TB CARE – RFA # USAID-M-OAA-GH-HSR-10-418/ and
Amended RFA # USAID-M-OAA-GH-HSR-10-418a

Questions from Potential Bidders – received on or before 5pm, 03/05/2010

1. In section IV.2 page 28; the paper size instructions are given as *standard 8.5 X 11 with 1" margins on all sides.*
    a. If the responding organization is from European origin do the U.S. paper formats still apply? **YES**
    b. In Europe the standard format is A4, which is slightly different than the U.S. standard of 8 ½ X 11. Is it possible to deliver the proposal in A4 format using the 40 page limit? **NO**

2. In section IV.2 on page 28; the font size instructions are given as 12 point, Times New Roman. Is it possible to use a different/smaller font size for tables and text boxes? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

3. In section IV.2.A page 30; instructions are provided for a *detailed strategic framework for monitoring performance toward achieving each of the four technical areas and overarching elements.* The framework should include detailed benchmarks and indicators. Is it possible to include one additional annex to support the framework with an explanation of the details? **The detailed benchmarks and indicators can be provided in an annex. The annex with this information can be no more than 5 pages.**

4. As indicated on page 76, pharmaceuticals are considered restricted goods for procurement and require official approval from the Agreement Officer. The RFA also states, in several places, that there are restrictions in regards to procuring contraceptives, ARVs and other health commodities. Can you please clarify if it is possible to procure TB drugs and if the procurement can be done directly or through the GDF mechanism? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

5. In section IV.2.A Management page 33; instructions are provided for a lean and efficient management structure for HQ staff and office. In light of this guidance and the fact that there are five key personnel included in this RFA, is it possible to allocate less than 100% fte to key personnel and to what extent is the minimum fte? **There are three key personnel positions in the amended RFA # USAID-M-OAA-GH-HSR-10-418a. They are expected to be 100% full time equivalent.**

6. What is the distinction between USAID funding mechanisms that support long-term versus short-term TB technical assistance? **Regarding this RFA, both short and long-term technical assistance could be available under TB CARE.**

7. Can USAID provide more clarity on the specific differences between the TB IQC mechanism and the TB CARE mechanism? **The TB IQC is the best instrument for USAID operating units that want to use a contract and can clearly define the**

products, timeframe, and outcomes. The USAID operating units award their own task orders from pre-competed list of IQC contract holders. Task Orders are awarded and managed by the individual USAID operating units. TB CARE is the best instrument for USAID operating units that want to use a competitive agreement to access an already agreed upon strategic framework and project implementation principles. TB CARE will be managed by USAID Washington.

8. The total estimated funding level for the TB C.A.R.E RFA (i.e., $700 million over the five-year implementation period) is very high compared to the funding for the TBCAP. Would USAID consider breaking the program down into smaller parts that might be competed separately? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

9. Is it possible to extend the application deadline beyond March 31st to allow sufficient time to weigh USAID's responses to questions raised by potential bidders and respond accordingly? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

10. The TB CARE program appears similar to the TB Indefinite Quantity Contract (IQC) in terms of purpose, objectives and geographic focus. In order to ensure development of an appropriate technical approach and management structure, could USAID please clarify how these two mechanisms are distinct? **See response to question 7.**

11. To level the playing field, would USAID consider holding a bidders' conference on this RFA? **No**

12. In the interest of fair opportunity for applicants, other than the incumbent, and given the large size and complex nature of this program, would USAID consider extending the application submission date to provide sufficient time to incorporate answers to questions received? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

13. Can USAID please clarify how it expects applicants to address the role of CDC and WHO in their technical proposal? **CDC is another United States Government agency. They will not have a role in the response to the TB CARE RFA. WHO is an independent organization. We have no control over their participation or partnerships in the response to the TB CARE RFA.**
    a. Does USAID require the applicants to include a letter of support or collaboration from CDC and WHO? **No, this is not a requirement**
    b. Do these groups have to be exclusively on the TB Care bid? **See response to 13a. above.**

14. The current TB CAP project has a ceiling of $158.9 million, according to the TB CAP Fourth Annual Report. The estimated funding level on the TB CARE project is significantly higher than this at $700 million over a similar period of time.
    a. Can USAID describe its rationale for the increased level of funding? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

b. Does USAID expect the Recipient to work in more countries or have a broader scope in current countries? **All applicants should be capable of and prepared to support the TB control activities in any of the countries identified in Section I.4.-- See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

15. Given the magnitude of the expected award ceiling, has USAID considered multiple awards in the interest of fair opportunity for small and medium size organizations? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

16. In Section IV.3.A, on page 40, the Applicant is required to indicate the amount of funds to be spent by Intermediate Result and activity. In the context of this RFA, does "Intermediate Result and activity" refer to the 4 Technical Areas? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**

17. Could USAID provide all prospective applicants with approximate funding levels per Technical Area over the Period of Performance? **This is up to the applicant to decide on the appropriate breakdown by technical area based on their knowledge of the issues.**

18. What is the expected award date for the TB CARE project? **USAID anticipates award on or before the end of FY 2010.**

19. The current TB CAP project is scheduled to end in March 2011 (according to the TB CAP Fourth Annual Report). Can USAID provide more information on the expected transition from TB CAP to TB CARE? **TB CAP has received an extension until March 2012 for limited activities, such as surveys. TB CAP has reached its ceiling with the funds currently committed to it. Most of the activities are planned to end December 31, 2010 to ensure adequate transition between TB CAP and TB CARE, as appropriate.**

20. Under Section IV.3.A, the RFA states that contraceptives, ARVs and other health commodities shall not be provided under this Cooperative Agreement.
    a. Can USAID clarify whether the applicant will be responsible for the procurement of anti-TB drugs, or other commodities that may be required for the diagnosis, care and treatment of TB? **See amended RFA # USAID-M-OAA-GH-HSR-10-418a**
    b. Could USAID provide an approximate amount for the procurement of TB-related commodities? **This is up to the applicant to decide on the appropriate breakdown by technical area based on their knowledge of the issues and countries.**

21. In Section IV.3.A, the Applicant is required to submit Cost/Business applications on a CD in MS Word 2003 and MS Excel 2003 (for Graphics and Tables).
    a. Could USAID clarify whether the entire cost proposal (including certifications and representations, etc.) is required on CD, or if only the budget (in excel)

and budget narrative (in MS Word) are required? **The entire cost proposal (including certifications and representations, etc.) is required on CD.**

b. If the entire cost proposal is required, are PDF files also acceptable for documents include signatures? **PDF files are acceptable for documents which include signatures.**

22. Can USAID please clarify its guidance to use cost share for items that might otherwise require a waiver given that cost share is likely to be in-kind contributions of goods or services at the local level as opposed to cash contributions? **See 22 CFR 226 and ADS 303.3.10.**

23. Will any equipment from the current TB CAP project be transferred to the Recipient of the TB CARE project? **This would be left up to each operating unit and has not been determined yet. For the purpose of preparing the TB CARE application, please assume no equipment will be transferred from TB CAP to TB CARE.** Please identify any equipment required in the procurement plan as stated in the cost business application. If so, could USAID please provide a current inventory list of these items? **See above response.**

24. Given that the Program Description for this Cooperative Agreement is very similar to the Scope of Work under the TB IQC, can USAID please clarify how the two vehicles are different? **See response to question 7.**
    a. How are the two vehicles expected to collaborate on TB activities? **See response to question 7.**
    b. Will TB CARE primarily focus on technical leadership and short term field support with the IQC's as the implementing for long term field projects? **See response to question 7.**

25. Will any awards under this grant count towards country-level PEPFAR award ceilings for large implementers? In some countries like Nigeria, the largest partners have been 'capped' in their funding in a bid to open up opportunities for smaller (new) partners. **If the project receives PEPFAR funding, TB CARE would follow PEPFAR policies.**