

**WAVE 2:
REQUEST FOR APPLICATIONS
FOR
SMALL GRANTS PROGRAM**

IN SUPPORT OF

**USAID TUBERCULOSIS PROGRAM SOUTH AFRICA
UNDER
USAID CONTRACT NUMBER 674-C-00-09-00121-00**

Release Date: Wednesday, June 30, 2010

Application Due date: Wednesday, July 28, 2010, 1600 Hours Pretoria Time

Managed by:

University Research Co., LLC

Program Director:

Dr. Ntombi Mhlongo-Sigwebela

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LIST OF ACRONYMS

ACSM	Advocacy, Communication, and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
RFA	Annual Program Statement
COTR	Contracting Officer's Technical Representative
DOH	Department of Health
DOTS	Directly Observed Treatment Short-course
EC	Eastern Cape
FS	Free State
GSC	Grant Selection Committee
HIV	Human Immunodeficiency Virus
KZN	KwaZulu Natal
NC	Northern Cape
NDOH	National Department of Health
NHLS	National Health Laboratory Service
NTCP	National Tuberculosis Control Program
NW	North West
PEPFAR	President's Emergency Plan for AIDS Relief
PPM	Public-Private Mix
SAG	South African Government
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	Extensively Drug Resistant Tuberculosis

1 INTRODUCTION

University Research Co., LLC (URC) currently implements a contract awarded by the US Agency for International Development (USAID) to provide technical assistance to the National TB Control Program (NTCP) in South Africa. The small grants program is an important element of the USAID TB PROGRAM SOUTH AFRICA designed to help increase the demand and availability of TB and TB/HIV services. To assist the USAID TB PROGRAM SOUTH AFRICA in carrying out the objectives, several small grants will be awarded by URC to South African firms in compliance with USAID regulations.

A Request for Applications (RFAs) to support the program has been issued to formally compete small grants and select grantees to implement interventions that strengthen DOTS including TB case detection, active case finding, follow up of TB cases, prevention and treatment of MDR TB, integration/expansion of TB into HIV services (implementation of 3Is), public-private mix (PPM) DOTS, improving access and quality of laboratory services and social mobilization in South Africa. URC assists the grantee organizations to develop and implement interventions to improve treatment adherence, continuum of care for TB patients and TB/HIV co-infected people.

A major focus of this round of grants will be to develop and implement community-based strategies for treatment of MDR TB patients. However, URC will also accept proposals for expansion of universal TB case detection, TB treatment and support, diagnosis and treatment of TB among children, and TB-HIV integrated activities. The applications should link community-based strategies with the Department of Health (DOH) TB and MDR TB interventions. Applicants who are currently involved in health programs in the following districts/subdistricts will receive priority in funding: KZN - Zululand, uThukela, Mgungundlovu, Ugu, Mkhanyakude; NC – Siyanda; NW – Mafikeng, Matlosana; FS – Thabo Mafutsanyane, Fezile Dabi; EC – Nelson Mandela Metro; Mpumalanga – Nkangala, Gert Sibande. Applicants will also have to demonstrate their capacity in working with DOH/NTCP in achieving proposed program objectives. The proposals should focus on specific geographic areas (sub-district/district) that are critical to develop continuum of care for TB and MDR TB patients. URC will also accept proposals which will initiate TB infection control measures in health care facilities, in the community and in the homes of MDR TB patients.

Offerors should prepare and submit their applications to URC-Pretoria office. URC will convene a Grants Selection Committee to evaluate and score the proposals on the basis of criteria that are stated in Section VIII of this RFA. Negotiations will be conducted with organizations that have acceptable technical and cost applications. Award of the grant will be made to the most advantageous offerer(s) considering technical and price elements. NGOs that are currently receiving funding through the PEPFAR program for TB/HIV activities will not be eligible to receive funds through the URC mechanism.

2 BACKGROUND AND RATIONALE FOR SUPPORTING TB PROGRAM EXPANSION THROUGH SMALL GRANTS PROGRAM

Tuberculosis poses a serious threat to the public health and economic well-being of South Africans because it typically affects the most productive and economically active segments of the population and disproportionately affects the poor. In South Africa, the TB situation has been exacerbated by the emergence of HIV/AIDS. Although the National TB Control Program (NTCP) has made significant progress over the past several years, it still faces challenges in increasing case detection and cure rates. Key barriers to achieving these objectives include: community understanding about the disease, limited access to services, provider knowledge and compliance with DOTS, and patient adherence with treatment, among others.

The South African NTCP is developing real-time strategies to identify pockets of high TB incidence and develop appropriate local interventions to reach these sub-groups. The driving force behind a rapid and sustainable spread of these interventions will require grass-roots community mobilization, public, private and community systems strengthening, human and financial resources, and innovative programming which begins with understanding current health seeking behaviors and practices within communities.

Most of the TB services are provided by public health clinics in the country. However, many TB suspects visit traditional doctors, private providers, and others before being identified with the disease. This delay in identifying TB disease in the early stages continues to spread the bacilli in the community. TB services are also offered by large employers as well as some of the medical schemes. To increase TB case detection, there is a need to design and implement strategies that would increase universal early case detection. The early case detection could also be enhanced through contact tracing of known TB patients through home-based and other community level strategies.

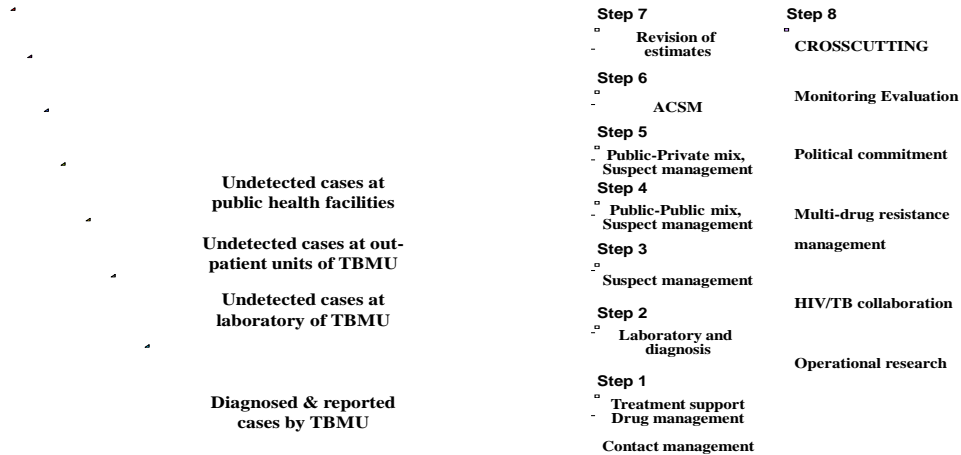
2.1 Strategies for universal case detection

A number of gaps need to be urgently addressed to further improve the TB program outcomes in the country. These include: early diagnosis of smear-negative, extra-pulmonary and childhood TB; scaling up of Multi-Drug Resistant TB (MDR-TB) diagnosis and treatment; involvement of small to medium enterprise as well as private and other public health service providers; improving TB-HIV coordination at management and service delivery levels; scaling up of Advocacy Communication and Social Mobilization (ACSM) activities; and health systems strengthening including lab infrastructure, supervision, information systems, and monitoring and evaluation.

Figure 1, provides a framework to understand why TB cases might be missing from TB notification data and provides illustrative programmatic or health system interventions that will be needed to increase the TB case notification rate. WHO presented this framework to the international TB community in 2002 and has been termed the “onion” model. (see: TB Impact Measurement Policy and recommendations for how to assess the epidemiological burden of TB and the impact of TB control – WHO 2009). Based on this model, only TB cases in the innermost ring are accounted for in TB notification data. Factors affecting missed cases include laboratory errors, lack of notification of cases by public and private providers, failure of cases accessing health services to be identified as people suspected of having TB and lack of access to health

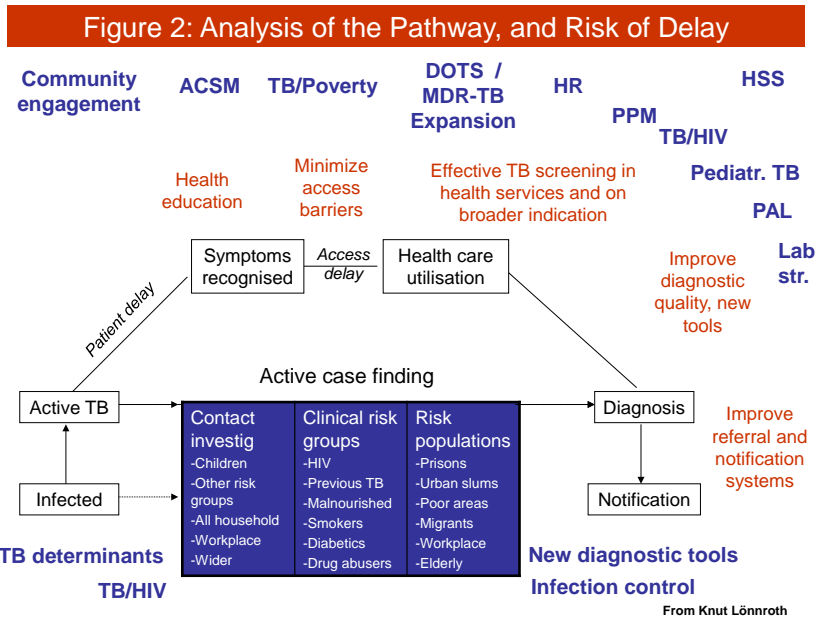
services. To detect the undetected cases, a program could take specific actions for each ring to increase the TB detection rate.

Figure 1: Key Strategies to Detect Undetected Cases



From Chris Dye

Figure 2, provides a framework for improved early case detection which can be adapted for the South African setting. (see Knut Lönnroth, Framework for improved, early case detection DEWG meeting, October 2009). The framework shows 3 critical delays – patient, access and health services – that impact program outcomes. The local NGOs could work with the health care facilities to improve case detection and follow up.



2.2 Rationale for Proposed Grants Programs

In South Africa, USAID along with WHO and other donors are assisting the NDOH to design and implement strategic interventions for improving TB diagnosis and treatment. While the Stop TB Strategy and the Global Plan to Stop TB 2006-2015 provide a well-defined framework for TB control in the global context, it is clear that South Africa needs to develop well focused plans that reflect the local needs and capacities.

The main focus of small grants funded under this program is to support the development and testing of innovative approaches for addressing universal case detection, high cure/treatment success rates, MDR-TB identification and treatment, and other key programmatic gaps that are detrimental to improving the TB program. The applicants are encouraged to review the WHO Strategic Technical Advisory Group meeting reports to identify key proposed consensus strategies for expanding universal case detection as well as quality of TB services. The STAG reports are available at http://www.who.int/tb/advisory_bodies/stag/en/index.html. In addition, the applicants should also review appropriate documents on how best to introduce new tools and technologies for controlling TB in program settings at http://www.stoptb.org/wg/dots_expansion/inatresources.asp.

3 PROGRAM DESCRIPTION

The purpose of the small grants component is to assist the USAID TB PROGRAM SOUTH AFRICA in implementing community-based strategies to identify TB suspects and ensuring early referrals for screening and treatment, and in building community-based support to ensure treatment adherence by patients. This will also include working to improve services for TB-HIV co-infected people.

These small grants will contribute to achieving the following results under the USAID TB PROGRAM SOUTH AFRICA: universal early case detection rate of 85 percent and treatment success rate to 85 percent or higher; improved capacity to plan and implement TB DOTS at community, facility, district, and municipality levels; established systems for MDR case management and follow-up; improved understanding and support among the general population regarding TB signs, symptoms, referral, and treatment. In addition, the project will also increase screening, diagnosis, treatment and follow-up of TV-HIV co-infected people.

The main components under this small grants subproject will include (1) Improved access to and quality of TB and MDR TB services; (2) Improved patient compliance with TB and MDR TB treatment regimens; and (3) Increased demand for TB and MDR TB treatment. The proposed projects could be implemented in any of the nine provinces. Preference will be given to projects covering high prevalence TB and MDR TB geographic areas.

Specific activities to carry out the small grants subproject are outlined below.

3.1 Improved quality of TB services

Since the South African health system is decentralized with a greater control vested to provincial health offices for service delivery and program management, it is critical to build commitment at the lower levels, the lack of which can result in the following: (a) lack of effective plans to translate national TB policies into operational strategies; (b) limited resource commitments reflected in low staffing for TB program activities; and (c) poor monitoring and evaluation to assess policy efficacy and program performance.

Some illustrative activities for funding may include:

- Improve counseling of TB patients and care givers through use of job aids
- Improve skills of providers to provide high quality counseling through training and mentoring
- Support patient readiness programs at community and facility levels to reduce default rates
- Support treatment adherence as well as contact and default tracing (including MDR/XDR-TB)
- Provide community-based DOT to TB and MDR TB patients

3.2 Increased availability of TB treatment

Many areas in South Africa continue to have difficulties in creating access to quality TB services. Although the case detection rate in the country has continued to show a steady increase, improving treatment success rate continues to be a challenge. The Government of South Africa has identified

18 priority districts that were chosen because of their poor health status reflecting limited health service delivery capacity and poor access to health services. TB data from these districts also show that their TB performance is very poor with low treatment outcomes including high mortality rates.

Some illustrative activities could include:

- Carry out community-based screening of TB suspects and refer them to facilities;
- Where possible, collect sputum specimens and send them to facilities for testing;
- Promote same-day smear collection (front-loading)
- Build community-based coalitions to increase awareness, reduce stigma and push TB symptomatics and other respiratory symptoms to seek early treatment
- Carry out community-based DOT, specifically in hard-to-reach areas or nodal districts, to improve early identification of TB symptomatic through community-based screening activities
- Provide MDR TB treatment at home for cases who are not managed in hospital and are unable to access PHC facilities
- Trace newly diagnosed MDRTB cases and bring them to facilities for treatment
- Support operations research on community based models for managing TB and MDR patients post hospitalization; and,
- Integration/expansion of TB into HIV services;

3.3 Increased demand for TB treatment

3.3.1 Advocacy and Social Mobilization

Advocacy and social mobilization strategies played an important role in accelerating immunization activities and improving immunization coverage in the mid-1980s. The social mobilization process included mass campaigns, single events such as “immunization days,” expansion and strengthening of the primary health care infrastructure, or some combination of these approaches. Although TB programs hold annual TB days, not much is done to create mass awareness about TB. Thus, myths and stigma remain obstacles to TB treatment and care.

Some illustrative activities include:

- Conduct community-based public education events to increase awareness about TB
- Educate families of MDRTB cases about TB infection and prevention in the community
- Support school-based programs to create awareness among students and teachers about TB; use school pupils to influence their families on seeking early health care when any family member shows TB symptoms
- Work with religious and other informal leaders to promote early TB diagnosis and treatment
- Work with community radio stations to promote public education about TB prevention and control

3.3.2 Behavior Change Communication

The communications component will play an important role in supporting the USAID TB PROGRAM SOUTH AFRICA. Under this component, communication plans and a variety of materials and messages will be developed for increasing community awareness about tuberculosis and for increasing the demand for TB and TB/HIV services.

The URC-Pretoria team will assist grantees to develop an Integrated Communications Strategy utilizing the cost-effectiveness of mass media approaches with the behavior change that can result from interpersonal activities. Mass media is an excellent and cost-effective mechanism to reach large segments of a population and raise awareness of the availability of TB services. Some examples could include working with mass media channels to place PSAs and stories promoting knowledge about TB control and treatment. These campaigns will be linked with other community-based events and activities to increase public awareness about the disease; its prevention and treatment.

Some illustrative activities include:

- Organize meetings and parades each year for World TB Day at the district level. Ensure the participation of local officials, community leaders, patients and other stakeholders.
- Organize public meetings in crowded locations (e.g. bus stations, markets, etc) to provide information on TB.
- Work with mass media (i.e. TV, radio, internet) to promote knowledge about TB control and treatment.
- Organize school road shows in high burden districts and sub-districts to promote knowledge on TB to students in line with the NTCP's KICK TB campaign

3.3.3 Countering Stigma

Myths and misunderstandings about a disease are often the root cause of stigma. It is important that health care providers treat TB patients with sympathy to counter the stigma and negative attitude from the general population. Based on experience in other settings, accessible curative services decreases the stigma associated with TB. Mass media messages can be used to reduce the stigma associated with TB and to advocate for the rights of citizens to access affordable and high quality services at each level of the health care system.

Advocacy is making a case in favor of a particular cause using skillful persuasion and strategic action. In other words, advocacy simply means actively supporting a cause, and trying to get others to support it as well. Advocacy involves attempts to influence the political climate, public perceptions, policy decisions and funding allocations to bring about social change (e.g. increasing the TB cure rate in high-burden communities in South Africa). Advocates work not only to promote a defined solution, but also to defeat proposals that they consider as detrimental to their cause.

Some illustrative activities could include:

- Develop mass awareness campaigns (World TB day, school-based programs, etc.)
- Involving community members and patients of different ages to speak about the stigma associated with HIV/AIDS and TB

- Involve locally organized groups (e.g. an association of TB patients) in efforts to exert pressure on political leaders to address the needs of patients.

3.4 Programmatic management of drug resistant TB

Generally, MDR prevalence cannot be reduced without high quality TB care, including elements required for programmatic management of drug resistant TB (PMDT). The three pillars of strong PMDT are quality assured diagnostics, drugs and implementation of treatment within a health systems strengthening framework. Health systems should bring together both public and private sector resources to bear on PMDT.

At the moment, there are limited facilities for MDR TB diagnosis and treatment in South Africa. There is a need to explore approaches for expansion.

- Studying possible approaches and feasibility for community-based MDR TB treatment
- Improving access to diagnostic services including quality culture and DST in areas with high MDR TB burden and poor TB outcomes
- Interventions to increase case-holding (reduce default rate)

The sub-grantee will review existing models for MDR TB services and design an approach to expanding access to MDR diagnostic and treatment services. The interventions will be monitored closely for efficacy.

3.5 Childhood TB

There is a clear need for improving services for childhood tuberculosis; at the moment, there appears to be a large gap in detection and treatment for children. Stellenbosch University has undertaken work on improving TB case diagnosis among children. The model has potential to be expanded to other parts of the country.

Illustrative activities may include:

- Simplification and tailoring of diagnostic algorithms based on international studies (e.g. the use of symptom screens)
- Bridging the diagnosis and treatment gaps by involvement of professional groups (Pediatric association) or by training of health workers and volunteers in early identification of cases
- Screening of all contacts, including children, of index cases

3.6 Strengthen health systems

The TB program continues to face a number of health system related issues including drug logistics and supply chain, access to labs, supervision, etc. The applicants can propose ideas for reducing health systems barriers affecting TB program outcomes. This can also include the development of public-private partnerships in specific geographic areas covering public and private providers (hospitals, individual providers, medical schemes, etc.) who are not providing TB services, prisons, etc. In addition, URC will also accept proposals improving infection prevention and control in the clinical settings.

4 PROJECT SITES

Priority will be given to organizations that include activities looking at the priority areas (i.e. looking at the TB statistics and all the districts that are poor performing) in Eastern Cape, Mpumalanga, Northwest, KwaZulu-Natal, Northern Cape, Free State and Limpopo. Also, offerors may propose to work in any of the nine provinces with preference given to activities proposed in the South African Government's 18 priority districts. Offerors can propose to work in more than one district/province.

5 DELIVERABLES

Quarterly Reports: Grantees will be asked to report quarterly during the grant implementation process, providing both fiscal and operational results. URC-Pretoria staff will visit grantees periodically to provide technical assistance as well as to assist each grantee in problem-solving, and where appropriate and feasible provide capacity building TA.

Final Report: It should include a technical section, as outlined below, and a management component, detailing the status of project infrastructure (buildings, vehicles, office equipment, etc.) and its disposal, and an overview of the status of project finances. Where required, the financial statement produced by the grantee will be audited separately.

The technical section of the report should include:

- An introductory summary of project goals and objectives, with a broad overview of project achievements
- A presentation of each project objective with an outline of activities undertaken, an analysis of their contribution towards achieving the objective including both positive and negative aspects of the activities and the program, and a discussion of the difficulties encountered in achieving long-term sustainability of the program. Recommendations of alternatives approaches should be included.
- An evaluation of the progress made toward reaching the overall project goals. Recommendations on changing objectives, activities, institutional arrangements, personnel, allocations etc., should be made, whether as advice for preparation of another project phase, or as advice to the grantee for carrying on independently.
- Recommendations on the realistic long-term sustainability of project efforts. What will be needed in the future to institutionalize the conservation of resources and sustainable development that the project has promoted?
- Fund management and advance liquidation

Evaluations: External evaluations can be carried out by the project to measure the level of success of the grants to achieve its desired outcomes.

6 QUALIFYING CRITERIA

URC reserves the right to make multiple grants, cooperative agreements, collaboration agreements or no awards at all through this RFA. This RFA seeks applications from local South African organizations for funding in Fiscal Year (FY) 2010. Applicants should first submit a Concept Paper directly to the USAID TB PROGRAM SOUTH AFRICA first for feedback and guidance on whether to submit a full proposal.

As part of the USAID TB PROGRAM SOUTH AFRICA, URC plans to manage a small grants program to fund innovative community-based interventions to increase demand for TB and TB-HIV services. The majority of grants will be designated for community-based organizations working at the community level. A limited number of grants will be available for research/management organizations for strengthening TB, TB/HIV, TB in children (strengthen supervision, default/contract tracing, etc.) at the facility/district/provincial levels.

There is no dollar value limit or minimum for individual proposals or for cumulative awards made under this RFA. However, as a reference, past URC funding awards have ranged between USD20, 000 and USD200, 000. The actual number of awards under this RFA is subject to the availability of funds and the best interests and requirements of the USAID TB PROGRAM SOUTH AFRICA as well as viability of proposals received. Individuals may opt to not participate in this RFA. To be considered for an award under this RFA, each applicant must meet the following criteria as indicated in the subsequent sections.

7 ELIGIBILITY CRITERIA

The eligibility criteria for this RFA includes:

- Legally registered entity in South Africa
- Demonstrated interest and/or experience in working in the areas of TB and TB/HIV
- Demonstrated capacity to manage grant funds
- Demonstrated ties with local communities or local presence
- Willingness to work collaboratively with the USAID TB PROGRAM SOUTH AFRICA
- Willingness to fulfill all expectations for participation in the program, including reporting and documentation of project activities and participation in organizational needs assessments, trainings, workshops, or other activities deemed desirable by the grantees and the project staff.
- Not currently receiving funds under the PEPFAR program for TB/HIV activities.

It should be noted that USAID policy prohibits the payment of fee/profit to the prime recipient under assistance instruments. Forgone profit does not qualify as cost-sharing or leveraging.

In addition, all prospective partners must be organizations with a reputation for integrity and the highest standard of conduct, and a proven track record in their particular areas of expertise. They should be able to demonstrate a respect for human rights, gender sensitivity, integration of people with disabilities and other vulnerable groups, decent work conditions, environmental protection, and community involvement in their operational practices. They should also be able to provide evidence of a strong commitment to the proposed alliance and, ideally, experience in working in partnership with others.

8 BIDDING PROCESS

8.1 Submission Instructions

Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the Applicant's risk. Each Applicant shall furnish the information required by this RFA. On the cover letter, an authorized representative of the Applicant shall sign and print or type its name. Erasures or other changes must be initialed by the person signing the letter.

All proposals received by the deadline will be reviewed for responsiveness and programmatic merit in accordance with the specifications outlined in these guidelines and the Evaluation and Selection Criteria. Proposals/applications shall be submitted via mail no later than **July 28, 2010, at 16:00 Pretoria time** to Ms. Khensani Kubayi at KhensaniK@urc-chs.com and any questions should be directed to Dr. Ntombi Mhlongo Sigwebela, Email: NtombiM@urc-sa.com.

Hard copies should be sent to the address below:

URC-Pretoria – TB Wave 2 Applications

Attn: Dr. Ntombi Mhlongo- Sigwebela

Program Director

333 Grosvenor Road

Hatfield Gardens, Block E, 3rd Floor

Hatfield, Pretoria

SOUTH AFRICA

Proposals must be submitted in English. In addition, all written and oral communications between URC and prospective Applicants, and the final negotiated subcontract document will be in English.

Applicants should retain for their records one copy of the proposal and all enclosures which accompany it. To facilitate the competitive review of the submitted notes, the notes should conform to the format as prescribed below.

Applicants who meet minimum competitive range on technical and cost criteria may be asked to modify their proposals.

Applicants are reminded that applications that are: (i) aligned with the goals of the USAID TB PROGRAM SOUTH AFRICA; (ii) feasible; (iii) innovative; and (iv) bringing leveraging of a minimum one-to-one ratio (with at least some portion in cash) will receive consideration.

8.2 Selection Process

The USAID TB PROGRAM SOUTH AFRICA will collaborate with USAID/South Africa, NDOH, NTCP, and local stakeholders throughout the process of identifying potential individual grant recipients and the review procedures. The USAID Contracts Officer Technical Representative (COTR) will be fully involved throughout, as appropriate. URC desires transparency in the selection of recipients to receive funds, and throughout the entire management cycle of the grants program. Compliance with US and international regulations will be maintained. A log will be set up to track each phase in the cycle.

To maintain the integrity and transparency of the GSC, URC will ensure that no members of the GSC have conflicts of interest regarding the applicants or the subject matter of the grant in question. The USAID COTR must approve all proposed grant recipients before final award is made.

The key selection criteria will include: relevance of technical strategies to the overall USAID TB PROGRAM SOUTH AFRICA objectives; comprehensiveness of the approach and feasibility of achieving results; cost realism; etc. The committee will be responsible for recommending a specific grant applicant for funding. The key recommendations of the committee will fall in the following categories: recommended for funding; fundable but needs changes in technical approach and or staffing; and not-recommended for funding.

URC will distribute copies of the applications received at this phase to all members of the GSC. The GSC shall evaluate all applications according to the evaluation criteria set forth below in **Section XII**. In addition, the review process may include:

- Field visits and/or collection of additional information as necessary (this visit may enable the committee to confirm the relevance of the selected requests, but also to reject the requests that do not appear to be well justified);
- Provisional acceptance of the application by the committee;
- Negotiation with the potential grantee with respect to technical comments from the committee;
- Rejection in the case of misunderstandings or disagreements during negotiations;
- A cost analysis of the proposed budget will also be conducted to determine the reasonableness and allowability of costs and/or;
- Those proposals that meet all requirements and pass the evaluation of the GSC will be submitted to the USAID TB PROGRAM SOUTH AFRICA Project Director and USAID COTR for final approval.

After the final award decision has been made, URC will provide written notification to all Applicants. Applicants have 10 working days from the date of receipt of the notification to submit a written request for a debriefing. URC will not release proprietary information regarding a competing Proposal of a proponent to competitors.

Once an award has been made, the recipient(s) will meet with the USAID TB PROGRAM SOUTH AFRICA technical team and financial staff to negotiate the final subagreement document.

URC, at its sole discretion, may request clarification from Applicants concerning technical and/or cost issues; may conduct discussions with Applicants it is considering for award; or may award a

subcontract without discussion. Accordingly, each initial Proposal should contain the Applicant's best terms from both a technical and a cost standpoint.

Issuance of this RFA does not constitute an award or commitment on the part of the URC South Africa nor does it commit to pay for costs incurred in the preparation and submission of an application.

9 FULL APPLICATION REQUIREMENTS

9.1 Overview

The technical grant applications must be submitted to the URC-Pretoria office in one hard copy with a back-up electronic copy in Microsoft Word or Adobe Acrobat format.

The financial application will also be submitted to the URC-Pretoria office in one hard copy with a back-up electronic copy in Microsoft Excel format with supporting documentation in Microsoft Word or Adobe Acrobat format.

Responses to this Request for Applications are due no later than **July 28, 2010, 16:00 Pretoria time**. Applications delivered and/or received after this deadline will not be considered and will be marked disqualified and returned.

Responses to the RFA, and all written and oral communications between URC-Pretoria and prospective grantees, including the subagreement, will be in English.

Written responses can be mailed or hand-delivered to:

URC-Pretoria

Attn: Dr. Ntombi Mhlongo- Sigwebela

Program Director

333 Grosvenor Road

Hatfield Gardens, Block E, 3rd Floor

Hatfield, Pretoria

SOUTH AFRICA

Tel: +27(0) 12 342 1419

Upon receipt of the formal grant applications, the URC-Pretoria office will record the date these are received, the name of the organization, and the signature of the organization's representative who is delivering the proposal. The URC-Pretoria office will also keep both originals and make a copy for the office files. The URC-Pretoria representative who receives a copy of the application shall provide the applicant with a letter of receipt to confirm delivery.

In addition to the required proposal application elements, all applicants may be asked to present or undergo:

- Certification of registration as required under host country laws;
- Pre-award review of organizational internal control policies (personnel, accounting, property management, purchasing, financial reporting) as deemed appropriate;
- Pre-award review of financial statements or audit documentation as deemed appropriate; and

- Past performance references, and
- Conflict of Interest certification.

9.2 Technical Application

Cover Page (1 page): The cover page should include the following information as listed below.

- Title of proposed grant
- Name of organization (and acronym, if applicable)
- Total ZAR amount of funding being requested
- Duration (in months)
- Proposed period for starting and ending of the project activity
- Name of organization’s chief executive officer
- Organization’s address (Please include both mailing address and, if different, an address for courier delivery)
- Organization’s telephone number
- Organization’s fax number
- Organization’s e-mail address
- Name of contact person for the proposal
- Contact person’s address (postal, telephone number, fax number, and email address)

Introduction (1 page): A summary of the proposed project which should include overall technical strategy; key personnel; geographic area; and any partners.

Technical Approach (10 pages): The applicant will identify goals and objectives and an overall approach to the design of quality improvement interventions in support its program for controlling TB and providing care to TB and TB/HIV co-infected patients. In addition, the applicant would identify any threats or risks to the strategy and plans to mitigate the same, if any. The applicant will also describe how it currently monitors its quality of services as well as highlight any quality gaps that it may wish to close. The expected results have to be expressed in terms of output generated by the project.

The following is an example of how the applicant can organize this section.

- Background
- Goals and Objectives
- Overall Technical Approach
- Challenges/Constraints
- Key Activities
- Expected Results/Outcomes

Geographic and Target Groups (1 page): Identify the target population(s) that ultimately should benefit from this project (e.g., health care workers, communities, women of reproductive age in specified rural areas, youth, etc.)

Cross-Cutting Themes (2 pages): The applicant should adequately address the following cross-cutting issues in their application.

- **Sustainability:** Explain how the applicant will ensure sustainable results of the funded project activities.
- **Gender:** Explain how the applicant will consider gender issues and promote gender equity within their proposed activities.

Program Management Plan (10 pages): The applicant will present overall clear and concise management approach, structure, method for reaching the program objectives. This management plan will include a description about the organizational structure, roles and responsibilities of specific personnel, personnel policies, linkages with other partners (NTCP, local health offices, private sector, home-based care groups, ART service delivery sites) and administrative and logistics arrangements to implement the strategies. The Management Plan will be developed to directly correspond to the program work plan and timeline.

The following is an example of how the applicant can organize this section.

- Overall Management Approach
- Organizational Structure
- Personnel Management
- Lines of Authority
- Lines of Communication and Reporting
- Efficient Management Practices
- Linkages with other Partners

Activity and Performance Management Plan (5 pages): The applicant will present a work plan and a performance monitoring plan. A list of key indicators will also be presented. The application will include a draft work plan for the first year. The work plan should show the number of days staff and consultants will work on each activity, the monthly schedule for completing each project activity, and the submission dates of products. The performance monitoring plan should include the following sections: indicator, definition, source and target.

Staffing (5 pages): The application will include a list of proposed project staff. Specify the qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach. The Director should have a proven track record of managing such

programs. The applicant shall also include, in an annex, resumes for all personnel candidates. Resumes may not exceed three pages in length and shall be in chronological order starting with most recent experience.

Organizational qualification and past performance (5 pages): The applicant should provide a summary of the organization's current and past activities that may have bearing on the proposed grant. This explanation of qualifications should include: the number of years of relevant experience in supporting community-based programs for TB control and prevention as well as TB/HIV care and support. Provide names of 3 to 5 organizations that you have received funding from within the past five years (current or completed projects). Include donor name, project title, brief description of activity, project period, funding amount and main contact information of the donor.

Letter of support (to be attached as supporting documentation): Applicants are required to submit a signed letter of support from either the Provincial or District Departments of Health as part of their application.

9.3 Cost Application

An applicant should prepare a budget for carrying various activities. For each activity it should estimate staff time, materials required, and the associated costs. Applicants are requested to include and itemize: labor estimates, direct production costs, and all standard indirect "mark-ups" in their cost estimates. URC will provide for reasonable indirect costs.

For all cost estimates, adequate detail should be provided so that the basis of the estimate can be understood. All costs should be justified based on current market experience or with means for alternative validation. The business/cost application should include Biographical Data Sheets for each of the proposed staff.

URC staff will assist you in finalizing your budget or responding to specific questions, if you wish. Since there are numerous regulations that restrict what AID funds can be used for, please consult with our staff before making any budget commitments to your colleagues or institutions. A list of the principal restrictions follows these instructions. The general format for the budget is shown below.

- Calculate the budget in ZAR.
- Personnel are divided into three categories.
 - Staff that are employees of your institution.
 - Consultants are not. They are temporary advisors from another organization, or they may be self-employed.

- Temporary help is hired for specific, short-term assignments, e.g., field workers, coders, extra typists. We usually include temporary help under the Other Direct Cost category, rather than personnel.
- The daily rate of pay for personnel is computed by dividing the total annual earnings by 260 work days, e.g., $15,000/260 = 57.69$ per day.
- A “Contractor Employee Biographical Data Sheet” must be completed for each staff and consultant who will be paid with the AID funds. The data sheets should show each person’s annual earnings so that the rate of pay used in the budget can be verified.
- The total number of days each person will work on the project should come from the workplan developed for the management section of the proposal. It should show how many days each person will spend on each project activity.
- Compute personnel costs as follows:
 - D. Stevens, Senior Associate 42 days X 2,000 Rand/day = R84,000
 - Secretary (to be hired) 130 days X 980 Rand/day = R127,400
- Compute Travel costs as follows:
 - Pretoria- Pt. Elizabeth 6 round trips @R4,000 = R24,000
- Compute per diem costs as follows:
 - Pt. Elizabeth 6 persons X 10 days X R700 = R42,000
- Other Direct Costs should be calculated from an estimate of the number of units that will be required and the cost per unit. Do not use lump sum estimates, such as computer processing, R16,000. Compute as follows:
 - Training: Number of days, number of persons who will attend, cost per day per person for snacks, cost per person for handouts, other unit costs
- Indirect costs are usually established by your institution.
- Subcontracts: If any of the work will be subcontracted to other institutions, prepare a separate budget for each subcontract, following the same format as for your budget. Attach a copy to your budget. Enter the total costs of the subcontracts in your budget.

In addition to the budget, the applicant should also provide the following documentation.

- Budget notes: Please provide detailed budget notes which explain how the estimated cost per line item was determined to be fair and reasonable (basis of estimate), and supporting justification of all proposed budget line items shall be included.
- Bank Account Information
 - Bank address
 - Bank account name
 - Bank account number
 - Swift code

- Audited Financial Statements
- Tax Registration for South Africa

10 EVALUATION CRITERIA

Evaluation Criteria: URC will evaluate both technical and cost categories to determine whether an application provides the best value.

Criteria	Points
Organization Background/Experience	20
Qualifications and Management of Assigned Staff	20
Technical Approach	40
Management Plan	10
Timetable/Implementation Plan	10
TOTAL TECHNICAL	100
Cost Proposal	25
GRAND TOTAL	125

The Cost section will be assessed in terms of the Applicant's capability to accomplish the subcontract objectives within the estimated cost proposed. The cost section will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing.

The selected grantees will be notified of the award decision on/or around **2 September 2010**. The project work is expected to begin by mid-September 2010.

11 TERMS OF SUBAGREEMENT

This is a small grant for work specified in the Scope of Work. Payments to the subgrantee will be made by URC-Pretoria upon completion and acceptance of the reports described in Section IV, “Deliverables.” Grant agreements will be undertaken in accordance with regulations outlined in USAID ADS 302.5 and 303.5. Standard Provisions for non-US grantees will be included in the grant agreement.

11.1 Grantor Responsibilities

The grantor shall be responsible for the following:

- Provide required post-award approvals, instructions, or guidance;
- Monitor the grantees’ performance and progress;
- Ensure that the grantees monitor and evaluate the impacts of their own activities using the impact indicators and baseline data negotiated into the grant document;
- Monitor the timely submission of progress reports by grantees and ensure that these reports track accomplishments and impact data;
- Review the grantees’ financial management programs, including the appropriate segregation of funds;
- Provide guidance and follow-up on presentation of timely grantee vouchers;
- Obtain financial reports and review for compliance with grant financial plan and budget, activities, and work plan;
- Maintain all grant pre-award and post-award files in good order;
- Ensure that the grantees maintain their financial and operational reports in good order, and retain them for three years after final payment;
- Monitor grantee cost-sharing contributions; and
- Perform timely close-out of all expired grants.

11.2 Grantee Responsibilities

All organizations receiving funding under this small grants program must comply with the following:

- Maintain accounting records, documentation, and data that reveal the use given to the resources received;
- Develop detailed budgeting for the resources received and used (implemented activities will be monitored to determine possible changes in the budget);
- Identify all the disbursements by type of resource (labor, purchases, infrastructure, services, materials, labor, etc) and their unit cost (Any budgeted cost in excess of

US\$10,000 must be justified and is subject to the approval of the USAID TB PROGRAM SOUTH AFRICA and USAID. All purchases exceeding this amount must comply with the purchase transparency criteria, the competitive selection and be backed up by purchase orders and registrations.);

- Follow USAID rules for goods, serviced purchases and restricted/non-eligible suppliers; and
- Meet the reporting and deliverable requirements as specified in the grant agreement.