



HEALTH REFORM SUPPORT

REQUEST FOR GRANT APPLICATIONS (RFA): CONDUCT ANALYSES OF LOCAL PRACTICES IN TARGETED REGIONS AND DEVELOP RECOMMENDATIONS TO IMPROVE LOCAL HEALTH BUDGETING

RFA # 205

A USAID/UKRAINE FUNDED PROJECT

February 2024

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I SUMMARY

I.1. USAID Health Reform Support (HRS) Project

The purpose of USAID's Health Reform Support Project (HRS Project) is to support a transparent, accountable, and effective healthcare 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 healthcare 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. USAID HRS Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support Project partners to support Objective 2: Support the transformation of the health care financing model of the Health Reform Support Project. The grant will be focused on the critical analyses of national practices of local health budgeting in a targeted regions that would be used for developing evidence-based recommendation to ensure effective resource spending at the local level and contribute to sustainable and comprehensive health coverage.

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 is approximately eight and a half (8.5) months, from April 1, 2024 to December 16, 2024. 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. 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. A Technical Evaluation Committee will review all eligible and complete applications against the review criteria described in Section 6 Selection.

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

Funding Range: USAID Health Reform Support intends to award **one (1) grant up to UAH 5,680,000**. Funding for this Grant will be subject to donor approval and the availability of funds. Funding will be disbursed to the grantees in local Ukrainian currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on March 24, 2024. Questions should be received by close of business (COB) Ukraine local time on March 13, 2024, and responses to questions will be provided by March 15, 2024.

This RFA contains the Grant Application Form and Guidelines with the following attachments:

Attachment 1: Technical Proposal

Annex A. Grant Activity Implementation Plan

Annex B. PROJECT IMPLEMENTATION TEAM (CVs)

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)

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 Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 205.
- 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

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 March 13, 2024 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By March 15, 2024, 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 **March 12, 2024, at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 Ukraine local time, March 12, 2024.**

2.4. Applications Due Date and Time

Closing Date: March 24, 2024

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>).

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.

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 one (1) Fixed Amount Awards in response to RFA# 205 with a ceiling amount of **up to UAH 5,680,000**.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. 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 # 205.
- **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, potential applicants:

- Should be Non-U.S. non-governmental organizations, for profit or nonprofit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations);
- Should not appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";

- Should not be an individual, political party, any governmental entity(organization) or official whether at the national or municipal level;
- Should not be affiliated with HRS or any of its directors, officers or employees;
- Organizations whose objectives are not consistent with the broad objectives of the HRS Project are also ineligible.
- 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 must have demonstrated experience in technical areas relevant to the scope of work or grant focus.
- The organization must currently be implementing activities in the geographic area or technical area for which it is submitting an application.
- The organization has minimum absorptive capacity and demonstrates the potential to acquire sufficient capacity to manage programs in a sustainable manner.
- 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.

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;
- 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 and Specific Challenges to be Addressed by this Grant

Ongoing healthcare reform in Ukraine transformed health financing approaches—most notably, the transition from health subvention to payments via the Program of Medical Guarantees contracts signed with Ukraine's single purchaser, the National Health Service of Ukraine (NHSU). To be eligible to sign such contracts, communal healthcare facilities (HCFs) had to transform from budget institutions to not-for-profit enterprises. The transition also shifted and expanded HCF owners (local authorities or governing bodies) role and responsibilities to focus on building an effective health network, managing healthcare enterprises, looking for additional funding from different sources (grants, international assistance, private investors, etc.), as well as investigating additional options for cross-municipal funding to ensure smooth service delivery.

Over the past five years of project implementation, HRS found local authorities spend available resources ineffectively. Even in cases where income on local budgets increased during the war, budgets have been developed without proper financial and program analyses of health sector indicators, and without using key performance indicators (KPIs) as part of result-oriented budgeting. As a result, local health programs do not demonstrate high performance levels, and health outcomes at the local level are often not achievable.

In previous years, HRS conducted analyses of selected local health programs concluding there is no universal approach to regional programming in healthcare. One main challenge is low public/civil society participation in the decision-making process at all stages. There is often no clear separation of responsibilities between HCFs and local authorities within this process. Research suggests many international practices could apply to and benefit Ukraine's healthcare budgeting process, such as key performance indicators, engagement of civil society representatives, data analyses and program performance evaluation, etc.

To address this gap, based on national context and international best practices, a Grantee, under the support of the HRS team and experts, will (1) collect and analyze data within the targeted regions on local health budgeting (Kyiv, Chernihiv, Dnipropetrovsk, Kharkiv, Kherson, Zaporizhzhia, Sumy, and Mykolayiv oblasts), and (2) develop recommendations based on the local context and best international practices. As a result, local authorities from targeted regions will be equipped with recommendations via conducted webinars for transparent and efficient allocation of funds in healthcare areas at the local level.

3.2. Grant Objective

This Grant aims to help key regional stakeholders (local authorities and governing bodies) better plan, allocate and spend resources aimed at strengthening local health systems during the war, contributing to the maintenance of a financially sustainable network and reconnection of people to care.

3.3. Indicators

Output indicators:

- 1 report summarizing key finding, best practices, and recommendations on better local health budgeting and programming developed and presented to the representatives of local authorities from targeted regions.
- 80 local health budgets analyzed from the 8 target regions.
- At least 60% of surveyed local authorities use the developed recommendations for improving local health budgeting processes.

3.4. Specific Statement of Work

Upon consultations and in collaboration with HRS, the grantees should:

Component 1. Develop a detailed work plan with responsible team members and deadlines.

The Grantee will develop a detailed work plan for the completion of all grant components. The work plan should include: a short description of the tasks to be completed, the list of deliverables associated with the appropriate task, responsible team members, and specific deadlines for each task, etc. The Grantee may propose additional items to be included in the work plan.

The detailed work plan should be approved by the HRS technical team.

Component 2. Develop a Concept Note for the data collection and analyses of local health budgeting practices.

The Grantee should develop a Concept Note with a description of the activity context, objectives, approaches, impact, expected results, etc. The Concept Note should also include a detailed description of the data collection process, techniques, and the selection criteria for local health budgets to be analyzed. A separate part of the Concept Note should be the data collection plan with preliminary data collection and analysis schedules. The document should also include a holistic description of the data analyses approaches and methods for developing recommendations based on the results. Analyses of practices should be focused on all stages of local health programming – development of local health programs, implementation, and evaluation after completion. KPIs should be paid particular attention, including their development, monitoring, and evaluation.

Component 3. Develop and test data collection tools for collecting data on local health budgeting practices.

The Grantee will develop the data collection tools (online questionnaires, forms, surveys, etc.) to collect local health programs' financial and programmatic data, available KPIs, and other relevant indicators from 8 target regions. The Grantee should propose additional subject areas/topics and indicators for the analyses. The Grantee may use the materials HRS will share on similar activities conducted in the past.

The developed draft data collection tools should be tested on at least 2 local health programs. After testing, the Grantee should propose the amendments to the data collection tools and technical approaches and finalize all documents for the data collection.

The data collection tools and approaches should be agreed with HRS technical team.

Component 4. Develop sample of local health budgets to be included in the analysis.

Based on the agreed upon criteria (component 3), the Grantee should propose and agree with the HRS technical team the list of local health budgets to be included in the analysis. The Grantee can use preliminary communication with the selected targeted regions to prove the regions' readiness to participate in the data collection and analyses (the Grantee should present the official letter from the selected local authorities). The Grantee is expected to establish working relationships with the selected regions to ensure successful data collection and verification.

The Grantee should develop a sample of 80 local health budgets (level of oblast and/or hromada) – 10 local health budgets in each target regions. In case of non-availability of local budget programs with a clear focus on health sector, general local programs should be analyzed, and the role of health sector should be identified.

Also, for temporarily occupied regions, the numbers of local health programs could be reduced. All changes must be agreed upon with the HRS technical team.

Component 5. Conduct data collection, verification and technical analyses of local health budgeting practices

Based on the agreed sample from Component 4, the Grantee should collect data representing at least 80 local health budgets from 8 targeted regions. Particularly, the analysis should include the comparison of financial and program indicators of regional health programs covering the period of 2022-2024. The analyses should include comparison of planned and completed activities, resources (financial, human, donor support, etc) and KPIs.

The collected data should be verified by using logic control, sampling verification, etc., and analyzed using HRS approved approaches and standard statistical analysis methods. The information on results of verification should be included in the Component 6 report .

As the result of data collection, the database with all collected and verified data and technical report should be produced and agreed with HRS team.

Component 6. Develop an Analytical Report with analyses of national practices and recommendations for improving local health budgeting.

The Grantee should develop the draft of the report structure, approved by the HRS team. Under this component, the Grantee should develop a comprehensive report with analyses of local health budget practices and a set of recommendations on improving local health program budgeting. The report should include (but not be limited to) analyses of national practices, lessons learned from international best practices suitable for Ukraine, and a set of recommendations on improving regional health program budgeting. The report should also contain recommendations to be used by the local authorities during the war and post-war periods. The format of the recommendations should be suitable for potential readers and supplemented with cases and examples of best practices, as well as with the list of resources to receive more information on the described topic. The Grantee should also develop a brief overview of the report's results.

The final report must be approved by the HRS team.

Component 7. Conduct a webinars for local authorities from the targeted regions and conduct follow-up assessment among targeted local authorities.

To ensure the proper dissemination of the developed Report from Component 6, the Grantee should prepare a presentation to highlight the key insights and “to-do list” for local authorities during the war and post-war periods. The Grantee should conduct at least 8 webinars (1 webinar per region) to present the developed report and key recommendations, as well as conduct ‘question and answer’ sessions. The Grantee should also assess the level of usage of the disseminated recommendations for improving local health budgeting processes among local authorities though an online survey in the targeted regions.

Component 8. Grant final report. The Grantee will develop a grant final report with the overview of the completion of all grant components.

3.5. Deliverables

Deliverable 1. Develop a detailed work plan with responsible team members and deadlines.

Quantity: 1

Due Date: *Due within two weeks after award*

Format: MS Word/MS Excel documents

Deliverable 2. Develop concept note for the data collection and analyses of local health budgeting practices.

Quantity: 2 (1 – concept note; 1 – data collection plan)

Due Date: April 30, 2024

Format: MS Word/MS Excel documents

Deliverable 3. Develop and test data collection tools for collecting data on local health budgeting practices.

Quantity: up to 5 (draft and finalized data collection tools), 1 (testing report)

Due Date: May 31, 2024

Format: MS Word/MS Excel documents

Component 4. Develop sample of local health budgets to be included in the analysis.

Quantity: 1 (sample)

Due Date: May 31, 2024

Format: MS Word/MS Excel documents

Component 5. Conduct data collection, verification and technical analyses of local health budgeting practices.

Quantity: 1 (database), 1 (technical report)

Due Date: July 15, 2024

Format: MS Word/MS Excel documents

Component 6. Develop an Analytical Report with analyses of national practices and recommendations for improving local health budgeting.

Quantity: 1 (report)

Due Date: August 26, 2024

Format: MS Word/MS Excel documents

Component 7. Conduct a webinar/-s for local authorities from the targeted regions and conduct follow-up assessment among targeted local authorities.

Quantity: at least 1 (webinar) per region, at least 1 (package of reporting documents)

Due Date: September 13, 2024

Format: MS Word/MS Excel/PowerPoint documents

Quantity: 1 (reporting package on conducted survey)

Due Date: December, 9 2024

Format: MS Word/MS Excel/PowerPoint documents

Component 8. Grant final report

Quantity: 1

Due Date: December 13, 2024

Format: MS Word/MS Excel/PowerPoint documents

All deliverables under each component should be developed by the Grantee and approved by HRS team.

3.6. General Milestones and Associated Timelines

For this type of grants, fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones:

#	Milestone	Milestone Verification	Expected date of completion
1	Detailed work plan	<ul style="list-style-type: none"> • Approved work plan 	Due within two weeks after award
2	Develop concept note for the data collection and analyses of local health budgeting practices	<ul style="list-style-type: none"> • Developed Concept Note • Developed data collection plan 	April 30, 2024
3	Develop and test data collection tools for collecting data on local health budgeting practices	<ul style="list-style-type: none"> • Developed up to 5 draft data collection tools. • Report on testing (at least 2 local health budgets). • Finalized up to 5 data collection tools. 	May 31, 2024
4	Develop sample of local health budgets to be included in the analysis	<ul style="list-style-type: none"> • Sample of local budgets. 	May 31, 2024
5	Conduct data collection, verification and technical analyses of local health budgeting practices	<ul style="list-style-type: none"> • Database with all collected data. • Cross-tables and other materials with the analyses of the collected data. • Technical report. 	July 15, 2024
6	Develop an Analytical Report with analyses of national practices and recommendations for improving local health budgeting	<ul style="list-style-type: none"> • Analytical Report. • Brief. 	August 26, 2024
7	Conduct a webinars for local authorities from the targeted regions and conduct follow-up assessment among targeted local authorities	<ul style="list-style-type: none"> • Webinar conducted. • Reporting package on webinar. • Report on survey. 	December 9, 2024
8	Grant Final report	<ul style="list-style-type: none"> • Report. 	December 16, 2024

3.7. Key personnel

Key personnel must have relevant education and experience (reflected in CVs) and provide the workload information.

The Grantee must demonstrate various expertise to cover different areas of the study – staff and/or consultants ready to be contracted with proficiency in:

- healthcare management,
- financial and budget analyses,

- interaction with local authorities.

3.8. Grant Expected Results

Short-term outcome:

- At least 60% of surveyed local authorities use the developed recommendations for improving local health budgeting processes.
- Developed Concept Note and data collection tools.
- Developed Analytical Report with analyses of national practices and recommendations for improving local health budgeting;
- Conducted webinars to present the findings and recommendations on local health budgeting for representatives of local authorities from the selected 8 targeted regions.

Long-term outcome:

Financial resources in health sector spent at the local level are optimized to increase efficiency and accountability in the local health systems.

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 (see Grant Application Form and Guidelines)

C. Technical Proposal (11 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:

- GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY [maximum 2 page]

- Provide information about existing challenges/barriers for patients to access needed services. Please, describe both aspects, cost and/or availability.
- Please, define the target audience for developed recommendations and their impact on decision-makers and/or patients
- Describe your study's approach considering the sensitivity of the topic and war-related difficulties in data collection.

- EXPECTED RESULTS AND TECHNICAL STRATEGIES, , including Coordination and Collaboration [maximum 4 pages]

- Describe technical approach for the grant implementation, including the details on the techniques for collecting, verification and analyses of the collected data, as well as the anticipated content of recommendations. Explain why these approaches would help to achieve the goals, and how that would influence to the overall strategy of health sector development.

- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with local authorities from targeted regions, and explain the selection of respondents and facility data collection approach.

- **IMPLEMENTATION and Management Plans /ACTIVITIES** *[maximum 3 pages]*

- Provide a detailed grant implementation plan (see the template in Annex A - PROJECT IMPLEMENTATION PLAN).
- Based on a developed implementation plan, please, provide the list of grant activity milestones using the table from Section 3.5. For Fixed Amount Awards, the 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.
- The working plan must deliver the milestones and ensure the requirements of its expected time of completion.
- Indicate the number of staff you are planning to launch to the activity's implementation.
- Describe how you will coordinate and monitor the implementation plan.
- Describe how the project will be managed within the Grant.
- Indicate whether you have experience in cooperation with international organizations and charitable foundations with health care facilities

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

- Describe the team that will implement the Grant, indicating their positions, roles and contact details as Annex B. Provide CVs for core/implementation team (as an ANNEX B – PROJECT IMPLEMENTATION TEAM).
- Indicate contacts who will liaise with the HRS Project.
- Provide additional information about the experience of your organization in the implementation of the socioeconomic studies.
- Provide information about the past performance of your organization as an ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – IMPLEMENTATION TEAM & CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY (max 3 pages)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

5 BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget amount shall not exceed UAH 5,680,000. The budget should be produced by milestones. The budget items, 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.

Suggested milestones can be found in section 3.6, Grant Milestones and Associated Timelines.

5.2. COST SHARE

Cost sharing is not a requirement for RFA #205.

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

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.

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
1. Project Goal, Objectives, and Geographic Focus	10
2. Technical Strategies, including Coordination and Collaboration	25
3. Implementation and Management Plans	25
4. Organizational Capacity	25
5. Budget, Budget Notes and Cost Reasonableness	15
Total points	100

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.

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 grant award/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 grant award /contract (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 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.