**Annex C**

**Proforma CV**

|  |  |  |
| --- | --- | --- |
| **Name:** | | **[Photo]** |
| **Title:** | |
| **Nationality:** | |
| **Home office:** | |
| **Professional qualifications:** | | |
| **Language skills:**   |  |  |  |  | | --- | --- | --- | --- | | **Language:** | **Reading:** | **Speaking:** | **Writing:** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| **Relevant work experience, including the duration and responsibilities:** | | |
| **References:**    ***Name:***  ***Position:***  ***Organization:***  ***E-mail:***  ***Address:***  ***Telephone:***  ***Relationship:*** | ***Name:***  ***Position:***  ***Organization:***  ***E-mail:***  ***Address:***  ***Telephone:***  ***Relationship:*** | |
| **Certification:**  I declare that the information provided in this CV is accurate and hereby authorize the Global Fund to undertake whatever inquiries it may consider reasonable and necessary in the course of the assessment process, in relation to the information in this curriculum vitae and relating to my suitability for the position for which I have been nominated. | | |
| **Date:** | | |

**Annex D**

**Proforma Declaration of Absence of Conflict of Interest**

**Local Fund Agent**

**Conflict of Interest Declaration Relating to Expert Assignment**

On behalf of the Contractor listed below, I hereby declare that:

1. The Contractor has read and understood the *Local Fund Agent Conflict of Interest Procedures* and the Conflict of Interest rules set forth in the Framework Contract between the Contractor and the Global Fund to Fight AIDS, Tuberculosis and Malaria including the definition of “conflict of interest” contained therein, namely:

*A situation in which the Contractor, any of its affiliates, or any of its sub-contractors, if any, has interests (financial, organizational, personal, reputational, or otherwise) that would or may appear to make it difficult for the entity to fulfil its obligations in providing Local Fund Agent Services to the Global Fund in an objective, independent, and professional manner, or a situation in which it is reasonable to foresee that such an interest would arise*.  

1. For the arrangement described in **Box**1 below, the information checked in **Box 2** below is true and correct:

**Box 1**

|  |  |
| --- | --- |
| **Name(s) of Expert(s):** |  |
| **Role(s) of Expert(s):** |  |
| **Country/ Countries:** |  |

**Box 2 (please check one, as appropriate)**

|  |  |
| --- | --- |
| ☐ | No Conflict of Interest exists on the part of the Contractor or any affiliate or sub-contractor of the Contractor for the arrangement described in Box 1. |
| ☐ | A Conflict of Interest exists on the part of the Contractor, an affiliate, and/ or a sub-contractor of the Contractor for the arrangement described in Box 1; and  The Contractor has declared and disclosed that Conflict of Interest to the Global Fund pursuant to the procedures set forth in the Local Fund Agent Conflict of Interest Procedures available on the Global Fund’s website. |

**NAME OF CONTRACTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Annex E**

**LFA Expert Approval Submission Checklist**

This annex contains one checklist which is designed to ensure that expert approval requests submitted by the LFA to the Global Fund are complete and contain the relevant information. Only requests that contain appropriately completed checklists will be considered for review and approval by the Global Fund.

*This checklist should be used when proposing any LFA expert to work in one or more country/regions.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposing an LFA Expert for the Global Fund’s approval** | | | |
| Salutation:  (Mr. Mrs. Dr. ...) |  | Type of Expert Approval Request | |
| ☐New Expert                  ☐New Role(s)                ☐New Country(ies) | |
| First Name: |  | Email Address: |  |
| Last Name: |  | **Mobile** Phone Number with Country Code (required for Portal Access) | + |
| Proposed Country(ies) for LFA expert: | | Expert's Location:  (Fly-In / In-Country) | LFA Role:  LFA expert’s role within the LFA team |
|  | |  |  |
| **Minimum Requirements** | | | |
| *Please refer to*[*Annex A & B*](https://www.theglobalfund.org/media/3220/lfa_engagementandapprovaloflfaexperts_procedure_en.docx?u=637166002800000000)*for detailed requirements.* | | Justification of how this expert meets the requirements: | |
| Language: | ☐Meets |  | |
| ☐ Does Not Meet |
| Qualifications: | ☐ Meets |  | |
| ☐ Does Not Meet |
| Professional Experience: | ☐ Meets |  | |
| ☐ Does Not Meet |
| Proposed Daily Rate (in US$): | US$: | Proposed Start Date: |  |
| Supplementary Information:  Please include in the space below additional relevant information for the approval request:   * Reason why is this expert being proposed, or rationale for proposed change in role * If applicable, how the expert’s time will be managed with competing assignments/countries * Any related team structure changes, such as de-activations | | | |
|  | | | |
| Please make sure to attach the relevant documents with your expert approval request: | | | |
| ☐Up-to-date CV *(mandatory)* (note: the CV must list each position held by the expert, indicating the company/organization, responsibilities, duration by month and date, in a bullet point format)  ☐Declaration of the Absence of Conflict of Interest *(mandatory for new experts/new countries)*  ☐Changes to LFA Portal Access or Responsibilities *(As relevant) - use Annex F in addition to Annex E*  (in cases where the requested change will impact the current responsibilities for the Representative for Legal Notices, Authorized Signatory for Disbursement Requests, or Work Plan or PET Access)  ☐Proposed new team structure with appropriate justification of the requested change *(As relevant, when the approval of the submitted request results in a change to the LFA team structure)* | | | |

**Annex F**

**Changes to LFA Portal Access or Responsibilities**

This annex contains one table which is designed to capture any requested change in LFA Portal access and responsibilities among the LFA Team members resulting from this change request.

|  |  |  |
| --- | --- | --- |
| **Date:** | | |
| **LFA:** | | |
| **Country:** | | |
| **Responsibilities:** | **Contact Name(s)** | |
| **The LFA contact who will be listed as the Representative for 'Legal' Notices** |  | |
| This name of this contact will appear on the Grant Confirmation.  There can only be one contact assigned per grant. |
| **The LFA contact who is the Authorized Signatory for Disbursement Requests** |  | |
| There can only be one contact assigned per grant. |
| A signature specimen must be provided (available on the Global Fund website here: <https://www.theglobalfund.org/media/6848/lfa_2019-05-signatoryinformation_template_en.docx> |
| **The LFA contact(s) who should have access to the LFA Workplan** (please ensure mobile phone numbers are provided for all relevant contacts) | Name | Mobile Number |
|  |  |
| **The LFA contact(s) who should have access to the LFA PET** (please ensure mobile phone numbers are provided for all relevant contacts) | Name | Mobile Number |
|  |  |