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APS Issuance Date:	June 8, 2011
Deadline for receipt of questions:	June 30, 2011
First cut-off date for receipt of Applications:	September 1, 2011 1700, Ghana Time
Award date (first round of Applications):	October 3, 2011
Second cut-off date for receipt of Applications:	December 1, 2011
Final closing date for Annual Program Statement:	December 1, 2011
Award date (second round of Applications):	January 2012

Subject: Annual Program Statement (APS) Number: APS-641-11-000003
APS Title: Scaling up HIV/AIDs Prevention Activities for Most-at-Risk Populations, People living with HIV/AIDs and Orphans and Vulnerable Children in Ghana

Ladies and Gentlemen:

Pursuant to the Foreign Assistance Act of 1961, as amended, the United States Government (USG), as represented by the U.S. Agency for International Development Mission in Ghana, is seeking applications from qualified U.S. and non-U.S., nonprofit or for-profit non-governmental organizations (NGOs), and international organizations to support a program entitled 'Scaling up HIV/AIDs Prevention Activities for Most-at-Risk Populations, People living with HIV/AIDs and Orphans and Vulnerable Children in Ghana'. The authority for the APS is found in the Foreign Assistance Act of 1961, as amended. Please refer to the Program Description for a complete statement of goals and expected results.

While for-profit firms may participate, pursuant to 22 CFR 226.81, it is USAID policy not to award fee or profit under assistance instruments such as grants. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be recognized.

Applicants under consideration for an award that have never received funding from USAID will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls and establish an indirect cost rate.

Subject to the availability of funds, USAID intends to provide approximately

$3,600,000.00 in total USAID funding to be allocated over the 2 year period. USAID reserves the right to fund any or none of the applications submitted.

Award will be made to that responsible applicant(s) whose application(s) best meets the requirements of this APS and the selection criteria contained herein. Issuance of this APS does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application.

This APS and any future amendments can be downloaded from http://www.grants.gov. Select "Find Grant Opportunities," then click on "Browse by Agency," and select the "U.S. Agency for International Development" and search for the APS. In the event of an inconsistency between the documents comprising this APS, it shall be resolved at the discretion of the Agreement Officer.

Any clarification questions concerning this APS should be submitted in writing to Crystal Byrd Ogbadu, via email at cbyrd@usaid.gov by the date listed above. If there are problems in downloading the APS from the Internet, please contact the Grants.gov help desk at 1.800.518.4726 or support@grants.gov for technical assistance.

The applicant shall submit applications in BOTH electronic and hard copy format as described in Section IV. Applicants may submit multiple applications for the different geographic regions, as described in the APS.

Applications must be received by the closing date and time indicated at the top of this cover letter. Late applications will not be considered for award. Applications must be directly responsive to the terms and conditions of this APS. Telegraphic or fax applications (entire proposal) are not authorized for this APS and will not be accepted.

Sincerely,

Jennifer Crow-Yang
Agreement Officer

SECTION 1 – GENERAL DESCRIPTION OF FUNDING OPPORTUNITY

Statement of purpose: The purpose of the Annual Program Statement (APS) is to publicize United States Government (USG) plans to fund a limited number of programs through USAID/Ghana to scale-up HIV/AIDS prevention activities. This APS provides prospective applicants with a fair opportunity to develop and submit applications to USAID/Ghana for potential funding if funds become available. If awarded, five (5) implementing partners will be supported to enhance their capacity and to strengthen the capacity of other partners to manage and scale up prevention interventions for Most-At-Risk-Populations (MARPs). Also, one award shall be made to a partner to strengthen Orphans and Vulnerable Children (OVC) interventions in Ghana.

This APS is issued under the Foreign Assistance Act of 1961, as amended, and the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (the "Leadership Act"). Awards shall be made in accordance with federal regulations and agency policy. For U.S organizations, award shall be administered according to 22 CFR 226. OMB Circulars and USAID Standard Provisions will apply http://www.usaid.gov/policy/ads/300/303maa.pdf; for non U.S. non-government organizations, USAID provisions for non-government organizations will apply http://www.usaid.gov/policy/ads/300/303mab.pdf

Period of performance: The application may describe activities covering no less than one year and with a period of performance not beyond September 30, 2013.

Funding: USAID anticipates awarding not more than six (6) grants in total: five (5) grants will be awarded for HIV prevention programs targeting MARP and condom activations and one (1) grant for OVC programs for 2 years. However, USAID/Ghana reserves the right to make as many or as few grants (or none) arising from this APS. Applicants can ONLY apply for one category. For each HIV MARP award, the HIV team anticipates obligating between 200,000 and $250,000 a year to a partner with a possibility of an increase in year 2. For OVC, USAID anticipates obligating between $500,000 and $600,000 a year to the successful partner with a possibility of increasing the budget in year 2.

Funds for this activity are provided through the Presidents Emergency Plan for AIDS Relief (also referred to as The Emergency Plan). The Emergency Plan was an initial five year initiative which has been extended by another five years. In the second five years, the program aims at treating 2.5 million HIV infected persons with anti-retroviral drugs, preventing 12 million new infections and providing care and support to 12 million people living with HIV/AIDS and AIDS orphans worldwide. Future HIV/AIDS funding is contingent on the reauthorization of the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act.

In Ghana, the Emergency Plan is being implemented by several USG agencies: the U.S. Department of Defense, the U.S. Centers for Disease Control and Prevention (CDC), the

U.S. Department of State, Peace Corps, and United States Agency for International Development (USAID).

As with all USAID grants, support is contingent on the availability of funding. The issuance of this APS does not constitute an award commitment on the part of the USG, nor does it commit the USG to pay costs incurred in the preparation and submission of any application. USAID reserves the right to fund any or none of the applications submitted and to negotiate separately with an applicant if such an action is considered to be in the interest of the USG. Awards will be made on a rolling basis for application that are submitted over a six months period from the publication of this notice. Funding will be approved for the initial year activities and will be subject to the available funding for each subsequent requested year of support. USAID is planning an initial year one funding of approximately $2 million for the program.

Background: Ghana HIV/AIDS Context

HIV prevalence is estimated at 1.9% in Ghana (NACP, 2010) and sexual transmission accounts for over 80% of new infections. Since the first case of HIV in 1986, over 120,000 cases of AIDS had been reported by the Ministry of Health by December 2006. Total HIV population is estimated to be 267,069 made up of 112,457 males and 154,612 females, with annual deaths estimated to be 20,313 (NACP, 2010). Evidence suggests at worst a stable trend of HIV infection in the general population; yet, HIV infection appears to be increasing in some at-risk populations.

HIV/AIDS in Ghana is strongly linked with sex work. Both stationary sex workers and mobile sex workers show high prevalence rates (ranging in 2006 from 37% in Accra to 24% in Kumasi, Ghana's two biggest cities). Reported condom use among commercial sex workers (CSW) is 93% with paying partners but is low with non-paying partners (20%), e.g. boyfriends - who themselves are over 33% infected (Cote et al., 2004). Clients of sex workers are at high risk, encouraging transmission to the general population. Evidence from one USG-funded study indicates a significant level of men who have sex with men (MSM) activity in Ghana (SHARP 2006). About half of MSM report having sex with both men and women, which promotes the "bridging" of HIV transmission to the general population.

Most of the country's 280,000 People Living with HIV/AIDS (PLHAs) are yet to be effectively mobilized into support groups or associations, with few knowing their HIV status. Consequently, most HIV-positive individuals are unaware of services that might be available for them and are therefore not seeking treatment, care and support. Over 70% of PLHIV sexual relationships are discordant, meaning their partner is not HIV-infected but even those who know their status do often not reveal it to their partner. These factors negatively influence prevention programs resulting in potentially fuelling the HIV epidemic. Because of high levels of stigma and discrimination, CSWs and particularly, MSM and PLHA are difficult to reach with HIV services.

Transmission from high risk populations to the bridging population is of specific concern in Ghana. Concurrent partnerships might play a role in the occurrence of new HIV epidemic and this may affect the spread of HIV and other sexually transmitted infections in the general population. By concentrating prevention activities on the neglected at-risk and bridging populations, including PLHAs, overall prevalence is likely to continue to be reduced more than through general population prevention activities. USG support to GOG's approach is therefore expected to decrease the negative impact of the epidemic at the fastest possible pace.

As in most sub-Saharan countries, Ghana is continuously faced with the challenge of caring for and protecting children affected and infected by HIV/AIDS as well as vulnerable children in need of care and protection. In 2005, the number of OVCs in Ghana was estimated at 209,000. With the number of AIDS cases rising, projections by the National AIDS Control Program (NACP) suggest a rise in the number of OVCs to 400,000 by 2015, potentially posing severe challenges to the national human resource development effort. Children infected and affected by HIV generally face many challenges: they have lower school participation rates; they experience more severe food rationing, neglect and abuse; and have higher psychosocial distress and risks of exploitation than children not affected by HIV. These challenges turn to depress their socio-economic and developmental status and progress.

The policy and programmatic response

The Government of Ghana's (GOG) national goal is to reduce HIV transmission by implementing comprehensive prevention, care, treatment and support interventions targeting a number of vulnerable groups with support from most major development partners. In line with the national strategy, the Emergency Plan program in Ghana targets the prevention of HIV in persons engaged in high risk behaviors, protecting the general population by reducing HIV transmission from high risk persons to the general population, providing comprehensive prevention and care, and providing access to treatment for those infected, their partners and families. The USG concentrates its efforts in 31 of Ghana's 138 districts, including the largest cities, which were selected based on prevalence, high concentration of most-at-risk groups, and the presence of other donor activities, such as those financed by the Global Fund. Prevention interventions are focused on partner reduction and condom use as well as anti-stigma activities to increase uptake of testing, treatment and care.

Ghana currently has a positive policy, advocacy and enabling socio-political environment for implementing a comprehensive multi-sectoral program to combat the HIV epidemic. Ghana subscribes to the "three ones" principles.

Program Summary and Objectives

USG's HIV interventions are guided by a five year Partnership Framework signed between the Governments of Ghana and the United States of America, in support of the GOG's National Strategic Plan and the National Poverty Reduction Strategy (NPRS).

Overall, the Partnership seeks to reduce the number of new infections, expand and improve the care and treatment of PLHIV, strengthen the policy environment, and strengthen health systems at both the national and community levels. USG focuses its prevention efforts on most-at-risk populations (MARP): male and female sex workers (M&FSW) including those engaged in informal and transactional sex, their clients and partners; MSM; and PLHA, especially the 70% in discordant relationships, and their partners. USG's prevention strategy with these groups emphasizes ten key behaviors to achieve prevention goals, namely; correct and consistent use of condoms during every sexual encounter to reduce the risk of HIV infection/re-infection and other STIs; correct and consistent use of lubricants with condoms during every act with anal sex; testing to know your HIV status and encouraging regular partners to get tested to know their status; adherence to prescribed ART, TB and STI medications; faithfulness; negotiating condom and lubricant use; partner disclosure and partner protection; active participation of people affected with HIV in HIV/AIDS programming and interventions, eat healthy; and protect yourself against infectious diseases such as tuberculosis, malaria and diarrhea.

USG has over the past few years worked closely with the Government of Ghana through the Ghana AIDS commission (GAC) and the National AIDS Control Program (NACP) and other key partners to forge strong partnerships to respond to the HIV epidemic. These strong partnerships have led to supportive environment for MARP programming in Ghana. Some of the key successes of the USG interventions include: development and use of BCC materials supporting interventions and services for FSW, MSM, PLHIV, and Non-paying partners, including the development of the Positive Living Tool kit which is now a key training material for PLHIV support groups; training materials for peer educators; systems strengthening and technical support for sustainable interventions and quality service delivery for NGO implementing partners; piloting and eventual scale-up of Helpline counseling through the *Text Me! Flash Me! Helpline* strategy, which has rapidly uncovered new geographic clusters of MARP and has led to more MARP accessing facility-based services at GHS STI and CT clinics, and at NGO drop-in centers. Through these interventions, over 50,000 Female Sex Workers (FSWs), Men Who Have Sex with Men (MSMs), Non-Paying Partners and People Living with HIV (PLHIVs) were reached with HIV information and services by 2010.

The USG capacity building interventions are focused on a number of approaches: improving the entirety of MARP/PLHIV access to comprehensive HIV/AIDS services and improving quality across the prevention-to-care continuum; and building national capacity to identify service-delivery weaknesses and develop and implement solutions throughout the continuum of care system, on an ongoing basis. In larger programs, often with larger international NGOs as prime recipient, the focus of the capacity building interventions are on transferring technical knowledge, skills and competencies in the implementation of effective MARP strategies to national systems through working collaboratively with GOG partners and other development partners, including Global Fund principal recipients. This entails providing technical assistance in the development of MARP and PLHIV behavior change communication best practices and tools, setting the stage and providing the platform for innovative approaches, providing assistance in initiating and identifying a MARP-oriented policy agenda. In other settings, larger

international NGOs in close partnership with sub-grantees also focus on coaching and mentoring local NGOs and CBOs to improve their technical and administrative skills. The project, for instance, seeks to use proven organizational development tools to build local NGO partners' capacity in organizational development. These include; 1) governance, 2) program and financial management, 3) technical, and 4) planning, 5) monitoring and evaluation 6) documentation and 7) Data management

Program specific capacity building interventions such as the present APS focus even more intensively on developing a critical mass of local NGOs who are actively prepared to receive direct USG grants in future, or even act as an umbrella granting organization in future. While the actual recipient of an APS award might be an affiliate of an international NGO or international network of NGOs, recipients are expected to actively support the USG effort to systematically groom and nurture local NGOs for an increased future role in implementing and administering USG programs.

USG recognizes that addressing gender issues is essential to reducing the vulnerability of women and men to HIV/AIDS. Awardees shall therefore develop interventions that seek to respond to gender norms and perceptions as structural drivers of the AIDS epidemic, and ensure USG is adequately meeting the needs of women and men. The contractor shall take into account the following PEPFAR gender areas of emphasis: increasing gender equity in HIV/AIDS activities and services; reducing violence and coercion; addressing male norms and behavior. Activities under this APS shall address issues unique to needs of male and female sex workers and of MSM, such as gender based violence and exploitation of women and girls by sex trafficking; rape and sexual abuse; behavior change education on harmful gender norms; violence and alcohol abuse; and stigma reduction.

A) Strengthen HIV programming targeting MARP:

The Emergency Plan program in Ghana utilizes a comprehensive prevention approach focusing equally on condom use and partner reduction. Transactional sex workers (those who do not call themselves sex workers but exchange sex for cash or goods), FSW, MSM, many of whom have concurrent sexual relationships, boyfriends of sex workers, MARPS who are HIV-positive and also those visiting STI clinics and 'hot spots', will be targeted with effective partner reduction messages and materials.

Awardees will also be expected to identify weaknesses and gaps in prevention interventions for FSWs, MSMs and PLWHAs based on the ten key behaviors outlined earlier, and design approaches in geographic settings to address the weaknesses/gaps so identified. As stigma is a significant barrier to ensuring the acceptance and practice of the ten identified key behaviors, applicants should ensure that stigma reduction represents a significant focus. Interventions will be expected to link up with existing treatment, care, and support activities, including STI treatment, TB/HIV, ART, etc.

Awardees will also be expected to build the capacity of their partners wherever needed to effectively program for MARPs, both technically and administratively through a system of assessments, actions plans to follow-up as well as through individuals mentoring of

key members of the organization. Those assessments should be used to measure progress, for instance, by using or developing a composite indicator or a scoring system. It is expected that by the expiry of the project, contractors would have assessed their partners' level of organizational and institutional competency in managing systems of governance, operations and management, human resources development, financial management, service delivery and external relations and advocacy, and provided technical and management resources to assist them to achieve a measurable change as a result of USAID's assistance.

The interventions shall target MARP – mainly FSWs, MSMs and PLHA and shall include the following critical interventions:

- Prevention among at-risk populations and the reduction of transmission to the general population supported through activities targeting discordant couples and people with STI. For PLHA, this will be achieved through 'positive living' programs (with topics ranging from nutrition to family planning) and clinical interventions. PLHAs will be supported to disclose their status to their sexual partners and adopt risk reduction strategies. In clinical settings, STI and TB patients will be referred for HIV C&T and, if found positive, provided access to the entire continuum of care. Also, be faithful activities (including training) to promote fidelity, delay of sexual activity, partner-reduction messages, and prevention for HIV-infected people would be promoted.
- Promote HIV/AIDS prevention and healthier behavior through promotion of abstinence, being faithful and partner reduction among FSW, MSM and PLHA, through peer education programs, community events, and telecommunication programs.
- Promote appropriate and consistent condom usage among FSW and MSM their clients and their NPP, PLs, including distribution of condom and lube through peer educators.
- Promote stigma and discrimination reduction among MARP and PLs.
- Increase knowledge of STI symptoms and promote prompt seeking behavior for appropriate health services among FSW, MSM and PLs through peer education, outreach and Helpline program.
- Make available appropriate quantities of already designed and extensively used USAID and GAC-supported BCC/IEC materials for FSW, MSM and PLHIV
- Deploy peer educators for each MARP and PLHA, using standard curricula (available) and closely supervise and support them.
- Hold community events per target group that reinforce healthier behaviors and provide linkages with services.
- Focus on geographical locations where high-risk behaviors are prevalent, particularly places where commercial work is common, and areas where new sexual partners are met, e.g. parks, bars and beaches.
- Strengthen local MARP NGOs technical systems, build technical skills of sub-partner and local MARP NGO staff to assess problems, seek inputs from MARP and PLHA, generate local solutions, and take the lead in the planning process. This may include

capacity building assessments of relevant NGOs targeting MARP to identify programmatic weaknesses and designing approaches to addressing those.

- Strengthen the administrative and governance systems of NGOs, where needed, through a system of assessments and systems building, and carefully mentoring the leadership and administrative staff, following a plans specifically designed for the individual NGO. This might include organization organogram, internal communications and reporting methods; skills of board members; internal policies and procedures; financial and personnel management, amongst others.

B) Condom Activations around bars and "hotspots":

The general objective of condom activations is to deliver the message of protection at the point of contact among MARP and between MARP and their potential clients . Due to the stigma attached to the nature of this activity, activations shall be undertaken in areas ("hotspots") where FSWs, MSMs and non-paying partners are known to operate and without singling anyone out, gain their trust through entertainments and educational activations. These activations shall be carried out in close collaboration with other USAID grantees and subgrantees working with MARP and active in the same geographical area to further satisfy the specific needs of the respective target groups. Awardees shall be expected to generate excitement and fun around condoms and lubricant usage; increase awareness on condom and lubricant usage; promote and educate MARP on condom usage including (for sex workers) with their non-paying partners; and educate FSWs and MSM's and their sex partners on STI treatment and HIV testing sites..

Activities that are carried out uniquely for MSM could have a slightly different content, e.g. Valentine Day and "Love and Trust" parties, focusing on faithfulness and partner reduction.

Interventions shall target MARP (FSWs, MSM, and non-paying partners) and their potential sex partners with the following illustrative activities.

- Activations in bars (hotspots) where patrons shall be encouraged to discuss their understanding and usage of condoms and lubricants.
- Introduction of flyers with a list of MARP-friendly clinics to ensure that HIV/AIDS messages are understood & to help encourage both FSW's and MSM's to get tested as well as to be kept informed on STI's.
- Interactive theatre, games (including demonstrations on how to use condoms) and questions and answer sessions.
- In collaboration with other USAID grantees and subgrantees, individualized peer education sessions with FSW/MSM's and/or their patrons, either during or after activations.

C) Educational support for OVC strengthened:

The general objective of this area is to provide vocational training, HIV education, and psychosocial counseling to OVC. The awardee will be expected to implement a set of interventions to provide formal education, vocational skills and HIV prevention amongst OVC through scholarship support to vulnerable children. The awardee shall liaise with

other USG programs working with in the OVC area, the Department of Social Welfare and UNICEF who are all addressing OVC issues in Ghana. Illustrative examples include:

- Provision of vocational skills training to OVC
- Provision of start-up tools upon completion of their courses of study
- Linking OVC to social protection services and referrals for HIV C&T
- HIV education, counseling and mentoring.
- Promotion of 'Be faithful" activities and delay of sexual activity.

Program level Indicators by Technical areas[1]

- Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required
- Number of health care workers who successfully completed an in-service training program
- Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required
- Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required
- Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions
- Number of eligible adults and children provided with a minimum of one care service
    - By sex: Male
    - By sex: Female
    - By Age: <18
    - By Age: 18+
- Number of targeted condom service outlets.
- Number of OVC receiving scholarships;
    - Male
    - female
- Number of people trained on stigma reduction and discrimination
- Number of organizations achieving and sustaining nationally recognized standards in technical service delivery;
- Number of organizations receiving support to enhance their administrative and governance systems
- Number of organizations provided with active mentoring of key staff members
- Number of organizations systematically using information to plan activities and monitor activity performance

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[1] The number and sequence of the indicators provided does not show a preference for one intervention over the other. The technical program needs to be balanced in a meaningful and technically sound manner, depending on the context. Awardees shall track indicators that relate only to their technical program area.

- A composite indicator or scoring system measuring organizational capacity, as proposed by the awardee.

SECTION 2 - AWARD INFORMATION

USAID expects to award six (6) individual grants to organizations to implement project activities for approximately two years. Awards for MARP programming and condom activations under this APS may range from $200,000 to $250,000 per annum. The OVC program area would range between $500,000 up to a maximum of $600,000 per fiscal year. It is anticipated that awards made in FY2011 will be completed not later than September 2013. The actual number of awards under this APS is subject to the availability of funds and the viability of proposals received. Accordingly, USAID reserves the right to make multiple grants or no awards at all through this APS.

SECTION 3 – ELIGIBILITY INFORMATION

To qualify for funding, organizations must: (1) be US-based organizations or non-US organizations registered and working in Ghana; (2) have documented experience in implementing HIV/AIDS prevention programs in Ghana, especially in working with at least one of the focused MARP (FSW, MSM and PLHA); and (3) have links with community based support systems and non-government organizations.

SECTION 4 – APPLICATION AND SELECTION INFORMATION

The technical application must be written in English not to be more than 20 pages. Applications will be accepted on a rolling basis as they are received within six months of publications of this solicitation. From the applications, USAID/Ghana will select those that it intends to fund and will proceed to negotiate an award with each successful applicant subject to the availability of funding. The final decision for funding will be based on both a technical review and the availability of USAID funding. USAID reserves the right to fund one or more or none of the applications which may be submitted. A technical panel will evaluate the applications and rate each applicant based on the criteria outlined below.

The proposed timelines for the application and selection process are as follows:

Publication of Solicitation:	June 8, 2011
First cut-off date for receipt of Applications:	September 1, 2011
Award date (first round of Applications):	October 3, 2011
Second cut-off date for receipt of Applications:	December 1, 2011
Final closing date for Annual Program Statement:	December 1, 2011
Award date (second round of Applications):	January 2012

All applications packages are to be submitted to:

Via courier	**Regional Acquisition and Assistance Office (RAAO)** **USAID/West Africa** **No. 24 Fourth Circular Rd. CT** **P.O. Box 1630** **Accra, Ghana**
Via email	accracontract@usaid.gov

If the solicitation becomes irrelevant for any reason or funding is unavailable, USAID/Ghana reserves the right to close the solicitation. Applicants will be advised of the status of their respective applications within approximately 60 (sixty) calendar days after submission.

Note that all applicants may be subject to a pre-award financial and management review and must demonstrate that they have a rigorous financial and monitoring system in place that will ensure that relevant records are in place and are auditable

A basic understanding of The Emergency Plan and USG/Ghana HIV/AIDS programs can be found on the www.PEPFAR.gov website, and information about the USAID Mission programs in Ghana can be found on the USAID/Ghana website. http://ghana.usaid.gov

Applicants must submit a completed technical and cost application on or before six months after the publication of this solicitation.

SECTION 5 - INSTRUCTIONS FOR THE FULL APPLICATION

Overview: Applications received under this APS will be reviewed based on full and open competition and in accordance with the procedures and selection criteria identified below.

Guidance on grant start dates, duration, and funding levels is given, followed by information on submission deadlines.

Selection Criteria for Technical Applications

The criteria listed below will serve as the basis upon which all applications will be evaluated. Full applications will be scored based on a possible maximum 100 point scale. Technical aspects of the applications, evaluated according to the criteria below, will constitute 60 points of the total evaluation, and include an evaluation of the likelihood that the proposed program will be successful in achieving its objectives. Applicants' project management and institutional capacity will constitute 30 points. Past performance will constitute 10 points.

Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications, and (b) set the standard against which all
applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria in this Section.

An award will be made to a responsible Applicant, whose application offers the greatest value, cost and other factors considered.

Evaluation Criteria (Total: 100 points)

A. Technical Approach (60 points)

- The application will be judged on its overall approach and potential for achieving development impact, i.e., attributable, measurable, consider gender and positive changes and the numbers of individuals who can be expected to benefit (10 points)
- Demonstrated understanding of the technical sector/s, particularly in a country or region specific context for which the funding is being requested; applicant must also demonstrate how the proposed activities will change policies, programs and individual behaviors related to the selected sector/s (10 points)
- Collaboration with and strengthening of local partners; applicant must demonstrate clearly how they would systemically mentor and improve the technical and organizational capacity of sub-partners to program for MARP. (30 points)
- Clear demonstration of how progress and impact will be tracked, measured and reported with clear and appropriate milestones and expected accomplishments, with measurable output and performance indicators (10 points).

B. Project Management and Institutional Capacity (30 points)

- Clear statement of organizational structure, mission and objectives with description of how the proposed project contributes to these (10 points)
- Comprehensive project management structure, with clear lines of responsibility and communication (10 points)
- Demonstrated institutional capacity to manage (technically, administratively and financially) a project in a technically and culturally appropriate fashion (10 points)

C. Past performance (10 points)

Applicant should provide evidence that it has a demonstrated, successful track record in implementing and monitoring similar or closely related activities to those contained in the program. Evaluation will be based on how well an applicant performed, relevancy of the work performed under the program, instances of good or bad performance, significant achievements or problems and

indications of excellent or exceptional performance in the most critical areas. Applicants must submit a list of all contracts, grants, or cooperative agreements involving similar or related programs over the past three years prior to receiving an award. Reference information shall include: (1) the award number and type of award; (2) award amount; (3) period of performance; (4) brief description of the program or work; and (5) point of contact at the awarding organization, including e-mail address. This does not count to the page limit.

Cost Application

The Applicant's budget will be reviewed for cost effectiveness and cost realism, including the extent to which the proposed approach attempts to reach the largest number of beneficiaries at lowest cost; and matches the objective and proposed benchmarks and nature of the activity.

Counterpart Contribution: Cost share is not required but will be regarded favorably.

Successful applicants will be required to submit SF 424, signed certifications, Branding and Marking plans.

USAID anticipates issuing a Fixed Obligation Grant (if applicable) when costs can be segregated by milestones (More information on Fixed Obligation Grants at http://www.usaid.gov/policy/ads/300/303saj.pdf).