State prefer applications that include a US-based partner?

    GHSD has no stated preference. Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

36. At the SOI stage, how specific are applicants expected to be regarding the "Total Federal Share Requested" and "Total Cost Share (as applicable)"? Is a ballpark estimate sufficient, or are applicants expected to provide detailed and substantiated amounts? If cost-share is required, does the SOI need to be supported by a detailed budget or budget justification, or is this expected only at a subsequent application stage?

    Cost share is not required at this stage. The Total Federal Share Requested should be provided as a dollar amount. A detailed budget or budget narrative are not required at this stage.

37. What level of detail is expected in the SOI regarding the MoU, particularly where the MoU is not publicly available? Should applicants reference specific MoU commitments or provisions? If so, how?

    Applicants should propose activities that address the needs and context of the country to the greatest extent possible of their understanding and information that is available. It is not expected that SOIs reflect information that is not publicly available.

38. May applicants propose a subnational programme focused on selected high-burden areas, or is national coverage expected?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

39. May government co-investment include in-kind contributions, personnel, commodities and existing budget allocations, or must it comprise new cash financing?

    There are no requirements surrounding types of co-investment or in-kind support at this stage. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time and advance nutrition and health outcomes.

40. Does the State prefer a single lead organisation with subrecipients, or are other consortium and co-implementation arrangements acceptable?

    Applicants may submit an SOI independently or propose a consortium, partnership, or other collaborative implementation arrangement. Organizations should select and clearly justify the structure best suited to achieving the objectives described in the Addendum.

41. Could you please clarify whether an organization acting as a subcontractor may participate in more than one SOI submitted under this Addendum?

    An organization acting as a sub-partner may participate in more than one SOI. Each SOI should present a distinct, coherent approach, and applicants should clearly describe the organization's proposed role and demonstrate sufficient capacity to fulfill all proposed commitments.

42. Can nutrition co-investment may be counted against bilateral MoUs already signed with the various governments, and will applicants have visibility of those commitments and their implementation plans when designing an SOI?

    Co-investment for nutrition may be counted toward overall bilateral health MOU co-investment commitments where applicable. MOUs and implementation plans will not be made available for the design of the SOIs.

43. Where a country already has a costed national nutrition plan, does that satisfy the years two-to-five requirement, or is a revised plan required under the award?

    As described in the addenda, national governments that benefit from this activity will be required to develop a sustainability plan that includes country co-investment for nutrition beginning in year two. National governments that will benefit from this activity will also be required to submit a costed national nutrition plan in years two, three, four and five of the award.

44. The five priority interventions include prevention and management of child wasting. Is procurement of ready-to-use therapeutic food and other therapeutic commodities an allowable cost, or does the Addendum assume existing supply pipelines?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. There are no additional requirements, restrictions or assumptions that are not stated in the APS and Addendum.

45. Is treatment of severe acute malnutrition including inpatient stabilisation and outpatient therapeutic programmes allowable, or is the Addendum limited to prevention and to strengthening the systems that deliver treatment?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. There are no additional requirements, restrictions or assumptions that are not stated in the APS and Addendum.

46. The Addendum requires delivery through existing health and community platforms. In areas where facility coverage is limited or conflict-affected, are community-based delivery models- volunteer screening, MUAC, referral, community management of acute malnutrition allowable as a primary delivery channel?

    Organizations may propose the approach best suited for their proposed SOI.

47. Must an SOI address all five priority interventions, or is a focused set competitive?

    Organizations may address one or more activity outlined in the Addendum. SOIs will

be evaluated in accordance with the review criteria (Section F) in the APS.

48. Is emergency or humanitarian nutrition response allowable, or is the Addendum restricted to development-oriented programming?

    Organizations should submit SOIs that are responsive to the five high impact interventions outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. There are no additional requirements, restrictions or assumptions.

49. What geographic level should coverage targets be expressed at SOI stage national, subnational, or district?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

50. The addendum states that it will support interventions 'including' the 5 listed. Is it allowable to propose other interventions to address nutrition (such as deworming, NTDs, etc)?

    This Addendum supports the five priority intervention areas that are listed. Applicants may propose specific evidence-based nutrition interventions that are delivered through the health sector if they fall within the scope of these five intervention areas. An integrated approach that is responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes is acceptable.

51. If a grant recipient were to encounter a scenario where the in-country support agreement is not upheld, what would be the course of action? Would the grant be terminated?

    The Department of State, through the Grants Officer and Grants Officer Representative, will assess the situation and determine the best course of action.

52. Are applicants expected to work nationally across all regions of a selected country, or may they focus on specific high-burden regions or populations where the potential for impact is greatest?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

53. How does DOS/GHSD envision the balance between direct service delivery support and investments in long-term health systems strengthening, including workforce capacity, data systems, supply chains, and governance for nutrition?

    Organizations may propose the approach best suited for their proposed SOI given the context of the country or countries including strengths and gaps.

54. Beyond the expectations outlined in the Addendum, such as the development of costed nutrition plans and nutrition financing tracking mechanisms, does DOS/GHSD have specific expectations, targets, or performance indicators related to increasing domestic nutrition financing? For example, are applicants expected to demonstrate progress in areas such as increased government budget allocations for nutrition, improved budget execution and expenditure, mobilization of subnational resources, or the adoption of innovative and sustainable financing mechanisms?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. There are no additional requirements, restrictions or assumptions. Organizations may propose targets and indicators appropriate to their proposed approach.

55. Can applicants focus on a subset of the listed interventions where ministries already have

sufficient systems and implementation capacity, but face financing constraints that could be addressed through the sustainable financing component? Or is there an expectation that applicants support the full package of interventions regardless of existing country capacity and investments?

Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Organizations may address one or more activity outlined in the addendum. SOIs will be evaluated in accordance with the review criteria (Section F) in the APS.

56. Several target countries, including Mali, Ethiopia, and Nigeria, face a combination of development challenges and ongoing humanitarian crises in certain regions. Is there an expectation that this investment will support humanitarian nutrition responses, including Infant and Young Child Feeding (IYCF) in emergencies and acute malnutrition treatment services?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. There are no additional requirements, restrictions or assumptions.

57. Recognizing that humanitarian nutrition interventions can be resource-intensive and may pose challenges for sustainable domestic financing, is there a preference for investments that strengthen resilient national and subnational systems to prevent, detect, and manage acute malnutrition, rather than directly financing humanitarian response activities?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time.

58. There are other evidence-based, high-impact nutrition interventions that contribute to reducing stunting and wasting, such as Small-Quantity Lipid-Based Nutrient Supplements (SQ-LNS) for young children in food-insecure or high-malnutrition settings. Are such interventions excluded because they are not currently prioritized by BGHS, or may applicants propose additional evidence-based nutrition interventions if they are justified by country needs and data?

    This Addendum supports the five priority intervention areas that are listed. Applicants may propose specific evidence-based nutrition interventions that are delivered through the health sector if they fall within the scope of these five intervention areas.

59. Is there a maximum budget ceiling or funding range anticipated for awards in each target country? If so, does the ceiling vary by country context, population size, or proposed scope of work?

    At this stage, there is not a maximum budget ceiling or funding range anticipated for awards in each target country.

60. Sustainable financing is identified as a core focus area, with an expectation that countries will develop a co-investment plan by Year 2 and that country government ownership is central to the initiative. Does DOS/GHSD expect applicants to achieve the government commitments for increased domestic resource allocation for nutrition as part of the award outcomes, or is the expectation primarily to provide technical assistance, tools, and evidence to support governments in making and implementing budget allocation decisions for nutrition?

Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to explain how domestic resources and financing commitments would increasingly complement U.S. government support over time in their SOIs. Applicants are not expected to achieve the government commitments.

61. Will procurement of nutrition commodities, including wasting treatment products, be allowable?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Commodities, as appropriate for the country context and needs, may be allowable direct costs under Addendum L. Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs.

62. Could you please clarify how host country national governments benefiting from this activity are expected or permitted to contribute during Years 2, 3, 4, and 5 of the award? Specifically, can in-kind or direct contributions—such as covering operational costs (e.g., staff salaries)—be counted towards their contribution? What is the minimum level of country co-investment requested or required over time in years 2, 3, 4, and 5?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance nutrition and health outcomes.

63. Could the Department of State clarify whether the expected government co-investment applies solely to the sustainability plan or to broader project implementation?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance nutrition and health outcomes.

64. Can the Department of State provide additional guidance on the expected level and form of government co-investment beginning in Year 2 for fragile and resource-constrained countries such as Niger?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance nutrition and health outcomes.

65. Given there are 12 eligible countries and "up to 12 awards" anticipated, would the GHSD team prefer SOIs that focus on a single country?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

66. We understand the activities proposed in the SOI "should be completed in five years or less," but there is later reference to "years two, three, four and five of the award." Would your team kindly confirm that successful SOIs may include project periods less than five years?

    SOIs may include project periods less than five years.

67. It is clear that national governments will be required to submit a "costed national nutrition

plan" with financing commitments; would nongovernmental grant recipients be penalized should national governments subsequently fail to deliver on their commitments?

All requirements will be outlined in the award provisions. Grant recipients will not be required to carry out activities that are not stated in their award.

68. Are there specific priorities or criteria for selecting target locations in South Sudan?

    Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

69. Is there a specific prioritization framework for assessing nutrition needs when identifying target locations?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes.

70. Are nutrition commodities – i.e. RUTF for treatment of severe wasting, SQ-LNS for prevention, multiple micronutrient supplements for prenatal – allowable direct costs under an Addendum L award? Or does the Department expect commodities to be financed through other mechanisms?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Commodities, as appropriate for the country context and needs, may be allowable direct costs under Addendum L. Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs.

71. Is there a preference or requirement regarding commodity sourcing – U.S.-manufactured versus local or regional production – and how would sourcing be weighed in review?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. GHSD will select the strongest SOI in accordance with the review criteria (Section F) in the APS.

72. Is there expectation around percentage of host-country co-investment? Does it need to increase year over year?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance nutrition and health outcomes.

73. May a U.S. manufacturer participate as a consortium member or subrecipient supplying product? Is there any restriction on naming a specific supplier in the Statement of Interest?

    GHSD has no stated preference. Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply.

74. What evidence of national government engagement is expected at the SOI stage? Must a government endorsement or letter of commitment accompany the concept note, or is that expected at full proposal? Does the government need to explicitly explain the complementarity with its USG bilaterial health MOU?

    A formal endorsement or letter of support from the relevant sub-national government is not required at the SOI stage. Applicants should describe anticipated government engagement and roles, and formal arrangements may be developed during consultative program design, Phase 2, and/or award implementation, as applicable. Applicants should describe how proposed activities will increasingly complement existing

activities and plans and address the needs and context of the country to the greatest extent possible of their understanding and information that is available.

75. Where a project focuses on subnational geographies, does "country-led" programming – and the co-investment requirement – allow commitments from subnational (provincial or state) governments, or must commitments come from national government?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance nutrition and health outcomes.

76. Does the Department of State expect to support 1 award per country listed, or may multiple awards be made within the same country depending on proposed scope, geography, and technical approach?

    The "up to 12 awards" language establishes a maximum number of awards, rather than an expectation of one award per country. Following the competition of this Addendum, GHSD may make fewer than 12 awards, including no award in a particular eligible country, multiple awards within a single country, or multi-country, global, or single-country awards. The number and configuration of awards will be determined through the competition based on the merits of the SOIs received.

77. Does the Department of State have preferred geographic coverage within the eligible countries, or specific criteria for program location selection, such as IPC classification, malnutrition prevalence, maternal and child mortality burden, or alignment with existing bilateral health investments?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Organizations may describe the proposed geographic scope in a manner that best reflects their approach.

78. Will applications that leverage existing maternal and child health, malaria, community health, or resilience programs and platforms be viewed more favorably than stand-alone nutrition interventions?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes.

79. Does "nutrition surveillance and data systems" include strengthening community-based surveillance systems and reporting mechanisms?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes.

80. How does the Department of State envision the balance between direct nutrition service delivery and systems' strengthening interventions, including nutrition financing, accountability systems, and costed nutrition plans, when evaluating applications? Does this vary by country?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. GHSD will select the strongest SOI in accordance with the review criteria (Section F) in the APS.

81. Evidence shows that nutrition requires an integrated approach across sectors, e.g. national

nutrition plans usually include agriculture and other sectors. Is there scope for addressing that within this project? For example, nutrition plans may be prepared by a non-health ministry or could include multiple sectors.

An integrated approach that is responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes is acceptable.

82. National nutrition plans usually cover a period of 3-5 years or beyond. Can DOS confirm that its understanding and expectation is that each country would have one plan that covers all years, rather than a new plan each year (which would be highly unusual and an inefficient use of resources)?

    Final size, scope and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications). The minimum project length is one year and maximum is five years. Organizations should propose a timeline that is the most reasonable for their project.

83. Would DOS accept costed national plans for other areas (e.g., MCH, HIV/TB, malaria, immunization, community health platforms, food security, social protection) with meaningful nutrition objectives or activities that mobilize significant resources for nutrition, or do the costed plans need to be nutrition-specific plans?

    Organizations are strongly encouraged to integrate proposed nutrition activities into existing programs to support sustainability.

84. Should applicants assume procurement and provision of nutrition commodities (e.g., MMS, vitamin A capsules, therapeutic foods) as part of expected implementation, including budget, or should SOIs focus primarily on technical assistance, systems strengthening, and delivery support that develops ownership?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on country-level data and gaps to advance nutrition and health outcomes. Organizations may address one or more of the five priority intervention areas that are listed in the Addendum. Commodities, as appropriate for the country context and needs, may be allowable direct costs under Addendum L. Applicants should reference 2 CFR 200 Subpart E – Cost Principles to determine allowable costs. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time.

85. For maternal nutrition, does DOS expect support for introduction and scale-up of multiple micronutrient supplementation (MMS) where governments are transitioning from iron-folic acid supplementation, or should applicants assume continuation of existing national policies and supplementation approaches, even if those are not MMS?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on the country context, country-level data and gaps to advance nutrition and health outcomes. Organizations may address one or more of the five priority intervention areas that are listed in the Addendum.

86. Does DOS anticipate support for routine and/or campaign-based vitamin A supplementation approaches, depending on country context, provided activities align with national policy?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in the Addendum based on the country context, country-level data and gaps to

advance nutrition and health outcomes. Organizations may address one or more of the five priority intervention areas that are listed in the Addendum.

87. Acknowledging that IYCF is already covered, can DOS clarify whether/what other prevention of child wasting activities are in scope (dietary intake for mother and for child; prevention and management of infectious disease/symptoms-diarrhea, respiratory infections, malaria in the child; preventing low birthweight; water and sanitation)?

    Proposed activities should be considered nutrition-specific activities that are administered through the health sector. However, as indicated, nutrition services should be integrated within broader maternal and child health, HIV, tuberculosis, malaria, and community health platforms.

88. Are all 12 countries considered of equal priority, or are there countries, regions, or contexts where DOS anticipates accelerated investment during the initial period of performance?

    No priority or preference has been indicated in the Addendum. Organizations should propose a geographic scope in a manner that best reflects their approach. There are no specific contexts where DOS anticipates accelerated investment during the initial period of performance. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time.

89. How does Intervention 4 in this document (Addendum L) relate to Addendum I (Innovations in Population-Based Surveys and Surveillance), which separately funds broader disease surveillance systems including nutrition measurement?

    Organizations should submit SOIs that are responsive to the objectives and activities outlined in this Addendum. GHSD will be select the strongest SOI in accordance with the review criteria (Section F) in the APS.

90. The addendum refers to implementation "through local, faith-based, community-based, private sector, or other qualified partners." Can these be sub-recipients under a prime applicant, or should they be equal co-recipients?

    Organizations may structure submissions as they determine most appropriate.

91. Regarding donors and public agencies: are they eligible to receive grant financing, and if so should they be considered sub-recipients or equal co-recipients?

    Organizations that meet the eligibility criteria outlined in Section B of the APS are eligible to apply. Organizations may structure submissions as they determine most appropriate.

92. The Addendum states that activities "should complement implementation plans under U.S. government bilateral health memorandums of understanding (MOUs) or multi-year plans." Does this mean that only countries with an existing bilateral health MOU are effectively eligible?

    Countries that do not have an MOU instead have Multi-Year Plans (MYPs). All twelve countries listed currently have an MOU or MYP.

93. What constitutes sufficient evidence of gaps? Proposed activities must be “based on country-level data and gaps." Should the application identify country-specific gaps and priorities? In other words, should diagnostic activities already have taken place to identify country priorities adequately?

    There is no specific requirement around identification of gaps. In accordance with Section D.1.b of the APS, organizations should include sufficient information to,

"describe the problem(s), issue(s), challenge(s), or opportunity(ies) the applicant is seeking to address."

Questions for both Addendum K and L:

1. Can an applicant submit an SOI for a subnational setting?
   An applicant may submit an SOI proposing implementation in a subnational setting, provided that the proposed approach is responsive to the objectives, scope, and requirements of the applicable Addendum. Applicants should clearly describe the geographic focus, the rationale for selecting the proposed subnational setting, and how the approach will engage relevant government authorities and contribute to broader national priorities and systems, as appropriate.
2. Is there a budget ceiling for an application?
   Applicants should review the applicable Addendum for any stated funding limitations or award parameters. Unless otherwise specified in the Addendum, GHSD does not establish a single budget ceiling applicable to all SOIs. Applicants should propose a budget that is reasonable and commensurate with the proposed geographic scope, activities, scale, duration, and expected results. Any final award amount will depend on the quality and scope of the proposed program, available funding, and applicable award requirements.
3. Is an implementing CSO expected to provide a matching fund or only the government Co-investment is sufficient?
   The applicable Addendum identifies the government co-investment and sustainability expectations for proposed programs. An implementing CSO is not automatically required to provide matching funds unless such a requirement is stated in the APS, applicable Addendum, or subsequent award instructions. Applicants should clearly describe any financial or other contributions that they, their partners, or other stakeholders will provide and explain how those contributions support program implementation, sustainability, and country ownership.
4. Is the potential awardee expected to integrate HIV, TB, Malaria, WASH, programs to support NTD and or Nutrition activities?
   Applicants are not required to integrate HIV, tuberculosis, malaria, WASH, or other sectoral programs unless such integration is specified in the applicable Addendum or is necessary to achieve the Addendum's objectives. Applicants may propose relevant linkages or integrated approaches where they are technically justified, responsive to country needs and priorities, and likely to improve results, efficiency, sustainability, or coordination. Any proposed integration should be clearly described and should not detract from the primary objectives of the Addendum.
5. Are projects targeted for this SOI Addenda expected to be multi-country or can applicants propose implementation in one country?
   Applicants may propose implementation in one country or in multiple countries, provided that the proposed approach is responsive to the objectives, scope, and requirements of the applicable Addendum. Applicants should clearly explain the geographic scope, the rationale for the proposed approach, and how the proposed activities will be coordinated with relevant national and subnational authorities and systems.
6. Is an eligible applicant permitted to submit a Statement of Interest for more than 1 country

under the Accelerating Nutrition Progress and/or Accelerating the Elimination of Neglected Tropical Diseases Addenda?

An eligible applicant may submit an SOI proposing activities in more than one country under the Accelerating Nutrition Progress and/or Accelerating the Elimination of Neglected Tropical Diseases Addenda, provided that each submission independently meets the applicable eligibility, responsiveness, and submission requirements. Applicants should clearly explain the rationale for the proposed geographic scope and demonstrate how the proposed approach will address the objectives and priorities of the relevant Addendum in each proposed country.

7. Are there strict requirements regarding the form that the government's financial contribution must take? Could this contribution be non-monetary/in-kind, such as supplies, facilities/buildings, staff, or other resources?

   Co-investment is focused primarily on financial resources that the country contributes to meet those invested by the U.S. government. Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S. government support over time and advance health outcomes.

8. At what level of government can we engage to request and secure the required contribution? Could contributions be sought at the sub-national/state or county level?

   This should be determined by the applicant based on the proposed activities.

9. How would the government's commitment and contribution be formalized, for example through an MoU? What mechanisms would be expected to ensure that the government remains accountable for delivering its committed contribution?

   As noted in the Addenda, sustainability plans must be developed, which must include specific expectations for country co-investment beginning in year two. The U.S. government will work with each government to ensure accountability.

10. If the government is unable to provide the committed contribution, what would be the implications for the program and how would this be viewed by the donor?

    This will be evaluated on a country-by-country basis

11. Where government co-investment is insufficient, can other domestic resources mobilized by the program, including private-sector or philanthropic financing, count toward the sustainability/co-investment requirement?

    As noted in the Addenda, sustainability plans must be developed, which must include specific expectations for country co-investment beginning in year two.

12. How is "co-investment" defined? Is it expected to represent new/additional government resources, or can existing government expenditure on nutrition-related staff, commodities, and services count toward the commitment?

    Co-investment includes the additional resources the government is contributing to achieving NTDs or Nutrition goals and objectives.

13. Is there a minimum or indicative level/percentage of government co-investment expected from Year 2 onwards, or will this be determined through the sustainability planning process?

    Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would increasingly complement U.S.

government support over time. Co-investment targets will be developed in partnership with governments and the U.S. government as part of the sustainability plan development.

14. Does "scale" require eventual national scale, or can a phased model beginning in selected high-burden states/counties qualify?

    "Scale" does not necessarily require immediate or eventual nationwide implementation. A phased approach beginning in selected high-burden states, counties, districts, or other subnational areas may be appropriate, provided that the proposed approach is responsive to the objectives of the applicable Addendum and presents a credible pathway to expanded impact, institutionalization, and sustainability. Applicants should explain the rationale for the proposed geographic focus, including the burden and needs of the selected areas; the criteria for selecting implementation locations; how the approach will generate learning or demonstrate results; and how successful interventions could be adapted, expanded, or integrated into broader national or subnational systems, as appropriate.

15. Is there an indicative award size/range per country/project?

    Unless otherwise specified in the applicable Addendum, GHSD has not established an indicative award size or funding range per country or project. Applicants should propose a budget that is reasonable and commensurate with the proposed geographic scope, duration, activities, implementation approach, and expected results. Final award amounts will depend on the quality and scope of the proposed program, available funding, and applicable award requirements.

16. Would NICRA be applicable to this funding opportunity? If so, could we apply our current negotiated NICRA rate?

    The applicability of a NICRA will depend on the type of award, the applicable federal requirements, and the terms of the final award. Where indirect costs are allowable, an eligible applicant may propose its current federally negotiated indirect cost rate, subject to review and approval by the appropriate U.S. government officials and any limitations or requirements applicable to the award. Applicants should not assume that a NICRA or a particular indirect cost rate will automatically be accepted or that indirect costs will be allowable at the SOI stage. Additional information regarding indirect cost rates and supporting documentation may be requested during a subsequent application, negotiation, or award process, as appropriate.

Administrative:

1. Is a newly incorporated U.S. nonprofit corporation eligible to submit a Phase 1 Statement of Interest if its application for recognition under Section 501(c)(3) has not yet been approved by the IRS at the time of SOI submission? If such an organization is invited to proceed to Phase 2, may any required federal registrations, including SAM.gov registration and a Unique Entity Identifier (UEI), be completed prior to submission of the full application, or must those registrations already be active at the Phase 1 SOI stage?

   All applicants in accordance to Section B1 of the APS are eligible to apply. Additionally, applicants are required to have Unique Entity Identifier issued via SAM.gov as well as valid registration in SAM.gov before they submit their full application in Phase 2 in accordance with B3 of the APS. Please review this section carefully before applying.

2. Could you please define what an eligible organization is?
   An eligible organization is an organization that meets the eligibility requirements outlined in Section B1 of the APS and the applicable Addendum. Applicants should review these requirements carefully to confirm their eligibility to apply. Eligible organizations may apply individually or as part of a consortium or partnership, as permitted under the APS and applicable Addendum.
3. Where do we find information on the application process and the format for the SOI?
   Applicants should review Section D and Section F.3 of the APS, which outlines the SOI submission requirements, as well as the applicable Addendum for additional program-specific information. Applicants should also review the published Q&A for the APS and applicable Addendum for clarifications regarding the application process and submission requirements.
4. Is this a 2-step process with the SOI followed by a full proposal?
   The APS uses a two-phase process. Applicants first submit an SOI in response to the applicable Addendum. Based on the SOI review, GHSD may invite selected applicants to participate in a second phase, which may include submission of a full application and/or, where GHSD determines it is appropriate, a consultative program-design process. An invitation to participate in either phase does not guarantee an award. GHSD reserves the right to determine the appropriate process for each Addendum, including whether to use a consultative program-design process, a competitive full-application process, or another approach consistent with the APS and applicable requirements.
5. What defines "country-led"?
   "Country-led" refers to approaches that are developed and implemented in partnership with relevant country stakeholders and that respond to country priorities, needs, and systems. Country-led approaches should demonstrate meaningful engagement with relevant government counterparts and other local stakeholders, alignment with national strategies and priorities, and a clear approach to strengthening country ownership, capacity, and sustainability. Applicants should describe how the proposed approach will support government leadership and contribute to sustainable country-led implementation and achievement of the Addendum's objectives.
6. Is a letter of support appropriate item to be include as an Annex for an SOI submission?
   Letters of support are not required at the SOI stage; however, applicants may include letters of support as part of their submission, provided they are relevant to the proposed approach and fit within the APS requirement of no more than four Annexes. Letters of support do not substitute for the required SOI content or other submission requirements.
7. Is there a specific template or mandatory format we must use when submitting the SOI and the required concept note?
   GHSD does not provide a separate SOI template. Applicants should follow the submission instructions in Section D of the APS and the applicable Addendum, which identify the required content, formatting, page limits, and other submission requirements. Applicants should ensure that their SOI addresses each of the required elements described in those sections.
8. Are there any specific guidelines, limits, or expected percentage ratios between direct project activity costs and operational/functioning expenses?
   GHSD has not established a specific percentage ratio between direct project activity

costs and operational or functioning expenses for the SOI stage. Applicants should develop their proposed budgets based on the scope, scale, and anticipated outcomes of their proposed approach and provide a level of funding that is reasonable and commensurate with the proposed activities. Applicants should ensure that proposed costs are necessary and reasonable to achieve the objectives of the Addendum and comply with applicable federal cost principles and award requirements.

9. The addendum indicates that the SOI is the first step in a two-step process requiring a concept note, rather than a full proposal. Could you confirm if we need to provide a preliminary draft of the full proposal alongside the concept note at this stage?
   Applicants are not required to submit a preliminary draft of the full proposal at the SOI stage. Applicants should only submit a single pdf file that contains their SOI (of no more than five pages of narrative and optional Annexes) in accordance with the requirements outlined in the APS and applicable Addendum. Applicants invited to proceed to Phase 2 will receive additional instructions regarding the submission of a full application.
10. What is the required language for the SOI and concept note submission?
    SOI and concept note submissions must be submitted in English.
11. May one organization submit multiple SOIs as prime?
    An organization may submit multiple SOIs as the prime applicant, provided that each submission independently meets the eligibility and submission requirements of the APS and applicable Addendum. GHSD does not impose a specific limit on the number of SOIs an organization may submit; however, organizations are encouraged to submit only those SOIs that present distinct, clearly defined, and responsive program concepts and to limit submissions to proposals for which they have the capacity and a meaningful rationale to pursue. Submission of multiple SOIs does not guarantee that any SOI will be selected for further consideration or result in an award.
12. Please confirm that award recipients are explicitly prohibited from re-allocating Addendum K funds to the WHO, in accordance with the United States' formal withdrawal on January 22, 2026.
    Executive order 14155 withdraws the U.S. from WHO and instructs the Secretary and the Director of the OMB to pause the future transfer of any U.S. government funds, support, or resources to the WHO.
13. Please confirm that this prohibition inherently extends to PAHO, given its operational role as the WHO's regional office for the Americas.
    Executive order 14155 does not apply to PAHO.
14. The RFP includes an SOI due date (October 30, 2026); have decisions been made regarding dates for SOI review, invitations to submit full proposals, full proposal submissions, or award decisions
    The SOI submission deadline is October 30, 2026. GHSD has not established or published definitive dates for completion of SOI review, invitations to submit full proposals, full proposal submissions, or award decisions. Any subsequent process and timeline will be communicated to applicants as appropriate. GHSD reserves the right to modify the anticipated process or timeline, consistent with the APS and applicable requirements.
15. May an organization submit more than one SOI under this Addendum? May a concept previously submitted under another Addendum of the Advancing Global Health APS be

additionally submitted here?

An organization may submit more than one SOI under this Addendum, provided that each submission independently meets the eligibility and submission requirements of the APS and applicable Addendum. GHSD does not impose a specific limit on the number of SOIs an organization may submit; however, organizations are encouraged to submit only those SOIs that present distinct, clearly defined, and responsive program concepts and for which they have the capacity and a meaningful rationale to pursue. An organization may also submit under this Addendum a concept previously submitted under another Addendum of the Advancing Global Health APS, provided that the concept is responsive to this Addendum and the submission independently meets all applicable requirements. Applicants should tailor each SOI to the objectives, scope, and requirements of the Addendum under which it is submitted. Submission of the same or a substantially similar concept under more than one Addendum does not guarantee that it will be selected for further consideration or result in an award.

16. The America First Global Health Strategy emphasizes increasing the share of funding that reaches frontline commodities and health workers and offers critique of program management layering. Prior Q&A confirms that organizational capacity under Review Criterion 2 is assessed across the full team named in an SOI, including subrecipients. Does the Department have a view on the number of subrecipient tiers it considers appropriate for awards under this Addendum, or on structures where specialist technical capability is supplied through subrecipients rather than held by the prime?

    The APS does not prescribe a specific number of subrecipient tiers or require that all technical capabilities be held by the prime applicant. GHSD will assess the proposed organizational structure and the capabilities of the full team identified in the SOI, including subrecipients and other proposed partners, as applicable. Applicants should propose a structure that is appropriate to the scope, complexity, and objectives of the proposed program; clearly defines the roles and responsibilities of the prime applicant, subrecipients, and other partners; and supports efficient implementation, accountability, coordination, and value for money. Specialist technical capabilities may be provided through subrecipients or other partners where the proposed arrangement is appropriate and the overall team demonstrates the capacity to achieve the Addendum's objectives. Applicants should avoid unnecessary organizational layering and explain how the proposed structure will support effective delivery of frontline activities, commodities, services, and/or health-worker capacity, as applicable.

17. The APS states that where scores are equivalent, preference goes to the applicant with the lower indirect cost rate, per EO 14332 Section 4(b)(iii). At the SOI stage no detailed budget is required, only the total federal share requested. Two clarifications: first, will the Department consider the prime applicant's indirect cost rate alone, or the cumulative indirect cost burden across the proposed prime and subrecipient structure? Second, at what stage does this factor apply, given that SOIs do not include budget detail?

    The indirect cost-rate consideration described in the APS applies only where applicants' scores are equivalent and the applicable requirements provide for such consideration. Because the SOI stage does not require a detailed budget or indirect cost information, GHSD will determine how this consideration may be applied at the appropriate stage of the review and selection process. Any additional information requested for this purpose, including information concerning the indirect cost rates applicable to the prime applicant

and proposed subrecipients, will be communicated to applicants as appropriate.

18. Is an eligible applicant permitted to submit a Statement of Interest as a subrecipient or consortium member under the Accelerating the Elimination of Neglected Tropical Diseases Addendum, or must all Statements of Interest be submitted by the anticipated prime recipient?

    SOIs must be submitted by the eligible organization that would serve as the anticipated prime applicant or recipient. An organization may participate as a subrecipient, consortium member, or other implementing partner in another organization's SOI, as appropriate, but may not submit an SOI solely in its capacity as a proposed subrecipient or consortium member. The SOI should identify the proposed prime applicant and describe the roles and responsibilities of any proposed subrecipients, consortium members, or other partners.

19. Does women's health or mental health programming falls within the scope of any current or upcoming Addendum under this APS?

    Women's health and mental health programming may be within the scope of an Addendum where the proposed activities are directly responsive to that Addendum's objectives, scope, and priorities. Applicants should review the applicable Addendum and submit concepts that clearly demonstrate how the proposed activities will contribute to the stated objectives. GHSD cannot confirm whether women's health or mental health programming will be included in any future Addendum until the relevant scope and requirements are established and published.

20. Will each consortium partner receive its share of the funding directly from the funder, or will the funding be centrally managed by the lead institution and subsequently distributed to the other partners?

    The APS does not prescribe a single financial-management structure for consortia. Generally, the anticipated prime applicant or recipient will be responsible for overall award management and accountability for the federal funds, including the management and oversight of funds provided to subrecipients or other consortium partners, as applicable. The specific allocation and administration of funds among consortium members should be clearly described in the application and reflected in the final award and subaward arrangements, consistent with applicable requirements. GHSD will not determine the final financial-management structure at the SOI stage. Applicants should propose an arrangement that supports effective oversight, accountability, transparency, and efficient implementation.

21. If the consortium includes governmental, academic, and/or private institutions, are there specific requirements regarding which institution should serve as the financial/administrative lead or manage the project funds?

    The APS does not require a particular type of institution -- governmental, academic, private, or otherwise -- to serve as the financial or administrative lead. The proposed prime applicant should be an eligible organization capable of managing the award and meeting applicable financial-management, administrative, reporting, and oversight requirements. Applicants should clearly identify the proposed prime applicant and describe the roles, responsibilities, and financial-management arrangements of consortium members and other partners. GHSD will consider whether the proposed structure is appropriate to the scope and complexity of the program and whether the identified team demonstrates the capacity to achieve the Addendum's objectives.

22. Are indirect costs or institutional overheads eligible under the call? If so, is there a maximum allowable percentage or ceiling? Are there any additional requirements or restrictions regarding the calculation or allocation of overheads?

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

Indirect costs and institutional overheads may be eligible, subject to the applicable award terms, federal requirements, and the reasonableness, allocability, and allowability of the costs. Applicants should budget and explain indirect costs in accordance with the applicable federal cost principles and any requirements specified in the APS, Addendum, or subsequent application instructions. The APS does not establish a single maximum indirect-cost percentage or overhead ceiling unless otherwise stated in the applicable Addendum or award terms. Any applicable indirect-cost rate requirements, limitations, or documentation requirements will be communicated through the solicitation and/or award process.