



# HEALTH REFORM SUPPORT

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**"EXPANDING SERVICES, STRENGTHENING QUALITY AND PATIENT-CENTEREDNESS IN PHC CENTERS"**

**RFA # 34**

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**November 2022**

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## I SUMMARY

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### I.1. USAID Health Reform Support

The purpose of USAID's Health Reform Support Project (HRS Project) 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:** This solicitation seeks to provide technical assistance and grant funding to selected PHC centers in focal regions to expand the range of services provided at the PHC level, building an efficient quality management system, and introducing a patient-centered approach to PHC delivery. In addition, this grant seeks to create collaboration across PHC centers to ensure that learning can be transferred to other PHC centers.

**Period of Performance:** The period of performance for the grants is approximately ten (10) months, from December 1, 2022 to September 30, 2023. 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 of the submission. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the review 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 **fifteen (15) grants up to 1 750 000 UAH** (equivalent of 50 000 USD) each. 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 December 07, 2022. Questions should be received by close of business (COB) Ukraine local time on November 23, 2022, and responses to questions will be provided by November 25, 2022.

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)

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## 2. INSTRUCTIONS FOR APPLICANTS

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### 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 Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 34.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project 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 Project 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 Project Office

Attention: Olena Korduban

Email: [grant@hrs.net.ua](mailto:grant@hrs.net.ua)

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

### 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 close of business (COB) on **November 23, 2022** to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By **November 25, 2022**, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Deloitte Grants Portal (<https://dgrants.fluxx.io>).
- An informational webinar will be held on **November 15, 2022 at 15:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at [grant@hrs.net.ua](mailto:grant@hrs.net.ua) by **11:00 Ukraine local time, November 15, 2022**.

### 2.4. Applications Due Date and Time

Closing Date: December 07, 2022

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

## 2.5. Application Delivery Address

The proposal package should be submitted through the Deloitte Grants Portal (<https://dgrants.fluxx.io>).

All 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.

All electronic file names should include the organization's name and the title of the document. Applicants should retain copies for their records, as all applications and attachments received will not be returned.

## 2.6. Type of Award

The USAID Health Reform Support anticipates the award of up to fifteen (15) Fixed Amount Awards in response to RFA# 34 with the ceiling amount of **up to 1 750 000 UAH** each.

## 2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be considered and 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 Health Reform Support Project, RFA # 34.
- **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 an Applicant:

- Non-U.S. non-governmental organizations, for profit or non-profit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations)
- Not on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"
- No individual, political party, governmental entity(organization?) or official whether at national or municipal level
- Not affiliated with USAID Health Reform Support or any of its directors, officers, or employees.
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website

Additional eligibility criteria:

- The organization is a PHC facility – MNE located in Kyiv, Zhytomyr or Chernihiv oblasts
- The organization is contracted by the National Health Service of Ukraine at the time of submitting a proposal
- The total number of persons enrolled in care in the PHC facility is 20,000 or more
- The organization is a PHC facility providing services to all age groups
- The organization has a functional financial system

- The organization's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in implementation of the grant activities

**Ineligible are:**

- PHC facilities that at the time of a proposal submission have open/unresolved complaints, are involved in lawsuits, investigations, other matters that may threaten or affect the facility's ability to fulfill its obligations under the grant agreement
- Facilities under reorganization at the time of a proposal submission
- Private HCFs
- 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 legally constituted under Ukrainian law at least three (3) years;
- 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.

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## 3. STATEMENT OF WORK

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### 3.1. Background of Grant

The reform of primary health care (hereinafter referred to as PHC) started in 2018. For a long time before the reform, this level of care had been the least developed in Ukraine. However, over the past four years, it has undergone a significant transformation, and a number of important operational changes have been implemented, including:

- new status of municipal non-profit enterprises
- connection to the eHealth system, introduction of medical information systems (MIS)
- enrolment of more than 80% of Ukrainians in PHC
- contracts with the NHSU and transfer to a new financing model
- improved service (outpatient facilities, pre-appointment, online counseling, etc.).

However, regardless of the scale of transformations, all these changes are only the prerequisite for ensuring patient-centeredness and quality of health services at the PHC level. Currently, PHC facilities cannot yet cover the WHO-recommended 80% of the population's health needs, and very often serve as a referral point to a specialized health care level. PHC workers lack knowledge and skills to provide a wider range of services. The war in Ukraine has aggravated the situation, many health care facilities are damaged or destroyed and need to be restored, there is an urgent need for mental health services, rehabilitation, and other important issues that the PHC could take on.

To address these issues, USAID Health Reform Support (HRS) having a successful experience of creating PHC Centers of Excellence announces Request for Proposals for PHC facilities – potential grant recipients - located in the de-occupied regions of Ukraine. With its Grants Program, HRS aims to develop competencies of PHC teams, implement a quality management system, and develop a patient-centered approach to PHC delivery.

The grant recipients are also expected to launch a series of IEC activities to disseminate their implementation experience at the regional and national levels. The purpose of the activities will be to provide technical support to other PHC facilities for the implementation of the same approaches to expanding the range of services, quality management and patient-centeredness.

### 3.2. Grant Objective

The Grants Program is part of the HRS Objective 5 – *Improve service delivery system at all levels*. It is aimed at expanding the range of services provided at the PHC level, building an efficient quality management system, and introducing a patient-centered approach to PHC delivery. The grant recipients are also expected to share their experience with other PHC facilities in the country and serve as models of efficient, sustainable and quality delivery of primary health care.

### 3.3. Specific Statement of Work

Upon completion of the activities under this grant, the grantee will have:

1. Expanded the range of services provided at the PHC level.
2. Built an efficient quality management system.
3. Introduced a patient-centered approach to PHC delivery.
4. The grant recipients are also expected to share their experience with other PHC facilities in the country and serve as models of efficient, sustainable and quality delivery of primary health care



### 3.4. Grant Activities and Deliverables

The contractor shall use their experience, knowledge of national and international best practices, and further understanding from the background and objectives specified above to complete and submit the below-listed deliverables by the end of this contract.

#### Deliverable 1: Restoring and expanding PHC services during the war and in a post-war period (1.1-1.3 – mandatory, 1.4- 1.9 – optional, at least 2 to be included in the workplan)

No	Activity	Indicator	Timeline	Evidence
1.1	Use of international clinical guidelines	The facility has implemented at least five (5) clinical patient pathways based on international clinical guidelines	During the entire grant implementation period, in line with the work plan	Copies of facility orders
1.2	Mental health services	No less than 70% of physicians trained in (1) mental health services, (2) management of patients with HIV and TB, (3) PHC soft skills  Number of services provided at the PHC level increased (at least two groups of services)		List of physicians trained, with the indication of information from certificates  Comparison of the number of records in the MIS to ICPC-2 codes
1.3	Management of patients with HIV and TB			
1.4	Expansion of diagnosis and treatment approaches (ultrasound, otoscopy, neurological examination, treatment of wounds, dressing, etc.)			
1.5	Pregnancy management			
1.6	Rehabilitation			
1.7	Work with patients in need of palliative care	Self-help tools introduced (BP diaries, online reminders to take medications, glucometers, etc.)		Report on self-help tools in use
1.8	Development of self-help skills in patients			
1.9	Increasing the role of a nurse	Seeing patients / case management / school/ education for patients		Report on new functions of nurses - description of cases

#### Deliverable 2: Introducing quality management system in a PHC facility (all items are mandatory)

No	Activity	Indicator	Timeline	Evidence
2.1	Assessment of the existing quality management system in a PHC facility	Quality management system development plan approved  Quality policy developed and implemented	December 2022 - February 2023	Copies of facility orders
2.2	Strategic planning by a PHC facility team			
2.3	Detailed quality management system development plan and quality policy			
2.4	Leadership and team building (including quality teams)	Quality teams established and operational	January-March 2023	Minutes of meetings, photos
2.5	Data-driven decision-making (extension of the MIS functionality)	MIS functionality analyzed and TOR developed to extend analytical functions	During the entire grant implementation	TOR

2.6	Care quality and performance indicators	No less than three (3) care quality and performance indicators developed and introduced	period, in line with the work plan	Indicator descriptions
2.7	Feedback from patients (including complaints)	Regular feedback from patients introduced		Analysis of patient survey results
2.8	Technical equipment and infrastructure (including those for priority services)	Necessary equipment purchased		Commissioning acts, photo
2.9	Local dissemination of best practices by PHC facilities	No less than one (1) dissemination event for Ukraine's PHC facilities conducted (working meeting / conference / training)	September 2023	Event report, including a list of participants, agenda, photo

**Deliverable 3: Developing patient-centered approach to PHC delivery (all items are mandatory)**

No	Activity	Indicator	Timeline	Evidence
3.1	Training of staff to interact with patients using patient-centered approach	No less than 50% of health staff received patient-centeredness training	During the entire grant implementation period, in line with the work plan	List of training participants, with the indication of information from certificates
3.2	Engagement of patients and their families in making treatment decisions	Facility trained doctors on the development of partnership relations with patients during the treatment process		Training report. Description of cases that confirm the establishment of partnership relations
3.3	Comprehensive and coordinated delivery of care	Interaction with other service providers (hospitals, social services, local NGOs, etc.) established		Reports on meetings held and decisions made
3.4	Proactive contact with target groups (vulnerable populations)	Doctors document signs of patients' vulnerability in health records based on the results of consultations		Comparison of the number of records in the MIS to ICPC-2 codes
3.5	Remote interaction with patients	Various channels for the interaction with patients established		Operational reports: call center / website / online counseling
3.6	Comfortable environment (reception, waiting area, area for baby carriages, etc.)	Environment in outpatient clinics improved		Photo report
3.7	Development of corporate culture (code of conduct, values, internal communication, prevention of burnout)	Code of Conduct and communication standards introduced Assessment of professional burnout conducted, and prevention plan developed		Copies of facility orders
3.8	External communication (SMM, mass media, health promotion activities, education/school for patients, group counseling)	Brand book developed / in place Communication with the community in social media established IEC materials developed		Brand book / examples of branding in communication Report on the website and social media

				Samples of developed IEC materials
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HRS recommends using the following guidelines when preparing a grant proposal:

- PHC facility guide - <https://bit.ly/37h0X3f>
- Quality Management System Development Guide - <https://bit.ly/3DaqHe1>

### 3.5. General Milestones and associated timelines

No.	Milestone Name	Duration	Core Activities	Milestone Verification	Expected Due Date
1	Grant initiation	2 months	<ul style="list-style-type: none"> <li>• Finalization of grant work plan</li> <li>• Assessment of the existing QMS</li> <li>• Strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>• Final work plan with timelines agreed with HRS</li> <li>• Report on QMS assessment</li> <li>• Report on conducted strategic session</li> </ul>	Dec 2022 - Jan 2023
2	QMS development plan	2 months	<ul style="list-style-type: none"> <li>• Establishing the quality teams</li> <li>• Creating QMS development plan</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of meetings, photos</li> <li>• Approved QMS development plan</li> </ul>	Jan – Feb 2023
3	Training of staff and QMS development	2 months	<ul style="list-style-type: none"> <li>• Training of staff on patient-centeredness, priority services</li> <li>• Implementation of activities for the development of QMS</li> </ul>	<ul style="list-style-type: none"> <li>• List of training participants, with the indication of information from certificates</li> <li>• Order on introduction of Quality policy</li> </ul>	Mar - Apr 2023
4	Strengthening PHC teams to deliver services	2 months	<ul style="list-style-type: none"> <li>• Training of staff on patient-centeredness, priority services</li> <li>• Use of international clinical guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• List of physicians (no less 70%) who were trained in priority services and received certificates</li> <li>• Order on implementation at least five (5) clinical patient pathways based on international clinical guidelines</li> </ul>	Apr – May 2023
5	Patient – centered approach	5 months	<ul style="list-style-type: none"> <li>• Implementation of activities to develop a patient – centered approach</li> <li>• Introduction of patient' feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Order on introduction implementation of Code of Conduct and communication standards</li> <li>• Database on conducted patients survey</li> </ul>	Mar - July 2023
6	Expansion of services at the PHC level	4 months	<ul style="list-style-type: none"> <li>• Introduction of care quality and performance indicators</li> <li>• Increasing the role of a nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Report on analysis no less than three (3) care quality and performance indicators</li> <li>• Report on new functions of nurses by describing cases</li> </ul>	May - Aug 2023
7	Dissemination of best practices	1 month	<ul style="list-style-type: none"> <li>• Follow-up assessment of the quality management system</li> <li>• Dissemination event for peer PHC Centers of the region</li> </ul>	<ul style="list-style-type: none"> <li>• QMS development plan updated and extended to 2025</li> <li>• Report on conducted no less than one (1) dissemination event</li> </ul>	Sept 2023

### 3.6. Key Personnel

The grant implementation team shall consist of at least 10 people. The grant implementation team must include the CEO of the PHC facility, the Deputy CEO for Medicine, the Deputy CEO for Economy, care quality experts, doctors, nurses, and other personnel engaged in the development of the facility. If available, communications, service, IT support and other experts should also be part of the grant implementation team.

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## 4 TECHNICAL APPLICATION CONTENTS

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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 (see Grant Application Form and Guidelines)

### 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:

#### - BACKGROUND/STATEMENT OF NEED *[maximum 1 page]*

- Briefly describe your PHC facility – (1) the structure (outpatient clinics), list of packages under the signed contracts with NHSU, number of persons enrolled in care, etc. (2) do you have quality indicators implemented in HCF, if so – describe them (3) key achievements since the beginning of the reform (beyond the NHSU requirements), (4) weaknesses that require improvements.

#### - VISION OF IMPROVING/ GOALS, OBJECTIVES *[maximum 1 page]*

- Describe your vision for the development of your PHC facility in the next 5 years – what areas and services you'd like to develop and why. What are the value and the purpose for you to participate in this grant program? Does your PHC facility development vision coincide with the technical task of the grant?

#### - IMPLEMENTATION PLAN/ACTIVITIES *[maximum 1 page]*

- Indicate specific practical steps to help you reach the goal of this grant program. Describe in what way you are going to achieve sustainability.
- Add a detailed Implementation Plan for the grant (by using the template in Annex A - GRANT ACTIVITY IMPLEMENTATION PLAN). Please note that the work plan activities should be linked to but not necessarily limited by the SOW under this RFA.

#### - COORDINATION AND COLLABORATION *[maximum 1 page]*

- Indicate other institutions (healthcare, social, community, etc.) your PHC facility cooperates with to meet the healthcare needs of the people better. Please describe your current interaction with them.
- Describe how you plan to collaborate and coordinate effectively with these key stakeholders to achieve health service sustainability and grant goals.

**- ORGANIZATIONAL CAPACITY** *[maximum 1 page]*

- Briefly describe the team that will implement the grant and your capacity for grant implementation. What is your managerial approach? Indicate what trainings (offline or online) conducted for your personnel during the past year was most helpful for them, and improved the services?
- Provide the project chart (with a list of project team members indicating their names, positions, roles in the project, and contact details) in Annex B – PROJECT CHART.

**Annexes (number of pages not limited)**

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – PROJECT IMPLEMENTATION TEAM

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## 5 BUDGET CONTENTS

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### 5.1. BUDGET AND PEYMENT TERMS

The approximate budget for each grantee amounts shall not exceed 1 750 000 UAH. The budget items and associated payment terms and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

### 5.2. COST SHARE

Cost sharing is not a requirement for grants issued in response to RFA #34. Sub-awards will not be allowed under the Grants Program.

### 5.3. 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
  - Abortion equipment and services
  - Pharmaceuticals

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.

### 5.4. TAXES

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

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## 6 SELECTION

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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
Background/Statement of Need	5
Project Goal, Objectives	15
Project Activities	30
Coordination and Collaboration	10
Organizational Capacity	20
Budget, Budget Notes and Cost Reasonableness	20
<b>Total points</b>	<b>100</b>

### **Technical Proposal**

USAID Health Reform Support Project 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 Project will make a determination of reasonableness based on USAID 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. USAID Health Reform Support may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

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## 7 REFERENCES, TERMS & CONDITIONS

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### 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](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 [NAME OF PROJECT] 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 USAI

- 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