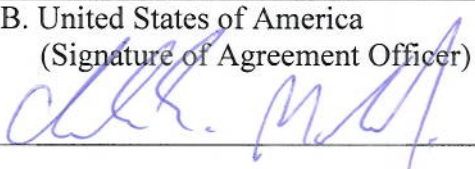


REQUEST FOR APPLICATION (RFA) 611-2010-06

AMENDMENT OF SOLICITATION

ACTIVITY TITLE: Community Based Prevention Initiative for OVC, Youth and other Vulnerable Populations Program in Zambia

1	Amendment Number	A01
2	Effective Date	February 11, 2010
3	RFA Number	611-2010-06
4	Issuing Office	USAID/Zambia
5	Description of amendment: The purpose of this amendment is to extend the due date of the applications and to provide responses to the questions received under the subject RFA. Accordingly, the RFA is amended as follows: I. Section IV-Application and Submission Information; 5. Submission Deadlines shall read "Applications shall be due at 16:00 of March 4,2010" II. Answers to questions: Question #1: Page 19 - Section B.5 - Authorizing Legislation/Applicability of 22 CFR 226 - This paragraph indicates that "U.S. organizations are not eligible for award under this RFA as set forth in Section III.1 below (page 12)." However, Section III (Eligibility Information), Subsection I (Applicants) on page 22 states that "Qualified applicant may be U.S. or Non-US Non-governmental organizations (NGOs) . . ." The two sections appear to contradict each other and many areas within the RFA incorporate 22 CFR 226 which is applicable only to US NGOs. Additionally, Section B.6 states that "Any non-governmental organization (NGO) and for-profit organization is eligible to apply under this RFA. The eligibility needs to be clarified. Answer #1: The inclusion of the phrase "U.S. organizations are not eligible for award under this RFA....." is erroneous. U.S. organizations are indeed eligible for award under this RFA. [See continuation on next page]	
6A	Name and title of Signer:	7A. Name and Title of Agreement Officer Charles Mosby Agreement Officer
6B	Applicant: (Signature of authorized person)	7B. United States of America (Signature of Agreement Officer) 
6C	Date Signed	7C. Date signed 2/11/2010

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Question #2: Page 21, Section II Awards Information: Substantial Involvement elements of the award include the “Review and approval of proposed subcontracts and subawards in excess of \$100,000”. 22 CFR 226.25.8 provides that “Unless described in the application and funded in the approved budget of the award, the subaward, transfer or contracting out of any work under an award. This provision does not apply to the purchase of supplies, material, equipment or general support services.” and 2 CFR 226.26(f) provides that “USAID may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for awards in which the Federal share of the project exceeds \$100,000 and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent of the total budget as last approved by the USAID Agreement Officer.” We would like to seek clarification on the requirement of USAID to review and approve the actual subcontract and subaward documents and would like USAID/Zambia to elaborate on the new requirement providing regulatory and/or statutory guidance.

Answer #2: The cognizant Agreement Officer relies on the guidance in ADS 303.3.11(c)(2). In the spirit of collaboration and joint participation, the AO is availing USAID/Zambia’s rights under the directive to concur on the substantive provisions of the subawards/subcontracts made under the OVC cooperative agreement. The guidance permits USAID to reserve further approval rights regarding subawards/subcontracts by clearly spelling out what USAID’s involvement will be. USAID has therefore determined it necessary for the interests of the project to approve subawards/subcontracts in excess of \$100,000 and has included specific language in the substantial involvement provisions to support this level of involvement.

Question #3: Numerous Track 1 PEPFAR OVC projects in Zambia will come to completion in June 2010. Does USAID Zambia expect the COPI-OVC RFA to absorb OVC served under these Track 1 projects?

Answer #3: Applicants are encouraged to absorb the OVC that were in previous programs if they are still vulnerable and in need of assistance for services that are provided by the applicant, and if the proposed geographical areas to be covered include these children.

Question #4: The RFA applicant is to collaborate closely with the RFTOPs applicant. Is the implementation period the same as the RFA, 3 years? The RFTOP stipulates a period of three years from date of award, however, targets are for 5 years. . Please clarify.

Answer #4: The RFA is for 3 years.

Question #5: Corresponding Objectives and Coordination between the Task Order and Cooperative Agreement table - Page 2, Objective 3. Is the applicant only to replicate and scale up proven effective economic models once the prevention Task Order has provided new models? Can the CA propose proven effective models?

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Answer #5: Applicants are free to propose proven effective models even if not identified by the Prevention Task Order provided the effective models are evidence based.

Question #6: Section B.1.1.1 of same table - Intervention - 3rd paragraph indicates applicants "should strike a careful, thoughtful balance between . . . and increasing sustainability and ownership over the next five years." Is this an error? The award is for three years, but RFA requests applicants provide sustainability and ownership for five years. Please clarify.

Answer #6: It is three years and not 5 years

Question #7: Given that ZPI will be testing and measuring new interventions before COPI-OVC can implement them, is three years a realistic time frame to achieve project objectives?

Answer #7: Activities to be implemented through the RFA follow-on from significant previous investments in this sector by the USG. As such, a three year implementation period is reasonable to carry on and hand over activities to local entities.

Question #8: Please clarify what Counseling and Testing activities are considered reasonable for the RFA.

- a. Is the focus more on increasing access to linkages to CT through strengthened linkages, or is the focus more on direct CT provision?
- b. The Task Order is focused on biomedical interventions. Is CT considered a biomedical intervention?

Answer #8a,b: Applicants should define whether they believe promotion of TC is with referrals for actual service delivery will be sufficient to reach program targets.

- c. The RFA is not focused on "clinical sites". Is a static CT center considered a "clinical site"? What about a mobile CT center?

Answer #8c: The RFA is focused primarily at the community level, and not at clinical facilities.

Question #9: Section I – Funding Opportunity Description, B.4 – Strategic Approach, #b - Page 16: There seem to be some inconsistency with RFA objectives. Why is DOE involved? Who are "educators" and "learners" referred to the required indicators? Why are the target areas different than those defined in the table on page 18?

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Answer #9: This was an error. The required indicators are those on page 18.

Question #10: Page 18: Please define “combination prevention”?

Answer #10: USAID will consider the technical knowledge applicants in HIV prevention which includes combination prevention.

Question #11: According to the table on page 18, there are 4 PEPFAR activity areas funding this program. What is the expected level of effort for each activity area?

Answer #11: Applicants can define the level of effort for each activity which they feel is commensurate with achievement of targets set in the table in question. Final determination of funding areas will be predicated on the annual funding approval process through PEPFAR.

Question #12: It is mentioned in the RFTOP that the contractor will take on existing clients from earlier programs. The RFA activities to be proposed will work with the same clients. With similar targets is there a possibility of double reporting?

Answer #12: Applicants are expected to work closely with other implementing partners to ensure there is no double counting of recipients.

Question #13: Why were there no targets for livelihood/economic development? Does this mean the focus of proposed work is to be less than in the other programmatic areas?

Answer #13: Applicants are encouraged to provide reasonable targets for these activities which will lead to sustained implementation over the long haul.

Question #14: Sustainability is closely linked to GRZ MOH funding for caregiver cadres, accreditation, training, etc. Looking at the current financial situation for the health sector, it is doubtful that GRZ has available funding to support these additional activities. We also anticipate that there will be an increased need for funding for clinical ART services and drugs by 2013. What organizations will be working with GRZ to advocate for increased funding to the health sector by 2013 to support sustainability of PEPFAR interventions in prevention, care and support?

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Answer #14: Sustainability is linked to many factors, including the ability of communities to care and support their residents. The USG and other donors continue to advocate for increased funding and sustainability planning for the HIV/AIDS sector in Zambia.

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Question #15: The information (a to e) sought under institutional capacity (page 29 of RFA) usually is included under past performance. However, it is not clear from the discussions under Past Performance what information is sought. Please clarify. Additionally, both the Past Performance and Institutional Capacity sections require same info. Can you please provide clearer guidance on what you want to see demonstrated or defined in the 2 sections?

Answer #15: Institutional capacity and past performance are interrelated. Institutional capacity refers to your strengths as an institution to carry out what you are proposing to do (capacity to perform) and past performance are your performance achievements in past projects/programs.

Question #16: In section B.1.1.1, youth are defined using the OGAC definition of 10-24; in footnote 6 in section B.2, youth are defined as 15-24. Please provide the definition of youth for the purposes of this RFA

Answer #16: There are various definitions of Youths but for this RFA, Youth refers to age 15-24.

Question #17: Also in section B.1.1.1, we assume the reference to “increasing sustainability and ownership over five years” should reach “...over three years”.

Answer #17: See Answer #6.

Question #18: That USAID intends to make only one award under the RFA

Answer #18: As noted in the solicitation, USAID expects to make one or more awards under this procurement.

Question #19: We have a very good curriculum for Violence and HIV/AIDS prevention which has been proven to work extremely well out here and are thinking of working with relevant ministries(education, Gender in Development and Health) to institutionalize it for National use. Would like to know if we such partnerships would be encouraged in this RFA.

Answer #19: The USG programs functions include complimenting host governments provision of services. In this regard, applicant is expected to work closely with the relevant government departments. This also ensures long term sustainability of the program as government departments are likely to take over such functions after the program finishes.

[End of Amendment No.1]