

**Grant Application**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Olena Korduban, Grants Manager

USAID HIV Reform in Action Project

Address: 52-A, B. Khmelnytskogo Street, 5th floor, 01030 Kyiv, Ukraine

Subject: Grant Application

With this letter and attachments, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[insert Organization’s Name]* is applying for a grant from the USAID HIV Reform in Action Project. We are requesting a grant named: **CREATING THE CONDITIONS FOR A SUSTAINABLE RESPONSE TO THE HIV EPIDEMIC.**

The total value of our grant request from the USAID HIV Reform in Action Project is UAH\_\_\_\_\_\_\_, or\_\_\_\_% of the total cost of grant activity. The costs of grant activity to be shared by our organization amount to UAH \_\_\_\_, or \_\_\_% of the total cost of grant activity, consisting of \_\_\_ UAH (\_\_ %) financial contribution and \_\_\_ UAH (\_\_\_ %) in-kind contribution.

We are applying for:

☐ Standard Grant

**☐ Fixed Amount Awards**

The estimated **start** date for proposed grant activity: \_\_\_\_\_\_\_\_\_\_\_\_\_*[dd/mm/yyyy]*.

The estimated **end** date for proposed grant activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*[dd/mm/yyyy]*.

This application consists of the following materials:

**Attachment 1 Technical Proposal**

**Annex A.** Grant Activity Implementation Plan

Annex B. Grant Activity Monitoring and Evaluation Plan (if applying for Standard Grant) – N/A

**Annex C.** Information of Previous Assistance Awards/Contracts

**Attachment 2 Budget and Budget Notes**

**Annex D.** Supporting Data for Cost Estimates

**Attachment 3 Information about Applicant**

**Attachment 4 Certifications and Assurances from Applicant**

**Annex E.** Documents Demonstrating Applicant’s Eligibility and Capabilities

**Annex F.** Environmental Self-Assessment Form

**Annex G.** Survey on Ensuring Equal Opportunities to Applicants (optional, upon Applicant’s Request)

Sincerely,

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Full Legal Name of the Organization]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date of Submission of Grant Application]*

*Organization’s Stamp***ATTACHMENT 1: TECHNICAL PROPOSAL**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SUMMARY SHEET  *[This sheet must not exceed one page. If it contains two pages, only the first page will be read]* | | | | | | | | | |
| Title of Grant Activity: | | *CREATING THE CONDITIONS FOR A SUSTAINABLE RESPONSE TO THE HIV EPIDEMIC* | | | | | | | |
| Location(s) of Implementation: | | *[Indicate the geographic areas where the project activities will be implemented and areas that will benefit from project activities. Provide the names of beneficiary municipalities/cities or regions.]* | | | | | | | |
| Costs of Grant Activity: | | | | | | | | | |
| (A+B) Total Costs  UAH | | 1. Requested from [Project name] | | 1. Cost Share   (Applicants or Third Party Cash or In-kind Contribution) | | | | | |
| UAH | % | Total (UAH) | % | Cash UAH | % | In-Kind UAH | % |
|  | |  |  |  |  |  |  |  |  |
| Duration of Grant Activity: | \_\_\_\_\_8\_\_\_\_\_\_ months  Estimated Start Date: Aug 01, 2016 Estimated End Date: March 31, 2017 | | | | | | | | |
| Objectives of Grant Activity: | *[General and specific objectives]* | | | | | | | | |
| Partners: | *[Organizations responsible for carrying out the proposed activities together with Applicant, in the manner and scope defined in this application]* | | | | | | | | |
| Target Group(s): | *[Groups/entities that will be directly positively affected by the grant activity at the project purpose/general objectives level]* | | | | | | | | |
| Final Beneficiaries: | *[Organization/persons who will benefit from the grant activity in the long term at the level of the society or sector at large]* | | | | | | | | |
| Expected Results: | *[Indicate the main results of grant activity and key verifiable indicators of their achievement (outcome or impact indicators), along with their targets.]* | | | | | | | | |
| Milestones | *[List the main milestones if applying for Fixed Amount Awards]* | | | | | | | | |

1. **PROJECT GOAL, OBJECTIVES, AND GEOGRAPHIC FOCUS**

* Briefly describe the context of the situation in which the project will be implemented. Explain the need for the project, using evidence and data to support your justification.
* Describe the project goal and objectives. Be sure that objectives as SMART (specific, measurable, achievable, time-bound, and realistic). Indicate the performance targets and other results that will be reached over the life of the project. Specify where the proposed project activities will take place. The organization must demonstrate its ability to effectively implement services in the target area (e.g. it is already working in that area or has strong relationships and can quickly expand services to that area). Applicant must be able to demonstrate “additionality” of the proposed program. Additionality is defined as a rapid scale-up or expansion of an existing program that will require minimal overhead and operational costs.

1. **TECHNICAL APPROACH**

* Describe technical and strategic approaches that the organization will use to implement the project interventions. Identify best practices and evidence base/rationale that have informed the project interventions. Demonstrate that strategy is in line with the project goals.

1. **DESCRIPTION OF PROJECT’S MILESTONES**

* State when the grant activity will be implemented (provide the anticipated start and finish dates).
* Provide the list of grant activity milestones using the table below. Milestones are for a verifiable product, task, deliverable or goal of the applicant to be accomplished. For Fixed Amount Awards, budget is produced by milestones and fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones.

|  |  |  |
| --- | --- | --- |
| Milestone Name | Milestone Verification | Expected Time of Completion |
| 1.[NAME] | How will the recipient document the completion of the product, task, deliverable, or goal? |  |
|  |  |  |
|  |  |  |

* Provide the detailed Implementation Plan using the provided format and guidelines in Annex A.

1. **PAST PERFORMANCE AND ACHIEVEMENTS**

* Describe experience and expertise based on Applicant’s past performance and achievements, including collaboration with national and international stakeholders.
* Explain Applicant’s experience and achievements in implementing similar projects, including in cooperation with national and international stakeholders.
* Describe Applicant’s relationships with the target audience it serves. Demonstrate commitment to working closely with the target audience to implement project activities.

1. **COORDINATION AND COLLABORATION**

* Describe roles and involvement of various parties and stakeholders in grant activity, including local authorities, target groups and partners, and explain why these roles have been assigned to them.
* Describe how the grant activity will be coordinated with local authorities, educational institutions, regional departments of health, local administrations in selected regions, etc.

1. **MANAGEMENT APPROACH AND ORGANIZATIONAL CAPACITY**

* Describe how the project will be managed, including the staff positions that will implement the project and the staff person responsible for managing the project on a day-to-day basis.
* Describe systems that exist or will be put in place to enable the organization to effectively manage the project. Include an organogram and a table of positions and responsibilities for this project (as an Annex).
* Indicate contacts who will liaise with the USAID HIV Reform in Action Project.
* Describe the organization’s experience implementing similar programs. Describe the organization’s relationships with the target populations it serves and demonstrated commitment to working closely with the target population to implement project activities.

**ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN**

Provide detailed implementation plan for grant activity using the format provided in table below.

* For a Fixed Amount Awards, define milestones (as described in Section 3 of Technical Proposal). Milestones are for a verifiable product, task, deliverable or goal of the organization/applicant. The name of the milestone should therefore be a description of the product, task, deliverable or goal to be accomplished. Grant activities will be monitored and evaluated based on milestones, grant budget will be produced by milestones, and funds disbursement will be made following verification of successful milestone completion.
* For Fixed Amount Awards, define the verification method.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Milestone | Implementing Body(ies) | Milestone verification method | Implementation Period *[Mark the months in which the milestone/ activity will be implemented]* | | | | | | | | | | | | | | | |
| Year 1 | | | | | | | | | | | Year 2 | | | | |
| **M1** | **M2** | **M3** | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | M1 | M2 | M3 | Etc. |
| *[Name 3]* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *[Name 2]* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *[Name 3]* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *[Name 3]* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Etc.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ANNEX C – INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS**

Provide brief information on up to three (preferably similar) actions/projects managed by your organization for which your organization has received assistance awards or contracts over the past three years. The tables must not exceed one page each. If table has two pages, the second page will not be read.

|  |  |  |
| --- | --- | --- |
| Name of Project/Activity 1: |  | |
| Sector: |  | |
| Location of Implementation: |  | |
| Period of Implementation: | From: (mm/yy) | To: (mm/yy) |
| Name of Donor and Point of Contact: |  | |
| Address, phone and e-mail: |  | |
| Amount Contributed by Donor: |  | |
| Amount Cost-shared by Organization: |  | |
| Project/Activity Partners: |  | |
| Main Objectives: |  | |
| Main Results: |  | |

|  |  |  |
| --- | --- | --- |
| Name of Project/Activity 2: |  | |
| Sector: |  | |
| Location of Implementation: |  | |
| Period of Implementation: | From: (mm/yy) | To: (mm/yy) |
| Name of Donor and Point of Contact: |  | |
| Address, phone and e-mail: |  | |
| Amount Contributed by Donor: |  | |
| Amount Cost-shared by Organization: |  | |
| Project/Activity Partners: |  | |
| Main Objectives: |  | |
| Main Results: |  | |

|  |  |  |
| --- | --- | --- |
| Name of Project/Activity 3: |  | |
| Sector: |  | |
| Location of Implementation: |  | |
| Period of Implementation: | From: (mm/yy) | To: (mm/yy) |
| Name of Donor and Point of Contact: |  | |
| Address, phone and e-mail: |  | |
| Amount Contributed by Donor: |  | |
| Amount Cost-shared by Organization: |  | |
| Project/Activity Partners: |  | |
| Main Objectives: |  | |
| Main Results: |  | |

**ATTACHMENT 2: BUDGET AND BUDGET NOTES**

1. **BUDGET**

* Applicants should provide a realistic, reasonable, complete and justifiable budget necessary to implement the proposed activities/milestones described under the technical proposal.
* For Fixed Amount Awards, applicants must provide budget by project milestones (milestones are for a verifiable project product, task, deliverable, or goal). Detailed explanation of how the costs of each milestone were calculated should be provided under Budget Notes section.
* All amounts required to be funded by USAID HIV Reform in Action Project should be before Value-Added Tax (VAT). VAT costs will not be paid to grantees by USAID HIV Reform in Action Project and will therefore be covered by grantees.
* All amounts should be in UAH and **without decimal places**. Awards will paid out in local currency.
* All tables provided below are available in MS Excel as part of the Application package.
* Applicants should provide:
* completed Table 1
* completed Table 2; and
* budget notes.
* Applicant should provide supporting documentation for calculation of staff costs in Annex D (copies of pay slips, salary history document). Additional supporting data for cost calculation may be required prior to awarding a grant (such as copies of organizational policies, vendor quotes etc.).

Complete the Table 1 below by providing the estimated costs by line items, project year and funding sources. For Fixed Amount Awards, line-items must correspond to project milestones.

**Table 1: Grant Activity Budget and Cost Share Contribution: Summary page for Fixed Amount Grant Budget**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** | | |  |  |  | |  |  | |  |  | | |
| **Project Title:** | | |  |  |  | |  |  | |  |  | | |
| **Period of Performance: Start Date - End Date** | | |  |  |  | |  |  | |  |  | | |
|  | | |  |  |  | |  |  | |  |  | | |
| **Cost** | | | | | | | | | | | | | | | |
|  | |  | **Grant Funds** | | | | **Other sources** | | | | | | **Grant Program Total** | | |
| **Budget Item** | | **Name of Organization for other sources** | **UAH** | | **USD** | | **UAH** | | | **USD** | | | **UAH** | **USD** | |
| I. Milestone 1 [Name] | |  | 0 | | 0 | | 0 | | | 0 | | | 0 | 0 | |
| II. Milestone 2 [Name] | |  | 0 | | 0 | | 0 | | | 0 | | | 0 | 0 | |
| III. Milestone 3 [Name] | |  | 0 | | 0 | | 0 | | | 0 | | | 0 | 0 | |
| IV. Milestone 4 [Name] | |  | 0 | | 0 | | 0 | | | 0 | | | 0 | 0 | |
| V. Milestone 5 [Name] | |  | 0 | | 0 | | 0 | | | 0 | | | 0 | 0 | |
|  | |  |  | |  | |  | | |  | | |  |  | |
|  | |  |  | |  | |  | | |  | | |  |  | |
| **VIII. TOTAL GRANT BUDGET, UAH** | |  | **0** | | **0** | | **0** | | | **0** | | | **0** | **0** | |
| **Total Program Budget** | |  |  | |  | |  | | |  | | | **0** |  | |

For Fixed Amount Awards, complete the Table 2 below by providing the details of costs to be funded by USAID HIV Reform in Action Project, by milestone and line item.

**Table 2: Detailed Cost Estimate by Milestone for Fixed Amount Awards**



1. **BUDGET NOTES**

The purpose of budget notes is to help USAID HIV in Action Grants Program Technical Evaluation Committee and donors better understand the organization’s budget, specifically the rationale for unit costs and quantities. Use this template to guide the development of your budget notes. Add additional information as necessary to clarify your budget inputs, **and delete information that is not relevant to your budget.**

* 1. **Introduction**

Briefly explain the purpose and rationale for budget notes. For example:

*[Organization Name] is pleased to provide this budget narrative for the grant activity titled [Grant Activity Title], estimated to be implemented in the period from [Grant Activity Estimated Start Date] to [Grant Activity Estimated End Date], in duration of [Grant Activity Estimated Duration in Months]. The purpose of this narrative is to describe the rationale for our grant activity budget. Costs presented in our budget reflect our proposed scope of work, as outlined in Attachment 1 – Technical Description, and are based on our experience implementing projects and activities with a similar scope and duration, as well as additional information on the costs of necessary resources. We are happy to provide any additional information or support upon request*.

* 1. **Detailed Budget Notes[[1]](#footnote-1)**

***If applying for Fixed Amount Awards:***

For Fixed Amount Awards, the grant activity application budget is the budget summary table presented in Section 2 –Budget and Cost Share Contribution, which presents the grant activity budget for costs associated with achieving proposed milestones. Payment for Fixed Amount Awards will be made in tranches, following verification of milestone completion.

Milestones are for a verifiable product, task, deliverable, or goal of the recipient. The milestones will generally have three parts: (1) a description of the product, task, deliverable, or goal to be accomplished; 7(2) a description of how the recipient will document the completion of the product, task, deliverable, or goal (verification method); and (3) the amount that USAID HIV in Action will pay the recipient for the deliverable/milestone. Some milestones may also have dates indicating when the milestone is expected or required to be completed. However, depending on the nature of the activities in the award, a milestone date may not be necessary or appropriate and/or milestone completion may or may not be sequential when dates are estimated/required.

Although Fixed Amount Awards cannot cover indirect costs, grant funding can cover direct costs that will be incurred by the recipient to provide identifiable administrative and management support to the activity. Budget notes for Fixed Amount Awards should include a detailed description of how the costs of each milestones were calculated, by budget line item.

Construction activities are not allowed under Fixed Amount Awards. Purchase of any real property is not allowed under Fixed Amount Awards. Real property means land, including land improvements, structures and appurtenances thereto, but excludes movable machinery and equipment. Personal property is any tangible or intangible property other than real property.

Grant activity may include procurement of **equipment or personal property** in order to accomplish a milestone. Unless a milestone is itself the purchase of the equipment or personal property, milestones must not list equipment or personal property a recipient may potentially purchase to accomplish the milestone, but the costs of such equipment or personal property may be included in the budget from which milestone payment amounts are estimated and negotiated. The distinction between whether purchase of the equipment or personal property is a milestone or is one possible means by which the recipient may accomplish a milestone is important for certain aspects of the grant award. When the purchase of equipment or personal property is itself a milestone and such purchase is specifically named in that milestone, the recipient will be required to comply with USAID eligibility rules for procurement of commodities and services[[2]](#footnote-2). Otherwise, purchases of the recipient that are incidental to the recipient’s completion of a milestone are not deemed “financed” by the Fixed Amount Awards notwithstanding that their costs were included in the estimate upon which the total Fixed Amount Awards award amount was negotiated.

International travel is allowed only with prior USAID approval, and should also be noted as part of a milestone.

* 1. **Cost Share**

Applicant is required to share the costs of grant activity in the amount of minimum 10% of the total costs of grant activity. Cost share is required for all grants. Cost share contribution may be financial or in-kind. Cost share may include costs financed from the Applicant’s own funds, or costs financed with cash, services, or property contributed or donated to the Applicant from another non-U.S. Government sources.

All costs shared by the Applicant (both financial and in-kind) must be:

* + verifiable from the recipient’s records;
  + necessary and reasonable for proper and efficient accomplishment of grant activity objectives;
  + allowable under the applicable Standard Provisions (see Attachment 4)
  + must not be included as cost share contributions for any other U.S. Government –assisted program;
  + must not be paid by the U.S. Government under another grant or agreement (unless the grant or agreement is authorized to be used for Cost Share).

In-kind contribution may include volunteer services, donated supplies and equipment, donated property or office space etc. Rates for volunteers must be consistent with those paid for similar work in the Organization, or those paid for similar work in the labor market in which the Organization competes. The assessed value of donated supplies and equipment must be reasonable and must not exceed the fair market value at the time of the donation. The value of donated property must be determined in accordance with the usual accounting policies of the Organization. Only if the purpose of grant award is to assist the recipient in the acquisition of property or equipment, the total value of the donated property or equipment may be claimed as Cost Share. Otherwise, only depreciation or use charges for property and equipment may be made. The value of donated equipment must not exceed the fair market value of equipment of the same age and condition at the time of donation. The value of donated space must not exceed the fair rental value of comparable space and facilities in a privately owned building in the same locality, as determined by adequate market research. The value of loaned equipment must not exceed its fair rental value.

* Describe the cost share provided by the Applicant, indicating financial and/or in-kind contribution.
* Provide a detailed explanation of how the value of in-kind contribution (if any) was calculated.

**ANNEX D – SUPPORTING DATA FOR COST ESTIMATES**

*(Please provide copies, as necessary.)*

**ATTACHMENT 3: INFORMATION ABOUT APPLICANT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Full Legal Name of Organization: | | | | | | | |
| 1. Address of Organization: | | | | | | | |
| 1. Date and Number of Organization’s Registration: | | | | | | | |
| 1. Tax Identification Number: | |  | | | | | |
| 1. Telephone Number: | | 1. Fax Number: | | | | 1. E-mail: | |
| 1. Name of Key Contact Person: | | | | | | 1. Father’s Name: | |
| 1. Title of Key Contact Person: | | | | | | | |
| 1. Telephone: | | | 1. E-mail: | | | | |
| 1. Type of Organization *(mark the relevant fields)*: ☐For-profit ☐Private   ☐Non-profit ☐Public | | | | | | | |
| 1. Is Organization Owned by a Parent Company? *(mark the relevant field)* ☐Yes ☐No | | | | | | | |
| 1. Does Organization have any subsidiaries or own 5%, or more, of any other entity?   *(mark the relevant field)* ☐Yes ☐No | | | | | | | |
| 1. Are there any owners (shareholders) of Organization that own 5% or more of Organization?   *(mark the relevant field)* ☐Yes ☐No  If the answer is yes, please list the owners and their percentage owned: | | | | | | | |
| Name of Owner/Shareholder | | | | Type of Owner *(mark the relevant field)* | | | Percentage owned (%) |
|  | | | | ☐ Individual ☐ Company | | |  |
|  | | | | ☐ Individual ☐ Company | | |  |
| *[Repeat as necessary]* | | | | ☐ Individual ☐ Company | | |  |
| Also, please list any other entities which the owner/shareholder controls (greater than 50% ownership or voting rights) and, if the shareholder is an individual, list any other entities in which this shareholder serves as an officer or director: | | | | | | | |
| Name of Owner/Shareholder | Entities the owner/ shareholder controls | | | | Entities in which owner/ shareholder serves as an officer/director | | |
|  |  | | | |  | | |
|  |  | | | |  | | |
|  |  | | | |  | | |
| 1. Does the Organization have a computerized accounting system in place? ☐Yes ☐No | | | | | | | |
| 1. Who is the Organization’s auditor? | | | | | | | |
| 1. Is Organization or any subsidiary an audit client of Deloitte? ☐Yes ☐No   If the answer is yes, please provide the names of organization/its subsidiaries audited by Deloitte: | | | | | | | |
| 1. Please provide the Organization’s financial information required below: | | | | | | | |
| Fiscal Year Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Provide the following information on each prospective/existing partners (organizations, companies): | | | | | | | |
| Full Legal Name of Partner Organization: | | | | | | | |
| Address of Partner Organization: | | | | | | | |
| Is Partner Organization an audit client of Deloitte? ☐Yes ☐No | | | | | | | |
| Describe the partner’s prior experience related to the proposed grant activity: | | | | | | | |

*[Repeat for as many partners as applicable]*

**ATTACHMENT 4: CERTIFICATIONS AND ASSURANCES FROM APPLICANT**

We hereby confirm that:

1. Our organization has not received any funding from the USAID HIV in Action for the preparation of this Application.
2. Our organization has no advances from USAID or a USAID contractor which have been outstanding and un-liquidated for longer than 90 days, and our organization has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due.
3. Our organization has legal authority to apply for USAID- sponsored assistance and the institutional, managerial and financial resources to ensure proper implementation of the proposed grant activity, including funds necessary to pay our contribution to the total cost of the proposed grant activity.
4. Our organization is not requesting funding for any indirect organizational costs under this application.
5. At the time of application there exists no condition within our organization or with respect to our organization’s management which renders the organization ineligible for a grant directly or indirectly funded by USAID.
6. Our organization will give the USAID HIV in Action] and /or USAID, access to and the right to examine all records, books, papers, or documents related to grant award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
7. No motion for enforcement has been filed before the competent court for the purpose of collecting claims over financial resources of our Organization.
8. Our organization will initiate and implement the required Branding and Marking requirements after the receipt of the approval of the award and will comply with environmental standards which may be prescribed.
9. Our organization will comply with the relevant regulations of the United States Government applicable for the awards under the USAID HIV in Acion Grants Program
10. In order to demonstrate our organization’s eligibility and capabilities, we have provided the following documents in Annex D (**mark all that apply – mandatory documents are marked**):

☒ A copy of our organization’s formal registration as evidence of our legal status (Court Register Excerpt or other relevant document) (mandatory)

☒ A copy of the most recent audited annual financial statements, as applicable (mandatory)

☐ Copies of documentation indicating our organization’s managerial commitment to implementing objectives that are consistent with grant application:

☐ Organization's statute

☐ Strategic plans (multi-annual)

☐ Annual narrative report for the previous year

☐ Other [please specify]

☐ A copy of our organizational chart

☒ The names of staff authorized to represent the organization, including their dates of birth, places of birth and addresses (mandatory)

By affixing my signature below, I certify that the above statements are true and may be relied upon by the USAID HIV in Action in determining eligibility for grant award.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Full Legal Name of the Organization]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date]*

*Organization’s Stamp***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. 06/23/2011 Partial Revision

(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.”

1. **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.

1. **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 is maintained by the U.S. Treasury’s Office of Foreign Assets Control (OFAC), 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, Osama 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/1267/126č7ListEng.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, safehouses, 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 subnational 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.

1. **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 No. 2015-08

Date of Application: \_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Full Legal Name of the Organization]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of the Applicant’s Authorized Representative]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date]*

*Organization’s Stamp***ANNEX F - ENVIRONMENTAL SELF-ASSESSMENT FORM**

All applicants seeking to implement grant activities under USAID HIV in Action] must complete and submit this Environmental Self-Assessment Form as an annex to Grant Application. Information obtained from this form will assit the UASID HIV in Action in estimating potential environmental impact of proposed grant activity. Grant recipients will be required to comply with environmental standards that may be prescribed, in line with Federal Regulations (22CFR216) and the USAID’s Automated Directive System (ADS) parts 201 and 204.

1. **Legal, Regulatory and Permitting Requirements**
   1. **Does your Organization have the following valid permits required for your activities and facilities?**

|  |  |
| --- | --- |
| Environmental Permit: | ☐Yes ☐No |
| Planning Permission: | ☐Yes ☐No |
| Construction Permit: | ☐Yes ☐No |
| Use Permit: | ☐Yes ☐No |
| Approvals for utility services: | ☐Yes ☐No |
| Any other valid permit related to environment, safety at work etc.(please list): | |
|  | |

* 1. **Has your production facility been inspected regarding environmental and work safety issues?**

☐Yes ☐No

If yes, do you have evidence of the results of these inspection report?

☐Yes ☐No

* 1. **Does your Organization have any of the following certifications:**

|  |  |
| --- | --- |
| ISO 14001 EMS | ☐Yes ☐No |
| ISO 9000 | ☐Yes ☐No |
| HCCP | ☐Yes ☐No |
| SA 8000 | ☐Yes ☐No |
| GREENGUARD | ☐Yes ☐No |
| Global Gap | ☐Yes ☐No |
| Fair Trade | ☐Yes ☐No |
| Environmental Product Declarations | ☐Yes ☐No |
| Grean Seal | ☐Yes ☐No |
| Any other valid certifications, or certifications planned to be obtained (please list): | |

1. **Safety and Integrity Requirements**
   1. Does your Organization uses heavy equipment in the production process?

☐No ☐Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What protective measures does your Organization undertake to ensure workers' safety at work, (describe specific activities and policies, such as training, availability and use of protective equipment for workers etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Environmental and Health Requirements**
   1. List the types of solid and liquidwaste your Organization produce in its production process (such as pesticides, chemical, industrial, medical, other solid or hazardous wastes etc.) and average quantities of such waste that you produce annually:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Describe how you treat and dispose specific types of solid and liquid wastes created in production process:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Does your production process includes convertion of land and extraction of natural resources (e.g. granite, limestone, coal, oil, etc.)

☐No ☐Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do your activities have impact on cultural/hitorical sites with unique ethnic or traditional cultures?

☐No ☐Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional Information**

Please provide any additional information related to environmental impact of your activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX G – SURVEY ON ENSURING EQUAL OPPORTUNITIES FOR APPLICANTS (OPTIONAL)**

***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 provided 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.

**USAID [project name]RFA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s (Organization) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey on Ensuring Equal Opportunities for Applicants**

|  |  |
| --- | --- |
| 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  ☐ 6-14 ☐ over 100 | 1. Is the applicant an intermediary that will manage the grant on behalf of other organizations?   ☐Yes ☐ No |
| 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 | 1. Has the applicant ever received s government grant or contract (Federal, State or local)?   ☐Yes ☐ No |
| 4. Is the applicant a faith-based/religious organization?  ☐Yes ☐ No | 1. Is the applicant a local affiliate of a national organization?   ☐Yes ☐ No |
| 5. Is the applicant a non-religious community-based organization?  ☐Yes ☐ No |  |

**Explanations:**

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 your 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 postal 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.

1. For funds requested from USAID HIV in Action Project. [↑](#footnote-ref-1)
2. See Standard Provisions for Fixed-obligation Grants to Nongovernmental Organizations, RAA4: USAID Eligibility Rules for Procurement of Commodities and Services, http://www.usaid.gov/ads/policy/300/303mat [↑](#footnote-ref-2)