A Request of Proposal Applications from CSOs

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) seeks to end pediatric HIV/AIDS through research, advocacy, and prevention and treatment programs. We are a global leader in the fight against pediatric HIV and AIDS, working in 15 countries and at 7,000 sites around the world to prevent the transmission of HIV to children, and to help those already HIV infected. Today, because of the highly successful work of the Foundation and its partners over the last 25 years, pediatric AIDS has been virtually eliminated in the United States and new infections in children have declined by 51% worldwide.

EGPAF is implementing a district-based project USAID Regional Health Integration to Enhance Services in South Western Uganda (USAID/RHITES–SW) which aims at increasing the utilization of health services including supporting provision of HIV care and treatment, Elimination of mother-to-child transmission (eMTCT), Voluntary medical male circumcision (VMMC), Malaria, Family Planning, TB and TB/HIV, Maternal Neonatal and Child Health (MNCH,) family planning, nutrition, Early Childhood Development (ECD) and Water Sanitation and Hygiene (WASH). The project will be operation in the 14 districts of SW Uganda, namely Kisoro, Kabale, Kanungu, Rukungiri, Ntungamo, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Isingiro, Kiruhura, Ibanda and Mbarara districts.

EGPAF through USAID/RHITES–SW calls for proposal from Community Based Organizations (CBOs) to implement strategic initiatives that address HIV prevention, treatment, care and support including other available health services among the youth and adolescents, discordant couples, key populations (men who have sex with men, female sex workers and their clients) priority populations (fisher folks, truckers and migrant workers). These initiative will have the following core components:

• Provision of comprehensive HIV prevention packages targeting mainly the key and priority populations.
• Strengthen referral and linkages between and within communities and health facilities to ensure access to Health Integrated services
• Coordinate monthly meetings for community volunteers, peer educators and VHTs and supervise activities of community volunteers and VHTs in the community to ensure adherence to standards.
• Work with health workers at health facilities within the catchment area to strengthen client tracking and follow up systems for PLHIVs including HIV positive pregnant and lactating women, HIV exposed infants to ensure continuum of care.
• Empower PLHIV to form psychosocial support groups and coordinate the activities of these groups at community level. Special interest groups may include: PLHIV networks, Family Support Groups, children, adolescents, youth and couples.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM /TEMPLATE

Format
1. For the proposal narrative, typed in a Microsoft Word compatible program, single-spaced with Times New Roman 12 pt font and one inch margins all around
2. Labeled with page numbers and the name of the submitting organization on every page.
Content includes:

1. Cover Page with program title; organization name and contact information including physical address, telephone, fax, and email address

2. Table of Contents

3. Executive summary (maximum 1 page)

4. Technical application (maximum 12 pages). In the technical application, include:

   a) Technical approach/intended results (maximum 10 pages) detailing the following:
      ▪ Problem analysis (general understanding of current situation)
      ▪ Organizational goals, objectives
      ▪ Organization’s location and proposed geographical coverage, including rationale for selection
      ▪ Targeted beneficiaries: e.g. PLHIVs, MARPS including discordant couples, couples, youth and adolescents and their needs
      ▪ Anticipated numbers of beneficiaries to be reached and served, per group
      ▪ Key activities/interventions and processes (where appropriate, include anticipated outputs and outcomes)
         o Provide a comprehensive package of HIV prevention services targeting the key and priority populations in the targeted hotspots.
         o Facilitate the establishment and/or strengthening of referral and linkage system between the community and health facility to ensure tracking of referrals made and whether the beneficiary/patient received those services. Referrals will be made for variety of services including HTC, OVC, MNCH, PMTCT, TB/HIV programs, VMMC and post-GBV care.
         o Coordinate monthly meetings for community volunteers, peer educators and VHTs and supervise activities of community volunteers and VHTs in the community to ensure adherence to standards.
         o Work with PLHIV networks to promote adherence amongst PLHIV clients and track/follow them up to ensure retention in HIV care. For example follow up of mothers and babies in the PMTCT program.
         o Empower PLHIV to form psychosocial support groups and coordinate the activities of these groups at community level. Special interest groups may include: PLHIV networks, Family Support Groups, children, adolescents, youth and couples.
         o Establish and strengthen community peer support group structures. Through such groupings, clients get to organize themselves and could for example engage in group activities that include integrated health dialogues (using a guide), and/or activities that can generate some income and also help PLHIVs to overcome stigma in their communities.
         o Document lessons learnt, best practices and success stories.
Project partnerships
  o Direct implementing partner(s), if any
  o Linkages to MoH-supported clinic(s)—preferably specifying referrals and linkages to services within the clinic(s) and community—and the purposes of the linkages
  o Linkages to other locally available social support services

b) Project Management (maximum 4 pages)
  ▪ Past performance and experience implementing programming in the program area(s)
  ▪ Implementation plan (can be in the form of a chart) illustrating activities for the implementation period (ensuring that activities that appear in a chart also appear in the technical sections above)
  ▪ Cost Proposal (Detailed budget and notes/narrative)
  ▪ A monitoring, evaluation and reporting plan
  ▪ Staffing and management plan/chart
  ▪ Sustainability plan

5. Attachments should include:

a) An organizational capacity statement that provides information demonstrating the applicant’s capacity to implement the proposed program (maximum 2 pages). The statement should present:
  ▪ A brief overview of the applicant’s mission and goals and how they relate to the proposed program
  ▪ Relevant experience in relation to the proposed program, geographic area, and target population
  ▪ Comparative advantage in carrying out this work, such as prior successes in similar endeavors
  ▪ CVs for each of the key personnel maximum 2), who are necessary for the effective implementation of project. Include the name and a short description of each individual’s experience and capacity relevant to the project.
  ▪ A copy of your latest audited accounts
  ▪ A list of your sources of funding
  ▪ Endorsement letter from the district official (CAO) verifying their existence and activities in the district.
  ▪ Evidence of registration by either district or NGO board
  ▪ Must have relevant experience in the program areas and working in South West Uganda.

B. Submission

Duly completed applications must be submitted in SOFT COPY no later than close of business (5:00 pm) on 19th February 2016.
Applications shall be emailed to: procurementuganda@pedaids.org

Note:

**USAID/RHITES-SW Uganda Substantial Involvement**

This will be a cooperative project between USAID/RHITES-SW project and its sub grantees. USAID/RHITES-SW will issue a cooperative agreement to finance the partnerships. USAID/RHITES-SW will provide technical support and build partner capacity, as needed, to plan, implement, and monitor and evaluate effective programming. USAID/RHITES-SW involvement will include but not limited to the following:

- Approval of key personnel
- Approval of implementation plans and all modifications describing the specific activities to be carried out under the Agreement
- Approval of annual budgets and monthly financial reports
- Approval of monitoring and evaluation plans
- Monitoring of project objectives through telephone communication, emails, site visits, and review of reports
- Provision of technical guidance on the project’s service package, service organization and capacity building plans
- Provision of technical support/capacity building services via on-site support, mentorship, program area specific technical trainings, and workshops.
- Review and approval of conference abstracts, reports or other public materials.
Organizational Background Questionnaire

Civil Society Organization’s/Community Based Organization’s

Directions: Complete the form and submit with application

Organization Name:

Contact Name:
Title:
Physical Address:
Postal Code:
District:
Sub county:
Telephone:
Fax Number:
E-mail Address:
Website:

Please indicate type of Organization (please select one only):
Local NGO ☐
Community Based Organization ☐
Local Faith-Based Organization (FBO) ☐
Local Foundation ☐
Local Educational Institution ☐
Local Private Company ☐
Other ☐ Please Explain _____________________________

Year organization was established in Uganda:

Years of experience in HIV/AIDS, TB and other health programs:

What is your organization’s approximate annual operating budget (in UGX)?

What is the number of staff members of your organization?

Does your organization have a board of directors?
Yes ☐ No ☐

How many volunteers does your organization have?

Is your organization currently receiving direct United States Government funds?
Yes ☐ No ☐
If yes, please indicate funding in UGX:
Has your organization ever received direct USG funds?
Yes ☐ No ☐
If yes, please indicate funding in UGX: And year:

Is your organization currently receiving USG funds through another NGO (e.g., Civil Society Fund, INGOs such as FHI, CARE, CRS, Compassion, etc.)
Yes ☐ No ☐
If yes, please indicate funding in UGX: And sources of funding:

Has your organization ever received USG funds through another NGO
Yes ☐ No ☐
If yes, please indicate funding in UGX: And sources of funding:

If you have other current sources of funding, please indicate (list up to three, including funding amounts):
1.
2.
3.

Has your organization implemented a similar project before?
Yes ☐ No ☐
If yes, please indicate donors (including funding amounts):
1.
2.
3.
4.
5.

Does your application propose partners?
Yes ☐ No ☐
If yes, list organization(s) name)
Local Partner Contact Name(s)
   Organization:
   Title:
   Address:
   Postal Code:
   District:
   Sub county:
   Telephone:
   Fax Number:
   E-mail Address:
   Website:
Please indicate type of Partner Organization (please select one only):
Local NGO ☐
International NGO ☐
Government Agency ☐
International Local Faith-Based Organization (FBO) ☐
Faith-Based Organization (FBO) ☐
Local CBO ☐
Local Foundation ☐
International Foundation ☐
Local Educational Institution ☐
Local Private Company ☐
**Technical Application Form**
(Please refer to the guidelines for each of the sections)

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<td>Executive Summary</td>
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<td>Technical Application</td>
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<tr>
<td>a) Technical Approach</td>
<td><em>Type maximum 10 pages</em></td>
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