April 9, 2015

Key Information and Dates

Funding Opportunity Title	Tuberculosis Call to Action (TBC2A)
Funding Opportunity Number	RFA-386-15-000003
Issuance Date	April 9, 2015
Question Submission Deadline	April 17, 2015 at 4:00 pm New Delhi time
Concept Paper Deadline*	May 8, 2015 at 4:00 pm New Delhi time

*Late submissions will not be accepted.

Dear Applicants,

Pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the U.S. Agency for International Development, India Mission (USAID/India) is inviting local Indian organizations (see definition of local organization under Section III – Applicant Eligibility) to submit concept papers for the Tuberculosis (TB) Call to Action Activity (TBC2A) project. TBC2A will be an important part of a new USAID/India Initiative, the "Championing a Tuberculosis-free India" (CHAMPION) Program.

TBC2A will shift USAID/India's focus from direct technical assistance for TB control to identifying and leveraging Indian intellectual, financial, and material resources for TB control. The TBC2A recipient will work with the Government of India and its partners to facilitate the launch of the National Call to Action for TB; rollout a TB road map to states, districts and cities; track results and develop systems; and facilitate engagement and collaboration between traditional and non-traditional stakeholders.

This Request for Applications (RFA) utilizes a two-step process:

(1) Concept papers are sought from Applicants.
(2) After merit review by USAID of the concept papers, full applications will be requested from those Applicants with the most highly reviewed concept papers. A cooperative agreement may be awarded to the successful Applicant.

At this time, Applicants are invited to submit a concept paper that addresses all requirements of this RFA. All correspondence regarding this RFA shall be submitted to IndiaRCO@usaid.gov.

Pursuant to 2 CFR 200.400(g) and USAID Standard Provisions for Non-U.S. NGOs, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the project and are in accordance with applicable cost standards may be paid under the award.

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

1. Section I – Program Description
2. Section II – Federal Award Information
3. Section III – Eligibility Information
4. Section IV – Application and Submission Information
5. Section V – Application Review Information
6. Section VI – Federal Award and Administration Overview
7. Section VII – Federal Awarding Agency Contacts
8. Section VIII – Other Information

The preferred method of distribution of this RFA is via the Internet. This RFA and any future amendments can be downloaded from www.grants.gov. Applicants who are not able to retrieve the RFA from the Internet can request a copy by contacting IndiaRCO@usaid.gov.

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

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

The issuance of this RFA 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 a concept paper or application. In addition, award cannot be made until funds have been appropriated, allocated, and committed through internal USAID procedures. Applicants are hereby notified that all awards are subject to the availability of funds and agreement of the parties, and USAID reserves the right to make no awards. All preparation and submission costs incurred are at the Applicant's expense. USAID/India may amend this RFA as necessary (e.g., to revise deadlines or update information). Amendments will be posted to www.grants.gov.

Sincerely,

Charles S. Pope
Director
Regional Office of Acquisition and Assistance
USAID/India

Table of Contents

Section I – Program Description

USAID/India seeks to improve the lives of people who live at the base of the economic pyramid (BOP) in India. A critical element of accelerating tuberculosis (TB) control efforts to achieve a TB-free India is the convergence of stakeholders, leveraging of resources and greater public and private support.

The Government of India's (GOI) National Strategic Plan (NSP) 2012-2017 articulates a vision of a "TB-Free India". The Revised National TB Control Program (RNTCP) has a goal of "universal access by provision of quality diagnosis, and treatment for all TB patients in the community." The RNTCP emphasizes case finding among vulnerable populations, including urban slum dwellers and women, improved diagnostics, private health provider engagement, scaling up multi-drug resistant (MDR)-TB services, and better supervision, monitoring, and surveillance.

The TB Call to Action (TBC2A) will assist the GOI in launching a national movement for a Tuberculosis (TB)-free India by 2050. To launch the national movement, the successful Applicant will assist in convening a National Call to Action, drawing on lessons learned from the Global Child Survival Call to Action to End Preventable Child and Maternal Deaths. It is expected that this TB Call to Action will convene diverse stakeholders to address a comprehensive set of technical areas that need national strategies to accelerate TB control in India. The successful Applicant will also assist national and state governments in developing road maps to achieve the National Call to Action across key technical areas.

Key elements of TBC2A and ties to the Logical Framework in Appendix D are:

1) Identifying and leveraging Indian intellectual, financial, and material resources for TB control. (Overall Objective)
2) Assisting in the launch of the National Call to Action and the rollout of a TB road map, with associated scorecards and dashboards, at state and district levels. (Output 1)
3) Advocating to develop a broader constituency, increase understanding of TB, and reduce stigma and discrimination that prevent persons from seeking care. (Output 2)
4) Improving private sector[1] delivery of TB control services and strengthen TB control through greater public and private sector collaboration. (Output 3)

These are only indicative and not comprehensive. The Applicant is expected to provide inputs on how these and other necessary elements can be achieved over the life of the project.

Background

The scope of TB as a disease in India is both wide and complex. Every day 31,500 persons are examined for TB and 6,000 are initiated on treatment. Since 1998, 60 million people were tested for TB and 16 million were treated. While an estimated 2.8 million lives have been saved during the past 15 years, India has the highest TB burden in the world (approximately 2.2 million new cases each year), accounting for 25% of the global incidence of an estimated 8.6 million. In 2012,

[1] Private sector – includes private providers, NGOs, civil society, not for profits, corporates, industries ,etc and not restricted to any one group.

India's health providers detected and initiated treatment for 1.3 million TB cases – 59% of the estimated case burden for the country. International and national surveys[2] estimate that there are nearly one million cases of TB each year in India that are either undetected and untreated, or diagnosed and treated by private healthcare providers[3] with potentially sub-standard drugs and treatment regimens. These drugs and treatment regimens not only fail to fully eliminate the TB bacteria, but they also contribute to an increasing incidence of drug resistant TB (DR-TB), including both multi-drug resistant TB (MDR-TB), and extensively resistant TB (XDR-TB).[4]

In addition, gender disparities in care seeking behavior, disease prevalence, and access to health care services, stigma, and treatment adherence contribute to the complexity of India's TB burden. TB is the third leading cause of death among women of reproductive age (15-44 years). It disproportionately affects pregnant women, and the poor. Some of the greatest challenges to reducing TB rates include the following:

- Reaching urban populations.
- Measuring TB incidence and treatment with confidence.
- Engaging private health providers.
- Stemming/Curtailing Multi-Drug Resistant TB (MDR-TB.
- Engaging all health-providers, including private health providers and non-traditional partners, in TB advocacy.

Engagement of the private sector in complying with national standards of TB care has remained elusive. This is due to the size and diversity of providers, and the assumption that when private providers report a TB case, the patient must be referred to public sector services. Providers, therefore, do not have an incentive to report cases to the national TB registry. Additionally, India has a large gap in the development of practical and effective public-private mix (PPM) models for TB.

USAID's Strategic Direction

The following is supplemental information on USAID's strategic direction in India. Approaches and partnerships in the concept paper and eventual full application must align with USAID's strategic direction.

- USAID/India sees itself as a "knowledge partner" with the Government of India, private sector and civil society to ensure that effective health solutions are identified, demonstrated and scaled. Through its partnership and learning approach, USAID provides technical assistance to the Government of India, private, philanthropic, and non-profit sectors to serve as a catalyst to use India's considerable human and financial resources to end AIDS, tuberculosis, and preventable child and maternal deaths.

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[2] For example, the National Tuberculosis Institute in Bangalore and World Health Organization's STOP TB unit periodically conduct estimate studies.

[3] Private sector healthcare providers include fully-qualified allopathic providers trained in pharmacology, also referred to as practitioners and sometimes "medical doctors," as well as non-allopathic providers, also referred to as AYUSH - Ayurveda, Yoga, Unani, Siddha, and Homoeopathy providers, and finally, less-than-fully-qualified providers, often referred to as "quacks."

[4] See later in Section 1 for an explanation of drug resistance.

[2] Davies PD, The role of DOTS in tuberculosis treatment and control, Am J Respir Med. 2003;2(3):203-9.

- USAID/India's health portfolio employs a "venture capital" approach to development, where USAID provide seed funding to test creative local, low-cost, and innovative approaches to identify solutions for key development issues.
- USAID funds innovative business models to engage private providers of primary care, pioneer new distribution channels for key health products, and promote social franchising and marketing. We also fund innovation, especially the use of technology, for example to promote adherence to treatment for TB, care during pregnancy and birth, and services in response to gender based violence.

Donor Support to TB Programs

USAID/India has supported RNTCP by investing $92 million from 1998-2012, mostly through public sector healthcare services. During that period, the case detection rate increased to 58% and the treatment success rate increased to 87%.

In the past 17 years, USAID/India has directed funds for TB control through international technical partners such as WHO, CDC, and the Global Fund. Other large TB donors are the United Kingdom's Department for International Development (DFID), now UKAID, and the Bill and Melinda Gates Foundation (BMGF). The bulk of donor funds, including USAID/India's contribution to central funding mechanisms, continue to support the RNTCP and public sector TB programs.

The current Global Fund for AIDS, TB, and Malaria (GFATM) grants for TB address the basic goal of universal access to drug-resistant TB services through the provision of second-line anti-TB drugs and civil society involvement in TB control. The World Bank/International Development Association (WB/IDA) Program has given two TB loans to India – the first ran from 1997-2005 for $142 million and the second ran from 2006-2010 for $170 million. Both comprehensively funded RNTCP activities. The GOI has completed negotiations for a third WB/IDA loan that funds basic RNTCP activities. The GFATM grants and WB/IDA loans provide direct budgetary support to RNTCP.

Other stakeholders are the International Union Against Tuberculosis and Lung Diseases (the Union), an international organization specialized in TB control and a current Principal Recipient of India's GFATM TB grant, and the U.S. Centers for Disease Control and Prevention (CDC).

The Union is developing the National Call to Action, which has three desired results: 1) increased national leadership and commitment; 2) greater public understanding of TB; and 3) increased expertise through partnerships with academic and TB institutions and other research partners. The Union will implement the National Call to Action over two years with a focus at the national level and will cover all aspects of the TBC2A until this RFA is awarded.

The Applicant is expected to work in conjunction with the Union and implement activities at the sub-national levels. The actions will be determined by the National Call to Action and the agreed-upon actions to end TB in an accelerated manner through engagement at state and district levels.

USAID CHAMPION

USAID/India is commissioning a new TB program, *Championing a Tuberculosis-Free India* (CHAMPION). CHAMPION will focus on supporting innovation and partnership, rather than the provision of traditional technical assistance. CHAMPION will emphasize development innovations that affect people at the bottom of the pyramid. The poor, especially the urban poor, are one of the groups most likely to become infected with TB, fail to be identified or treated properly, and bankrupt themselves trying to receive care from the private sector.

CHAMPION proposes to address the above challenges with the following Components:

Component 1: The first component of CHAMPION is an urban TB control initiative, THALI (described in a separate RFA) that establishes a holistic approach to TB control efforts in up to three major cities. THALI will strengthen urban TB control by:

1.1. Generating increased investment in urban TB control programs from government, private citizens, foundations, and other private groups;
1.2. Improving municipal management of resources, i.e. human, financial and technical;
1.3. Increasing the identification and testing of innovations for urban TB control;
1.4. Improving private sector delivery of TB services; and
1.5. Promoting evidence based decision making.

Component 2: The second component of CHAMPION is TBC2A (this RFA). TBC2A will leverage Indian intellectual, financial, and material resources to support TB control. TBC2A will increase participation and investment in the national TB control program by:

2.1 Promoting national leadership and outreach to leverage Indian intellectual, financial, and material resources to support TB control.
2.2 Advancing public understanding of TB, and reducing social stigma associated with TB.
2.3 Targeting expertise and participation from research institutions and other organizations to energize TB control efforts.

It will be critical that both components of CHAMPION collaborate and look for opportunities to provide mutual knowledge sharing, identification of needs to be addressed, and remain calibrated to optimize performance and results.

Relationship of TBC2A to U.S. and Indian Policies and Strategies

The proposed TBC2A project dovetails with the long-term vision of a "TB-Free India" in India's National Strategic Plan (NSP) 2012-2017. The RNTCP developed the NSP with the central goal of universal access to quality TB diagnosis and treatment for all TB patients, by building on India's achievements to date, identifying TB cases before those infected can infect others, and developing more effective treatment adherence strategies to prevent the further spread of MDR-TB. The NSP places importance on improving the involvement of private healthcare providers in TB diagnosis and treatment, a key element of the USAID CHAMPION Program.

If the RNTCP is successful at achieving its objectives by the end of five years, modeling has indicated that compared to today, TB incidence should decline by 40% over the next 15 years and MDR-TB should be reduced by 50%. This translates to between 750,000 and 1.7 million Indian lives saved over 15 years, and 100,000 MDR-TB cases averted.

TBC2A Project Framework

The successful Applicant must:

- Identify and leverage Indian intellectual, financial, and material resources for TB control. (Overall Objective)
- In cooperation with the Union, facilitate the launch of the National Call to Action with key stakeholders, including the GOI; state, district, and city governments; Indian private sector resource and implementation stakeholders; civil society advocates and service providers; and international partners. The launch will be followed by the rollout of a TB road map, with associated scorecards and dashboard, to states, districts and cities. (Output 1)
- Track results and develop systems and processes to overcome heath system and other constraints, including gender barriers and stigma associated with TB, especially at the state level. (Output 2)
- Facilitate the engagement of new partners to find ways to co-advocate, collaborate, and possibly co-design, and co-fund projects with shared interests that will improve delivery of TB control services, especially at the state level. (Output 3)

The Applicant will be responsible for assisting the GOI in leading this effort to define clear divisions or sharing of labor according to each organization's strengths and comparative advantage. The Applicant will conduct all activities under this project with key stakeholders who are members of the partnership that include, but are not limited to:

- ***Government stakeholders*** – *TBC2A role:* Secure the GOI as the lead, driving partner as well as TB public sector leads in states and at municipal levels. National government stakeholders include the GOI and the Central TB Division of the Ministry of Health and Family Welfare (MOHFW)
- ***For-profit private sector –*** *TBC2A role:* Engage the for-profit private sector, for example in following the Standards for TB care to achieve greater impact, sharing resources, participating in surveillance and capacity building, and sharing information.
- ***Not-for-profit private sector*** – *TBC2A role:* Engage civil society organizations, which mobilize community support.
- ***Academia*** – *TBC2A role:* Engage medical colleges and research institutes to develop pre- and in-service curricula, carry out research, perform evaluations, and advise on project initiatives.
- ***Bilateral and multilateral donors and technical partners*** – *TBC2A role:* ensure coordination among donors and technical partners to maximize impact of investments and facilitate the sharing of tools, materials, approaches, and lessons learned. The partnerships will seek innovative solutions for TB control, while focusing on results and impact.

Illustrative activities include:

- Convene key stakeholders and develop strategies to collaborate with new partners, especially the private sector, civil society, and academic partners.
- Enable the engagement of a media agency for advocacy and communication.
- Develop clear agendas and facilitate regular results-oriented meetings and teleconferences with the TB Call to Action consortium.
- Share and document experiences of stakeholders, create lessons learned, and disseminate findings to wider audiences to facilitate the sharing of approaches, tools, and materials.

- Develop a roadmap for rollout to states, cities, and districts of successful solutions and innovations, for example through tools such as dashboards, special surveys, and data collection systems to track and determine constraints.
- Plan high visibility events to catalyze action at the national, state, district, and city levels
- Engage the commercial sector and non-traditional stakeholders to support TB control efforts.

Anticipated results include:

- Greater involvement in TB from a wide variety of stakeholders.
- Increased financial and other resources available for TB control, both through India's public and private sectors.
- Greater awareness of key challenges and increased number of solutions for them.
- Coordination, information sharing and learning facilitation with the other implementing partners in TB activities, particularly those under the anticipated THALI project.

Geographic Focus

TBC2A will focus on energizing an advocacy campaign at the national level by engaging with the Central TB Division, MOHFW, GOI, and then catalyzing efforts at the state level. In addition to working with the government, private sector engagement is crucial to leverage intellectual, material and financial resources to further the cause of TB control. Further inroads will be required to work proactively with the states to energize a campaign and movement that will galvanize and benefit the local population. In its technical approach and timeline, the Applicant must prioritize states and districts to maximize USAID's investment. This may be revised in the work plan to align with focus areas of THALI.

Measuring Results

Success with the TB Call to Action will increase multi-stakeholder participation in national TB control efforts. This will be measured by increased public and private sector investment in TB control, the scaling up of PPM initiatives and an increased number of private sector groups and organizations working on TB control. Ultimately, the results of TBC2A will be measured through key TB indicators, such as the case detection rate, TB treatment success rate, and percentage of drug-resistant TB cases successfully diagnosed and treated due to private sector participation that addresses the search for the estimated "missing million" TB Cases. The Applicant must track and report on these indicators.

Project Communications

Project communications will be governed by the Applicant's Branding and Marking strategy, which must comply with USAID branding and marking guidelines and rules[5]. Communications may include products such as a website, fact sheets, brochures, activity briefs, media advisories and press releases, speeches, newsletters, presentations, photos and graphics, maps and geospatial data.

[5] Graphic Standards Manual for the U.S. Agency for International Development (USAID) is available at http://www.usaid.gov/branding/gsm

See Appendix D, Logical Framework, at the end of this RFA for additional results information.

Authority

USAID is authorized to initiate this project pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended.

Section II – Federal Award Information

A. Estimated Total Amount

The estimated USAID funding available under this RFA is $6 million. As discussed in Section III, cost share is required as USAID anticipates the Recipient will include its own financial and in-kind resources, as well as those from India public and private sector stakeholders, the media, etc.

B. Period of Performance

The period of performance will be for four (4) years from the date of award. For purposes of estimating resources, Applicants shall assume an award date of October 1, 2015.

C. Type of Award

USAID intends to award one cooperative agreement as a result of this RFA. The number of awards is subject to change. Accordingly, USAID reserves the right to award none, one or multiple cooperative agreements as a result of its review of concept papers and subsequent full applications.

D. Substantial Involvement

USAID's substantial involvement during the implementation of the project will be limited to approval of the elements listed below:

1. Annual Implementation/Workplans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, knowledge management plans, event planning/management, research studies/protocols, international meeting preparation and changes to any activities, locations, or beneficiary population under the cooperative agreement.
2. Key Personnel - Approval of proposed key personnel and any changes to the following positions:
    a. Project Director
    b. Deputy Project Director
    c. Senior Medical Officer with TB expertise
    d. Senior Behavior Change Communication Expert
    e. Monitoring and Evaluation Adviser
    f. Senior Finance and Administration Manager
3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 2 CFR 200.328.
4. Subawards - All subawards not included and approved in the original cooperative agreement require Agreement Officer approval, per 2 CFR 200.308, to ensure they comply with the requirements of provision RAA7, Subawards (December 2014), in USAID's Standard Provisions for Non-U.S. NGOs.

Section III – Eligibility Information

A. Eligible Entities

Eligibility is restricted to local Indian organizations. Local Indian organizations can be private, non-profit organizations, including private voluntary organizations, universities, research organizations, professional associations, and relevant special interest associations. Local Indian for-profit companies are eligible provided they are willing to forego profit under the award. Foreign entities are not eligible to apply as a prime, but may be used as sub-applicants to a local Indian organization, so long as condition c) below is met. A consortium may also apply so long as the lead organization of the consortium meets the following requirements.

a) "Local Indian organization" is defined as one that:
    i. is organized under the laws of India;
    ii. has its principal place of business in India;
    iii. is majority owned by individuals who are citizens or lawful permanent residents of India or is managed by a governing body, the majority of whom are citizens or lawful permanent residents of India; and
    iv. is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of India.
        1. The term "controlled by" means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract, or operation of law.
        2. "Foreign entity" means an organization that fails to meet any part of the "local organization" definition.
b) Government-controlled and government-owned organizations in which the Indian government owns a majority interest or in which the majority of a governing body are Indian government employees, are included in the above definition of local organization.
c) Per Inclusion of the Standard Provision, RAA26, the local Indian Applicant agrees that at least 50% of the cost of award performance incurred for personnel must be expended for employees of the prime/local entity.
d) Applicants proposing non-local Indian sub-applicants must verify that the organization has established a plan to transfer money outside of India and that compliance will be maintained with local Indian tax requirements.

B. Required FCRA Registration for Charitable Organizations

If your organization is defined as a charitable organization, the government of India requires that the charitable group have registration that complies with the Foreign Contribution Regulation Act (FCRA). USAID/India will not be able to disburse funds to a charitable organization without a valid FCRA.

C. Cost Share

To be eligible, Applicants must propose a minimum cost share of 10% of the projected USAID funded amount. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities. For guidance on cost sharing in grants and cooperative agreements, please see 2 CFR 200.306 and the USAID Standard Provision for Non-U.S. NGOs, RAA14 Cost Share (June 2012).

Applicants must comply with required cost share application instructions detailed in Section IV, Application and Submission Information. Cost share will be examined as part of USAID's review of the cost application.

D. Limitations on Submissions

Each Applicant is limited to one concept paper submission as the Applicant. The Applicant may also be a proposed sub-applicant as part of the submissions of other Applicants.

E. Multi-Tiered Review

As mentioned in the Cover Letter, this RFA utilizes a two-step review process:

(1) Concept papers are sought from Applicants. USAID will then conduct a merit review of the concept papers based on the merit review criteria provided in Section V.

(2) After review of the concept papers, full applications will be requested from those Applicants with the most highly reviewed concept papers. Concept papers not advancing to full application will be provided brief explanation letters detailing USAID's rationale. For the convenience of all Applicants, Section IV, Application and Submission Information, and Section V, Application Review Information, include full application instructions and merit review criteria. All Applicants are encouraged to review these sections to ensure their ability to meet USAID's requirements if their concept papers are selected.

Section IV – Application and Submission Information

A. RFA Package Distribution

The preferred method of distribution of USAID assistance information is via the Internet. This RFA contains all necessary information, web links, and materials to submit a complete concept paper and if invited – a full application. Any additional information regarding this RFA will be furnished through amendments and will be communicated through Grants.gov. This RFA and any future amendments can be downloaded from www.grants.gov. For instructions on how to register for Grants.gov, see Appendix A.

All inquiries and communication, including questions on this RFA, must be submitted to IndiaRCO@usaid.gov. TBC2A must be included in the subject line of all emails.

B. Submission Dates and Times

Please refer to the Key Information and Dates on the Cover Page. Concept papers shall be submitted electronically to IndiaRCO@usaid.gov before the due date and time on the Cover Page. Late submissions will NOT be accepted. Hard copies, whether hand delivered or by postal mail, will NOT be accepted.

C. Content and Format of Application Submission

Content and format instructions must be followed, or Applicants risk being found non-compliant and eliminated from the merit review. Regardless of concept paper or full application, the following requirements apply to documents submitted for this RFA, with the exception of Government-issued forms:

- Page layout of 8.5”x11” with 1” margins.
- Written in English.
- 12-point Times New Roman font for all narrative and tables.
- Graphics/charts may use 10-point Times New Roman font.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- Budgets must show US Dollars (USD) and Indian Rupees (INR) and use a $1 to 60 INR exchange rate.

C.1 Concept Paper Required Content and Instructions

Concept papers are limited to 5 total pages, excluding the cover page and estimated cost summary. Concept papers must follow the required content and format below.

Cover Page (not included in the 5-page limit)

- Concise title of project;
- RFA Number;
- Name and address of the Applicant organization;

- Confirm that the Applicant is an Indian organization, and cite which eligibility criteria the organization fulfills, per Section III., Eligibility Criteria.
- Type of organization (such as for-profit, non-profit, university, network, etc.);
- Contact point (name, telephone, and e-mail);
- Names of major sub-applicants and types of organizations, including noting local India organization sub-applicants (if any); and
- Signature of authorized representative of the Applicant.

1. Technical Approach
   - Discuss how the proposed solution aligns with the Program Description requirements and with USAID development objectives and the CHAMPION program.
   - Describe the proposed methodologies, "theory of change" for achieving the Program Description requirements, and a proposed timeline for implementing the approach.
   - Describe the relationships the Applicant has with key government, for-profit, not-for-profit, academia and other organizations with regard to buy-in, increased participation and mobilization of those entities to achieving the overall objective of the Program Description.

2. Organizational Capacity
   - Describe the capacity, roles and responsibilities and integration of the prime Applicant and any proposed sub-applicants.
   - Detail the organizational experience of the prime Applicant and any proposed sub-applicants with regard to projects that align with the TBC2A Project Framework detailed in Section II, Program Description. Note: While projects should describe TB-relevant work, technical assistance is less relevant than experience providing the type of support requested in the Program Description.

3. Estimated Cost Summary (not included in the 5-page limit)
   - Applicants must submit an estimated cost summary in the format below, containing all of the anticipated elements in the full cost/business application (see C.2.b below), but only showing a summary of the costs rather than cost details. Note: While USAID/India understands that the estimated cost summary in the concept phase may differ somewhat from the full cost application, it expects Applicants to present a realistic and reasonable estimated cost summary that will align closely with the full cost application, if requested. By doing so, the Applicant will have demonstrated a thoughtful, achievable approach for the concept paper within the available funding.

Cost Element	**Y1**	**Y2**	**Y3**	**Y4**	**Total**
Personnel					
Salaries					
Fringe Benefits					
Consultants					
Travel					
International Travel					
Domestic/Local Travel					

Cost Element	Y1	Y2	Y3	Y4	Total
Equipment (non-expendable)					
Supplies (expendable)					
Sub-Awards					
Sub-Award #1					
Sub-Award #2, etc.					
Other Direct Costs					
Indirect Costs					
Total Cost Contribution Requested from USAID					
Cost Share					
Total Cost					

- Include a narrative that describes the sources for the estimated cost share proposed by the Applicant and sub-applicants.

C.2.a Full Technical Application Instructions

If an Applicant is successful at the concept paper stage, USAID will request the Applicant to submit a full application in line with the format described below and any additional instructions from the Agreement Officer. Applicants may not submit a full application unless requested to do so by the Agreement Officer. Instructions from the Agreement Officer will include a deadline for the submission of the full application.

Excluding the cover page, table of contents, past performance references and annexes, Technical Applications must not exceed 20 pages. The Applicant must number the pages (except for the cover page) at the bottom of each page.

1. Cover page (not included in 20-page limit)
   - Include the same elements as those required in the concept paper stage
2. Table of Contents (not included in 20-page limit)
3. Executive Summary (not included in 20-page limit, but limited to two pages)

1. Technical Understanding and Approach (maximum of 12 pages)

i. Demonstrate its understanding of the health sector in India, particularly related to TB, and of successes and failures of past TB control interventions and private sector engagement activities.
ii. Identify target area(s) where it proposes to focus project activities. The Applicant must justify the selection of target project area(s).
iii. Articulate how its proposed project will achieve the results in the Program Description. Specifically, the Applicant must describe its proposed approach/methodologies for achieving the Program Description requirements.
iv. Identify potential risks related to its proposed project activities and ways to mitigate those risks.

v. Describe in detail the relationships and understanding the Applicant has with key government, for-profit, not-for-profit, academia and other organizations with regard to buy-in, increased participation and mobilization of those entities to achieving the overall objective of the Program Description.
vi. Implementation Schedule - The Applicant must include an implementation schedule indicating when project activities will occur. The chart must be broken down into 3-month quarters and cover all four years of the project.

2. Institutional Capacity – (maximum of four pages)

i. Describe the roles, responsibilities, and contributions of the proposed organization(s) who will deliver the project.
ii. Describe the systems, policies, procedures, and technical expertise of the organization(s) to manage and implement the proposed project and to comply with award terms.
iii. Provide a summary of the staffing plan that describes the types of technical positions and the level of effort of those positions on an annual basis in relation to the Applicant's approach.

3. Key Personnel (maximum of four pages)

The Applicant must describe its Key Personnel proposed for the project. Applicants must include a Project Director, Deputy Project Director, Senior Medical Officer with TB expertise, Senior Behavior Change Communication Expert, Monitoring and Evaluation Adviser and a Senior Finance and Administration Manager.

The Applicant must include brief descriptions of the positions, roles, and responsibilities for each Key Personnel position (other than Project Director and Deputy Project Director, which are defined below), and articulate how the qualifications and abilities of the selected individuals meet the descriptions and the needs of the project. At least one Key Personnel must have a medical degree.

Project Director and Deputy Project Director Minimum Requirements

a. Ten years of professional experience in fields related to the project results, particularly advocacy and engaging the private sector.
b. A Master's Degree in management, public health degree, communications, or appropriate related field.
c. Proven exceptional leadership in the design, management, implementation, monitoring, and evaluation of similar-size international-donor supported programs.
d. Skills and experience in strategic planning, management, supervision, and budgeting, managing complex activities, coordinating with multiple program partner institutions.
e. Ability to develop and communicate a common vision among diverse partners (government, NGOs, development partners, private sector, and other stakeholders) and the ability to lead a diverse and multi-disciplinary team in translating policy and vision into action.
f. Strong communication and influencing skills, both interpersonal and written, to fulfill the diverse technical and managerial requirements of the project.

g. Knowledge of USAID program management policies and procedures.

D. Annexes (not included in page count but limited to no more than 30 pages total across annexes)

Annex A - Past Performance References (Must be Submitted in Microsoft Word) – Using the template in Appendix B, the Applicant must provide three past performance references for itself. Past performance references shall be for contracts, grants, and cooperative agreements for recent and relevant projects carried out by the Applicant. If sub-awardees are anticipated, one past performance reference is required for each proposed sub-awardee. Sub-awardee past performance references do not count as part of the three required past performances for the Applicant. If any past performances have completed Contractor Performance Assessment Reporting System (CPARS) reports, please note that on the past performance form.

Recent is defined as the last three years. Relevant is defined as projects of similar size and scope funded by international donors in India and the surrounding region.

Annex B – CVs and Letters of Commitment of Key Personnel – The Applicant must provide CVs of all proposed key personnel. Though USAID/India is not imposing a page limit, the Applicant is encouraged to limit each CV to two pages maximum. The Applicant must also provide contact information for up to three references per Key Personnel. The Applicant must all submit signed letters of commitment from the proposed Key Personnel.

Annex C – Sub-Applicant Letters of Intent – The Applicant must provide a signed letter of intent from each sub-applicant proposed (if any). The letter must commit the organization to participate in the project, and briefly state that the sub-applicant understands its role on the project. Though USAID/India is not imposing a page limit, the Applicant is encouraged to limit each letter to one page maximum.

Annex D – Completed Logical Framework – The Applicant must complete the Logical Framework by inserting the inputs that complete the design and adding indicators, means of verification and assumptions to support the inputs. The Applicant may also add indicators and assumptions to the Output section as necessary to support its proposed project.

Annex E – Monitoring and Evaluation (M&E) – The Applicant must provide a project specific monitoring and evaluation plan that articulates how it will monitor and manage the project. The plan must align with the logical framework, demonstrating linkages to project objectives results, indicators, data sources, and data gathering methods, as well as estimated baseline data and indicator targets. The Applicant must also explain how it will use lessons learned during implementation to make needed adjustments to the project in order to maximize impact. Monitoring and evaluation methods must be specific, measurable, realistic, and applicable to the project objectives and results. Plans must also include gender sensitive indicators and sex-disaggregated data as appropriate.

C.2.b Full Cost Application Instructions

While no page limit exists for the full cost application, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost application must illustrate the four-year period of performance, using the budget format shown in the SF-424A.

The Cost Application must contain the following sections:

1) Cover Page
2) SF 424 Forms
3) Budget
4) Budget Narrative
5) Evidence of Dun and Bradstreet and SAM.gov Registration
6) Funding Restrictions
7) Certifications, Assurances and Other Statements of the Applicant
8) Statement regarding local tax compliance if non-local sub-awardees are anticipated

1. Cover Page

The Cost Application Cover Page must contain the same information as the Technical Application Cover Page.

2. SF 424 Form(s)

The Applicant shall submit the application using the SF-424 series:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
SF4249	http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf
Instructions for SF-424A	http://www.grants.gov/assets/InstructionsSF424A.pdf
SF 424A	http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
Instructions for SF-424B	http://www.grants.gov/assets/InstructionsSF424B.pdf
SF 424B	http://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf

Failure to accurately complete these forms could result in elimination from consideration.

3. Budget

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and shall be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award, and may result in a rejection of the cost application.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

a) Summary Budget, inclusive of all project costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the Applicant for the entire period of the project.

b) Detailed Budget, including a breakdown by year, by budget category and budget line items for all federal funding (core and field support) and cost share for the entire implementation period of the project.
c) Detailed Budgets for each sub-applicant, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budgets must contain the following budget categories and information, at a minimum:

Salaries must be proposed in accordance with the Applicant's personnel policies and must include as much as possible information about the personnel's name, position, status, salary rate, level of effort and salary escalation factors. Explain assumptions in the Budget Narrative. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies and the effective date of those policies must be provided with the application. The Applicant must also certify that the policy applies to all staff across all projects.

Fringe Benefits, if applicable, must be applied to the salaries and wages in a manner that allows the USAID cost analyst to ensure proper application of the fringe benefits. Please provide adequate justification for the proposed rate. If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

Consultants, if used by the prime Applicant, must contain a line item for each consultant that will be used, including daily or hourly rates as appropriate. The Budget Narrative must detail why the consultant is being used, proposed hours, proposed rate and totals.

Travel must be separated into international and domestic travel. Within each category, details must be provided to explain the purpose of the trips, the number of trips, the departure and arrival cities, the number of travelers, and the duration of the trips. Per Diem must be based on the applicant's travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

Equipment must include information on estimated types of equipment, models and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and the basis for the estimates.

Supplies must include information on estimated types of supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the supplies and the basis for the estimates.

Contractual must specify the services or goods provided by the sub-applicants. The sub-applicants must prepare similar Detailed Budgets and Budget Narratives that align with the same requirements as the Applicant. If using a U.S. sub-recipient, the sub-recipient must provide its USAID NICRA or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe or indirect rates. If none exists, the U.S. organization must provide two years of audited financial data and a narrative that supports how the fringe and indirect rates were calculated. U.S. organizations must also include a cost element for Allowances, if any are expected.

Other Direct Costs must include programmatic costs not included under any other cost element. This may include meeting costs, training sessions, advertisements, etc. The Budget Narrative must detail the number of meetings/trainings, training/meeting costs such as facility rental, audio visual rental, meals, local travel for participants, etc. Meals and local travel must not be duplicated for the Applicant's staff in travel and transportation, but must only cover non-Applicant or non-sub-applicant employees attending the meetings/trainings. It must also include items such as: office rent, utilities, communication equipment service costs, report preparation costs, insurance (other than insurance included in the Applicant's indirect rates), etc. The Budget Narrative must support the unit number and price and reason for all other direct costs.

Indirect Costs must be supported with information to substantiate the calculation of the indirect cost. If the Applicant has received one of the following, it must provide it to substantiate the indirect cost: a letter from a cognizant U.S. Federal audit agency or a Negotiated Indirect Cost Agreement (NICRA). Otherwise, a narrative explanation of the calculation and application of indirect costs is required.

4. Budget Narrative

The cost categories provided in the Detailed Budget must also be provided in the Budget Narrative, but with text that explains the rationale for the choices and costs. As noted throughout the cost elements above, the Budget Narrative must contain sufficient detail so that USAID can read the document while reviewing the Detailed Budget and understand the proposed costs. The Budget Narrative must be thorough, including sources for costs to more quickly enable USAID to determine the cost as fair and reasonable.

5. Dun and Bradstreet and SAM.gov Requirements

All Applicants are required to:

(i) Be registered in the System for Award Management (SAM) before submitting its full application (www.sam.gov);
(ii) Provide a valid DUNS number in its application; and
(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID may not make a Federal award to an Applicant until the Applicant has complied with all applicable DUNS and SAM requirements and, if an Applicant has not fully complied with the requirements by the time USAID is ready to make a Federal award, USAID may determine that the Applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another Applicant.

6. Funding Restrictions

Construction is not permitted under this RFA.

7. Required Certifications, Assurances, and Solicitation Provisions

Applicants must complete the Certifications, Assurances, and Representations and include a PDF with the full application submission:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

8. Local Tax Statement

As discussed in Section III, local organizations making awards to non-local sub-applicants must include a narrative detailing how money will be transferred to non-local partners and how compliance will be maintained with local tax requirements.

Section V – Application Review Information

The USAID Selection Committee (SC) will conduct a merit review of all Applications (both concept papers and full applications) received in response to this RFA in accordance with the merit review criteria detailed below.

After a careful and thorough review of all concept papers received by the due date, Applicants whose concept papers are most advantageous to the Government, considering both technical and cost criteria, will be invited to submit full applications.

After a careful and thorough review of all full applications by the USAID SC, the Agreement Officer will make the final determination and an award may be made to the Applicant whose full application offers the best solution, considering both technical and cost criteria. Award may be made without additional discussions.

The merit review criteria can help Applicants identify the significant matters that they must address in concept papers/applications, as the same criteria will be the standard against which all applications will be reviewed.

Relative Importance of Merit Review Criteria and Review Plan
The merit review criteria (1, 2, 3, etc.) are listed below in descending order of importance. The sub-criteria (a, b, c, etc.) have equal importance, unless indicated otherwise. Ratings will only be provided at the criteria-level.

A. Merit Review Criteria for Concept Papers

1. Technical Approach
   - The concept paper clearly addresses the Program Description requirements, and is aligned with USAID's development objectives and the CHAMPION program.
   - The proposed approach/methodology and timeline are practical and feasible from a technical perspective and in terms of achieving the Program Description requirements.
   - The Applicant has relationships with and understands the key government, for-profit, not-for-profit, academia and other organizations with regard to buy-in, increased participation and mobilization of those entities to achieving the Program Description requirements.

2. Organizational Capacity
   - The Applicant and sub-applicants are well organized and bring resources and expertise to successfully conduct and manage the project.
   - The Applicant and any proposed sub-applicants have demonstrated organizational experience that aligns with the TBC2A Project Framework detailed in the Program Description.

3. Estimated Cost Summary
   - Costs are within the estimated total funding amount (See Section II.A above) and feasible for the proposed approach, including cost share, and how the prime Applicant will achieve the proposed cost share.

B. Merit Review Criteria for the Full Application

If selected and invited to submit a full application, Applicants must organize the application in accordance with the detailed guidelines found in Section IV.

1. Technical Understanding and Approach

The Technical Understanding and Approach section of Applications will be reviewed against the following sub-criteria and elements:

a. In-depth understanding guides the approach:

- Demonstrated understanding of the health sector in India, particularly related to TB, and of the successes and failures of past TB control interventions and private sector engagement activities.
- Proposed target areas demonstrate an understanding of TB and resources in India to best achieve the objectives and outcomes of this project.

b. Proven yet innovative approach achieves Program Description requirements:

- The proposed approach/methodologies employed will result in achievement of the Program Description requirements, harnessing successes of previous efforts while avoiding the pitfalls and overcoming challenges that caused failures on past TB control interventions.
- The Applicant has relationships with and understands the key government, for-profit, not-for-profit, academia and other organizations with regard to buy-in, increased participation and mobilization of those entities to achieving the Program Description requirements. This includes how best the stakeholders can collaborate to achieve sustainable efforts and investments to create a TB-free India.
- The implementation schedule is feasible and aligns with the proposed approach.
- The Logical Framework and Monitoring and Evaluation Plan are clear and actionable, and include the use of appropriate gender sensitive indicators and sex-disaggregated data.

2. Institutional Capacity

The Institutional Capacity section of Applications will be reviewed against the following elements:

- Roles, responsibilities and contributions of the proposed organizations are clear, align with the proposed approach, pose low risk to the government and minimize overhead/non-programmatic costs.
- The Applicant's organization demonstrates defined/mature systems, processes and procedures that facilitate coordinated and quality efforts among partners for complex health programming in developing contexts, and demonstrates continuous improvement techniques and learning to improve performance of its efforts.

- Proposed staffing provides needed technical and management expertise, experience working on TB issues and with key Indian stakeholders, and the appropriate mix of support and level of effort to accomplish the proposed technical approach.

3. Key Personnel

The Key Personnel section of Applications will be reviewed against the narrative, CVs, references and commitment letters and how those documents demonstrate that proposed key personnel have the requisite experience and expertise to meet or exceed the attributes specified in the RFA, the breadth and depth of technical expertise in the selected technical area, experience in management, design and implementation of complex programs; and individually and collectively, strong leadership skills and ability to build collaborative relationships.

4. Cost Review

Once the technical review of the full applications is completed, USAID will review the cost application of the apparently successful Applicant for effectiveness and realism.

Cost sharing is an important element of the USAID-recipient relationship and Applicant's compliance with Section III will be a consideration for award. The cost application must clearly demonstrate the Applicant's plan for providing 10% cost share. The proposed contributions must meet the standards in the "Cost Share" Standard Provision for Non-U.S NGOs "Cost Share".

Section VI – Federal Award and Administration Overview

A. Federal Award Notices

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the review process.

2. Applicants notified of a successful application status will be requested to provide a Branding and Marking Plan. Notification of successful application status is ***not*** an authorization to begin performing proposed activities or performance in general.

3. Applicants notified of an unsuccessful application, either at the concept paper stage or the full application stage, will not be considered for award under this RFA. Applicants who are notified that their full application was unsuccessful are able to request additional information within 10 working days following receipt of the notice. The unsuccessful Applicant may send a written request for additional information to IndiaRCO@usaid.gov.

B. Authority to Obligate the Government

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

C. Mandatory Standard Provisions

If awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions for Non-U.S. NGOs. A link to these Standard Provisions can be found in Section VIII, Other Information.

D. Required As Applicable (RAA) Standard Provisions

In addition to the Mandatory Standard Provisions, mentioned above, the following RAA standard provisions shall also apply and are therefore incorporated by reference into the resulting cooperative agreement.

RAA Number	Title
RAA5	Central Contractor Registration and Universal Identified (December 2014)
RAA6	Reporting Subawards and Executive Compensation (December 2014)
RAA7	Subawards (December 2014)
RAA8	Travel and International Air Transportation (December 2014)
RAA10	Reporting Host Government Taxes (June 2012)
RAA14	Cost Share (June 2012)
RAA15	Program Income (December 2014)
RAA16	Foreign Government Delegations to International Conferences (June 2012)

RAA Number	Title
RAA26	Limitation on Subawards to Non-Local Entities (July 2014)

E. Reporting Requirements

1. Annual Reports: to be submitted 90 calendar days after the award year which is in accordance with 2 CFR 200.328(b).

2. Final Evaluation Report: to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 2 CFR 200.328(b).

3. Financial Reporting: in accordance with 2 CFR 200.327, the SF-425 and SF-272 will be required on a quarterly basis.

F. Program Income

Any program income generated under the award will be treated in accordance with RAA15, Program Income (December 2014) from USAID's Standard Provisions for Non-U.S. NGOs.

G. Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for this activity (see Appendix C). The IEE covers activities expected to be implemented under a cooperative agreement awarded under this RFA. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under the cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

2. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:

a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

b) Integrate a completed EMMP or M&M Plan into the initial work plan.

c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

(END OF PROVISION)

Section VII – Federal Awarding Agency Contacts

All inquiries and correspondence shall be sent to IndiaRCO@usaid.gov.

Section VIII – Other Information

A. USAID Rights and Funding

USAID may (a) reject any or all concept papers/applications; (b) accept other than the lowest cost application, and (c) waive informalities and minor irregularities in the concept papers/applications received.

Issuance of this RFA 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/or submission of a concept paper/application. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

B. Regulations and References

2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

USAID Policies and Procedures

Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients

See the following Appendices:

- Appendix A – Grants.gov Instructions
- Appendix B – Past Performance Form
- Appendix C – Initial Environmental Examination
- Appendix D – Logical Framework

Appendix A – Grants.gov Registration Process

Before submitting an application under this RFA, it is highly recommended that applicants read the entire Section IV, Application and Submission Information in this RFA. Reviewing these sections thoroughly will assist an Applicant in submitting a complete, full application.

Register Online at Grants.gov

New Applicants Applying to Grants.gov:

It is **strongly encouraged** that new organizations immediately begin the 5-step Grants.gov registration process (listed below), while simultaneously completing the application package. The registration process may take up to two weeks to complete. USAID understands that delays in the registration process may be beyond your control. If an organization has begun the registration process but experiences delays that make it difficult for to meet the application deadline, contact the RFA POC(s) who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA as soon as possible.

Register as an organization on Grants.gov if you are not already registered. All organizations must register. See below for a brief overview of the registration steps. Grants.gov is also available to lead you through the process.

STEP 1: Obtain a Data Universal Number (DUNS)

The Data Universal Number System **(DUNS)** number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization's DUNS number or search online by using the DUNS search.

If your organization does *not* have an existing DUNS number, you will need to request one. You can request a DUNS Number here.

STEP 2: Register Your Organization with the System for Awards Management (SAM)

You must also register with SAM. SAM is the primary registrant database for the U.S. Federal Government. SAM collects, validates, stores and disseminates data about the federal government's trading partners in support of the contract award, grants and the electronic payment processes.

STEP 3: Username and Password

If your organization's E-Business Point of Contact (E-Biz POC) has assigned you AOR rights, you are authorized to submit grant applications on behalf of your organization. AORs must create

a username and password to serve as their "electronic signature" when submitting an application on behalf of their organization. To register as an AOR and create a username and password, go to: https://apply07.grants.gov/apply/OrcRegister

STEP 4: AOR Authorization

Your E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the "MPIN" password obtained in Step 2) and approve the AOR, thereby giving permission to submit applications. When an E-Biz POC approves an AOR, Grants.gov will send the AOR a confirmation email that includes the requesting AOR's name, e-mail address and phone number. In some cases the E-Biz POC can also be the AOR for an organization. If the E-Biz POC wishes to submit applications on behalf of their organization, he or she must also complete a separate AOR profile with username and password (Step 3 of the registration process) using a different email than the one used for their E-Biz POC registration.

STEP 5: Track AOR Status

To verify that your organization's E-Biz POC has approved you as an AOR, please track your status. You cannot apply for grants without E-Biz POC approval.

For questions, please consult:

- Organization Registration User Guide
- Organization Registration Checklist
- Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week.

If you are concerned that you will not finish your SAM registration in time to meet the overall application deadline, contact the USAID POC(s) listed in Section VII who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in Section VII above as soon as possible.

Appendix B – Past Performance Summary Form

PAST PERFORMANCE SUMMARY
1. Information Provided in Response to RFA No:
2.Applicant:
PART I: Award Information
3. Awarding Organization:
4. Reference Name and Title: (individual completing this questionnaire)
5. Award Number:
6. Award Appears in the U.S. Government's CPARS (Yes or No – only for contracts):
7. Award Type:
8. Award Value:
9. Description of Work/Services:
10. Problems: (if problems encountered on this award, explain corrective action taken)

Appendix C – Initial Environmental Examination

See the following pages for pertinent information on the IEE.

- TB Health Action Lab Initiative (THALI); and
- TB Call to Action for a TB-Free India by 2035

Recommended Threshold Decisions

a. Categorical Exclusion

Pursuant to 22 CFR 216.2(c) (3), the originator of the activities (USAID/India Health Office) has determined that "core" program activities under all components, which include technical cooperation, alliance building, training programs, capacity building, knowledge management and communication, and other similar types of environmentally neutral actions, consist of types of interventions entirely within the categories listed in 216.2(c)(2) and are therefore recommended to be categorically excluded. Specifically, these activities, as currently planned, fall into the following classes of actions:

- Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)};
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly effecting the environment {22 CFR.2(c)(2)(xiv)}.

b. Negative Determination with Conditions

A Negative Determination with Conditions threshold determination is recommended for actions that include:

- Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples).
- Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements;
- Issuing of sub-grants

For these actions, specified mitigation and monitoring actions are required.

1. BACKGROUND AND ACTIVITY DESCRIPTION

1.1 Purpose and Scope of the IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, for the activities detailed below. This document provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement is required for the activities managed under the scope of this document.

3. EVALUATION OF ENVIRONMENTAL IMPACT POTENTIAL

While development activities are intended to provide benefits for targeted recipients, when managed ineffectively they may cause adverse impacts that can offset or eliminate these intended benefits. Impacts can be direct, indirect, or cumulative. They can also be beneficial or negative. The USAID Sector environmental guidelines are good resources in finding more information on potential impacts for various sectors.

The following link is to all sector guidelines: http://www.usaidgems.org/sectorGuidelines.htm

The majority of activities under this program will not have direct adverse environmental impacts, as they focus on community mobilization, planning, management, training, and technical assistance for scaling up the national and provincial capacities for prevention and response. However, some activities do have potential impacts.

The following are summaries of potential environmental impacts for respective sector(s) that are related to the scope of this IEE.

- Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism.
- Chemical and pharmaceutical wastes, especially large quantities, can be a threat to the environment and human health. Since hazardous chemical wastes may be toxic, corrosive, flammable, reactive, and/or explosive, they can harm people who touch, inhale or are in close proximity to them. If burned, they may explode or produce toxic fumes. Some pharmaceuticals are toxic as well.

4. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

4.1

a) Categorical Exclusion

Pursuant to 22 CFR 216.2(c) (3), the originator of the activities (USAID/India Health Office) has determined that "core" program activities under all components, which include technical cooperation, alliance building, training programs, capacity building, knowledge management and communication, and other similar types of environmentally neutral actions, consist of types of interventions entirely within the categories listed in 216.2(c)(2), and are therefore recommended to be categorically excluded. Specifically, these activities, as currently planned, fall into the following classes of actions:

- Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)};
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly effecting the environment {22 CFR.2(c)(2)(xiv)}.

b) Negative Determination with Conditions

A Negative Determination with Conditions threshold determination is recommended for actions that include:

- Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples).
- Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements;
- Issuing of sub-grants

When implemented ineffectively, these activities may cause adverse impacts that can offset or eliminate the intended benefits. Mitigating environmental impacts with these activities requires a participatory approach to activity/program design and management. Strong technical design of the projects is also critical. The following are specific conditions to mitigate the potential negative impacts for the respective type of action:

Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples):

- Activities shall be conducted following principles for environmentally sound development, as provided in the USAID Sector Environmental Guidelines – Healthcare Waste. This document can be found at: http://www.usaidgems.org/Sectors/healthcareWaste.htm
- An Environmental Monitoring and Mitigation Plan (EMMP) shall be developed that includes the principles of the guidelines.
- Each activity that has healthcare waste should have a sound healthcare waste management program and system to minimize adverse health and environmental impacts caused by their wastes. A program to manage healthcare wastes includes the minimum elements: 1. Written plan; 2. Clear responsibilities; 3. Written, internal rules; 4. Staff training; 5. Protective clothing; 6. Good hygiene practices; 7. Vaccinated workers; 8. Designated storage locations; 9. Waste minimization; 10. Waste segregation; 11. Waste Treatment; 12. Final disposal site; 13. Periodic reviews. The format and guidance of this report will be provided by the A/COR and should include the qualities of "MINIMAL PROGRAM CHECKLIST AND ACTION PLAN" section, starting on page 20 of the above mentioned sector environmental guideline.

The checklist found at the following website can be used for monitoring:

- http://www.usaidgems.org/Documents/VisualFieldGuides/medwastJan2010.pdf

Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements::

- The USAID health team must work with its implementing partners and collaborating agencies to ensure that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities.

- Consignees for any pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). These are

supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible (for example if the expired or spoiled pharmaceuticals are considered hazardous and as such, if transferred across frontiers, become regulated and subject to the Basel Convention on the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf.

- The implementing partner will facilitate the proper disposal of expired drugs.

- Implementing partners will work with the Ministry of Health (MOH) and/ or health clinics on all aspects of essential medicine supply chain management, including estimating demand, distribution, and storage issues of time and temperature.

- Packaging and disposal of all other public health commodities will be treated using the guidelines provided in Sector Environmental Guidelines: Solid Waste (http://www.usaidgems.org/Sectors/solidWaste.htm)

- The implementer should also provide evidence that all equipment, commodities, and materials are procured from certified retailers conforming to national standards. The equipment and materials are to be used and disposed of in an environmentally sound and safe manner, consistent with national standards and best management practices.

Issuing of sub-grants

- The implementing partners will conduct a screening on all sub-grants, using an Environmental Screening Form (ESF) to be approved by Contracting/Agreement Officer Representative (COR/AOR) before issuing the sub-award. The C/AOR may provide guidance on the format and content of the form. The ESF should include an Environmental Monitoring and Mitigation Plan (EMMP) for sub-awards that include activities that are negative determination with conditions.

4.2 Mitigation, Monitoring and Evaluation

In addition to the specific conditions enumerated in the Negative with Conditions section, the threshold determinations recommended are contingent on full implementation of the following general monitoring and implementation requirements:

1. **Environmental compliance actions and results in USAID solicitations and awards.** The Contract/Agreement Officer shall include language and reference to this IEE in appropriate solicitations and awards. Suggested language for use in solicitation and awards can be found at the following link: http://www.usaid.gov/ads/policy/200/204sac

2. **Implementing Partner (IP) Briefings on Environmental Compliance Responsibilities.** The Contract/Agreement Officer Representative (C/AOR) shall provide the IP with a copy of this IEE; the IP shall be briefed on their environmental compliance responsibilities by their C/AOR. During this briefing, the IEE conditions applicable to the IP's activities will be identified.

3. **Development of Environmental Mitigation and Monitoring Plan (EMMP).** For activities that are subject to one or more conditions set out in the "Recommended Threshold Decision" section of this IEE, the IP shall

develop and provide an EMMP for USAID C/AOR review and approval, documenting how their project will implement and verify all IEE conditions that apply to their activities.

The EMMP shall also identify how the IP shall assure that IEE conditions that apply to activities supported under subcontracts and sub-grants are implemented. (In the case of large sub-grants or subcontracts, the IP may elect to require the sub-grantee/subcontractor to develop their own EMMP.)

4. **Integration and implementation of EMMP.** The IP shall integrate the EMMP into their project work plan and budgets, implement the EMMP, and report on its implementation as an element of regular project performance reporting, such as quarterly and final reports.

   The IP shall assure that sub-contractors and sub-grantees integrate implementation of IEE conditions, where applicable, into their own project work plans and budgets and report on their implementation as an element of sub-contract or grant performance reporting.

5. **Integration of environmental compliance responsibilities in sub-contracts and grant agreements.** The IP shall assure that sub-contracts and sub-grant agreements reference and require compliance with relevant elements of the IEE and any attendant conditions.

6. **Assurance of sub-grantee and sub-contractor capacity and compliance.** The IP shall assure that sub-grantees and subcontractors have the capability to implement the relevant requirements of this IEE. The IP shall, as and if appropriate, provide training to sub-grantees and subcontractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.

7. **Implementing Team monitoring responsibility.** As required by ADS 204.3.4, USAID will actively monitor and evaluate whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in accordance with 22 CFR 216. USAID shall also monitor the need for additional review. If additional activities not described in this document are added to this program, an amended environmental examination must be prepared and approved.

8. **New or modified activities.** As part of its initial Work Plan, and all Annual Work Plans thereafter, the IP, in collaboration with their C/AOR, shall review all planned and ongoing activities to determine if they are within the scope of this IEE.

   If any IP activities are planned that would be outside the scope of this IEE, an amendment to this IEE addressing these activities shall be prepared for USAID review and approval. No such new activities shall be undertaken prior to formal approval of this amendment.

   Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID. This includes activities that were previously within the scope of the IEE, but were substantively modified in such a way that they move outside of the scope.

9. **Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes IP, sub-grantee and subcontractor responsibility for compliance with all applicable host country laws and regulations for all host countries in which activities will be conducted under the USAID activity.

   The IP, sub-grantees and subcontractor must comply with each host country's environmental regulations unless otherwise directed in writing by USAID. However, in case of conflict between host country and USAID regulations, the latter shall govern.

4.3 Limitations of the IEE

This IEE does not cover activities involving:

- Assistance for the procurement, use or recommendation for use of pesticides;
- Development Credit Authority (DCA);
- Construction / rehabilitation of infrastructure.

Any of these actions would require an IEE amendment to be approved by the Bureau Environmental Officer.

4.4 Revisions

If during implementation, project activities are considered outside of those described in this document, an amendment shall be submitted. Pursuant to 22 CFR 216.3(a) (9), if new information becomes available which indicates that activities to be funded by the projects under the TB Portfolio might be "major" and their effects "significant," this determination will be reviewed and revised by USAID/India and submitted to the Bureau Environmental Officer (BEO) for approval, and, if appropriate, an environmental assessment will be prepared in accordance with the procedures stipulated in 22 CFR 216.

APPROVAL OF ENVIRONMENT ACTION RECOMMENDED

Clearances:

Deputy Mission Environmental Officer — Chandan Samal — Date: Nov. 28, 2014

Regional Environmental Adviser for Asia (Acting) — Concurred by Email — Aaron Brownell — Date: Nov. 28, 2014

Regional Legal Advisor: — Paul Kim — Date: 12/2/14

Deputy Mission Director: — Kathryn D. Stevens — Date: 12/3/14

Approval:

Mission Director: — John A. Beed — Date: 12/3/14

Concurrence:

Bureau Environmental Officer: — William Gibson — Date: Dec 9, 2014

Cc: project file, MEO tracking, OAA, RLA

Appendix D – Logical Framework

(The contents are only indicative, based on the Program Description, to provide direction, and are by no means comprehensive or prescriptive. The Applicant is expected to provide inputs and outputs as deemed appropriate)

Results	Objectively verifiable indicators[6]	Means of verification	Important Assumptions
Objective Increased multi-stakeholder participation in national TB control program.	1. Amount of public resources allocated to TB control: 10% increase in national and state TB control budgets. 2. Private Sector Contributions to TB Control: Private sector investment (TBD). 3. Number of private sector groups and organizations with substantial involvement (engaged in steering committees, development of guidelines, advocacy for TB control, etc.) that creates a paradigm shift in TB Control in the cities (20).	• TB India Annual reports • Project data • Project data	The GOI will wish to mobilize increased investment and support for public and private sector. GOI will work with the private sector. The will to control TB exists in both the public and private sector.
Outputs			
1. Increased national leadership and outreach to leverage Indian intellectual, financial, and material resources for TB control.	1. National Call to Action launched and rolled out to states and cities. 2. Strategic Roadmap toward a TB-free India developed. 3. Increased media coverage (# of stories in print media and air time increased by 20%) through leveraged funding from other partners. 4. Public commitment by senior policy makers and officials, opinion makers and private citizens and groups (25 statements).	• Project data • Project data • Analysis of press coverage • Project Data	• Mechanisms that allow for co-funding can be developed and approved in a timely manner. • Media determine that TB is an issue of public interest. • The will to act on TB-free India exists.

Results	Objectively verifiable indicators[6]	Means of verification	Important Assumptions
2. Greater Public Understanding of TB in India	1. Government develops and implements a comprehensive TB SBCC strategy and campaign. 2. Percent of population who know how TB is transmitted (20% increase). 3. Percent who know TB is curable (15% increase). 4. Percent who know TB can infect anyone (10% increase).	• TB India Annual reports • Project data • Project data • Project data	• Acceptability of out-of-the-box ideas for the campaign. • Media and other informational campaigns can reach key hard to reach populations
3. Technical collaboration expertise and participation	1. Number of technical partners collaborating with GOI including research institutions (10). 2. Number of new strategies identified to energize TB control efforts in both public and private sectors (5).	• Project data • Project data	Engagement with CTD and identified institutions crucial to obtain buy-in for continued support
Inputs			
<<The Applicant must define the inputs.>>		•	