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Issuance Date:	September 16, 2009
RFA Clarification Questions Due:	September 28, 2009
Closing Date and Time for Application Submission:	October 15, 2009 4.00 PM (Uganda, Kampala Time)

Subject: Request for Applications (RFA) Number: RFA-617-09-000005
Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN)

Prospective Applicants:

The United States Agency for International Development (USAID) is seeking applications from eligible and qualified local and international organizations and institutions that are interested in implementing a program to strengthen the national systems for delivery of HIV/AIDS services in Uganda by providing quality HIV/AIDS care and treatment, and related laboratory services at regional referral and district hospitals in Uganda and to build the capacity of the public and private sector to provide care and treatment in a sustainable manner.

The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended. Please refer to the Program Description for a complete statement of goals and expected results.

This is full and open competition, under which local and international organizations, large or small commercial (for profit) firms, faith based, and non-profit organizations in partnership or consortia from Uganda and the rest of the free world (geographical Code 935), are eligible to compete. In accordance with the Federal Grants and Cooperative Agreement Act, USAID encourages competition in order to identify and fund the best possible applications to achieve program objectives in the program description. Local and small NGOs may pair with one or more partners if they wish and appear in several applications. USAID encourages applications from potential new partners.

Subject to the availability of funds, USAID intends to provide approximately $75,000,000 in total USAID funding to be allocated over the five (5) year period. USAID reserves the right to fund any or none of the applications submitted.

A cost share of 3% of USAID funded amount is required for this program.

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

The resulting award will be administered in accordance with OMB Circulars, 22CFR 226, and USAID's Automated Directive Systems (ADS) Chapter 303, "Grants and Cooperative Agreements with Non-Government Organizations". These policies and regulations can be downloaded from USAID's Web Site http://www.usaid.gov/pubs/ads. USAID will be substantially involved in the implementation of the award and the specific nature of our

Substantial involvement is specified herein in Section B, Sub-section D

This RFA consists of the cover page and the following.

Section A:	Program Description
Section B:	Award and Administration Information
Section C:	Grant Application and Submission Instructions
Section D:	Evaluation Criteria and Selection Process
Section E:	Required Certifications Assurances and Other Statements of the Recipient
Section F:	Mandatory Standard Provisions
Forms:	- Survey on Ensuring and Equal Opportunity for Applicants
	- Application for Assistance form SF – 424

Awards will be made to the responsible applicants whose applications offer the greatest value to the U.S. Government. 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 an application.

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

Applicants should also note that the documents listed in this RFA under "Useful References" are intended only as sources for background information that may be helpful to applicants, but are not a part of this RFA. All guidance included in this RFA takes precedence over any reference documents referred to in the RFA. Any clarification questions concerning this RFA should be submitted in writing to:
Godfrey Kyagaba, via email at gkyagaba@usaid.gov by the date listed above.
Geraldine Kyazze, via email at gkyazze@usaid.gov

If there are problems in downloading the RFA from the Internet, please contact the Grants.gov help desk at 1.800.518.4726 or support@grants.gov for technical assistance.

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

The preferred method of distribution of USAID RFA information is via the Internet. This RFA and any future amendments can be downloaded from http://www.grants.gov.

REQUIRED USAID CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF THE RECIPIENT:

ELECTRONIC SUBMISSION OF APPLICATIONS IS REQUIRED. Please submit your applications by email, up to 5 attachments (2MB limit) per email compatible with MS WORD, PDF, and Excel in a MS Windows environment, to all of the email addresses below. Receipt by any one of these two addresses before the closing date and time will constitute timely receipt of this RFA. RECEIPT TIME IS WHEN THE APPLICATION IS RECEIVED BY THE USAID/W INTERNET SERVER.
The addresses for the receipt of proposals are:

Godfrey Kyagaba at: gkyagaba@usaid.gov, Primary
Geraldine Kyazze at gkyazze@usaid.gov, Secondary
Applicants are encouraged to obtain confirmation of receipt of the applications.

Hard copies of the applications are NOT required.

Telegraphic or fax applications are not authorized for this RFA and will not be accepted.

After you have sent your applications by email, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email that it is a "corrected" submission. Please do not wait for USAID to advise you that certain documents intended to be sent were not sent, or that certain documents contained errors in formatting, missing sections, etc. Each applicant is responsible for its submissions, so please inspect your own emails.

Please do not send the same email to us more than one time unless there has been a change, and if so, please note that it is a corrected email. If you send multiple copies of the same email, we do not know if there has been any change from one email to the next.

If you send your application by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.). For example, if your organization's name is ABXY Consulting, and your cost proposal is divided and being sent in as two emails, the first email should have a subject line which says: "ABXY, Cost Proposal, Part 1 of 2". If you do not do this clearly, we may not be sure of the correct order of the separate parts of your application. Our preference would be that each technical and each cost proposal be submitted as a single email attachment, e.g. that you consolidate the various parts of a technical proposal into a single document before sending it. But if this is not possible, please provide instructions on how the multiple parts are supposed to fit together, especially the sequence. What is obvious to you as the preparer of the document may not be obvious to us. Your application may not get optimal treatment if we are confused regarding the order and composition of your application.

Your organization should appoint one person to send email submissions. If we receive email submissions from more than one person in your organization, we do not know who the authorized person is, and we cannot tell whether there has been a change from one email to the next without considerable effort on our part. Applicants should retain for their records one copy of the application package

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

Sincerely,

//signed//
Bruce McFarland
Agreement Officer
USAID/Uganda

Table of Contents

LIST OF ACRYNOMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral [drug]
CBO	Community based organizations
CDC	Centers for Disease Control and Prevention
CPHL	Central Public Health laboratory
AOTR	Agreement officer's technical representative
DHT	District health team
DNA-PCR	Deoxyribonucleic acid-polymerase chain reaction
EID	Early infant diagnosis
GIPA	Greater Involvement of People with HIV/AIDS
GoU	Government of Uganda
HCI	Health Care Quality Improvement Programme
HCT	HIV counseling and testing
HIV	Human immunodeficiency virus
HIVQUAL	A capacity-building model for improving health care delivery systems
HMIS	Health management information systems
HSSP	Health Sector Strategic Plan (HSSP)
JCRC	The Joint Clinical Research Center
JMS	Joint Medical Stores
MACA	Multi-sectoral Approach to the Control of HIV/AIDS
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MJAP	Mulago-Mbarara Joint AIDS Programme
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MTR	Mid-term review
NACP	National AIDS/Sexually Transmitted Diseases Control Programme
NMS	National Medical Stores
NOP	National Operational Plan
NSF	National Strategic Framework
NUMAT	Northern Uganda AIDS, malaria and TB project
OI	Opportunistic infection
PCR	Polymerase chain reaction
PEP	Post exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PMTCT	Prevention from mother to child transmission of HIV
PT	Proficiency testing PWD People with disabilities
QA	Quality assurance
QI	Quality improvement
QC	Quality control
RCE	Regional Center of Excellence
RFP	Request for Proposal
RRH	Regional referral hospital
RTST	Regional technical support team
SCMS	Supply chain management systems
SOP	Standard operating procedure

STD	Sexually transmitted disease
STI	Sexually transmitted infection
TASO	The AIDS support organization
TB	Tuberculosis
TREAT	Timetable for Regional Expansion of Antiretroviral Therapy
UK/NEQUAS	United Kingdom National External Quality Assessment
UVRI	Uganda Virus Research Institute

SECTION A

Strengthening Uganda's Systems for Treating AIDS Nationally

Program Description

A.1 Summary

USAID plans to issue an award up to a maximum of $75 million over 5 years for a new program to strengthen the national systems for delivery of HIV/AIDS services in Uganda. However, depending on the amount of private sector leveraging and cost-share provided the project can be considerably more. The program will build upon the successes of The Timetable for Regional Expansion of Antiretroviral Therapy (TREAT) project. The new project will be referred to as SUSTAIN (Strengthening Uganda's Systems for Treating AIDS Nationally) in this and accompanying documents. Funding available for year one is approximately $10million as the new program works in transition with the current TREAT program through September 30, 2010, and drugs and most services will be provided for as the new program transitions in. The purpose of the project is to provide quality HIV/AIDS care and treatment, and related laboratory services at regional referral and district hospitals in Uganda and to build the capacity of the public and private sector to provide care and treatment in a sustainable manner. The successful offeror will be responsible for maintaining the delivery of quality HIV/AIDS care and treatment, and related laboratory services to patients previously enrolled in the TREAT program in at least 11 regional referral hospitals and 13 district hospitals, while transitioning out 22 current TREAT sites. The offeror will also be required to devise cost-efficient strategies for sustainable access to ART treatment. SUSTAIN will focus on enhancing the Ministry of Health (MoH) stewardship - including developing innovative means of measuring benchmarks of stewardship—expanding MoH capacity to coordinate, support, deliver and monitor quality HIV/AIDS care, treatment, and laboratory services. SUSTAIN will collaborate with the USAID Health Initiative for the Private Sector (HIPS) project among other private sector actors to develop sustainable models of HIV care and treatment. SUSTAIN will also provide quality HIV/AIDS diagnostic and treatment monitoring laboratory tests, working collaboratively with Central Public Health Laboratory (CPHL), Uganda Virus Research Institute (UVRI) and other stakeholders.

SUSTAIN will serve as a critical partner in the PEPFAR/Uganda treatment program. Worldwide, PEPFAR programs are transitioning from a context of rapid, emergency response to a context of maintaining the successes of recent years and building sustainable partnerships. In a global environment of leveling resources for HIV/AIDS programs, the successful offeror will develop a program that innovates and adapts based on principles of cost-efficiency and cost-savings, primarily focuses on maintaining quality services for those who have been reached during the rapid scale-up phase of PEPFAR, and works collaboratively with the GOU, the private sector, and donors to expand sustainable access to services whose needs have not yet been met.

Funding for this activity will be through PEPFAR resources.

Objectives:
1. Ensure the provision of HIV/AIDS care & treatment, laboratory, PMTCT and TB/HIV services within public regional referral and district hospitals.
2. Enhance the quality of HIV/ AIDS care & treatment, laboratory, PMTCT, and TB/HIV services at regional referral and district hospitals.
3. Increase stewardship by the MoH to provide sustainable quality HIV/AIDS care & treatment, laboratory, PMTCT and TB/HIV services within the public health system.

A.2 Introduction and Background

A.2.1 HIV/AIDS Situation in Uganda

Uganda has a population of 30 million people, with 85 percent of the population living in rural areas. The country has had considerable success in reducing prevalence of HIV/AIDS over the past 15 years from a national average of around 18 percent (up to 30 percent in selected urban antenatal clinics) to the current level of 6.4 percent. Despite initial successes of the late 1980s and early 1990s, the decline in prevalence has stagnated over the past five years and no longer shows a downward tendency, although this is influenced by people living longer on antiretroviral therapy (ART). Available data and analyses highlight that sexual transmission accounts for 76% of all new infections, followed by mother to child transmission at 22%. Women, urban dwellers and those living in the conflict regions are the most severely affected. Approximately 1.1 million Ugandans are HIV positive, of which approximately 100,000 are children under the age of 18. Forty percent of those who are HIV positive have an HIV negative spouse.

The prolonged armed conflict in Northern Uganda has had a devastating effect on the lives of Ugandans. It has created large groups of internally displaced persons, and negatively affected the health and social infrastructure, which continues to pose a unique challenge to the efforts towards reversing infection rates and mitigating the consequences of HIV/AIDS. In 2005, the prevalence in the war-affected areas of Northern Uganda stood at 8.3% compared to the national rate of 6.4%[1]. Conflict has also disrupted the provision of health services leading to closure of health facilities and stagnation of services. High mortality of economically active adults witnessed over the last two decades has led to increasing numbers of children being orphaned and families economically devastated. There are an estimated 2.3 million orphans in Uganda, and more than half of them orphaned by HIV/AIDS.

In light of recent developments in northern Uganda, including the ongoing peace talks between the Government of Uganda and the Lord's Resistance Army (LRA), improved security and the return home of large numbers of internally displaced populations; there is a need for transitioning from relief to recovery and development. Availing continuity of services to those returning home is critical. USAID is supporting the people and Government of Uganda (GOU) achieve a successful transition from humanitarian assistance to sustainable development in northern Uganda by supporting the official GOU "National Peace, Recovery and Development Plan for North Uganda" (PRDP). The Mission has increased its response across all programmatic sectors in the North and mainstreamed conflict sensitivity into all USAID programs in impacted areas. Activities proposed under this RFA will also contribute to the broader USG support to promote stability, increased access to social services and economic recovery in northern Uganda.

In the last two decades, the Government of Uganda has developed several strategies to guide the response to the HIV/AIDS epidemic in the country. The strategies include the Multi-sectoral Approach to the Control of HIV/AIDS (MACA) in 1992, which formed the basis for the development of periodic national program priorities and implementation mechanisms; The National Operational Plan (NOP) for STI/HIV/AIDS Activities 1994-1998, which guided the response for that period and; the National Strategic Framework (NSF) for HIV/AIDS Activities of 1998-2000, which was revised in 1999/2000 into the NSF 2000/1-2005/6. The main goal of the National Strategic Framework 2000/1-2005/6 was to a) reduce HIV prevalence by 25%, b) mitigate the effects of HIV/AIDS, and c) strengthen the national capacity to coordinate and

[1] MoH and ORC Macro (2006) *Uganda HIV/AIDS Sero-Behavioural Survey 2004/2005*. Ministry of Health and ORC Macro

manage the multi-sectoral response to the epidemic. Goal number two was further refined during the mid term review of 2003/4 to include i) Mitigation of the health effects and improving the quality of life of persons with HIV/AIDS, ii) Mitigation of the psychosocial and economic effects and iii) Mitigation of the impact of HIV/AIDS on the development of Uganda. The revised NSF took into account the different environment in terms of changes in the epidemic; changes brought about by wider availability of prevention, care and treatment initiatives including integration of services; new and revised government policies and planning frameworks; and an expanded funding base.

The GoU has finalized its five-year National HIV and AIDS Strategic Plan (NSP) 2007/8-2011/12. The new NSP was developed based on the key challenges that emerged from the performance evaluation of the NSF 2000/1-2005/6; the recent evidence base from National Sero-behavioural Survey 2004/5, which showed no decline in the trend of the epidemic during the NSF time frame (2000/1-2005/6); the need for greater effort and resources to scale up services to achieve universal access; and the need for implementation of effective interventions to significantly reduce new infections. The NSP has identified three thematic priority service areas to address the challenges faced in the delivery of HIV/AIDS programs and the rising new HIV/AIDS infections. The priority areas are: 1) prevention, 2) care and treatment; and, 3) social support. These thematic areas will be supported by a strengthened service delivery system and structure that ensures quality, equity and timely service provision.

In addition, HIV/AIDS was addressed in both Health Sector Strategic Plan (HSSP) I and II covering the period 2000-2004 and 2005/6-2009/10 respectively. HIV/AIDS was mainstreamed in HSSP I and further integrated in the HSSP II Uganda National Minimum Health Care Package (UNMHCP). The HSSP II represents a consolidation and extension of the achievements of HSSP I. The Mid-Term Review (MTR) of the HSSP II reported some achievements made in improving delivery of health services through increased physical accessibility of households within 5Km walking distance to a health facilities. There has been increased coverage of PMTCT and HCT as well as an increased number of people on anti-retroviral therapy (ART). The proportion of HIV positive pregnant women who received ARVs for PMTCT increased from 56% in 2004 to 80% in 2007. However, proportion of infants given ARVs for PMTCT still remains low at 41%. Key challenges faced in implementing HSSP II include high cost of drugs and commodities (ART, HIV test kits etc) for delivering priority HIV/AIDS services. This has resulted in the delayed scale up of some of the priority services such as ART, HCT, PMTCT as well as other prevention and care interventions. In addition, the high cost of IEC messaging through the mass media has resulted in slowing down of delivery of HIV/AIDS messages to the public. The capacity at the district level for health care delivery remains a big challenge. Several new districts were created during the HSSP II and this has had resources (financial, infrastructural, human) implications. The financial resources envelope (under government management) for the health sector, and especially for the services delivery levels has stagnated. The HSSP II MTR also indicated an overall deterioration in behavioral indicators such as increased in multiple sexual partnerships and unprotected sex practices (non-condom use). Another major challenge is the paradigm shift towards care which has resulted in an imbalance in the allocation of resources between prevention and care. There has been in the last five years a shift in resource allocation especially towards ART roll out.

A.2.2 The Care and Treatment Challenges Facing Uganda

The MoH[2] estimates that 1,153,000 people are living with HIV (PLHA) in Uganda as of December 2008, of whom 88, 919 are children 0-14 years. These PLHA include 357,267 persons in need of ART[3]. By the end of September 2008, only 43% (153,718) of the persons in need of ART were actively on treatment, of which 140,305 were adults. Of the estimated 33,152 children in need of treatment, 40% were on ART by September 2008.

As more PLHA access treatment, clinically appropriate laboratory monitoring is important to maintain quality treatment services. Decision-making regarding commencement of treatment is associated with better outcomes when based on CD4 counts, or for infants based on DNA PCR, rather than clinical staging alone. Protecting the investment in ARV drugs by ensuring good clinical treatment and management requires access to basic quality laboratory services up to appropriate standards. All ART sites require basic laboratory services and access to higher level laboratory services for diagnosis and monitoring of HIV infection and treatment, yet these services are not available to most PLHA in Uganda, or not provided at appropriate standard.

With the leveling off of PEPFAR resources, which predominantly support antiretroviral (ARV) services and drugs, Uganda will require additional resources and, most importantly, new approaches for expanding in-country capacity and leadership for more efficient use of existing resources including leveraging opportunities with the private sector and improved coordination and collaboration, to meet the unmet need for ART and sustain universal access. Attention to high-quality care that can delay the needed onset of treatment will also be critical in a resource-limited context, as will leveraging opportunities from the private sector. As Uganda continues to experience the positive outcomes of the ART that include reduced mortality, decreased mother-to-child transmission, reduced orphan burden, and increased life expectancy, particular attention needs to be directed to strengthening chronic HIV/AIDS care model, addressing antiretroviral and TB drug resistance effectively, and inclusion of the private sector in the response.

A.2.3 Current Roles and Responsibilities of Key Players

The key roles and responsibilities of the Ministry of Health (MoH) include policy and strategy development, service standard setting and monitoring, together with quality assurance, and advocacy, as well as resource mobilization. The MoH has long standing public-private partnership relationships with faith-based (mission) hospitals for service delivery, and currently relies on the Joint Clinical Research Center (JCRC) for Deoxyribonucleic Acid-Polymerase Chain Reaction (DNA-PCR) testing to support its early infant diagnosis (EID) program as well as for CD4 testing and other HIV/AIDS laboratory diagnosis and treatment monitoring tests for MoH sites that do not receive other donor assistance. The new Uganda National Health Laboratory Services policy issued in August 2009 promotes public-private partnerships in the Lab sector including outsourcing specific Lab services in order to increase efficiency. The MoH continues to roll out ART services to all facilities down to level III health centers, in line with the national framework for expansion of HIV/AIDS care and treatment. The National STD/AIDS Control Programme (NACP) is currently responsible *inter alia* for accrediting ART sites, providing basic training for such accreditation and implementing technical supervision as well as quality standard improvement with the support of HIVQUAL and Health Care Improvement

[2] MoH (2009) *The status of the HIV/AIDS Epidemic in Uganda*. National STD/AIDS Control Programme, Kampala

[3] Those estimated to have CD4 T-cell counts of ≤ 250 per µl., the WHO criteria for commencing ART in resource poor settings.

Project (HCI).

HIVQUAL and HCI are capacity-building models for improving health care delivery systems that utilize quality management involving performance measurement (PM) and quality improvement (QI). These programs support the monitoring and improvement of the quality of ART services by providing technical support quarterly and facilitating joint reviews and collaboratively learning across accredited ART sites semi-annually.

The MoH will continue to rely on the National Medical Stores (NMS) for distribution of ARV drugs and supplies and basic training in stock management. PEPFAR has contributed to improving warehouse and distribution operations and the management of a specific NMS-managed line of credit for ensuring reliable supply of laboratory reagents. In recognition of bottlenecks in provision of ARVs and key diagnostic reagents from NMS, ART partners use their own procurement mechanisms including the Partnership for Supply Chain Management (SCMS), Medical Access or they manage their own procurement. Joint Medical Stores (JMS) has agreements with several partners to store and deliver their drugs. JMS receives 20 percent of health commodities donated to the GoU, including ARVs and reagents, for distribution to faith-based (mission) partners.

The MoH Regional Workshops are tasked with maintenance and repairs of medical and laboratory equipment. However the regional workshops have not demonstrated a track record for maintenance of basic laboratory equipment such as microscopes, and rapid advances in medical technology render the in-house model for maintenance and repairs unaffordable and unworkable.

The GoU is committed to financing the production of first-line ART drugs in Uganda. Through public and private partnership, the GoU is facilitating the production of first-line ARV drugs by a local pharmaceutical company, Quality Chemical Industries Ltd. The GoU has already committed $15 million, and disbursed the first two tranches of the funding[4]. It is very likely that availability of first line ARV drugs will improve significantly in the near future, as the MoH may also use other donor funding, such as that of the Global Fund to Fight AIDS, Tuberculosis and Malaria, for purchasing ARV drugs from Quality Chemical Industries Ltd. and thus reduce procurement delays. Adapting to changing drug prices and availability, aiming to provide the appropriate quality regimens at the lowest possible price will be a critical element of the new program.

Currently PEPFAR provides direct support to 90 percent of all active ART patients[5]. Over the last five years, PEPFAR has demonstrated a good track record for ensuring reliable funding for specific HIV/AIDS operations. Most of the 17 ART partners supporting the MoH in rolling out ART[6] are funded by PEPFAR/Uganda, the exceptions being Médecins Sans Frontiers (MSF) and Uganda Cares. PEPFAR has also established a separate mechanism to centrally procure ART drugs and other consumables that are used to support implementation of district based activities until GoU capacity is sufficiently built to meet this need.

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4 Communication from the MoH Director General

5 From the MEEPP Database

6 MoH (2008) *Draft Report on the Provision of Antiretroviral Therapy in Public and Private Facilities in Uganda*, National STD/AIDS Control Programme, Kampala.

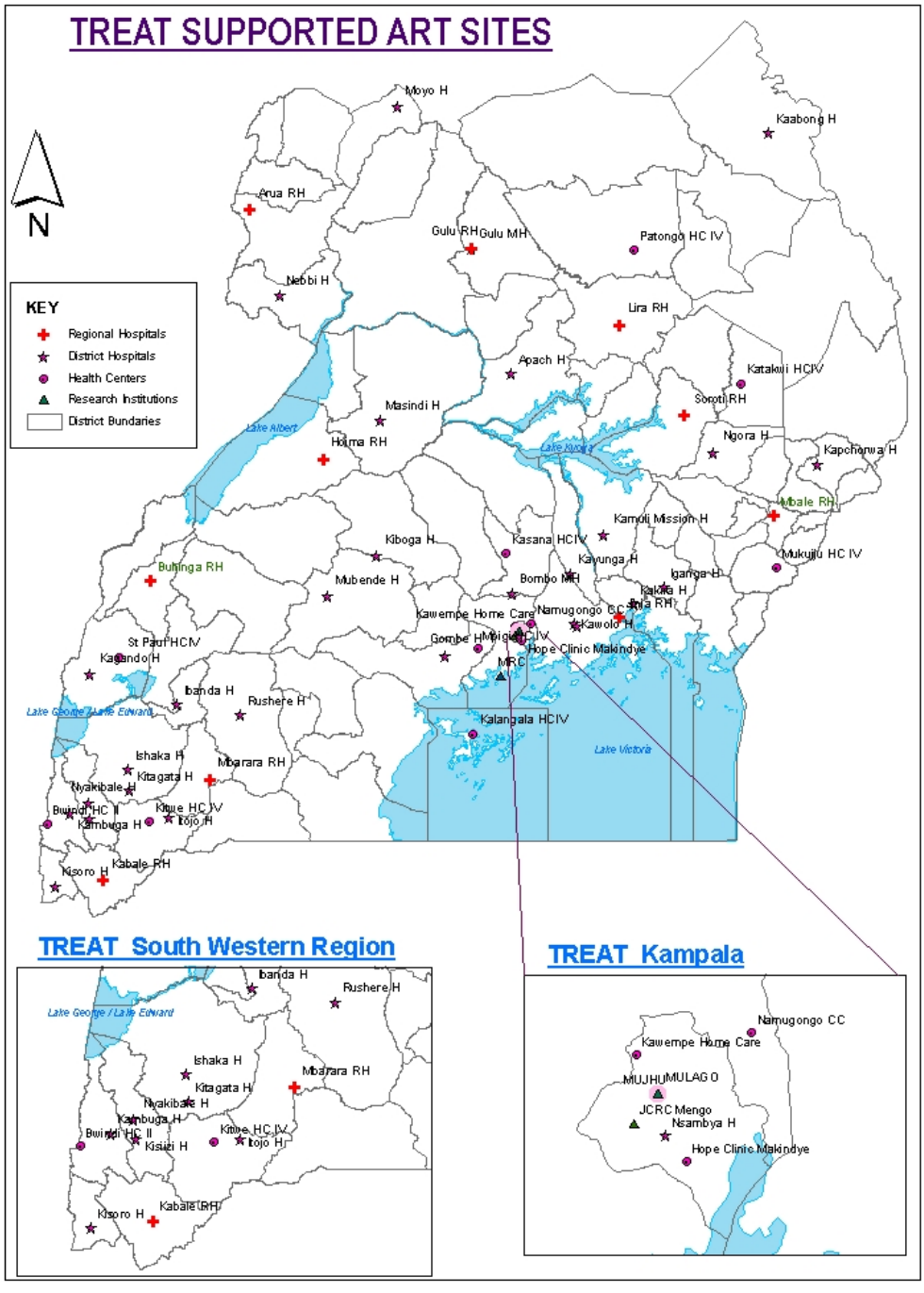
A.3 The current TREAT Project

As an emergency project, TREAT rapidly increased availability and access to quality ART services within five years of implementation. TREAT was implemented by JCRC to significantly upgrade and sustain six regional centers of excellence (RCEs)—located in high client volume MoH regional referral hospitals (RRHs)—that provide regional hubs for HIV/AIDS care and treatment, and high quality HIV/AIDS laboratory diagnosis and treatment monitoring services. TREAT support to HIV/AIDS diagnostic care and treatment services was expanded to ART clinics at 11 RRHs and 26 district hospitals, including nine NGO/FBO hospitals providing district hospital services. TREAT expanded ART services to 12 health centers to decongest high client volume district hospital sites, and undertook outreach at a further 25 sites to improve client follow up. TREAT implementation of ART services was well designed and implemented, and greatly improved access to services throughout the country.

TREAT provided laboratory support for the ART services through six RCEs and JCRC laboratory in Kampala. The Gulu RCE currently serves a vast area of the north of Uganda including West Nile which makes timely transportation of samples very difficult from many districts. Two regional referral hospitals (Masaka and Arua) have not received direct support from the TREAT program as both facilities have other partners providing HIV/AIDS care and treatment services. However, both facilities and surrounding districts transferred samples for advanced HIV/AIDS diagnosis and disease monitoring to the RCEs in Mbarara and Gulu, respectively.

Please see Figure 1 below for a map of Uganda with TREAT supported sites marked
* Map produced by the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) project

Figure 1: Map Showing Treat Sites*:



[1] MoH (2008) *Draft Report on the Provision of Antiretroviral Therapy in Public and Private Facilities in Uganda*, National STD/AIDS Control Programme, Kampala.

TREAT provided an adherence coordinator for its ART sites and supported a cadre of trained community liaison volunteers that followed up clients in the community who had absented from the ART clinics. Where the network of persons living with HIV is active, TREAT fostered relations with the network focal person for provision of an "expert client" for peer support to clients for treatment adherence, and assistance in community-based follow up of clients and other collaborative tasks. At TREAT supported sites where the community was also served by TASO, collaborative links were fostered with TASO, which has wider scope for providing community-based care and support services.

TREAT's model included establishing courier services for laboratory samples from lower level facilities to the RCE laboratories so that clients at all TREAT supported sites had access to free, comprehensive HIV/AIDS diagnostic and treatment monitoring laboratory tests. TREAT additionally provided CD4 tests to other MoH sites that did not receive support from PEPFAR partners, and DNA/PCR for early infant diagnosis (EID) to all MoH prevention of mother-to-child transmission (PMTCT)/EID sites. TREAT has also offered RNA/PCR for monitoring resistance and viral load tests.

A.4 Other PEPFAR Treatment and Lab Partners

Recently, USAID has added two district support mechanisms to its HIV/AIDS portfolio for increasing access to, coverage of and utilization of quality comprehensive HIV/TB prevention, care and treatment services within district health facilities and their respective communities. Each mechanism serves a specific region (East Central; and Eastern). The Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) project has been serving the northern districts since 2006. The inter-religious council of (IRCU) has been serving the religious communities through the provision of services through the Mission hospitals since 2001.

The Centers for Disease Control and Prevention (CDC), with PEPFAR funding, is supporting a plan for strengthening HIV/AIDS-related laboratory services in Uganda. CDC provides financial support to the MoH Central Public Health Laboratory (CPHL) with $1.5 million per year, including funding 25 of the 28 staff currently working in the institution and the construction of a building to house the CPHL. The CPHL is being positioned to supervise laboratory support and training activities for sexually transmitted infections (STIs), opportunistic infections (OIs), laboratory logistics and HIV rapid tests, as well as emergency infectious disease control.
CDC is also supporting the development of CPHL capacity in quality assurance. Two CPHL staff were trained to coordinate quality assurance/quality control (QA/QC) activities in bacteriology and parasitology. One CPHL staff coordinates the participation of 80 NGO/private laboratories in the United Kingdom National External Quality Assessment (UK/NEQAS), an external quality assurance service for CD4 assays.

Leadership for coordination of laboratory activities is a critical component of CDC support. CPHL has established the National Health Laboratory Technical and Advisory Committee for improving coordination of laboratory activities. This includes five subcommittees for technical assistance, infrastructure, quality assurance, research and development, and policy and training.

Other CDC supported care and treatment mechanisms include TASO, CRS/AIDSRelief, Mulago-Mbarara Joint AIDS Program (MJAP), Baylor Uganda, IDI and Mildmay.

USAID is supporting CPHL logistics management functions through the development and national roll out of the logistics management information system, data management for the laboratory credit line and training of staff, trainers and supervisors at all levels.

Other stakeholders with funding from CDC and supporting HIV/AIDS laboratory services include:

- Uganda Virus Research Institute (UVRI): supports external QA, proficiency testing[7], and antenatal care-based HIV surveillance.
- National Tuberculosis Reference Laboratory supported by Mulago-Mbarara Joint AIDS Program (MJAP) which receives PEPFAR funding: provides QA for TB tests
- AMREF:
    - Builds capacity of selected labs.
    - trains lab tutors
    - supports limited infrastructure development and renovation of supported laboratories
    -

A.5 Critical Gaps

A.5.1 Inadequate Human Resource and Infrastructure:

The national framework for expansion of HIV/AIDS care and treatment calls for rolling out ART to all facilities down to level III health centers. The MoH has established regional technical support teams (RTSTs) to assist health facilities to meet and maintain MoH accreditation for providing HIV/AIDS treatment services including ART, but the RTSTs are not in a position to provide sustained and quality technical support to the ART sites. The RTSTs are comprised mainly of selected senior consultants and medical officers, pharmacists and laboratory technologists from regional, district hospitals and level IV health centers. The challenges for the RTSTs are twofold: 1) they rely on a limited number of qualified staff already overcommitted to the regular activities of their health facilities; 2) they do not have a reliable funding stream and as a result are able to conduct only ad hoc activities corresponding to the availability of funding and staff.

At health facility level, the limited human resource base prevents health facilities from offering daily ART services. Public and private health facilities, other than specialized HIV/AIDS organizations or clinics, usually offer ART services twice a week. On clinic days, a large number of ART clients, some of them with latent or active TB co infection, attend crowded clinics in very inadequate space. This exposes both providers and clients to a high risk of TB transmission, although some facilities have mobilized resources to construct covered shelters outside the cramped waiting rooms and corridors to improve patient flows.

The staffing pattern established by the MoH does not take into account the large and increasing number of people living with HIV requiring ongoing HIV/AIDS related services and follow up care. Some RRHs and district hospitals have 200-300 patients attending the HIV/AIDS clinics daily, which have limited health care personnel — often one trained medical officer, one clinical officer, one nurse and additional support staff. HIV/AIDS services' organization and staffing patterns remain those of an acute care service and some ART clinics do not have dedicated staff.

Patients files are poorly organized for monitoring the effects of treatment over time, and CD4

[7] Proficiency testing is the use of inter-laboratory comparisons to determine the performance of individual laboratories for specific tests or measurements and to monitor a laboratory's performance. Participation in proficiency testing schemes provides laboratories with an objective means of assessing and demonstrating the reliability of the data they are producing. Such inter-laboratory comparisons involve two or more laboratories conducting the same test or measurement

results arrive too late to be useful for clinical decision-making. To determine how many are actively receiving care and treatment, it is often necessary to open all the patient files. Clients who are lost to follow up are often known only from pharmacy records that identify persons who do not return for prescription refills. Even at high client volume sites, client records are not computerized.

The inadequacy of space and the high volume of clients during ART clinic days result in lowering the quantity and quality of time available, and therefore the quality of services provided to each client. This contributes to increasing unmet need for ART at facility level and may act as a barrier to people coming forward for HIV testing and treatment. Available data from ninety facilities indicates that 7192 persons living with HIV were eligible for ART; of whom 1119 were ready for ART but had not commenced treatment[8].

Several PEPFAR partners have provided mechanisms to retain and motivate ART clinic staff through payment of incentives. Models for incentive payments vary, but are generally managed by the hospital administration. Some models lack transparency, most provide a fixed supplementary payment to specific staff and do not reward improved performance, and at some sites, payments have been viewed as divisive. Staff who are peripherally involved in AIDS treatment services (for example staff providing in patient services) have seen an increase in their work load, but have not received incentive payments.

A.5.2 Inadequate Supply of Drugs and Supplies in the Public Sector

The Ministry of Health continues to experience bottlenecks in provision of antiretroviral drugs (ARVs), drugs for prophylaxis and treatment of opportunistic infections, and laboratory reagents and essential consumables. The supply MoH/Global Fund-purchased drugs continue to be unreliable, and adequate supply of drugs for opportunistic infections remains a challenge. However, facilities benefiting from both MoH and PEPFAR support maintain regular ARV supplies for their clients and ensure reagents for laboratory services by using PEPFAR supplies as a buffer for periods of MoH drug and reagent shortage. PEPFAR partners have established their own procurement and distribution systems for ARV drugs and reagents to ensure reliable supply. Mechanisms that strengthen RRH and district hospital capacity to secure ARV and other essential drug supplies are still needed.

A.5.3 Inadequate Monitoring of Treatment Outcome

The MoH has established a patient and program monitoring system to inform the roll-out and provision of effective ART services. The ART information system is intended to work alongside the health management information system (HMIS). However, for various reasons, many treatment partners implement parallel ART information systems, which hinder a comprehensive overview of coverage data and treatment outcomes in particular. There is no credible comprehensive information on patients lost to follow-up, those who stopped treatment, switched due to drug failure or developed active tuberculosis.

A.5.4 Inadequate Laboratory Services and Related Quality Assurance

The long term management of HIV disease and monitoring of treatment requires chronic care services including a range of basic laboratory services as well as HIV/AIDS diagnostic and

[8] MoH (2008) *Draft Report on the Provision of Antiretroviral Therapy in Public and Private Facilities in Uganda*. National STD/AIDS Control Programme, Kampala.

treatment monitoring laboratory tests. However, most hospital laboratories at regional and district level provide only hemoglobin, ESR and microscopy services.

The MoH Central Public Health laboratory (CPHL) is developing a Uganda National Health Services Laboratory Policy to provide a framework and guidance for ensuring that the laboratory services in Uganda are strengthened so as to adequately support the effective and efficient delivery of the Ugandan National Minimum Health Care package as advocated by the National Health Policy. Although the CPHL has training capacity with CDC/PEPFAR assistance, there is not a proven mechanism for rolling out the operation of the policy with its requirements for a national laboratory quality management system to ensure accurate, effective and safe service delivery. There are no clearly articulated standards and guidelines: laboratories need standard operating procedures (SOPs) and to implement the SOPs for all tasks from sample collection to reporting of results. Currently, there isn't an effective support supervision system for hospital laboratories or effective external quality assurance procedures except for rapid HIV testing and TB diagnosis.

With the exception of JCRC Regional Centers of Excellence, the systemic problems discussed below exist throughout. Most public and private laboratories lack the staff competency, equipment and systems, infrastructure—including reliable power supply—to provide adequate quality services and quality control and assurance. There are significant gaps in recording and monitoring storage temperature of laboratory supplies, and performing daily internal quality control tests on all laboratory analyzers and tests, and poor overall documentation. Most laboratories do not operate to good clinical laboratory practice standards. Except in some PEPFAR partner supported laboratories and the RCEs, there are no cabinets for safe handling of infected samples such as preparing sputum smears for TB diagnosis. Many hospital laboratories do not have running water and have inadequate physical space for laboratory tasks.

Analyzers and equipment in MoH and some NGO laboratories are out of service, sometimes because of lack of reagents and often because of lack of maintenance/ servicing and damage caused by irregular power supplies and fluctuations in voltage. For example, significant number of the MoH/Global Fund purchased CD4 machines are non-functional. There is inadequate utilization and adherence to best practice for sustainable maintenance of laboratory equipment through service agreements with vendors.

Although RRH and district hospital laboratories may have a laboratory technologist (who has a degree) much of the routine laboratory work is undertaken by laboratory assistants (certificate level) or microscopists (currently being phased out.) The laboratory staff primary training does not fully equip them with the skills necessary to provide accurate, effective and safe services, and they are further handicapped by the lack of basic essentials including protective clothing, first aid provisions for splashes into the eyes or mucus membranes, and lack of understanding of correct first aid measures for needle stick injuries. Laboratory procedures may endanger laboratory staff and others: for example where TB smears are produced along side sample reception and phlebotomy. Medical waste (sharps and contaminated materials) management is problematic; with few functioning incinerators, medical waste is taken to burn in open pits.

Laboratory related documentation is often inadequate with inconsistently completed request forms that do not include provision for the date and time the sample was collected; no laboratory workbooks detailing who undertook which tests when; and sometimes poor turnaround of reports.

A.5.5 Limited Pooling and Coordination of Available Resources

Coordination and collaboration among key stakeholders supporting the roll out of ART continue to be a significant problem. HIV/AIDS treatment partners operating in a region or district often do not share a platform for coordinated and efficient implementation of the ART roll out. PEPFAR partners are often not aware of training and supervision activities supported by MoH and RTSTs. The current 106 ART sites exclusively supported by MoH through the regional technical teams, HIVQUAL or HCI, face significant problems in maintaining regular supplies of drugs to their clients, accessing timely and accurate laboratory services and documenting ART services. Many of their clients are enrolled into ART based only on clinical staging. Yet some regions and districts benefit from significant support from a range of PEPFAR-funded partners providing duplicate support in some facilities. As of September 2008, PEPFAR partners were overlapping in 31 ART sites, representing 11% of all PEPFAR-supported sites. Improved coordination and planning with PEPFAR-supported ART partners might improve the mobilization of the pool of technical resources available at regional and district level for more equitable technical support and supervision to all accredited MoH sites.

A.5.6 Knowledge and/or Commitment Gap

The assessment, by the SUSTAIN design team, indicates that at HIV/AIDS treatment sites, there is a prevalent poor understanding of and commitment to the laboratory services that are needed to sustain donor investments in HIV/AIDS treatment, with little effort made to make the laboratory services operate at an appropriate quality standard. The ART and laboratory service in Uganda is profoundly dependant on external funding. Support to laboratories is frequently limited to providing CD4 analyzers and related training to laboratories that do not provide basic laboratory diagnostic services to an appropriate quality standard and do not ensure quality control/assurance for simple assays. There is no comprehensive and sustainable plan for providing systemic support for infrastructure, human resource development and retention, basic and sound laboratory management.

A.6 Scope of work

SUSTAIN will provide HIV treatment & care, laboratory, PMTCT, and TB/HIV services that focus on quality and sustainable partnerships in selected hospital sites previously covered by the TREAT program. SUSTAIN will support regional and public and private district hospitals, including specifically maintaining and consolidating support to at least 11 RRHs and 13 district hospitals which have benefited from TREAT assistance. SUSTAIN will primarily focus on maintaining current caseloads of patients in designated sites, while transitioning a total of 22 sites. 11 sites will be transitioned to the USAID district based program for South West of Uganda-STAR-SW by September 2010; while another 11 sites will be transitioned by September 2011. See detail list of sites and transition plan in attachments 2.0, 2.1 and 2.2.

In all service delivery, quality improvement, and capacity building plans, SUSTAIN will work collaboratively with national and district partners strengthening health systems in the same districts where they are operating. Health systems of particular note include but are not limited to, human resources, logistics and supply chain management, laboratory support leadership, management, health management information systems (HMIS), strategic information, and infrastructure. Partners include but are not limited to the CAPACITY Project, Securing Ugandans' Right to Essential Medicine (SURE), USAID's four district-based HIV/AIDS and TB projects, USG partners and others. Local government entities such as district government and municipal councils should be consulted as a key partner in coordinating partner efforts to avoid

duplication and respond to local priorities.

A.7. Program Objectives, Approaches, and Expected Results

Below are the specific Objectives, approaches, and expected results, and proposed PEPFAR targets and illustrative indicators and targets for SUSTAIN. An indicative Results Framework is included in Attachment 1.

Objective 1: Ensure the provision of HIV/AIDS care, treatment, and laboratory services within public regional referral and district hospitals

As a first priority, SUSTAIN will aim to build on the successes of the scale-up of the TREAT program by continuing to provide high-quality HIV treatment, care, and lab services to patients that have been served by the TREAT program. However, highly innovative approaches that result in increased ART coverage and laboratory services by cost sharing or leveraging the private sector will be acknowledge. The successful offeror will:

1.1 Maintain coverage of clinical services to current TREAT supported hospital sites.
The successful offeror will demonstrate the ability to provide HIV treatment and care services to patients currently served by the TREAT program. In Year one of the SUSTAIN program, the successful offeror will work closely with the TREAT program, which is scheduled to close in September 2010, to assure continuous services to patients. The successful offeror will develop a transition plan in cooperation with the current TREAT project to avoid treatment interruptions or loss to follow-up of caseloads during the transition from TREAT to SUSTAIN at 11 regional referral hospitals and 24 health facilities including district hospitals and health centers. .

During the transition from TREAT to SUSTAIN at 11 RRHs and 24 district hospitals and health centers, the current TREAT program will also be engaged in another critical transition process. TREAT will be working with new USAID-supported regional HIV/TB partners to transition patients to services at facilities supported by the new regional HIV/AIDS programs. This transition is intended to both decongest district hospital ART clinics and to take treatment services closer to where clients live and thus reduce barriers to adherence to treatment. As SUSTAIN takes on work within the designated district and RRHs, they will be cognizant of TREAT's process of transferring approximately 5, 313 patients in 11 health facilities to USAID regional HIV/TB programs. While this transition is planned to be completed before the current TREAT program closes in September, 2010, SUSTAIN should be prepared to pick up any final transition activities in the event of delays or challenges in transition. This transition will be a critical component of the overlap between the TREAT and SUSTAIN programs. Once the transition is complete and the TREAT program ends, SUSTAIN will maintain approximately 26,864 ART patients. During its second year of implementation, SUSTAIN will continue to transition an additional 3,789 patients in 11 sites to other new or existing partners. This transition is expected to be completed by September 2011. At the end the second year, SUSTAIN will maintain approximately 23, 075 patients on ART through services at the 11 regional referral and 13 district hospitals. See attachment 2.0, 2.1 and 2.2 for list of sites and expected transition period.

The successful offeror will describe approaches to provide a variety of services to patients at the 11 regional referral and 13 district hospitals. This will include approaches to offer, but not be limited to, the following services for ART and pre-ART clients as applicable:

- Provision of ARVs
- OI management

- Pain and symptom management
- A basic package of preventive care services
- Positive prevention
- Regular clinical mentoring
- TB screening and treatment referrals
- Family Planning
- Pre-ART care and monitoring
- Referrals to other services at the facility and community-level

The successful offeror will also propose approaches that focus on care for patients who are pre-ART, aiming to delay the onset of eligibility of treatment through a variety of innovative care and support strategies. SUSTAIN will provide care services for 120,000 ART and pre-ART patients.

PMTCT services will be a new component of the SUSTAIN program, and the successful offeror will describe approaches to support the WHO/MOH four-pronged PMTCT approach. SUSTAIN will work with ANC and MCH providers in the regional and district hospitals to ensure that a basic package of essential RH services is available for pregnant women and mothers, including lab tests and equipment, STI screening, iron, multivitamins and folic acid supplements, intermittent preventive malaria treatment, de-worming and infection control, for all women attending ANC, maternity and post-natal care units. This collaboration with ANC and MCH providers will strengthen SUSTAIN's PMTCT activities including HIV counseling and testing of pregnant women, screening for ART eligibility and the provision of more efficacious ARV regimens including HAART to all HIV positive pregnant women and their infants according to national guidelines, and implementing safe early infant feeding practices . HIV positive women and their infants identified through the PMTCT program will be linked to SUSTAIN care and treatment services.

The successful offeror may propose additional strategies to continue to enroll new patients on ARV, though this is expected to be limited in scale. The successful offeror will demonstrate the ability to find cost-savings and efficiencies that can allow for additional patient enrollment, and must demonstrate how this scale-up is sustainable. As SUSTAIN develops sustainable strategies to enroll additional patients on treatment above caseload inherited from the TREAT program, these additions will be approved in consultation with USAID and will be subject to availability of funds. Due to this slower pace of patient enrollment expected due to the focus on sustainable scale-up by SUSTAIN, building the capacity of the GOU to provide treatment to eligible patients as well as working with other partners and providers who may be able to add to their caseloads will be an essential activity of the successful offeror.

1.2 Strengthen lab services in the hospitals currently served by the TREAT program.

SUSTAIN will support Ministry of Health efforts to provide appropriate quality basic laboratory services and HIV diagnosis and treatment monitoring lab services at SUSTAIN sites. The proposed strategy and plan must address the provision of HIV/AIDS laboratory tests for diagnosis and treatment monitoring/management. In order to increase efficiency, the new program will identify the essential lab tests necessary for monitoring patients in line with national and WHO guidelines, will eliminate extraneous lab services, and will work with the MOH to adapt within their guidelines emerging evidence of a simpler and cost effective laboratory tests that maintains quality care for ART without harming patient safety.

The project will also strengthen the lab infrastructure by conducting regional referral hospitals laboratory infrastructure assessments, and develop and cost infrastructure enhancement plans

including essential building renovations and repairs, essential laboratory equipment provision, and back up emergency power supplies to essential laboratory and hospital services. Laboratories will be renovated and improved in the 11 SUSTAIN supported RRHs as agreed with USAID and the MoH. Proposed plans for lab renovation will be approved by USAID in coordination with the PEPFAR/CDC program for laboratory improvement in order to avoid duplication of efforts. Support to renovating and improving district hospital laboratory infrastructure should focus on district hospitals where the hospital and laboratory leadership shows greatest commitment to upgrading their basic laboratory services to appropriate quality with QA/QC utilization.

SUSTAIN will support an assessment of viability of existing laboratory equipment in regional and district hospitals and establish relationships with vendors able to provide needed repairs and maintenance contracts for existing viable laboratory equipment. Applicants are expected propose other viable approaches for ensuring maintenance of lab equipment in public facilities.

In addition to lab monitoring of their own patient caseload, the successful offeror will provide Early Infant Diagnosis (EID) laboratory services to MOH PMTCT sites. The successful offeror will propose approaches to provide DNA/PCR for EID in partnership with the MOH.

1.3. Build reliable, cost-effective supply chain to deliver high quality, best-value essential medicines and supplies for treatment of SUSTAIN supported patients.

In order to directly procure ARVs, OI drugs, reagents and consumables essential to ART, the applicants will describe how they will procure through appropriate accountable systems, high quality and best-value medicines and other commodities on a timely basis, including the purchase of generic alternatives where available. They will also describe their systems to collect and use accurate supply chain information, storage, inventory management, and distribution to hospitals to ensure that the right products in the right quantities reach the right recipients at the right time.

The successful offeror will describe their approaches to build capacity of the 11 regional referral and 13 district hospital to: (a) forecast requirements for essential medicines and other supplies for treatment of SUSTAIN supported patients; (b) collect and use accurate supply chain information, and (c) store, manage and dispense their commodities appropriately. The project will assist the hospitals to determine, from the total forecasted requirements, what commodities will be provided by the MOH and other partners and what commodities be provided by SUSTAIN. .

For the period Oct 1, 2009 to Sept. 30, 2010, ARV drugs will be procured through SCMS to ensure uninterrupted treatment for existing TREAT patients. SUSTAIN will procure ARVs to continue maintenance of those patients beginning around June 1, 2010 (taking into consideration a lead time of approximately 4 months). USAID reserves the authority to use an alternative procurement mechanism if it is determined to be better value for money and more reliable. This element of the program will be reviewed on an annual basis in order to closely evaluate procurement and supply chain management from an efficiency, reliability and cost savings perspective.

SUSTAIN drugs, reagents and consumables will be added to the stocks available to all clients served by the hospitals and M&E data against PEPFAR targets will be reported for *all* clients served by the hospital. SUSTAIN collaborate with the new USAID partner for supply chain management (SURE), MOH, NMS, and JMS to provide the necessary assessments, technical assistance, training and tools to improve forecasting, quantification, supply chain information, and inventory management in the RRHs and district hospitals.

Expected Program results:

- At least 23, 075 current ART patients are maintained on ART through the project period
- Seamless transition of patients from TREAT to SUSTAIN
- Successful transition of **5,313 ART** patients from TREAT to USAID district based program by September 2010. (SUSTAIN is expected to collaborate with TREAT for this successful transition)
- Successfully transition additional 3,789 ART patients in 11 sites transitioned to other PEPFAR or non-PEPFAR partners during second year of project implementation
- At least120,000 patients receive HIV/AIDS care and support services on annual basis
- 35,000 Infants tested at SUSTAIN support sites during year one (target increase by 30% on annual basis)
- Early Infant Diagnosis (EID) services available through at least six regional laboratories
- Pregnant women attending ANC, Maternity. PNC, and Young child clinics receive routine opt-out HIV counseling and testing
- HIV-positive pregnant and lactating women assessed for HAART eligibility
- At least 80% of HIV positive pregnant women at ANC sites receive the full course of more efficacious regimens
- All HIV positive women and their infants linked to care and treatment services.
- Laboratories renovated and infrastructure improved in accordance with USAID approval
- Laboratory assessments completed for 11 district hospitals and plan for infrastructure improvements developed, costed, and approved by USAID and MoH
- Patients transferred to district based programs and other potential partners agreed and implemented with no breaks in availability of ARVs and OI drugs for clients at all current TREAT sites
- ARVs, OI drugs, reagents and consumables provided
- An assessment of the mechanisms to provide for commodity security of supplies of ARVs, OI drugs laboratory reagents undertaken and back-up mechanisms agreed with RRH authorities, DHTs and other partners supporting districts.
- Mechanism for repair and maintenance of viable MoH laboratory equipment at supported sites researched, costed and if cost-effective agreed with RRH authorities and DHTs

Objective 2. Enhance the quality of HIV/ AIDS care & treatment, and laboratory services at regional referral and district hospitals

The TREAT program focused on the rapid scale- up of ART services in Uganda. Although the new program will continuously search for efficiencies, partnerships, and capacity building strategies that can continue the sustainable scale-up of ART services, the new program will also focus on improving the quality of services for those already enrolled in treatment programs. Given the large number of patients that the new program will support, efforts in quality improvement will provide leadership in Uganda on improved approaches to care for people living with HIV/AIDS. SUSTAIN will be a lead USAID/PEFPAR partner for technical support and capacity building at hospital level. SUSTAIN will closely coordinate with HCI and HIVQUAL to ensure coordination and integration of quality improvement activities at all levels of program implementation. The successful offeror will describe approaches to enhancing quality of services in the following areas:

2.1. Ensuring appropriate training for hospital and laboratory staff.

In close collaboration with the RTSTs, SUSTAIN will assess HIV/AIDS care & treatment and laboratory staff competencies and training needs at all supported sites. From the results of the

assessment, SUSTAIN will work closely with the MoH to develop and agree a continuing education plan for SUSTAIN supported site care and treatment and laboratory staff. The plan will determine appropriate training sources for each technical area. Implementation of the continuing education plan will require training programs and materials, support supervision in collaboration with the MoH, and on the job coaching activities which should build MoH coaching competencies as well as the skills of the ART clinic and laboratory personnel.

2.2. Improving the quality of laboratory services.

The new program will ensure that laboratory personnel in regional and district hospitals are capable of providing high-quality lab monitoring and services. SUSTAIN will collaborate with MoH and PEPFAR partners and other relevant stakeholders in developing and updating QA/QC standards for basic hospital laboratory services and HIV diagnosis and treatment monitoring laboratory services. The project will develop a QA/QC strategy and plan for basic hospital laboratory services and HIV/AIDS laboratory services that include, but are not limited to:

1. training
2. placement/exchanges between high performance labs and other labs
3. on-the-job coaching
4. technical support supervision
5. external QA procedures including plans to sample transfer and storage
6. good documentation practices

Though lab quality improvements will primarily focus on SUSTAIN facilities, the successful offeror will also engage with key stakeholders at the national level to assure that practices are in line with the Uganda National Health Services Laboratory Policy. SUSTAIN technical experts will serve on the National Health Laboratory Technical and Advisory Committee and or its subcommittees at the request of the MoH. In coordination with CDC supported efforts SUSTAIN may also assist CPHL in implementing laboratory support and training activities at SUSTAIN regional and district hospital levels SUSTAIN will coordinate with CPHL to provide any specific technical assistance (TA) to the development/enhancement of HIV/AIDS care & treatment and laboratory policy, service standards, quality assurance, standard operating procedures (SOPs), training curricula and training provisions to the MoH and its national level partners

2.3. Improving models of care for ART patients.

As patients in the new program continue on treatment for several years, the successful offeror will also work closely with the MoH at national level and at SUSTAIN supported ART sites to facilitate the development of a chronic care model for HIV/AIDS care and treatment, which is based on the WHO principles of chronic HIV care and provides patients a holistic range of services, either through direct provision or services or through reliable referral networks.. The project will ensure that emerging issues in HIV/AIDS care and treatment (e.g. care and treatment of adolescents and older persons, HIV/AIDS mental health care) are addressed. The successful offeror will describe approaches to organize client records for rapid identification of clients in active care and follow up, on ART, or who fail to attend for follow up and, at high volume sites, the computerization of records as soon as this is feasible.

For holistic care beyond the facility, the project will build and strengthen facility linkages with external partners including the networks of people living with HIV and local CBOs. In addition to enhancing service quality from a technical/professional perspective within appropriate budgets for Uganda RRHs and district hospitals, the successful offeror will propose innovative strategies to involve patients in assessing the quality of care and treatment services. SUSTAIN will draw

upon existing resources including network support agents, expert clients, etc.

SUSTAIN will provide TA to improve monitoring of treatment outcomes by enhancing MoH patient and program monitoring system to inform the roll-out and provision of effective ART services, including:

- streamlining client record keeping with enhanced client clinical record filing, storage and retrieval
- supporting cohort analyses and periodic summaries of treatment outcomes
- TB/HIV co-management
- estimating ART treatment needs and impact of treatment, and
- monitoring early warning signs of drug resistance

Expected Program Results

- Support MoH on development and disseminate SOPS for ART and lab services
- Supported sites fully adhere to MoH guidelines and SOPs
- Supported sites implement a comprehensive continuing education program for their health workers
- Support to MoH/RTST to conduct semi-annual supportive supervision to hospitals and lower level facilities within districts hosting SUSTAIN sites.
- Supported laboratories undertaking and recording daily QC for all their assays/diagnostic tests
- Supported laboratories participating in external Q/A for all major assays/tests
- Supported labs meet favorable quality standards through external Q/A
- Supported sites rated favorably on Early Warning Indicators for ARV resistance surveillance
- Supported sites utilizing monitoring systems in accordance with MoH's standard operating procedures

Objective 3: Increase stewardship by the MoH to provide quality HIV/AIDS care, treatment, and laboratory services within the public health system.

As PEPFAR/Uganda transitions to a phase of sustainable scale-up, working with the GOU and other stakeholders to increase their capacity to take ownership of HIV treatment programs is essential. The successful offeror will describe a 5-year vision for capacity building in HIV care and treatment. This vision will include benchmarks that indicate a transition of stewardship from SUSTAIN to MoH over the 5-year project. This will necessitate a partnership charter with MoH through which expectations are known at program initiation. Capacity building is a critical building block of increased local and national ownership, and SUSTAIN will plan all activities to integrate with and strengthen existing health system structures in Uganda. Approaches for increased stewardship at a minimum should address:

3.1. Joint planning and technical assistance with GOU and other stakeholders.

All SUSTAIN capacity enhancement activities should be planned and implemented in close coordination/collaboration with MoH, DHTs, and facility managers. SUSTAIN regional capacity building mechanisms should also function as knowledge hubs and provide technical backstopping that shares evidence-based best practice in HIV/AIDS care and treatment and laboratory services from resource limited settings elsewhere in the region and in Africa. This will enable regional referral hospitals to execute their mandate to train, supervise; mentor and monitor lower level facilities within their respective regions.

SUSTAIN capacity building to district hospitals will draw upon expertise available in the regional hospitals and through the regional quality improvement teams, as well as from PEPFAR partners. SUSTAIN will respond, whenever possible, to district driven requests for contracted out HIV/AIDS clinical and lab services and facilitate public private partnerships to provide contracted out services.

3.2. Addressing human resource issues.

To address the human resource gap, SUSTAIN will work with the RRH authorities and the district health teams (DHTs) to undertake human resources needs assessments for HIV/AIDS care and treatment, and laboratory services at the 11 RRHs and 13 district hospitals and identify critical additional staff requirements. SUSTAIN will work with the Capacity Project and other USAID projects at district level to assist the RRH authorities and DHTs to develop realistic human resource plans for recruitment and employment of agreed additional staff. Any staffing support shall be aligned with the MoH and district systems in these areas, and include plans for the MoH at RRH and district hospital level to progressively take over responsibility for funding the new posts from year three of implementation of SUSTAIN. The successful offeror will propose innovative approaches for increasing staff motivation and rewarding excellence that are transparent, agreed with and managed by the hospitals administrations, and comply with USAID and PEPFAR regulations. .

3.3. Capacity building of all relevant district hospital and regional referral hospital staff.

SUSTAIN will enhance the capacity of public and private providers beyond SUSTAIN project staff to deliver quality HIV/AIDS care, treatment, and laboratory services at regional and district hospitals. The successful offeror will describe strategies to build the capacity of regional referral and district hospital staff. This will include establishing at least eight regional capacity support mechanisms for training; clinical and laboratory attachments for coaching and mentoring; referral services; and higher level laboratory assays for diagnosis and monitoring AIDS treatment until such assays are reliably available through RRH laboratories. Additional innovative strategies will also be proposed, addressing issues such as leadership, management and governance, human resources for health (task shifting), supply chain management, strategic information systems including health management information systems (HMIS) and infrastructure strengthening, provision of equipment and laboratory strengthening. The applicant (s)are also expected to present how they would support the private facilities and organizations to develop sustainable HIV/AIDS care, treatment and lab monitoring models.

Expected Program Results:

- Regional referral hospitals demonstrate capacity to provide technical assistance, monitoring, mentoring and supportive supervision to their district hospitals
- Support regional quality improvement teams to conduct quarterly on-site training and supervision to all SUSTAIN supported sites and all sites falling under respective DHT jurisdiction
- Formally scheduled meetings between SUSTAIN, other PEPFAR partners at district level, on semi-annual basis
- All SUSTAIN supported sites develop costed sustainability plans
- Clear milestones measuring sustainability (e.g. decreased in budget in year three and after as sustainability plan come into play)
- At least eight regional capacity building mechanisms established

- Capacity building plans developed and implemented for all health facilities supported by SUSTAIN
- HR plans developed and agreed for SUSTAIN sites in collaboration with the MoH and other partners working in same districts.
- The MoH and other providers in SUSTAIN-supported sites take on increasing responsibility for aspects of HIV care and treatment services

A.8 Requirements on Program, Reporting, Monitoring and Evaluation

a. Annual Work plans:
The recipient will provide a three month consultation plan of all key stakeholders within two weeks and first annual work plan within 90 days of award date; modified, as needed. The annual work plans will be reviewed and approved by the AOTR within two weeks of submission. Within one month prior to the end of each activity year, the recipient will submit to the AOTR an annual work plan for the following year.

Annual work plans will include a narrative describing the strategies, activities and interventions required to meet the award outputs as well as a log frame or Gantt chart outlining specific activities, the timetable and responsible persons. Annual budgets are expected to accompany the annual work plans.

b. Performance Monitoring Plan (PMP)
Within 90 days of the signing of the agreement, the successful applicant will submit a Performance Monitoring Plan (PMP) along with the first year work plan for the life of the activity that derives from the activities outlined in the statement of work.

The successful applicant will also routinely share program data with USAID on critical issues such as patient enrollment in ARV programs, procurement and distribution of commodities. SUSTAIN will need to adjust approaches based on availability of funds as it pertains to the number of patients on treatment, the price of drugs and commodities, and any changes in policy that may have cost implications for proposed approaches. In the context of limited funds, USAID and the successful offeror must communicate regularly to determine that there are adequate resources to support patient caseloads with quality care.

The Performance Monitoring Plan will include all relevant mandatory PEPFAR second-generation indicators, and should draw upon the list of recommended indicators as well (http://www.pepfar.gov/documents/organization/81097.pdf).
.In addition to required and recommended PEPFAR indicators, the PMP should include unique indicators to monitor the progress of the SUSTAIN program. The PMP will include and extensive list of program measures with a particular focus on quality, efficiency, and capacity building these may include:

- External quality assurance/proficiency testing (QA/PT) measures for CD4 (patient monitoring), HIV rapid tests, and AFB smear microscopy
- Number and type of HIV/AIDS care and treatment activities assumed by the MoH in SUSTAIN sites
- Monitoring the transition of SUSTAIN patients to MOH programs
- Monitoring non-SUSTAIN personnel benefitting from capacity building exercise
- Meaningful indicators to capture capacity building and sustainability
- Key milestones for transition, sustainability, capacity building and phasing out of USG support

- Measures to demonstrate cost-savings and efficiencies developed in different areas of the program through applying public health approaches, price negotiations, and applying emerging evidence for cost-saving strategies.
- Measures of proper health care waste management at SUSTAIN sites

Offerors will include examples of program-specific indicators for quality, efficiency, and capacity building in their proposals. The recipients should demonstrate best efforts for consulting and planning PMPs with relevant USG and other donors supported ART activities. The PMP will be reviewed and approved by the respective AOTR.

c. Progress Reporting

Quarterly Reports
Within 30 days after the end of each quarter, the recipient will submit quarterly narrative reports which give insight into the progress of planned activities and includes a success story. The reports will include qualitative and quantitative information which describes activities conducted and specific results achieved during the quarter. Each report should include quarterly and cumulative (current year and total) data. In addition, the reports will indicate key implementation challenges encountered and how they were or are planned to be resolved. Accrued program costs for the quarter and planned expenditure for the next one will also be indicated. The program reports will include success stories and pictures to reflect the real impact of activities on the lives of beneficiaries.

Following receipt of the report a "quarterly review" meeting with the AOTR and other relevant Mission staff will be held to discuss results, challenges and the way forward.

Annual Reports
Within three months after the close of each fiscal year, the recipient will submit to the AOTR an annual report, exclusive of the regular quarter report, which reflects the progress of the program activities over the last year against the work plan. The report should indicate the outputs and impact the program is having on the target beneficiaries. Annual and cumulative to date data should be included. Anecdotal stories and case studies, pictures and any other information that gives insight into the success of the program should be included.

End of Activity Report
Within the last month of the program, the recipient will submit to USAID/Uganda an end-of activity report, summarizing the major achievements, impact and issues generated by the activity. The report should also indicate the contextual opportunities remaining that could easily be harnessed to sustain the results of the program.

PEPFAR Reporting
Requirements for PEPFAR Semi-annual reports (March) and Annual reports (September) will be presented to the mission or any other delegated partner during the stipulated reporting periods. Ad hoc reports are periodically requested.

A.9. Monitoring and Evaluation

The progress of the project will be monitored in accordance with the PMP. In executing the monitoring and evaluation functions under this project, the recipient will collaborate and

coordinate with the USAID/Uganda's Monitoring and Evaluation Management Services (UMEMS) and the Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) contractors or other designees. An analytic agenda and implementation plan to assess operational questions will be agreed upon by the three (3) implementing partners and approved by USAID.

USAID/Uganda may request special evaluation studies if deemed necessary to improve the quality of the services. USAID anticipates the commissioning of mid-term and end of project evaluations.

SECTION B – AWARD AND ADMINISTRATION INFORMATION

A. Available funding and award

Subject to the availability of funds, USAID intends to provide up to $75M in total USAID funding to be allocated over the five-year period to support these activities. Cost sharing of 3% of USAID funding is required.

B. Substantial Involvement

The USAID AOTR will be substantially involved in the following areas:

- Approval of key personnel
- Approval of the partner's annual work plans/implementation plans
- Approval of and monitoring against the partner's performance monitoring plan (PMP)
- Concurrence on subawards

C. Anticipated Award Date

It is anticipated that a five-year Cooperative Agreement will be awarded o/a January 31, 2010.

SECTION C – APPLICATION PREPARATION SUBMISSION INSTRUCTIONS

1. Application Preparation Guidelines

Applications must be submitted in a format as stated below and it must include the completed form SF-424 which applicants can download together with the RFA

Applications must be submitted no later than the date and time indicated on the cover page of this RFA, to the location indicated in the cover letter accompanying this RFA. All proposals received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the proposal format. Section B addresses the technical evaluation procedures for the proposals. Proposals which are submitted late or incomplete run the risk of not being considered in the review process. "Late proposals will not be considered for award unless the Agreement Officer determines it is in the best Government's interest."

Applications will be submitted in two separate parts: (a) technical and (b) cost or business proposals. The proposal will be prepared according to the structural format set forth below.

Explanations to Prospective Recipients: Any prospective recipient desiring an explanation or interpretation of this RFA must request it in writing to the Specialist at the email address set forth in the RFA cover letter. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to prospective recipients concerning this

RFA will be furnished promptly to all other prospective recipients as an amendment of this RFA, if that information is necessary in submitting proposals or if the lack of it would be prejudicial to any other prospective recipient(s).

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

(a) Mark the title page with the following legend:

"This proposal includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this proposal. If, however, a grant is awarded to this contract as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in pages___."; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal."

II. TECHNICAL APPLICATION GUIDELINES

To facilitate the competitive review of the proposals, USAID will consider only applications conforming to the format prescribed below:

Technical applications are limited to thirty (30) pages only; any proposal **over 30 pages will not be evaluated**. The 30 pages consist of applicant's response to the Technical application Sections of this RFA. Applications shall be written in English, text should be left-justified using Microsoft Word 2000, 2001, or 2003; Time New Roman, 12 point font on standard 8 ½" X 11" papers, single spaced, with each page numbered consecutively, and no less than 1" margins on all sides. Supplementary materials such as the performance monitoring and evaluation plan, past performance reference information, personnel resumes and relevant letters of support are excluded from this page limitation. However, unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the prospective recipient's lack of cost consciousness.

The following technical guidelines should be used to prepare applications in response to this RFA:

II.1 Technical Understanding and Approach

The statement of work outlines objectives and results that are expected to be achieved by successful recipient(s). The technical proposal must present how the applicant intends to achieve these results in Section A of this document.

Technical application must be specific, complete and presented concisely. The applications must demonstrate the applicant's capabilities and expertise with respect to achieving the goals for this project. The successful applicant needs to clearly demonstrate how they positions indigenous

organizations, where appropriate, in strategic and technical leadership roles. The application must take into account the technical selection criteria and evaluation procedures found in Section D.
The technical approach will be evaluated on the overall merit and feasibility of the project approach and strategies proposed to achieve the results. The technical approach must set forth the conceptual approach, methodology, and techniques for the accomplishment of the stated objectives. It should reflect a thorough understanding of the current context, policy environment in Uganda and the treatment challenge facing Uganda. The applicant should discuss how resources will be organized to obtain expected results.
Data and evidence-based interventions related to prevention, care and treatment of HIV are becoming increasingly available. Applicants will develop strategies and technical approaches that are reflective of available data and evidence. Applicants will also highlight how new data and information will effectively be integrated into project strategies and activities as it becomes available. As needed for the design, roll-out and improvement of project activities, assessments and operational research will be undertaken.

This activity will directly support the implementation of the Government of Uganda's, USAID's and the Emergency Plan's (EP) joint commitment to strengthen the national response and increase HIV/AIDS care and treatment services to vulnerable and at risk populations in Uganda. Under the guidance of the MoH, the national framework for expansion of HIV/AIDS treatment and related technical guidelines and MoH ART information system, this project will work with relevant national stakeholders, regional and public and private district hospitals and key district-level partners to achieve this goal.

It is expected that in year one the recipient will begin full-scale implementation of the project building on TREAT achievement. The recipient is expected to provide leadership contributions in improving and scaling-up chronic care management and upgrading laboratory services at regional referral hospital and district hospital level. The recipient should also understand and contribute to supporting a continuum of comprehensive services including prevention, prevention of mother-to-child transmission (PMTCT), HIV counseling and testing, sexually transmitted infections, HIV care and support, tuberculosis and ART. Improved service delivery and uptake of services should be supported by supporting MoH efforts for upgrading in-country capacity and systems and ensuring quality control and assurance of ART and laboratory services , systems strengthening, quality improvement, as well as improving coordination and collaboration.

Although this project is not expected to be a grants project, it is expected that the procurement of services and / or sub grants will be effectively employed to expand services as needed. It is expected that funding to regional and district hospitals will be necessary for a specified period to fully realize the potential of this initiative.

This activity will coordinate with the USAID contractor for Strengthening District Systems (SDS) which oversee all USAID grants to local government. SDS Shall provide services to improve the results and sustainability of decentralized service delivery, with initial emphasis on health and HIV/AIDS services, at Local Government levels in Uganda through: (1) improving coordination among all USAID supported partners at the district level, (2) strengthening the capacity of districts and sub-counties to plan, budget, implement/coordinate, monitor and evaluate decentralized services by efficiently utilizing the Government of Uganda's administrative and fiscal decentralization framework, and (3) provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and (4) facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

The applicant will propose a phased transition plan for transference of 11 sub-district level ART sites (refer to 2.2) to PEPFAR or other programs by the end of year two. The applicant will consult and agree upon the transition plan with Ministry of Health, district-level partners and other key stakeholders. A detailed plan with specific milestones and schedule will be submitted to USAID for approval within the first 90 post award days.

If the applicant presents as a partnership of organizations or groups, the proposal will clearly demonstrate the need for participating partners, including sub grantees, and the unique set of experience and expertise they bring to strengthen the activities undertaken within this Position Description (PD). At the same time, the management plan needs to be efficient in response to budgetary constraints.

The offeror will demonstrate how it proposes to manage a project across multiple regional hospitals and districts in a decentralized environment with a multitude of Ugandan, USG and others partners focusing on strengthening the HIV/ART response. This activity will have expertise in supporting roll-out of care and treatment and laboratory services, chronic care management, developing sustainable technical support mechanisms and in-country capacity, infrastructure development, quality assurance, understanding the challenges for reaching universal ART access in Uganda and related key technical issues, as well as state of the art models for delivering care and treatment across regional and district hospitals. It should take into consideration USAID's and the Government of Uganda's desire to have Ugandans and regional nationals in substantive positions. The guiding principles focusing on Gender and GIPA will be applied to the management plan as well.

The section on personnel capability in the main body of the proposal will include brief statements of staff member's role, technical expertise, and estimated amount of time each will devote to the project for each of the key personnel and other senior project staff. Resumes for key personnel, other senior project staff and any long-term professional staff/advisors will be limited to 4 pages in length and should be included in the annexes. The annexes will include letters of intent to participate for those not already employed by the proposing organization and letters of commitment from proposed key personnel.

The applicant should include:

- Organizational chart with roles and responsibilities as well as total number of staff for each position presented;
- Management structure of all proposed partners and their roles and contributions;
- Lines of authority;
- Personnel Management;
- Plans for rapid start up, including first year work plan that identifies the major activities to be undertaken for each objective; a detailed timeline for implementation of activities is not necessary;
- Financial management, reporting and cost containment strategies.

II.2 Essential Design Elements

Ensuring sustainable scale-up of quality care and treatment services will be guided by a set of principles and assumptions, particularly germane to the USG vision of the Emergency Plan in Uganda as well as USAID Uganda's Results Framework for its Improved Human Capacity Strategic Objective (SO8). Proposed strategies and approaches demonstrate consideration of the following principles and critical assumptions:

a. Coordination, Collaboration and Partnership

The successful offeror will describe approaches to work with the MoH and other key stakeholders at national, regional and district level and support and develop existing and relevant coordination mechanisms. Collaboration with local governments for partner coordination will be particularly important in the context of decentralization. Coordination and complementarities with other USG and non-USG supported activities is critical; this activity should not in any way duplicate the support of other partners. Awardees are expected to coordinate, collaborate, and share best practices and lessons learned.

b. The Network Model

The USG defines the network model as a continuum of care focusing on identifying and supporting HIV positive individuals so that they can receive prevention, care and treatment services. The network model recognizes that any institution providing these services operates within a milieu of other institutions providing complementary services. By networking these service organizations, the range of services available to patients is greatly expanded. PLHA groups are vital to an effective network, creating demand for services and supporting adherence to these services. Households with people living with HIV/AIDS are very often the same households supporting orphans and other vulnerable children. Understanding this dynamic and identifying effective ways to leverage support that will benefit all members of the household, particularly HIV positive individuals and OVC, is a critical element of the network model.

c. Family and Community

A focus on families and communities is one of the pillars of the USG Uganda team's strategy to achieve the Emergency Plan goals. Families and communities are the hub of all HIV/AIDS interventions, playing roles of service providers as well as consumers.

d. Gender

Despite strong efforts made by the GoU and its development partners to address gender inequities, wide variations still remain between men and women and girls and boys with regard to access to health services, employment, nutrition, education and economic security. The applicant should describe how this project will address gender issues, not only with regard to access to services but also in terms of addressing the imbalance in leadership and decision making. In addition, the applicant should present strategies for bolstering male involvement in HIV/AIDS programs.

e. Focus on Sustainability

The sustainability of HIV/AIDS prevention, care and treatment services and support to their families is dependent on the development of local capacity to design, manage and maintain these services. This project will directly contribute to this principle through the direct technical and institutional capacity building of regional referral and district hospitals. The recipient is required to support the development of specific and coasted sustainability plans.

f. The Greater Involvement of People with HIV/AIDS (GIPA) in Uganda

In 1994, the GoU signed the Paris Declaration publicly affirming that the greater involvement of people living with or affected by HIV/AIDS is critical to ethical and effective national responses

to the epidemic. USAID/Uganda also strongly supports the involvement of PLHA networks and groups in facilitating access to HIV/AIDS prevention, care and treatment services to their members. (See Network Model)

g. Greater involvement and focus on People with Disabilities (PWDs)

The USAID Disability Policy - Assistance (December 2004)[9] acknowledges that PWDs are targeted and involved in USAID supported projects. This project will promote the participation and equalization of opportunities of individuals with disabilities in Uganda in HIV/AIDS sector strategies, activity designs and implementation.

II.2.1. Exit strategy

The primary objective of this activity is to strength the host country's ability to establish and sustain high quality HIV/AIDS care, treatment and laboratory services. The applicant(s) are expected to propose exit strategy documenting steps they will take to strengthen host country ability to sustain the deliverables of the Cooperative Agreement. This shall be addressed in the PMP and annual work plans. The applicants(s) shall propose standard list of indicators and key milestones that will be used to measure progress. The proposed exit strategy is subject to the written approval of the AOTR.

II.3 Project Monitoring and Evaluation

Applicant(s) shall:

- Provide an illustrative performance monitoring plan for this activity that includes meaningful indicators beyond which is required through the Presidential Emergency Plan for AIDS Relief. The PMP should include ambitious but achievable performance targets and benchmarks for HIV/AIDS, TB and FP/RH services that will be achieved by the end of one, three and of five years. Targets should align with the national plans and be consistent with momentum achieved by TREAT.
- Identify the data collection method, type, and source of information to be collated
- Discuss, validate and monitoring critical assumptions and key principles guiding the development of this project
- Describe how USAID reporting requirements will be met.
- Describe how data generated through this activity will feed into national and sectoral/line ministry reporting systems and requirements.
- Describe how the partner proposes to develop, in partnership with relevant stakeholders an analytic agenda for assessing operational questions.

II.4 Management Plan and Personnel

II.4.1 Management Plan:

Full mobilization of staff is expected within 60 days and implementation of activities within 90 days. Applicants shall provide a management plan consistent with the project's technical complexity and stakeholders. The composition and organization structure of the entire implementation team (including home office support) shall be provided. The staffing pattern will reflect the minimum number of highly experienced technical staff sufficient to manage and

[9] **AAPD 04-17 Supporting USAID's Disability Policy in Contracts, Grants, and Cooperative Agreements**

implement activities under this award. The staffing matrix should reflect a relevant mix of skills appropriate to achieve results.

If the applicant presents a partnership of organization or groups, the proposal shall clearly demonstrate the need for participating partners, including sub-grantees, and the unique set of experience and expertise they bring to strengthen the activities undertaken within this RFA. At the same time, the management plan needs to be efficient in response to budgetary constraints.

The applicant should show how it plans to manage a program that includes activities at central level and across several districts, with a multitude of Ugandan, USG and other partners focusing on strengthening the health service delivery. It should take into consideration USAID's and the Government of Uganda's desire to have Ugandans and regional nationals in substantive positions.

II.4.2 Personnel

The following key personnel positions will be required components of the project management team. For positions proposed to be encumbered by expatriates, such as DCOP/Program Coordinator and Finance Director , it is anticipated that the offeror will propose a transition to hand over to local personnel during the third year of the project as part of the capacity building and sustainability efforts.

Chief of Party: The proposed Chief of Party has the strategic vision, leadership, depth and breadth of technical expertise and experience, a solid professional reputation, management experience, interpersonal skills and professional relationships to fulfill the diverse technical and managerial requirements of the program description. S/he will also have experience interacting with government agencies or international health development organizations, host country governments and international donor agencies. Specifically,

- A Master's Degree or higher in Public Health. Medicine or equivalent related field;
- The candidate must have at least 10 years experience working in public health including HIV/AIDS, infectious disease (malaria and TB), maternal and child health;
- The candidate must have a minimum of four years of overseas field experience and has held previous posts with significant management responsibility;
- Demonstrated leadership skills in working and collaborating with other donors, host country institutions, international organizations;
- At least five years relevant supervisory experience of professional (technical) staff;
- Working knowledge of and experience with USG projects;
- Excellent organizational, analytical, oral and written communication skills;
- Excellent past performance references (contacts should be provided)
- The proposed candidate's experience and education are complementary to those of the proposed candidate for the deputy Chief of Party position.

Program Coordinator/Deputy Chief of Party: Recommended to be an expatriate position for the first three years. The proposed Deputy Chief of Party has the leadership qualities, depth and breadth of technical expertise and experience, management experience and interpersonal skills, to fulfill the diverse technical and managerial requirements of the program description. S/he will also have experience in interacting with government agencies or international health and international development organizations, host country governments and international donor agencies. Specifically,

- The candidate must have at least a Masters Degree in public health, business administration, or a related field. Five additional years of international public health experience may substitute for a Masters degree;
- The candidate must have at least seven years experience working in development programs for public health objectives;
- The candidate must have previous management experience in implementing public health programs in developing countries, preferably with similar projects;
- Excellent past performance references (contacts should be provided)
- The proposed candidate should have experience in procurement processes, inventory control and distribution systems;
- .The proposed candidate's experience and education are complementary to those of the proposed candidate for the project Chief of Party position.

Finance Director: Recommended to be an expatriate position for the first three years project. The Finance Director should have the following qualifications:

- Master's Degree or higher in Business Administration, Finance, Accounting or other relevant field
- Eight (8) years experience in administrative and financial management of large international projects including experience in management of USG funded projects.
- Familiarity with compliance to Federal Acquisition Regulations
- Demonstrated experience and skills in developing and managing large budgets
- Proficient in relevant computer applications and databases
- Strong analytical, oral and written communication skills

Monitoring and Evaluation Specialist: Will have demonstrated academic and practical skills in monitoring and evaluation of HIV/AIDS, RH/FP, and/or other relevant services, including maternal health, malaria and TB or related areas in developing countries. Will be familiar with PEPFAR indicators and reporting requirements. S/he will develop clinic and community-based reporting systems. S/he will have oversight of the entire project monitoring and reporting to the Mission.

Capacity Development Specialist/Systems Development Specialist: Will have demonstrated skills and experience in systems analysis and development of interventions to improve quality, efficiency and sustainability of health program management systems in Uganda or other regional countries. S/he will work in close collaboration with senior management to assess, identify, develop, and oversee implementation of interventions to strengthen HIV/AIDS related management systems for service delivery (including laboratory), patient information/service statistics, human resources, infrastructure and equipment maintenance, and commodity logistics.

II.5 Institutional Capacity and Past Performance

Implementation of activities should be undertaken by a partner(s) with the relevant strategic, technical and institutional mandates and capacity to empower regional and district hospital to increase sustainable utilization of quality ART and laboratory services. It is expected that applicants will have substantive experience working with MoH, regional and district hospitals in Uganda and/or Africa. **Reliance and partnerships with indigenous organizations are strongly encouraged. Likewise,** indigenous organizations are encouraged to apply in partnership with local or international organizations as necessary if such partnership is believed to lead to solid management structures and quality service delivery.

Past Experience: Care should be taken to establish the relevance of past experience to this project and the basis for reliance upon that experience as an indicator of success on this project. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Pertinent work experience and representative accomplishments in developing and implementing projects of the type required under the proposed RFP;
- Evidence of a successful record of implementing projects overseas, and in Uganda, if applicable;
- Relevant experience with proposed approaches;
- Institutional strength as represented by the breadth and depth of experienced personnel in projects in relevant disciplines/areas;
- Sub-recipient capabilities and expertise, if any;
- Proposed field management structure and financial controls; and
- Home-office backstopping and its purposes.

As an attachment, please provide relevant past performance references which describe any contracts, grants, cooperative agreements which the contract organization, as well as any substantive sub-grantee partners, has implemented involving similar or related projects over the past **ten years**. Please provide these references in an attachment and include the following information: current telephone number and email address of responsible representative from the organization for which the work was performed; contract/grant name and number (if any), annual amount received for each of the last three years and beginning and end dates; brief description of the project/assistance activity and key project accomplishments/results achieved to date.

USAID will contact the named references and use the past performance data along with other information, to evaluate the applicants' quality of performance and responsibility.

III. COST APPLICATION FORMAT

III.1. Budget Preparation and Submission Instructions

The Cost/Business application must be completely separate from the Applicant's technical application. The application must be submitted using SF-424 and SF-424A "Application for Federal Assistance," which is available for download at USAID's website: http://www.usaid.gov/forms/sf424.pdf.

The Cost/Business application should be for a period of five years using the budget format shown in the SF-424A. Graphic/tables must be formatted in Microsoft Excel 2000-2003 versions. The budget format must not be locked.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the document establishing the parameters of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicants including identification of the Applicant with which USAID will treat for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived. The following provides guidance on what is needed:

a. The breakdown of all costs associated with the program.

b. The breakdown of all costs according to each partner organization involved in the program.

c. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.

d. The breakdown of any financial and in-kind contributions of all organizations involved in implementing this agreement.

e. Potential contributions of non-USAID or private commercial donors to this agreement.

f. Procurement plan for commodities (if applicable).

The cost application should contain the following budget categories:

a. Salary and Wages: Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies.

b. Fringe Benefits: If the Applicant has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.

c. Travel and Transportation: The application should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per Diem should be based on the Applicant's normal travel policies.

d. Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity).

e. Supplies: Office supplies and other related supply items related to this activity.

f. Contractual: Any goods and services being procured through a contract mechanism.

g. Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs.

h. Indirect Costs: The Applicant should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Recovery Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates. (E.g. a breakdown of labor bases and overhead pools, the method of determining the rate, etc.).

Please include information on the organization's financial status and management including:

a. Copies of the Applicant's financial reports for the previous 3-year period, which

have been audited by a reputable certified public accounting firm.

b. NICRA if applicable (This competition is restricted to local and Regional organizations (see cover letter)). A NICRA from such an organization would be unusual. However, if your organization has a NICRA, please submit it.

c. Organizational chart.

d. Copies of Applicant certification to USAID about personnel, procurement and travel policies that are compliant with applicable OMB circular and other applicable USAID and Federal regulations shall be required only from the responsive applicants during the subsequent negotiations. And for applicants whose certification has not been made to USAID/Washington, the Applicant shall be required during the later negotiations to submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. They might be required to provide the name, address, and phone number of the Cognizant reviewing official.

e. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant should advise which Federal Office has a copy.

The application should include information that substantiates that the Applicant:

a) Has adequate financial resources or the ability to obtain such resources as required during the performance of the cooperative agreement.

b) Has the ability to comply with the cooperative agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental.

c) Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

d) Has a satisfactory record of integrity and business ethics.

e) Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., Equal Employment Opportunity laws).

f). Completed copy of certifications and representations (Section F).

IV. COOPERATIVE AGREEMENT AWARD

1. The Government will award only one or more cooperative agreement resulting from this RFA to the responsible applicant(S) whose application conforming to this RFA offers the greatest value. The Government may (a) reject any or all applications, or (b) accept other than the lowest cost application.

2. The Government may award a cooperative agreement on the basis of initial applications received, without discussion. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID may elect to discuss technical, cost or other pre-award issues with one or more applicants. Alternatively, USAID may proceed with awardee selection based on its evaluation of initial applications received and/or commence negotiations solely with one applicant.

3. A written award mailed or otherwise furnished to the successful applicant(s) within the time for acceptance specified either in the application(s) or in this RFA (whichever is later) shall result in a binding cooperative agreement without further action by either party. Before the application's specified expiration time, if any, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.

4. Applicants are reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

5. Foreign Government Delegations to International Conferences - Funds in this prospective agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS 303 Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm] or as approved by the Agreement Officer.

6. "USAID Disability Policy - Assistance (December 2004)

    a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: http://www.usaid.gov/about/disability/DISABPOL.FIN.html.

    b. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities."

8. If recommended for award, the Applicant must submit a Branding Strategy and Marking Plan according to the guidelines in the Standard Provisions, Branding Strategy and Marking Plan.

V. 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 cooperative agreement may be incurred before receipt of either a fully executed cooperative agreement or a specific, written authorization from the Acquisition & Assistance Officer.

SECTION D- EVALUATION CRITERIA AND SELECTION PROCESS

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which they should address in their proposals and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria. The technical proposal will be evaluated in accordance with the Technical Evaluation Criteria set forth below.

Thereafter, the cost proposals of all applicants submitting technically acceptable proposals will be opened and costs will be evaluated for general reasonableness, allow ability, and allow ability. To the extent that they are necessary, if award is made based on initial proposals, negotiations will then be conducted with all applicants whose proposals, after discussion and negotiation, has a reasonable chance of being selected for award. Awards will be made to responsible applicants whose proposals offer the greatest value, cost and other factors considered. Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

A. Technical Evaluation Criteria

A.1 Technical Understanding and Approaches (40 points)

The proposal reflects excellent understanding of USAID, the overall project statement of work and its objective, and the ability to synthesize and apply the lessons learned from similar projects or projects. The proposal clearly demonstrates:

- How the applicant positions indigenous organizations in strategic and technical leadership roles.
- Understanding of the opportunities and constraints related to supporting the planning, implementation and monitoring of roll out of ART and laboratory services at regional referral and district hospitals in Uganda.
- Demonstrate expertise in providing technical and programmatic support and capacity building in HIV/AIDS care, treatment and laboratory services
- Sound strategic and technical approach(es) that describe how the applicant will effectively and efficiently achieve the objectives and results outlined in the project description.
- Realistic capacity building plan with clear exit strategy and phase out plan

- A comprehensive performance monitoring plan to effectively monitor and report on activities and results.

A.2 Personnel & Management Structure (30 points)

Proposal demonstrates that key personnel have requisite breadth and depth of technical expertise and experience in management, planning and provision of specialized technical assistance necessary for achievement of project results. The proposal clearly:

- Demonstrates an effective and cost-efficient management structure to achieve project goals, objectives and targets.
- Describe the roles and responsibilities of home office management staff, their assigned management and decision-making authorities, and the relationship the applicants will have with expected sub-grants.
- Complete staffing plan with underlying rationale (including support staff), an organizational chart demonstrating lines of authority and staff responsibility, and brief position descriptions for each technical staff position
- Proposes personnel who have relevant professional qualifications and experience appropriate to manage and achieve results.
- Demonstrates commitment to using Ugandan and regional professionals and managers who hold significant positions in the management and implementation of this project.

A.3 Institutional Capacity and Past Performance (30 points)

Proposals will be evaluated on the basis of the extent to which they can:

- Demonstrate organizational knowledge and institutional capability to support the planning, delivery, monitoring and evaluation of similar ART and laboratory services in Africa within public and private health delivery systems
- Ability to facilitate a smooth transition from currently supported activities where applicable to this new project
- Track record in building and sustaining indigenous institutions and sustainable technical support mechanisms
- Describe relevant work experience and representative accomplishments in managing and implementing similar projects.
- Quality of performance on past work; past performance checks related to past contracts/agreements rank the organization as good or better in standard areas of performance.

USAID reserves the right to obtain past performance information from other sources including those not named in the applicants' application.

B. Cost Evaluation Criteria (will be reviewed separately)

Besides the technical criteria, the proposal will be assessed for cost realism and should therefore address the following:

Cost Effectiveness and Realism
The proposed costs are realistic, reasonable, complete, and allowable. The costs are realistic for the effort and consistent with the technical components of the application. Strategies that

maximize cost-efficiency will be highly evaluated.

Adequacy of budget detail and financial feasibility
The proposed budget is sufficient to support the proposed activities and all proposed costs are adequately supported by notes highlighting the key assumptions used in their determination. USAID reserves the right to determine the resulting level of funding for the Co-operative Agreement

Technical versus Cost considerations: For this RFA, technical considerations are more important than cost.

C. Award

To the extent that they are necessary (if award is not made based on initial applications), discussions and negotiations will be conducted with all the applicants whose applications have a reasonable chance of being selected for award. Applications will be ranked in accordance with the selection criteria identified above. USAID reserves the right to determine the resulting level of funding for the cooperative agreement. The selection process may involve Oral presentations, which will be conducted in Kampala, with those applicants whose application, has a reasonable chance of being selected for award.

Award(s) will then be made to responsible applicant whose application offers the greatest value, cost and other factors considered.

SECTION E – REQUIRED USAID CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF THE RECIPIENT:

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement".

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

3. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

4. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING EXECUTIVE ORDER 13224

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website : http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) An act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: http://untreaty.un.org/English/Terrorism.asp); or

(ii) An act of premeditated, politically motivated violence perpetrated against noncombatant targets by sub national groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or

subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

5. CERTIFICATION OF RECIPIENT

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No. _____

Application No. _____

Date of Application _____

Name of Recipient _____

Typed Name and Title _____

Signature _____

Date _____

6. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the Cooperative Agreement. If it is later

determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;

2. The recipient's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the Cooperative Agreement be given a copy of the statement required by paragraph (b) (1) (A);

(D) Notifying the employee in the statement required by paragraph (b) (1) (A) that, as a condition of employment under the Cooperative Agreement, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b) (1) (D) 1. from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b) (1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific Cooperative Agreement:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

_____

Alternate II

The recipient certifies that, as a condition of the Cooperative Agreement, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the Cooperative Agreement.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this application, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this application is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by

reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "application," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this application is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local)

transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1) (B) of this certification;

(D) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

[1] FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

8. CERTIFICATION REGARDING MATERIAL SUPPORT AND RESOURCES

As a condition of entering into the referenced agreement, _____ hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: § 219 of the Immigration and Nationality Act, as amended (8 U.S.C. § 1189), the International Emergency Economic Powers Act (50 U.S.C. § 1701 et seq.), the National Emergencies Act (50 U.S.C. § 1601 et seq.), or § 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001) (8 U.S.C. §1182). _____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, "material support and resources" includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, "engage in terrorist activity" shall have the same meaning as in

section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. § 1182(a)(3)(B) (iv)).

For purposes of this certification, "entity" means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signature: _____

Name: _____

Date: _____

Address: _____

NOTICE:

If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001

9. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

10. PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

11. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this application, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this application is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "application," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this application is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this application that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this application, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

_____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

12. CERTIFICATION OF COMPLIANCE WITH THE STANDARD PROVISIONS ENTITLED "CONDOMS" AND "PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING."

Applicability: This certification requirement only applies to the prime recipient. Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:

"[Recipient's name] certifies compliance as applicable with the standard provisions entitled "Condoms" and "Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking" included in the referenced agreement."

RFA No. _____

Application No. _____

Date of Application _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature _____

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name Title Telephone No. Facsimile No.

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

(1) Recipient's name.
(2) Recipient's address.
(3) Recipient's telephone number.
(4) Line of business.
(5) Chief executive officer/key manager.
(6) Date the organization was started.
(7) Number of people employed by the recipient.

(8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at http://www.dbisna.com/dbis/customer/custlist.htm. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION (Generic) QUANTITY ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componentry, which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially

recognized new commodity result, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION QUANTITY ESTIMATED GOODS PROBABLE GOODS PROBABLE (Generic) UNIT COST COMPONENTS SOURCE COMPONENTS ORIGIN

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE INTENDED USE (Generic) UNIT COST SOURCE ORIGIN

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE SLUPPIER NATIONALITY RATIONALE (Generic) UNIT COST (Non-US Only) for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of $5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share $500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION(Generic) QUANTITY ESTIMATED UNIT COST PROPOSED DISPOSITION

5. PAST PERFORMANCE REFERENCES

On a continuation page, please provide past performance information requested in the RFA.

6. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or loc al governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of _____ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

7. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non- color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

SECTION F – STANDARD PROVISIONS AND OTHER REQUIREMENTS

1. IMPLEMENTATION OF E.O. 13224 - EXECUTIVE ORDER ON TERRORIST FINANCING

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this contract/agreement.

2. REVISED REGULATIONS CONCERNING DEBARMENT AND SUSPENSION AND DRUG-FREE WORKPLACE APPLICABLE TO ASSISTANCE

A. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (JANUARY 2004)

(1) The recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:

(a) Are presently excluded or disqualified from covered transactions by any Federal department or agency;

(b) Have been convicted within the preceding three-years period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any

other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;

(c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and

(d) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.

(2) The recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this grant with a person or entity that is included on the Excluded Parties List System (http://epls.arnet.gov). The recipient further agrees to include the following provision in any subagreements or contracts entered into under this award:

B. DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (DECEMBER 2003)

The recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

(3) The policies and procedures applicable to debarment, suspension, and ineligibility under USAID-financed transactions are set forth in 22 CFR Part 208.

C. DRUG-FREE WORKPLACE (JANUARY 2004)

(1) The recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must:

(a) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;

(b) Specify the actions the recipient will take against employees for violating that prohibition; and

(c) Let each employee know that, as a condition of employment under any award, he or she

(1) Must abide by the terms of the statement, and

(2) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.

(3) The recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about

(a) The dangers of drug abuse in the workplace;

(b) Your policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation and employee assistance programs; and

(d) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.

(4) Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award, or the completion date of this award, whichever occurs first.

(5) The recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the recipient learns of the conviction.

(6) Within 30 calendar days of learning about an employee's conviction, the recipient must either

(a) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or

(b) Require the employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.

(7) The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

3. SUPPORTING USAID'S DISABILITY POLICY IN CONTRACTS, GRANTS AND COOPERATIVE AGREEMENTS

USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004):

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: http://www.usaid.gov/about/disability/DISABPOL.FIN.html.

(b) USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope

of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

4. MARKING UNDER ASSISTANCE INSTRUMENTS

I BRANDING STRATEGY - ASSISTANCE (December 2005)

(a) **Definitions**

Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an **Apparently Successful Applicant** after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or subawards.

(b) **Submission.**

The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

(c) **Submission Requirements**

At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

(1) Positioning

What is the intended name of this program, project, or activity?

Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center."

If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project. *For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors]*. Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.

Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity

Who are the primary and secondary audiences for this project or program?

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents–specifically mothers*

What communications or program materials will be used to explain or market the program to beneficiaries?
Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

What is the main program message(s)?

Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."* Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?

Guidelines: These may include media releases, press conferences, public events, and so forth. Note: incorporating the message, "USAID from the American People", and the USAID Identity is required.

Please provide any additional ideas about how to increase awareness that the American people support this project or program.

Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

(3) Acknowledgements

Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?

Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(a) Award Criteria. The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant's cost data submissions; with the Apparently Successful Applicant's project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

II MARKING PLAN – ASSISTANCE (December 2005)

(a) Definitions

Marking Plan means a plan that the Apparently Successful Applicant submits at the specific request of a USAID Agreement Officer after evaluation of an application for USAID funding, detailing the public communications, commodities, and program materials and other items that will visibly bear the USAID Identity. Recipients may request approval of Presumptive Exceptions to marking requirements in the Marking Plan.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, cooperative agreements, or other assistance awards or subawards.

A Presumptive Exception exempts the applicant from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material or other deliverable, or a *category* of USAID-funded public communications, commodities, program materials or other deliverables that would otherwise be required to visibly bear the USAID Identity. The Presumptive Exceptions are:

Presumptive Exception (i). USAID marking requirements may not apply if they would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles and editorials; and public service announcements or public opinion polls and surveys (22 C.F.R. 226.91(h)(1)).

Presumptive Exception (ii). USAID marking requirements may not apply if they would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (22 C.F.R. 226.91(h)(2)).

Presumptive Exception (iii). USAID marking requirements may not apply if they would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official (22 C.F.R. 226.91(h)(3)).

Presumptive Exception (iv). USAID marking requirements may not apply if they would impair the functionality of an item, such as sterilized equipment or spare parts (22 C.F.R. 226.91(h)(4)).

Presumptive Exception (v). USAID marking requirements may not apply if they would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, such as food in bulk (22 C.F.R. 226.91(h)(5)).

Presumptive Exception (vi). USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (22 C.F.R. 226.91(h)(6)).

Presumptive Exception (vii). USAID marking requirements may not apply if they

would conflict with international law (22 C.F.R. 226.91(h)(7)).

(b) **Submission.** The Apparently Successful Applicant, upon the request of the Agreement Officer, will submit and negotiate a Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The marking plan will be customized for the particular program, project, or activity under the resultant grant or cooperative agreement. The plan will be included in and made a part of the resulting grant or cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Marking Plan within the time specified by the Agreement Officer. Failure to submit and negotiate a Marking Plan will make the applicant ineligible for award of a grant or cooperative agreement. The applicant must include an estimate of all costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials, and so forth in the budget portion of its application. These costs are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

(c) **Submission Requirements**. The Marking Plan will include the following:

(1) A description of the public communications, commodities, and program materials that the recipient will be produced as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity. These include:

(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;

(ii) technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;

(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and

(iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:

(i) the program deliverables that the recipient will mark with the USAID Identity,

(ii) the type of marking and what materials the applicant will be used to mark the program deliverables with the USAID Identity, and

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking.

(3) A table specifying:

(i) what program deliverables will not be marked with the USAID Identity, and

(ii) the rationale for not marking these program deliverables.

(d) **Presumptive Exceptions.**

(1) The Apparently Successful Applicant may request a Presumptive Exception as part of the overall Marking Plan submission. To request a Presumptive Exception, the Apparently Successful Applicant must identify which Presumptive Exception applies, and state why, in light of the Apparently Successful Applicant's technical proposal and in the context of the program description or program statement in the USAID Request For Application or Annual Program Statement, marking requirements should not be required.

(2) Specific guidelines for addressing each Presumptive Exception are:

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking exception 1.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.

(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.

(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

(v) For Presumptive Exception (v), explain why marking would not be cost-beneficial or practical.

(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) For Presumptive Exception (vii), identify the applicable international law

violated by marking.

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Cognizant Technical Officer and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

(e) **Award Criteria**: The Agreement Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Agreement Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the applicant's cost data submissions; with the applicant's actual project, activity, or program performance plan; and with the regulatory requirements of 22 C.F.R. 226.91. The Agreement Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

III MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding recipient offices, vehicles, and non-deliverable items for recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage

treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Subrecipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID subaward, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and through such recipients to subrecipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is "from the American people." The USAID Identity is available on the USAID website at http://www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards.

(b) Marking of Program Deliverables

(1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements "flow down" to subrecipients of subawards, recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded subaward, as follows:

"As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, subrecipient's, other donor's or third party's is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity."

(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

"*This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not*

necessarily reflect the views of USAID or the United States Government."

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 60 days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications

better positioned as "by" or "from" a cooperating country ministry or government official;

(iv) USAID marking requirements would impair the functionality of an item;

(v) USAID marking requirements would incur substantial costs or be impractical;

(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;

(vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

5. ANTI-TRAFFICKING ACTIVITIES--LIMITATION ON USE OF FUNDS; RESTRICTION ON ORGANIZATIONS PROMOTING, SUPPORTING, OR ADVOCATING PROSTITUTION

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"ORGANIZATIONS ELIGIBLE FOR TIP ASSISTANCE (MAY 2007)

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. No funds made available under an agreement resulting from this Request for Application or Annual Program Statement for the purpose of monitoring or combating trafficking in persons may be used to promote, support or advocate the legalization or practice of prostitution. Nothing in the immediately preceding sentence shall be
construed to preclude assistance designed to combat trafficking in persons, including programs for prevention, protection of victims, and prosecution of traffickers, by ameliorating the suffering of, or health risks to, victims while they are being trafficked or after they are out of the situation that resulted from such victims being trafficked. U.S. and foreign organizations, Public International Organizations and collaboration agreement non-traditional partners, in each case, whether prime or sub-recipients, that
receive U.S. Government funds to carry out programs that target victims of severe forms of trafficking, which means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age, cannot promote, support or advocate the legalization or practice of prostitution. The preceding sentence shall not apply to such organizations or non-traditional partners that provide services to individuals solely after they are no
longer engaged in activities that resulted from such victims being trafficked.
In accordance with the information-sharing requirements in Section 105(f)(4) of the 2003 TVPRA and subject to the review procedures of the Senior Policy Operating Group (SPOG) -- an inter-agency coordinating body statutorily established by the 2003 TVPRA -- before USAID makes any award for anti-trafficking programs or activities or makes an award with a significant anti-trafficking component, USAID is required, to the extent permitted by law, share information on its proposed action with the other primary grant-making SPOG member agencies (Department of State, USAID, Department of
Justice, Department of Labor, Department of Health and Human Services, and Department of Homeland Security). Such information shared by the awarding SPOG member agency shall

include (i) the name of the funding recipient (including subgrantees or sub-awardees); (ii) location of proposed project; (iii) proposed amount of the award; and (iv) a one or two sentence description of the project. SPOG member
agencies shall have the opportunity to comment on (but not clear) any proposed anti trafficking award of USAID's with respect to (1) whether the proposed action will duplicate anti-trafficking activities of other member agencies; (2) whether the proposed action presents opportunities for partnership with anti-trafficking activities of other member agencies; or (3) whether the proposed action or award to a funding recipient is consistent with U.S. Government policies on combating trafficking in persons. This review and comment process may take twenty-seven business days or longer.

6. HOMELAND SECURITY PRESIDENTIAL DIRECTIVE-12 (HSPD-**12) (SEPTEMBER 2006)**

In response to the general threat of unauthorized access to federal facilities and information systems, the President issued Homeland Security Presidential Directive-12. HSPD-12 requires all Federal agencies to use a common Personal Identity Verification (PIV) standard when identifying and issuing access rights to users of Federally-controlled facilities and/or Federal Information Systems. USAID is applying the requirements of HSPD-12 to applicable assistance awards. USAID will begin issuing HSPD-12 "smart card" IDs to applicable recipients (and recipient employees), using a phased approach. Effective October 27, 2006, USAID will begin issuing new "smart card" IDs to new recipients (and recipient employees) requiring routine access to USAID controlled facilities and/or access to USAID's information systems. USAID will begin issuance of the new smart card IDs to existing recipients (and existing recipient employees) on October 27, 2007. (Exceptions would include those situations where an existing recipient (or recipient employee) loses or damages his/her existing ID and would need a replacement ID prior to Oct 27, 2007. In those situations, the existing recipient (or recipient employee) would need to follow the PIV processes described below, and be issued one of the new smart cards.)

Accordingly, before a recipient (including a recipient employee) may obtain a USAID ID (new or replacement) authorizing him/her routine access to USAID facilities, or logical access to USAID's information systems, the individual must provide two forms of identity source documents in original form and a passport size photo. One identity source document must be a valid Federal or state government-issued picture ID. (Overseas foreign nationals must comply with the requirements of the Regional Security Office.) USAID/W recipients (and recipient employee) must contact the USAID Security Office to obtain the list of acceptable forms of documentation, and recipients working in overseas Missions must obtain the acceptable documentation list from the Regional Security Officer. Submission of these documents, and related background checks, are mandatory in order for the recipient (or employee) to receive a building access ID, and before access will be granted to any of USAID's information systems. All recipients (or employees) must physically present these two source documents for identity proofing at their USAID/W or Mission Security Briefing. The recipient (or employee) must return any issued building access ID and remote authentication token to USAID custody upon termination of the individual's employment with the recipient or completion of the award, whichever occurs first.

The recipient must comply with all applicable HSPD-12 and PIV procedures, as described above, as well as any subsequent USAID or government-wide HSPD-12 and PIV procedures/policies, including any subsequent applicable USAID General Notices, Office of Security Directives and/or Automated Directives System (ADS) policy directives and required procedures. This includes HSPD-12 procedures established in USAID/Washington and those procedures

established by the overseas Regional Security Office. In the event of inconsistencies between this clause and later issued Agency or government-wide HSPD-12 guidance, the most recent issued guidance should take precedence, unless otherwise instructed by the Agreement Officer.

The recipient is required to include this clause in any subawards (including subcontracts) that require the subawardee or subawardee employee to have routine physical access to USAID space or logical access to USAID's information systems.

7. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

Requirements for Voluntary Sterilization Programs

None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

a. Voluntary Participation and Family Planning Methods:

(1) The recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects

(1) A Family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization or public international organization provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of,

contraceptive commodities or technical services and for which there is no subaward or contract under this award, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) The recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph; the recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
The recipient shall provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization for a period of three years after performance of the sterilization procedure.

d. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning;

(ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

e. The recipient shall insert this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. The term subagreement means subgrants and subcooperative agreements.

8. IMPLEMENTATION OF THE UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA ACT OF 2003 – ELIGIBILITY LIMITATION ON THE USE OF FUNDS AND OPPOSITION TO PROSTITUTION AND SEX TRAFFICKING

ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (ASSISTANCE) (JUNE 2005)
An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

CONDOMS (ASSISTANCE) (JUNE 2005)
Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms. This fact sheet may be accessed at: http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html"

PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (JUNE 2005)

(a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b) Except as noted in the second sentence of this paragraph, as a condition of entering into this agreement or any sub agreement, a non-governmental organization or public international

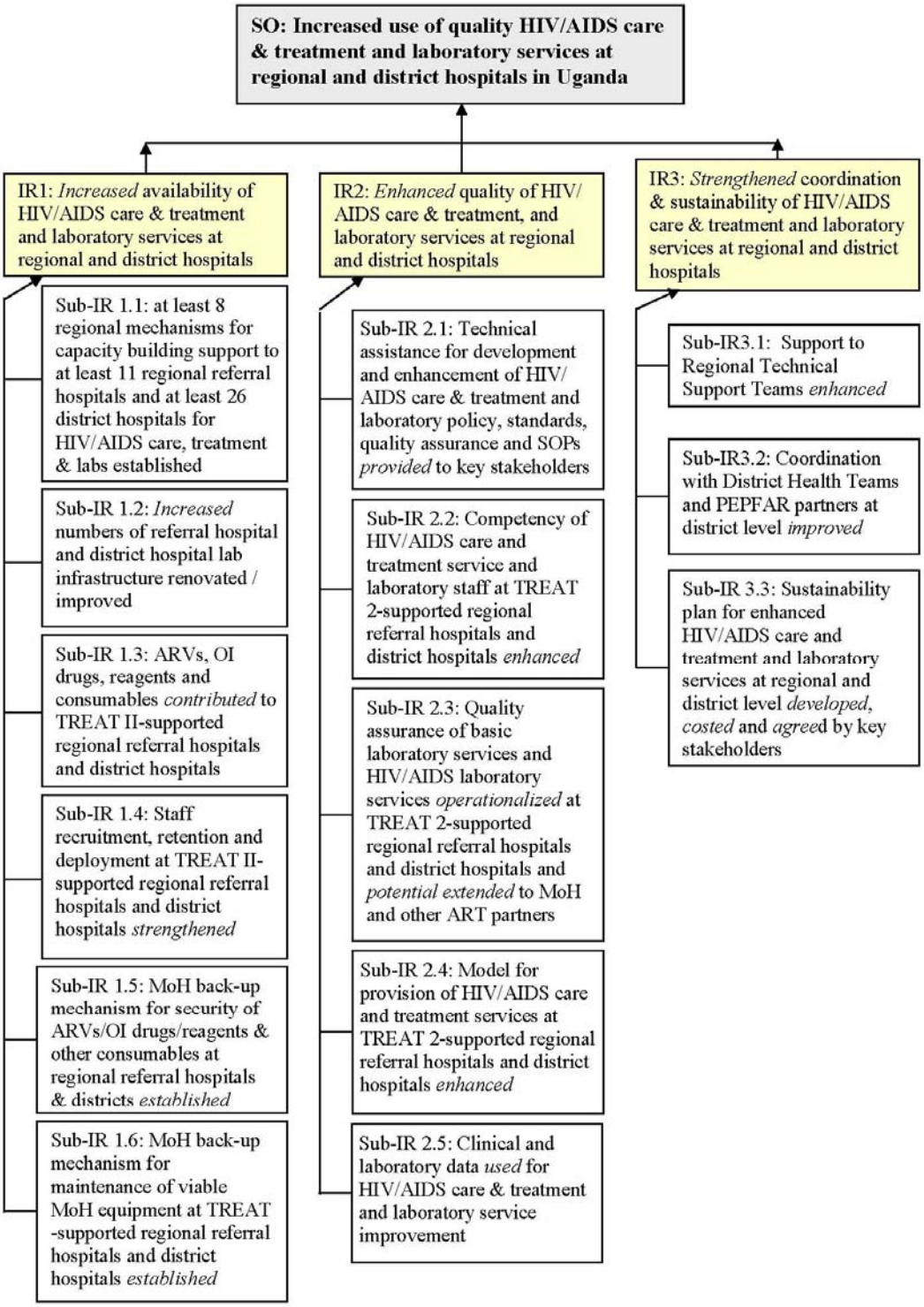
organization recipient/sub recipient must have a policy explicitly opposing prostitution and sex trafficking. The following organizations are exempt from this paragraph: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(c) The following definition applies for purposes of this provision: Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C.7102(9).

(d) The recipient shall insert this provision, which is a standard provision, in all sub agreements.

(e) This provision includes express terms and conditions of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Attachment 1: Indicative Results Framework for SUSTAIN



Attachment 2: Current TREAT sites and transition plan. All sites are expected to be completely transitioned from TREAT to SUSTAIN by September 30, 2009.

S.N	District Name	Name of Sub-County	Name of Facility-based Service Outlet	# patients as of end of Feb 09 base on JCRC data	Transition plan
1	ARUA	ARUA HILL	ARUA REGIONAL HOSPITAL	NA	SUSTAIN-only for lab services
2	GULU	LAROO	GULU REGIONAL HOSPITAL	1000	SUSTIAN
3	LIRA	ADYEL DIVISION	LIRA REGIONAL HOSPITAL	678	SUSTAIN
4	HOIMA	HOIMA T.C.	HOIMA REGIONAL HOSPITAL	636	SUSTAIN
5	JINJA	KAKIRA	KAKIRA HOSPITAL	1009	SUSTAIN
6	JINJA	KIMAKA MPUMUDDE DIVISION	JINJA REGIONAL HOSPITAL	383	SUSTAIN
7	KAABONG	KAABONG T.C.	KAABONG HOSPITAL	49	SUSTAIN
8	KABALE	KABALE CENTRAL	KABALE REGIONAL HOSPITAL	1589	SUSTAIN
9	KABAROLE	SOUTHERN DIVISION	BUHINGA REGIONAL HOSPITAL	2080	SUSTAIN
10	KAMPALA	MAKINDYE DIVISION	NSAMBYA HOSPITAL, PRIVATE CLINIC	1075	SUSTAIN
11	KAMPALA	RUBAGA DIVISION	JCRC KAMPALA CLINIC	6005	SUSTAIN
12	KIBOGA	KIBOGA T.C.	KIBOGA HOSPITAL	339	SUSTAIN
13	KUMI	NGORA	NGORA HOSPITAL	395	SUSTAIN
14	MASINDI	MASINDI T.C.	MASINDI HOSPITAL	166	SUSTAIN
15	MBALE	NORTHERN DIVISION	MBALE REGIONAL HOSPITAL	1737	SUSTAIN
16	MBARARA	KAMUKUZI DIVISION	MBARARA REGIONAL HOSPITAL	2560	SUSTIAN
17	MOYO	MOYO T.C.	MOYO HOSPITAL	105	SUSTIAN
18**	Masaka		Masaka Regional Hospital	0	SUSTAIN for lab support
19	MPIGI	KIBIBI	GOMBE HOSPITAL	289	SUSTIAN
20	MUBENDE	MUBENDE T.C.	MUBENDE HOSPITAL	1608	SUSTAIN
21	MUKONO	LUGAZI T.C.	KAWOLO HOSPITAL	708	SUSTAIN
22	NEBBI	NEBBI T. C.	NEBBI HOSPITAL	293	SUSTAIN
23	SOROTI	NORTHERN DIVISION	SOROTI REGIONAL HOSPITAL	277	SUSTAIN

24	KASESE	KISINGA	KAGANDO HOSPITAL	94	SUSTAIN
Total				**23075**	

- ** Masaka and Arua Regional Hospitals have other partners who support HIV/AIDS care and treatment services. SUSTAIN support will focus on lab capacity building only.

Attachment 2.1: Current TREAT sites to be transitioned to USAID district based program for South West (STAR-SW).

Transition is expected to be completed by September 30, 2010.

S.N	District Name	Name of Sub-County	Name of Facility-based Service Outlet	# patients as of end of Feb 09 base on JCRC data	Transition plan
1	BUSHENYI	BUSHENYI T.C.	ISHAKA HOSPITAL	2010	Transition to STAR-SW
2	BUSHENYI	KITAGATA	KITAGATA HOSPITAL	411	Transition STAR-SW
3	IBANDA	IBANDA T.C.	IBANDA HOSPITAL	401	Transition to STAR SW
4	KANUNGU	KAMBUGA	KAMBUGA HOSPITAL	108	Transition to STAR-SW
5	KANUNGU	KAYONZA	BWINDI COMMUNITY HC II	174	Transition to STAR-SW
6	KIRUHURA	KENSHUNGA	RUSHERE COMMUNITY HOSPITAL	447	Transition to STAR-SW
7	KISORO	KISORO T.C.	KISORO HOSPITAL	326	Transition to STAR-SW
8	NTUNGAMO	ITOJO	ITOJO HOSPITAL	516	Transition to STAR-SW
9	NTUNGAMO	RUKONI	KITWE HC IV	157	Transition to STAR-SW
10	RUKUNGIRI	NYARUSHANJE	KISIIZI HOSPITAL	468	Transition to STAR-SW
11	RUKUNGIRI	RUKUNGIRI T.C.	NYAKIBALE HOSPITAL	295	Transition to STAR-SW
	Total			**5313**	

Attachment 2.2: Current TREAT sites for transition to TBD partner (s).
Transition is expected to be completed by September 30, 2011.

S.N	District Name	Name of Sub-County	Name of Facility-based Service Outlet	# patients as of end of Feb 09 base on JCRC data	Transition plan
1	KALANGALA	KALANGALA T.C.	KALANGALA HC IV	134	Transition to TBD partner
2	KAMPALA	KAWEMPE DIVISION	KAWEMPE HOME CARE INITIATIVE	144	Transition to TBD partner
3	KAMPALA	KAWEMPE DIVISION	MUJHU	545	Transition to TBD partner
4	KAMPALA	MAKINDYE DIVISION	HOPE CLINIC LUKULI-MAKINDYE HC III	133	Transition to TBD partner
5	TORORO	MUKUJU	MUKUJU HC IV	482	Transition to TBD partner
6	WAKISO	KATABI	MEDICAL RESEARCH COUNCIL	496	Transition to TBD partner
7	WAKISO	KIRA	NAMUGONGO CHILDREN'S CLINIC	120	Transition to TBD partner
8	KASESE	KASESE T.C.	ST PAUL HC IV	251	Transition to TBD partner
9	KATAKWI	KATAKWI T.C	KATAKWI HC IV	151	Transition to TBD partner
10	LUWEERO	LUWERO T.C.	LUWERO HC IV	634	Transition to TBD partner
11	MPIGI	MPIGI T.C.	MPIGI HC IV	699	Transition to TBD partner
Total				**3789**	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ **Construction** ☑ **Non-Construction**	Pre-application ☐ **Construction** ☐ **Non-Construction**	**2. DATE SUBMITTED**	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	**Organizational Unit**:
	Department:
Organizational DUNS:	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street:	Prefix: / First Name:
City:	Middle Name
County:	Last Name
State: / Zip Code	Suffix:
Country:	Email:
6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* ☐☐-☐☐☐☐☐☐☐	Phone Number (give area code) / Fax Number (give area code)

8. TYPE OF APPLICATION: ☐ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT: (**See back of form for Application Types) Other (specify) **9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*	
13. PROPOSED PROJECT Start Date: / Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant / b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**	
a. Federal	$ .00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	$ .00		
c. State	$ .00		
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**	
g. TOTAL	$ .00	☐ Yes If "Yes" attach an explanation. ☐ No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix / First Name		Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Reset Form

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 1/31/2006

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50

☐ 4-5 ☐ 51-100

☐ 6-12 ☐ over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less than $150,000

☐ $150,000 - $299,999

☐ $300,000 - $499,999

☐ $500,000 - $999,999

☐ $1,000,000 - $4,999,999

☐ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money our organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

OMB No. 1890-0014 Exp. 1/31/2006