



USAID
FROM THE AMERICAN PEOPLE

HEALTH REFORM SUPPORT

**REQUEST FOR GRANT APPLICATIONS (RFA):
“PATIENT ORGANIZATIONS’ OVERSIGHT IN THE CONTEXT OF HEALTH
REFORM IN UKRAINE”**

RFA #: 4

A USAID /Ukraine FUNDED PROJECT

February 2019

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USAID Health Reform Support

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I SUMMARY

I.1 USAID Health Reform Support

The purpose of USAID Health Reform Support Program (HRS) is to support a transparent, accountable, and effective health care system that is capable of meeting the health needs of the Ukrainian people. Advancing health sector reforms, enhancing transparency, and tackling corruption will reduce out-of-pocket payments and improve access and availability of high quality, evidence-based health care services for Ukrainians. Elimination of corruption is a cross-cutting theme across all objectives to be achieved by this activity, which include:

1. Improve health sector governance.
2. Support the transformation of the healthcare financing model.
3. Strengthen the health workforce.
4. Enhance transparency, accountability and responsiveness of the health care system.
5. Improve service delivery system at all levels.

I.2 Request for Applications (RFA) Summary

Scope of Work: The USAID Health Reform Support announces Request for Applications from eligible patient organizations which will be able to develop their own capacity and capacity of other patient organizations and associations to run advocacy campaigns for patient rights through budget monitoring and health reform implementation oversight.

Applications should include a technical approach, with corresponding activities that will be undertaken to achieve the goals of the activities described in the detailed scope of work (SOW) specified in Section 3 of the RFA.

Period of Performance: The period of performance for the grants: **April 01 – September 30, 2019**. The application work plan and budget should reflect the period of performance.

Proposal Selection: All applications will be reviewed to check for eligibility and completeness. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the selection criteria described in **Section 6 Selection**.

The minimum score to be considered for grant funding is 70 points out of the total 100 points. Applicants not selected for award will be notified by the project in writing.

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award up to 3 grants with a ceiling amount of **270,000 UAH per award**. Funding for these grants will be subject to donor approval and availability of funds. Funding will be disbursed to the grantees in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on **March 20, 2019**. Questions should be received by **18:00 Ukraine local time on March 06, 2019**, and responses to questions will be provided by **March 13, 2019**.

The RFA has three Attachments that are relevant to the application development:

Attachment 1: Grant Application Form and Guidelines with attachments

Attachment 2: Budget Template

Attachment 3: Grant Applicants Handbook (including Grant Award template)

2 INSTRUCTIONS FOR APPLICANTS

2.1 General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under this RFA# 4.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

2.2 RFA Contact Information

USAID Health Reform Support Office

Attention: Olena Korduban

Address: 52A, B. Khmelnytskogo Str., 2nd floor, 01030 Kyiv, Ukraine

Tel: +380 44 281 23 76

Email: grant@hrs.net.ua

2.3 Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by **18:00 (COB local time) on March 06, 2019** to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By **March 13, 2019**, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants.
- A grant workshop/webinar will be held on **12:00 March 1, 2019** to clarify grant procedures and grant objectives. Registration via e-mail at grant@hrs.net.ua by **10:00 local time, March 01, 2019**.

2.4 Applications Due Date and Time

Closing Date: **March 20, 2019**.

Closing Time: 23:59 Ukraine local time (UTC + 02:00)

2.5 Application Delivery Address

Proposal packages should be submitted through the Grants Portal (<https://usaid-hrs.fluxx.io>).

First time applicants will be required to register for an account and, upon approval, will receive an email notification with the necessary log-in credentials to access the portal.

The portal details submission instructions for completing a web-based application form and contains all required document and budget attachments to be included with the application.

2.6 Type of Award

The USAID Health Reform Support anticipates the award of 3 Fixed Amount Awards in response to this RFA# 4 with the ceiling amount of up to 270,000 UAH.

2.7 Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be reviewed. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy
- **Marking:** USAID HRS RFA # 4
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

2.8 Eligibility

To be eligible to apply for and receive funding under the USAID Health Reform Support, potential applicants must meet the following criteria:

Local non-government organizations, legally established in Ukraine which have a provision in their Charters for receiving grants.

Additional eligibility criteria:

- One of the activities of the applicant indicated in the Charter shall be the work with patients with any kind of disease
- The applicant has a proven experience of working in the field of health, patients' rights, support and provision of psychological, social and other support to patients
- The applicant has no less than one year of experience in protecting patients' rights, monitoring the use of budget funds, monitoring medicine procurement at the national and / or regional level, representing the interests of the patient community in local coordinating and advisory bodies.

Ineligible are:

- The applicant which at the time of applying have unsettled/unaddressed claims, law suits, investigations other facts that may compromise or affect the facility's ability to fulfill obligations under the grant award
- Political and religious organizations
- Private entrepreneurs.

2.9 Application Conditions Precedent

All applications must be submitted in the specified format (see Section 4 Technical Application Contents). Any application submitted in any other format will not be considered. The applicant must also include all other supporting documentation (board resolution, articles of incorporation, etc.) as may be necessary to clearly demonstrate that it meets the following conditions precedent to application selection:

- That the applicant organization is an eligible organization duly established and registered in Ukraine no later than one year prior to the submission of the application;
- That the applicant organization has the managerial commitment, as evidenced by written board of directors, resolutions, strategic plans (overall long-range plan for applicant's organization) or other documentation, indicating that it is, or will be, implementing the objectives referred above;
- That the applicant organization has no advances from USAID or a USAID contractor which have been outstanding and unliquidated for longer than 90 days, and that the applicant organization has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due;
- That at the time of application there exists no condition within the applicant organization or with respect to the applicant organization's management which renders the organization ineligible for a grant directly or indirectly funded by USAID.

2.10 Late Applications

Applicants are wholly responsible for ensuring that their applications are received in accordance with the instructions stated herein. A late application will not be eligible for consideration and will be rejected without selection, even if it was late as a result of circumstances beyond the applicant's control. A late application will be considered only if the sole cause of its becoming late was attributable to USAID Health Reform Support, Deloitte, its employees or agents.

2.11 Modification/Withdrawal of Applications

Any applicant has the right to withdraw, modify or correct its offer after such time as it has been delivered to USAID Health Reform Support provided that the request is made before the offer closing date.

2.12 Disposition of Applications

Applications submitted in response to this RFA will not be returned.

3 STATEMENT OF WORK

3.1 Background

A situational analysis conducted in 2013 demonstrated that the total health expenditures in Ukraine, the total expenditures of the patients and the state correspond to the average indicators in many European countries¹. However, in Ukraine, more than half of the total health budget is made up of patients' own contributions. Many Ukrainians are offered to show their gratitude for the treatment by providing "out of pocket payments" for the treatment and either pay a doctor directly or make a so-called "donation" which is mandatory and not related to the quality of services received. In addition, the available funds in the system are used inefficiently². Even though the Ukrainians annually support the health sector with three billion UAH through taxes, 640,000 Ukrainian families face a financial disaster as a result of illness because they have to pay for their own treatment.

According to the Health Financing Reform Concept (approved by the Government of Ukraine in November 2016) and the Law of Ukraine "On State Financial Guarantees for Health Services", the implementation of a large-scale transformation of health financing system and creation of a single purchaser of health services – the National Health Service of Ukraine - started in 2018.

The health reform started with the transformations in the primary health care (PHC) as an area that is the most important for the national health system and that involves close interaction with patients. In July 2019, outpatient specialized care joined reform through the pilots, while the new payment system will be fully implemented at the country level starting in 2020.

The new payment model is patient-centered. It ensures the implementation of state guarantees for health care and helps to clearly define the role and responsibilities of the government, local governments and health care facility senior management.

In April 2017, the government launched the Accessible Drugs Program. Patients suffering from cardiovascular diseases, type II diabetes or bronchial asthma may receive medicines for free or with little additional payment. Concurrently, one of the most important components of the health reform is being implemented – the optimization of the procurement of medicines to reduce corruption and create a modern national procurement system.

In the process of decentralization, more and more authority is being given to local self-government bodies, specifically, in terms of management of health care facilities, organization of supplies and payment, health care and meals in municipal health care facilities, provision of accessible and free health services within the limits of the given authority on a specific territory, as well as the development of all types of health services, the network of health care facilities and support for the professional development (Art. 32 of the Law of Ukraine "On Local Governance"). Thus, the introduction of a new health financing model implies preserving the authority of local governments and creating opportunities for its full-fledge implementation, namely, medical guarantees program will be funded through the

¹ Tetiana Stepurko, Milena Pavlova, Irena Gryga, Péter Gaál, Wim Groot; Patterns of informal patient payments in Bulgaria, Hungary and Ukraine: a comparison across countries, years and type of services, Health Policy and Planning, Volume 32, Issue 4, 1 May 2017, Pages 453–466,

² Research: Health Index: Ukraine. – 2018. <http://health-index.com.ua/>

national level while local budgets should support the work of the system, as well as the introduction of local programs.

Consequently, many health reform and health financing reform initiatives are being currently implemented at the national and local level, but there are no mechanisms that would help patients who are the final recipients of health services to monitor and oversee the implementation of the health reform.

Thus, during the first year of the new USAID-funded five-year Health Reform Support (HRS) Program it was decided to award grants to non-governmental patient organizations in order to build capacity of patient organizations and associations to implement advocacy activities, protect patient rights and oversee the health reform process using electronic tools for monitoring the utilization of public funds, procurement of medicines, etc.

Grantees are also expected to conduct dissemination trainings at the regional and national level. The purpose of these trainings will be to provide technical support to other patient organizations, associations and activists to carry out oversight functions and protect the rights of the community of patients.

3.2 Specific Statement of Work

Task 1. Write a report on the assessment of the implementation of health reform at the primary health care level in selected regions

- develop an algorithm and support documents for assessing the implementation of health reform at the regional level (checklists / monitoring algorithm / assessment plan, etc.) based on related policies for every activity indicated below
- monitor the procurement of medicines from the national list: transparency and compliance of procurement at selected healthcare facilities
- propose an algorithm for revising the digitalization of the provision of health services, procurement of administrative and medical equipment (computers for family doctors and their utilization, etc.)
- analyze the situation related to the option of online appointment, its implementation and compliance, receive related feedback from visitors to the facility
- analyze progress in the adoption of ToR for supervisory/trustee/oversight boards at healthcare facilities in terms of the membership, representation of patient organizations, annual work plan
- check on the new payment mechanisms for doctors and other staff of PHC facilities
- check on the patients with rare diseases served by the facility, if any, and plans for training and advanced training of staff to be able to manage such patients
- assess quality, completeness and individual approach to the provision of health services by PHC physicians based on standards: completeness of patient's awareness, including the Accessible Drugs Program, additional diagnosis procedures, non-disclosure of diagnosis, etc.
- assess quality of the premises of the PHC facilities based on the standards and their accessibility (including for people with disabilities, children in carriages, others), including premises used for diagnosis, shared premises, WCs, etc.
- assess patients' satisfaction with health services provided, including doctor's appointment, information about services and visit to a healthcare facility.

Task 2. Develop training materials and conduct training for patient organizations and activists

- develop agenda and materials based on the grant results, coordinate with the grant activity manager and select trainers
- conduct at least one training for patients' organizations on patients' rights, access to and use of available e-tools (eHealth, Prozorro, doZorro, e-Data, Likicontrol, etc.)
- evaluate the participants' knowledge gained and algorithm for their application.

3.3 Grant Milestones

№	Milestone	Milestone verification\ Deliverables	Timeline
Write a report on the assessment of the implementation of health reform at the primary health care level in selected regions			
1.1	Approval of methodology for the analysis of the health reform implementation at the PHC level in selected regions	Workplan approved by HRS Activity Manager. Methodology of the analysis of the health reform implementation at the PHC level is developed and approved by Activity Manager: questionnaire, samples and other supportive documents.	March - April 2019
1.2	Implement field stage of the implementation of the health reform at the PHC level in selected regions.	Field report of the analysis of the health reform implementation at the PHC level complete.	April -May 2019
1.3	Writing a report on the assessment of the implementation of health reform at the PHC level in selected regions.	Analytical Report on the assessment of the health reform implementation at the PHC level complete and identified gaps. Set of recommendations to remove gaps prepared. Communication strategy for result dissemination developed and approved by Activity Manager.	June 2019
Develop training materials and conduct training for patient organizations and activists			
2.1	Preparation of recommendations for the design of training materials, based on the assessment of the health reform implementation in the regions.	Draft training materials developed and approved Selection procedure for trainees and list of training participants approved.	June 2019
2.2	Conducting training for patient organizations and activists.	Training verification documents: <ul style="list-style-type: none"> • Training report. • Training materials. • Participants list. • Pre and Post training 	August 2019

		questionnaires.	
2.3	Preparation of the final report.	Final report according to HRS requirements.	September 2019

3.4 Grant Program Expected Results

As a result of the **Task 1 Write a report on the assessment of the implementation of health reform at the primary health care level in selected regions** implementation, the Applicant is expected to submit the following deliverables:

- Analytical report on the assessment of the health reform implementation at the PHC level and identified gaps
- Set of recommendations to remove identified gaps.

Task 2. Develop training materials and conduct training for patient organizations and activists implementation results are as follows:

- Training materials developed and one training conducted;
- 25 members of the patient organizations and associations received knowledge and skills on how to oversee the health reform process using electronic tools for monitoring the utilization of public funds, procurement of medicines, etc .

3.5 Additional conditions

The day-to-day activities of the grant recipient will be monitored by the USAID Health Reform Support Advisor: Outreach and Partnerships. Written communication between a local partner and HRS is confidential.

4 TECHNICAL APPLICATION CONTENTS

All complete applications received by the deadline will be reviewed for responsiveness to the specifications outlined in the guidelines. USAID Health Reform Support may reject applications that are:

- Incomplete;
- Do not respond to the scope of work in the solicitation;
- Do not comply with the format requirements; or
- Are submitted after the deadline.

The application in response to this solicitation should be organized as follows:

A. Cover Page

Include all of the following information:

- Name, address, phone/fax number, and email of the organization
- Title of proposed project
- Name of contact person
- Duration of project
- Date submitted

B. Applicant Data

C. Technical Proposal (5 pages maximum)

Sections of the Attachment I Technical Proposal of the Grant Application Form and Guidelines should use the headings italicized below, in the following order:

1. PROJECT GOAL, OBJECTIVES AND GEOGRAPHIC FOCUS [maximum 0,5 pages]

Up to 0,5 pages.

Provide brief description of your organization and key achievements in advocating access to treatment, provide capacity building assistance, run advocacy campaigns for patient rights through budget monitoring, including drugs procurement and health reform implementation oversight. Describe how you collaborate with local authorities, specialized care, civil society organizations, boards of trustees, etc.

2. TECHNICAL STRATEGIES [maximum 1,5 pages]

Up to 1,5 pages.

Describe technical and strategic approaches (data collection methodology) that the organization will use to implement the project interventions.

Demonstrate that strategy is in line with the project goals.

3. PROJECT ACTIVITIES AND IMPLEMENTATION PLAN [maximum 1,5 pages]

Up to 1,5 pages.

Briefly describe the objectives and activities, needed to accomplish the strategic plan and milestones for the grant project. Mention how are you going to achieve the sustainability after the grant project completion.

The working plan must deliver the milestones and ensure the requirements of its expected time of completion (see the table Item 3.3).

Use a table (see template in **Annex A (GRANT ACTIVITY IMPLEMENTATION PLAN)**) to indicate objectives and activities that must be accomplished. Please note that the work plan activities should be linked to but not necessarily limited by the SOW of this RFA.

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 aligned to specific milestones and fund disbursement is made based on verification of milestone completion (see Section 5 for more details). Grant activities will be monitored and evaluated against these milestones.

Milestone Name	Milestone Verification	Expected Time of Completion
Write a report on the assessment of the implementation of health reform at the primary health care level in selected regions		
I.1. Approval of methodology for the analysis of the health reform implementation at the PHC level in selected regions	Workplan approved by HRS Activity Manager. Methodology of the analysis of the health reform implementation at the PHC level is developed and approved by Activity Manager: questionnaire, samples and other supportive documents.	March - April 2019
I.2. Implement field stage of the implementation of the health reform at the PHC level in selected regions.	Field report of the analysis of the health reform implementation at the PHC level complete.	April -May 2019
I.3. Writing a report on the assessment of the implementation of health reform at the PHC level in selected regions.	Analytical Report on the assessment of the health reform implementation at the PHC level complete and identified gaps. Set of recommendations to remove gaps prepared. Communication strategy for result dissemination developed and approved by Activity Manager.	June 2019
Develop training materials and conduct training for patient organizations and activists		
2.1. Preparation of recommendations for the design of training materials, based on the assessment of the health reform implementation in the regions.	Draft training materials developed and approved Selection procedure for trainees and list of training participants approved.	June 2019
2.2. Conducting training for patient organizations and activists.	Training verification documents: <ul style="list-style-type: none"> • Training report. • Training materials. • Participants list. • Pre and Post training 	August 2019

	questionnaires.	
2.3. Preparation of the final report.	Final report according to HRS requirements.	September 2019

(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.)

4. COORDINATION AND COLLABORATION [maximum 0,5 pages]

Up to 0,5 pages.

Provide description of how you plan to build your collaboration and networking with other patient organizations and how you will involve them in your training activities and further cooperation. If you have any letters of support or collaboration, please add them as **Annex B (LETTERS OF SUPPORT)**.

5. ORGANIZATIONAL CAPACITY [maximum 0,5 pages]

Up to 0,5 pages.

Give a brief description of your team, opportunities and capacity to implement the project. What is your managerial approach?

Provide a project chart (with a list of project team members with the indication of their positions, roles and contact details) as an **Annex C (A PROJECT CHART and key personnel CVs)**.

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – LETTERS OF SUPPORT

ANNEX C – A PROJECT CHART

5 BUDGET CONTENTS

Budget and Payment Terms

The approximate budget for the grantee amounts shall not exceed 270,000 UAH. The budget items and associated payment terms and dates according to the milestones listed below will be finally defined based on the applicant's proposal and fixed in the grant award document.

Cost Share

To be eligible for a grant award, the applicants are expected to cost share the implementation of the proposed grant activity by a minimum of 10% of the total cost of the grant activity. Cost sharing is a requirement for all grants funded under the project.

Cost share contribution may be financial or in-kind and include any of the following:

- Labor to carry out grant activities;
- Payment of non-labor costs associated with grant activities;
- Leveraged funds from other sources (non-U.S. Government);
- Equipment and facilities;
- In-kind donations (including labor, volunteer labor, office space, conference space, etc.).

All costs shared by the applicant (both financial and in-kind) must meet all of the following criteria:

- Be verifiable in the Applicant records;
- Necessary and reasonable for proper and efficient accomplishment of grant activity objectives;
- Allowable under the applicable USAID regulations (see Attachment 4 Certifications and Assurances from Applicant);
- Must not be included as cost share contributions for any other U.S. Government-assisted program; and,
- Must not be paid by the U.S. Government under another grant or agreement.

Sub-awards will not be allowed under the Grants Program.

Budget Content

The Applicant must:

- Include a detailed and realistic budget using the Excel template provided (see **Attachment 2: Budget and Budget Notes**). The budgets must be prepared in local currency (UAH) and should be based on activities described in the Attachment 1: Technical Proposal. Budget should not include costs that cannot be directly attributed to the activities proposed.
- Include detailed budget notes/clarification of calculation for each budget line item by milestones following the format of the template provided (see **Attachment 2: Budget and Budget Notes**). Supporting documentation to support cost data will be required prior to award of grants. However, these documents will not be required at the time of application submission.
- **Grant award funds can't be used for:**
 - Construction works;
 - Major/small repairs;
 - Other items not related to the grant implementation.

All applicants must have the financial and administrative systems to adequately account for the grant funds as detailed in the extensive attachments and referenced U.S. Government websites.

Taxes

No taxes, fees, charges, tariffs, duties or levies will be paid under any Grants awarded from this RFA.

6 SELECTION

USAID Health Reform Support intends to award grants resulting from this solicitation to the responsible Grantees whose Application conforms to the solicitation and represents best value solutions after selection in accordance with the criteria/factors listed here.

The review criteria below are presented by major category so that Applicants will know which areas require emphasis in the preparation of Applications.

Application Selection Criteria	Points
Project Goal, Objectives and Geographic Focus (Background information about Applicant)	10
Technical Strategies (<i>Methodology for data collection and analysis of the reform implementation and opportunities for further development and sustainability after the end of the project</i>)	30
Project Activities (<i>Work plan and Milestones</i>)	15
Coordination and Collaboration	10
Organizational Capacity	15
Budget, Budget Notes and Cost Reasonableness	20
Total points	100

Technical Proposal

USAID Health Reform Support will evaluate each technical approach quantitatively based upon the review criteria set forth above. A technical proposal can be categorized as unacceptable when it is incomplete, does not respond to the scope, does not comply with the format requirements or is submitted after the deadline.

Budget

The proposed budget will be analyzed as part of the application selection process. Applicants should note that Budgets must be sufficiently detailed to demonstrate reasonableness and completeness, and that applications including budget information determined to be unreasonable, incomplete, or based on a methodology that is not adequately supported may be judged unacceptable.

- 1) **Reasonableness.** USAID Health Reform Support will make a determination of reasonableness based on HRS's experience for similar items or services, what is available in the marketplace, and/or other competitive offers.
- 2) **Completeness.** A detailed line item budget, budget notes, assumptions, and schedules that clearly explain how the estimated amounts were derived must adequately support the applicant's budget. HRS may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

7 REFERENCES, TERMS & CONDITIONS

7.1 References (choose from the list below as applicable)

- The U.S. Government regulations that govern this grant as found at the following websites:
<http://www.usaid.gov/sites/default/files/documents/1868/303.pdf>
<https://www.acquisition.gov/far/html/FARTOCP31.html>
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- Required provisions for Simplified and Standard Grants to Non-U.S. Non-Governmental Organizations: <http://www.usaid.gov/ads/policy/300/303mab>.
- Required Standard Provisions for U.S. Non-governmental organizations: <http://www.usaid.gov/ads/policy/300/303maa>
- Required Provisions for a Fixed Amount Awards to Non-Governmental Organizations:
(1) Mandatory Provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.
(2) Include ONLY the applicable “Required, As Applicable” provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.

7.2 Terms and Conditions

- Issuing this RFA is not a guarantee that a grant will be awarded.
- Deloitte reserves the right to issue a grant based on the initial selection of offers without discussion.
- Deloitte may choose to award a grant for part of the activities in the RFA.
- Deloitte may choose to award a grant to more than one recipient for specific parts of the activities in the RFA.
- Deloitte may request from short-listed grant applicants a second or third round of either oral presentations or written responses to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- Deloitte has the right to rescind an RFA, or rescind an award prior to the signing of a contract due to any unforeseen changes in the direction of Deloitte's client (the U.S. Government), be it funding or programmatic.
- Deloitte reserves the right to waive any deviations by organizations from the requirements of this solicitation that in Deloitte's opinion are considered not to be material defects requiring rejection or disqualification, or where such a waiver will promote increased competition.

Grant Agreement

A grant agreement will include the approved project description, approved budget, payment terms, reporting requirements and relevant provisions. Once executed, it is a legally binding agreement between Deloitte (on behalf of the USAID Health Reform Support) and the recipient organization. Once the grant agreement is signed, it cannot be modified without prior written approval from Deloitte (on behalf of the USAID Health Reform Support).

Grant Disbursement and Financial Management

Recipients of grant funds will need to open a separate bank account before any funds are transferred from Deloitte. The grants will be disbursed in local currency and transferred only through bank transactions.

Reporting

The grant agreement will detail the reporting requirements. Recipients must be willing to adhere to the reporting schedule and requirements for both programming activities and financial monitoring.

Monitoring

USAID Health Reform Support staff will monitor programmatic performance. Deloitte and USAID reserve the right to review finances, expenditures and any relevant documents at any time during the project period and for three years after the completion of the project and closeout. All original receipts must be kept for three years after the formal closeout has been completed.

Late Submissions, Modifications and Withdrawals of Applications

At the discretion of Deloitte, any application received after the exact date and time specified for the receipt may not be considered unless it is received before award is made and it was determined by Deloitte that the late receipt was due solely to mishandling by Deloitte after receipt at its offices.

Applications may be withdrawn by written notice via email received at any time before award. Applications may be withdrawn in person by a vendor or his authorized representative, if the representative's identity is made known and the representative signs a receipt for the application before award.

False Statements in Offer

Vendors must provide full, accurate and complete information as required by this solicitation and its attachments.

Certification of Independent Price Determination

(a) The offeror certifies that--

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated or competitive solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern or individual to submit or not to submit an offer for the purpose of restricting competition or influencing the competitive environment.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory--

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or application, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the principals of the offeror in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; (ii) As an authorized agent, does certify that the principals of the offeror have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and (iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) Offeror understands and agrees that --

(1) violation of this certification will result in immediate disqualification from this solicitation without recourse and may result in disqualification from future solicitations; and

(2) discovery of any violation after award to the offeror will result in the termination of the award for default.

Standard Provisions

Deloitte is required to respect the provisions of the United States Foreign Assistance Act and other United States laws and regulations. The USAID Health Reform Support Grant Program will be administered according to Deloitte's policies and procedures as well as USAID's regulations for Non-U.S. Governmental Recipients or USAID's regulations for U.S. Non-Governmental Recipients. These include:

1. Implementing Partner Notices (IPN) registration

Applicant acknowledges the requirement to register with the IPN portal if awarded a grant resulting from this solicitation and receive universal bilateral amendments to this award and general notices via the IPN portal. The IPN Portal is located at <https://sites.google.com/site/usaidipnforassistance/>. Detailed steps are given under the article M9 of the Mandatory Standard Provisions for Fixed Amount Awards to Non-Governmental Organizations from ADS 303mat, which is annexed to this RFA.

2. Indirect rates

Indirect rates such as fringe, overhead, and general and administrative (G&A) that have not been approved by a U.S. Government agency in a NICRA (Negotiated Indirect Cost Rate Agreement) may not be charged to this award. All costs charged to the project shall be directly related to the project's implementation.

3. Activities that will not be considered for funding

In keeping with the conditions above, programs that fall within the following categories or indicate they might participate in any one of the following shall be automatically disqualified:

- Activities related to the promotion of specific political parties.
- Construction.
- Distribution of emergency/humanitarian assistance or funds.
- Religious events or activities that promote a particular faith.
- For-profit business activities that benefit a small select group, rather than providing increased opportunities to the larger community.
- Unrelated operational expenses.

4. Prohibited Goods and Services

Under no circumstances shall the Recipient procure any of the following under this award, as these items are excluded by the Foreign Assistance Act and other legislation which govern USAID funding. Programs which are found to transact in any of these shall be disqualified:

- Military equipment;
- Surveillance equipment;
- Commodities and services for support of police or other law enforcement activities;
- Abortion equipment and services;
- Luxury goods and gambling equipment; and
- Weather modification equipment.

5. Restricted Goods

The following costs are restricted by USAID and require prior approval from Deloitte and USAID:

- Agricultural commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Fertilizer;
- Used equipment; and

- U.S. Government-owned excess property.

6. Certifications for Non-US Non-Governmental Recipients

The following Standard Grant & Subcontractor Certifications are required by Deloitte and USAID:

- Assurance of Compliance with Laws and Regulations Governing nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. Governmental Organizations, if any part of the program will be undertaken in the U.S.);
- Certification Regarding Lobbying (22 CFR 227);
- Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
- Certification Regarding Terrorist Financing;
- Certification of Recipient;
- Compliance with Anticorruption Laws.
- A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction; and
- Certification Regarding Trafficking in Persons