

DRAFT ROUND 6 PROPOSAL FORM

OUTLINE: This document comprises the proposed Round 6 Proposals Form for a Round 6 Call for Proposals, prepared according to the decision of the Board of the Global Fund at its Twelfth Board Meeting.

CONFIDENTIAL DRAFT – FOR CONSIDERATION AT 13TH BOARD MEETING

DRAFT PROPOSAL FORM

SIXTH CALL FOR PROPOSALS

The Global Fund to Fight AIDS, Tuberculosis and Malaria is issuing its Sixth Call for Proposals for grant funding. This Proposal Form should be used to submit proposals to the Global Fund. **Please read the accompanying Guidelines for Proposals carefully before filling out the Proposal Form.**

Timetable: Sixth Round

Deadline for submission of proposals: [28 July 2006]
 Board consideration of recommended proposals: [1-3 November 2006]

Resources available: Sixth Round

As of the date of the Sixth Call for Proposals, US\$_____ million is available for commitment for this Call. It is anticipated that additional resources will become available prior to the Board consideration of proposals. The amount available will be updated regularly on the Global Fund's website.

Geneva, [1 May 2006]

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PROPOSAL SECTIONS FOR COMPLETION BY APPLICANTS

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ATTACHMENTS TO THE PROPOSAL FORM FOR COMPLETION BY APPLICANTS

- A. Targets and Indicators Table (*Complete as separate table for each component*)
- B. Preliminary Procurement List of Drugs and Health Products

A list of all annexes to be attached to the Proposal Form by the applicant can be found at the end of sections 3 and 5 the Proposal Form

OTHER REFERENCE DOCUMENTS FOR APPLICANTS

(These and other documents are available at <http://www.theglobalfund.org/en/apply/call6/documents/>)

| | |
|------------------------------------|--|
| Country Coordinating Mechanisms: | The Global Fund's Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility (CCM Guidelines) |
| Monitoring and Evaluation: | Multi-Agency 'Monitoring and Evaluation Toolkit', Second Edition, January 2006 (M&E Toolkit) |
| Procurement and Supply Management: | The Global Fund's "Guide to Writing a Procurement and Supply Management Plan" (PSM Guide) |

How to use this form

- Before you start** - Ensure that you have all documents that accompany this form:
 - The Guidelines for Proposals (Sixth Call for Proposals)
 - A complete copy of this Proposal Form
 - The Attachments to this Proposal Form.
- Please read the accompanying **Guidelines for Proposals** before filling out this Proposal Form.
- For detailed information on how to use the electronic version of the Proposal Form, please see **Attachment 4 to the Guidelines** for Proposals.
- In **this Proposal Form** further guidance for completing specific sections is also included in the Form itself, printed in *blue italics*. Where appropriate, indications are given as to the approximate length of the answer. Please try to respect these indications.
- To **avoid duplication of effort**, we recommend you to make maximum use of existing information (e.g., program documents written for other donors/funding agencies).
- Complete the checklists** at the end of sections 3 and 5 of the Proposal Form to ensure that you are sending a fully completed proposal.
- Attach all documents** requested throughout the Proposal Form.
- Consult our "Frequently Asked Questions" link:
<http://www.theglobalfund.org/en/apply/call6/documents/>

Please note that any information submitted to the Global Fund may be made publicly available.

WHAT IS DIFFERENT COMPARED TO ROUND 5?

The main difference compared to the Round 5 Proposal Form is that **Health Systems Strengthening** is no longer a separate component. It is important to recognize that applicants can still apply for funding for health systems strengthening activities by including such activities in the specific disease components.

In other respects the Round 6 Proposal Form is similar to the Round 5 Proposal Form, and changes have mainly been made for the purpose of improved clarity and presentation.

1 Proposal Overview

1.1 General information on proposal

Applicant Name

Country/countries

Applicant Type

Please tick one of the boxes below, to indicate the type of applicant. For more information, please refer to the Guidelines for Proposals, section 1.1 and 3A.

- National Country Coordinating Mechanism
- Sub-national Country Coordinating Mechanism
- Regional Coordinating Mechanism (including small island developing states)
- Regional Organization
- Non-Country Coordinating Mechanism Applicant

Proposal component(s) and title(s)

Please tick the appropriate box or boxes below, to indicate components included within your proposal. Also specify the title for each proposal component chosen. For more information, please refer to the Guidelines for Proposals, section 1.1.

| Component | Title |
|--|-------|
| <input type="checkbox"/> HIV/AIDS ¹ | |
| <input type="checkbox"/> Tuberculosis ¹ | |
| <input type="checkbox"/> Malaria | |

Currency in which the Proposal is submitted

Please tick the appropriate box. Please note that all financial amounts appearing in the proposal should be denominated in the selected currency only.

- US\$
- Euro

¹ In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS and/or tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

1 Proposal Overview

1.2 Proposal funding summary per component

Funds requested for each component (i.e. HIV/AIDS, tuberculosis and/or malaria) in table 1.2 below must be the same as the totals of the corresponding component budget in table 5.1.

Table 1.2 – Total funding summary

| Component | Total funds requested (Euro / US\$) | | | | | |
|--------------|-------------------------------------|--------|--------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| HIV/AIDS | | | | | | |
| Tuberculosis | | | | | | |
| Malaria | | | | | | |
| Total | | | | | | |

1.3 Previous Global Fund grants

Table 1.3 – Previous Global Fund grants

| Component | Previous grants | |
|--------------|-----------------|-------------------------------|
| | Rounds | Current Amount* (Euro / US\$) |
| HIV/AIDS | | |
| Tuberculosis | | |
| Malaria | | |
| HSS/Other | | |

* Aggregate all past grants, including approved but as yet unsigned amounts. These amounts should include Phase 2 where this has been approved/signed. For more detailed information, see the Guidelines for Proposals, section 1.3.

2 Eligibility

Only those Proposals that meet the Global Fund's eligibility criteria will be reviewed by the Technical Review Panel.

Eligibility is a multi-step process that depends on the income level of the country (or countries) applying for funding and, in some cases, disease burden.

Please read through this section carefully and consult the Guidelines for Proposals, section 2, for further guidance on the steps to be followed by each applicant.

2.1 Technical eligibility

2.1.1 Country income level

Please tick the appropriate box in the table below. For proposals from multiple countries, complete the referenced information separately for each country (see the Guidelines for Proposals, section 2.1).

Country/countries

- Low income → Complete section 2.2 [only](#)
- Lower-middle income → Complete sections 2.1.2, 2.1.3 [and](#) 2.2
- Upper-middle income → Complete sections 2.1.2, 1.2.3, 2.1.4 [and](#) 2.2

2 Eligibility

2.1.2 Counterpart financing and greater reliance on domestic resources

Please enter information on counterpart financing in table 2.1.2 below if the country(ies) listed above are classified as Lower-middle income or Upper-middle income.

Non-CCM Applicants do not have to fulfill the counterpart financing requirement.

The table should be filled in for each component included in this proposal. For definitions and details of counterpart financing requirements, see the Guidelines for Proposals, section 2.1.2.

Important note: The field "Total requested from the Global Fund" in table 2.1.2 below should equal the request in section 5 and table 5.1 for each corresponding component.

Table 2.1.2 – Counterpart financing

| Component | Financing sources | (Euro / US\$) | | | | |
|-----------|---|---------------|--------|-----------------|-----------------|-----------------|
| | | Year 1 | Year 2 | Year 3 estimate | Year 4 estimate | Year 5 estimate |
| HIV/AIDS | Total requested from the Global Fund (A) [from table 5.1] | | | | | |
| | Counterpart financing (B) [linked to the disease control program] | | | | | |
| | Counterpart financing as a percentage of total financing: $[B/(A+B)] \times 100 = \%$ | | | | | |

2 Eligibility

Table 2.1.2 – Counterpart financing continued

| Component | Financing sources | (Euro / US\$) | | | | |
|--------------|---|---------------|--------|-----------------|-----------------|-----------------|
| | | Year 1 | Year 2 | Year 3 estimate | Year 4 estimate | Year 5 estimate |
| Tuberculosis | Total requested from the Global Fund (A) [from table 5.1] | | | | | |
| | Counterpart financing (B) [linked to the disease control program] | | | | | |
| | Counterpart financing as a percentage of total financing: $[B/(A+B)] \times 100 = \%$ | | | | | |

Table 2.1.2 – Counterpart financing continued

| Component | Financing sources | (Euro / US\$) | | | | |
|-----------|---|---------------|--------|-----------------|-----------------|-----------------|
| | | Year 1 | Year 2 | Year 3 estimate | Year 4 estimate | Year 5 estimate |
| Malaria | Total requested from the Global Fund (A) [from table 5.1] | | | | | |
| | Counterpart financing (B) [linked to the disease control program] | | | | | |
| | Counterpart financing as a percentage of total financing: $[B/(A+B)] \times 100 = \%$ | | | | | |

2 Eligibility

2.1.3 Focus on poor or vulnerable populations

*All proposals from Lower-middle income and Upper-middle income countries must demonstrate a focus on poor or vulnerable population groups. Proposals may focus on both population groups but **must** focus on at least one of the two groups. Complete this section in respect of each component.*

Describe which poor and/or vulnerable population groups your proposal is targeting; why and how these populations groups have been identified; how they were involved in proposal development and planning; and how they will be involved in implementing the proposal (Maximum half a page per component).

2.1.4 High disease burden

Proposals from Upper-middle income countries must also demonstrate that they face a very high current disease burden. Please enter such information in the section below in respect of each component. Please note that if the applicant country falls under the "small island economy" lending eligibility exception as classified by the World Bank/International Development Association, this requirement does not apply (see section C in Attachment 1 to the Guidelines for Proposals).

a) Confirm that the country(ies) is(are) facing a very high current disease burden, as evidenced by data from WHO and UNAIDS. (Please see the Guidelines for Proposals, section 2.1.4 for more information on the definition of high disease burden.)

If there is an HIV seroprevalence rate of more than 5% in a vulnerable population in the country, the applicant may be eligible for funding for an HIV/AIDS component proposal provided that the applicant fulfils the counterpart financing requirement and completes section 2.1.4 b) below.

b) Confirm that there is a HIV seroprevalence rate of more than 5% in a vulnerable population in the country, and that the proposal targets the vulnerable population. Please provide a definition of the nature of the vulnerable population. Also provide the validation by the WHO or UNAIDS of the evidence of the seroprevalence rate within the population. (Please attach as an annex to this Proposal Form, indicating the appropriate annex number.)

2 Eligibility

2.2 Functioning of Coordinating Mechanism

*To be eligible for funding, all applicants, other than Non-CCM Applicants and Regional Organizations **must meet** the Global Fund's minimum requirements for Coordinating Mechanisms.*

For additional information regarding these requirements, see:

- The Guidelines for Proposals, section 2.2 and*
- The CCM Guidelines.*

Please note that your application must provide documentation to show how the applicant meets these minimum requirements. You will be asked to re-confirm this in the Checklist at the end of section 3.

2.2.1 Broad and inclusive membership

a) People living with and/or affected by the disease(s)

Provide evidence of membership of people living with and/or affected by the disease(s). (This may be done by demonstrating corresponding Coordinating Mechanism membership composition and endorsement in table 3B1.2, and 3B.1.3 in section 3B of the Proposal Form.)

b) Selection of non-governmental sector representatives

Provide evidence of how those Coordinating Mechanism (CM) members representing each of the non-governmental sectors (i.e. academic/educational sector, NGOs and community-based organizations, private sector, religious and faith-based organizations, and multi-bilateral development partners in country) have been selected by their own sector(s) based on a documented, transparent process developed within their own sector. (Please summarize the process and, for each sector, attach as an annex the documents showing the sector's transparent process for CM representative selection, and the sector's minutes or other documentation recording the selection of their current representative. Please indicate the applicable annex number.)

2.2.2 Documented procedures for the management of conflicts of interest

Where the Chair and/or Vice-Chair of the Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s) in this proposal, describe and provide evidence of the applicant's documented conflict of interest policy to mitigate any actual or potential conflicts of interest arising in regard to the applicant's operations or responsibilities. (Please summarize and attach the policy as an annex. Please indicate the applicable annex number.)

2 Eligibility

2.2.3 Documented and transparent processes of the Coordinating Mechanism

As part of the eligibility screening process for proposals, the Global Fund will review supporting documentation setting out the CCM's proposal development process, the submission and review process, the nomination process for Principal Recipient(s), as well as the minutes of the meeting where the CCM decided on the elements to be included in the proposal and made the decision about the Principal Recipient(s) for this proposal.

Please describe and provide evidence of the CCM's documented, transparent and established:

a) **Process to solicit** submissions for possible integration into this proposal.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

b) **Process to review** submissions received by the CCM for possible integration into this proposal.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

c) **Process to nominate** the Principal Recipient(s) and **oversee** program implementation.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

d) **Process to ensure the input** of a broad range of stakeholders, including CCM members and non-CCM members, in the proposal development process and grant oversight process.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

3A Applicant Type

This section contains information on the applicant. Please see the Guidelines for Proposals, section 3A, for more information regarding the nature of different applicants.

All Coordinating Mechanism Applicants (whether national, sub-national, regional (C)CCMs) and Regional Organizations **must also** complete section 3B of this Proposal Form and provide the documented evidence requested.

Non-CCM Applicants do not complete section 3B. These applicants must fully complete section 3A.5 of this Proposal Form and provide documentation as an attachment to this proposal supporting their claim to be considered as eligible for Global Fund support outside of a Coordinating Mechanism structure.

3A.1 Applicant

Table 3A.1 – Applicant

Please tick the appropriate box in the table below, and then go to the relevant section in this Proposal Form, as indicated on the right hand side of the table.

| | |
|---|--------------------------------|
| National Country Coordinating Mechanism | →complete sections 3A.2 and 3B |
| Sub-national Country Coordinating Mechanism | →complete sections 3A.3 and 3B |
| Regional Coordinating Mechanism (including small island developing states) | →complete sections 3A.4 and 3B |
| Regional Organization | →complete section 3A.5 and 3B |
| Non-CCM Applicants | →complete section 3A.6 |

3A Applicant Type

3A.2 National Country Coordinating Mechanism (CCM)

For more information, please refer to the Guidelines for Proposals, section 3A.2, and the CCM Guidelines.

Table 3A.2 – National CCM: basic information

| Name of national CCM | Date of composition |
|----------------------|---------------------|
| | |

3A.2.1 Mode of operation

Describe how the national CCM operates. In particular:

- **The extent to which the CCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the diseases and the organizations that support them; the private sector; religious and faith-based organizations; and multi-/bilateral development partners in-country; and
- **How it coordinates its activities with other national structures** (such as National AIDS Councils, Parliamentary Health Commissions, National Monitoring and Evaluation Offices and other key bodies).

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the CCM, and a diagram setting out the interrelationships between all key actors in the country as an annex to this proposal. Please indicate the applicable annex number.)

→ After completing this section, complete section 3B.1.

3A Applicant Type

3A.3 Sub-national Country Coordinating Mechanism

For more information, please refer to the Guidelines for Proposals, section 3A.3, and the CCM Guidelines.

Table 3A.3 – Sub-national CCM: basic information

| Name of sub-national CCM | Date of composition |
|--------------------------|---------------------|
| | |

3A.3.1 Mode of operation

Describe how the sub-national CCM operates. In particular:

- **The extent to which the sub-national CCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the diseases and the organizations that support them; the private sector; religious and faith-based organizations; multi-/bilateral development partners in-country; and
- **How it coordinates its activities with other national structures** (such as National AIDS Councils, Parliamentary Health Commissions, National Monitoring and Evaluation Offices and other key bodies).

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the sub-national CCM, and a diagram setting out the interrelationships between all key actors as an annex to this proposal. Please indicate the appropriate annex number.)

3A.3.2 Rationale

- a) Explain why a sub-national CCM has been chosen. *(Maximum of half a page.)*

- b) Describe how this proposal is consistent with and complements the national strategy for responding to the disease and/or the national CCM plans. *(Maximum of half a page.)*

→ After completing this section, complete section 3B.1.

3A Applicant Type

3A.4 Regional Coordinating Mechanism (including small island developing states)

For more information, please refer to the *Guidelines for Proposals, section 3A.4, and the CCM Guidelines.*

Table 3A.4 – Regional Coordinating Mechanism: basic information

| Name of regional Coordinating Mechanism (RCM) | Date of composition |
|---|---------------------|
| | |

3A.4.1 Mode of operation

Describe how the RCM operates. In particular:

- **The extent to which the RCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the diseases and the organizations that support them; the private sector; religious and faith-based organizations; multi-/bilateral development partners in-country; and
- **How it coordinates its activities with the national structures of the countries that are included** in the proposal (such as national AIDS councils, national CCMs, or the national strategies of small island developing states who do not have their own national CCM or other national coordinating body.)
- **The RCM's governance structure and processes**, and how the implementation strategy and timelines have taken into account the regional context, including the need to coordinate between multiple entities.

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the RCM, and a diagram setting out the interrelationships between key actors across the included countries as an annex to this proposal. Please indicate the appropriate annex number.)

3A.4.2 Rationale

a) Explain why a RCM approach has been chosen. *(Maximum of half a page.)*

b) Describe how this proposal is consistent with and complements the national strategies of countries included and/or the national CCM plans. *(Maximum of half a page.)*

c) Provide details of how this proposal will achieve cross-border or multi-country outcomes that would not be possible with only national approaches. *(Maximum of half a page.)*

3A Applicant Type

d) Explain how the RCM represents a natural collection of countries and describe what measures will be taken to maximize operational efficiencies in administrative processes of the RCM. *(Maximum of half a page.)*

→ After completing this section, complete section 3B.1.

3A Applicant Type

3A.5 Regional Organizations (including Intergovernmental Organizations and International Non-Government Organizations)

For more information, please refer to the Guidelines for Proposals, section 3A.5.

Table 3A.5 – Regional Organization: basic information

| |
|--|
| Name of Regional Organization |
| |
| Sector represented by the Regional Organization |
| |

3A.5.1 Mode of operation

In addition to answering the sections below, Regional Organizations should provide, as additional annexes to this proposal documentation describing the organization, such as:

- Statutes, by-laws of organization (official registration papers); and
- A summary of the main sources and amounts of funding.

Describe how the Regional Organization operates. In particular:

- The manner in which the Regional Organization gives effect to the principles of **inclusiveness and multi-sector consultation** and partnership in the development and implementation of regional cross-border projects; and
- **The coverage and past experience** of the Regional Organization's operations. (Maximum of half a page.)

3A.5.2 Rationale

a) Explain why a Regional Organization has been chosen and the added value of the proposed regional approach beyond the national response of individual countries. (For example, address cross-border or regional issues. Maximum of half a page.)

b) Describe how this regional proposal is consistent with and complements the national plans for responding to the disease of each country involved. (Maximum of half a page.)

c) Provide details of how this proposal will achieve cross-border or multi-country outcomes that would not be possible with only national approaches. (Maximum of half a page.)

3A Applicant Type

d) Explain how the Regional Organization represents a natural collection of countries and describe what measures will be taken to maximize operational efficiencies in administrative processes. (Maximum of half a page.)

→ After completing this section, complete section 3B.2.

3A Applicant Type

3A.6 Non-CCM Applicants

Non-CCM proposals are **only eligible for funding under exceptional circumstances listed in section 3A.6.2 below**. For more information, please refer to the Guidelines for Proposals, section 3A.6.

In addition to answering the sections below, all Non-CCM proposals should include as annexes additional documentation describing the organization, such as: statutes and by-laws of organization (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organization; a summary of the organization, including background and history, scope of work, past and current activities; and a summary of the main sources and amounts of existing funding.

Table 3A.6 – Non-CCM Applicant: basic information

| | | |
|----------------------------------|------------------------|--------------------------|
| Name of Non-CCM Applicant | | |
| Street address | | |
| | Primary contact | Secondary contact |
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |

Indicate the type of your sector (tick appropriate box):

- Academic/educational sector
- Government
- NGOs/community-based organizations
- People living with and/or affected by HIV/AIDS, tuberculosis and/or malaria
- Private sector
- Religious/faith-based organizations
- Multilateral and bilateral development partners in country
- Other
(please specify):

3A Applicant Type

3A.6.2 Rationale for applying outside a Coordinating Mechanism

- a) Non-CCM proposals are **only eligible** if they satisfactorily explain that they originate from one of the following:
- i) Countries without legitimate governments;
 - ii) Countries in conflict, facing natural disasters, or in complex emergency situations (which will be identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or
 - iii) Countries that suppress, or have not established partnerships with civil society and NGOs.

Describe which of the **above conditions** apply to this proposal. (Maximum of two pages. Please refer to the Guidelines for Proposals, section 3A.6.2 for further information.)

- b) Describe your organizations **attempts to include this proposal in the relevant CCM's final approved country proposal** and the responses, if any, from the CCM. (Maximum of one page. Please provide documentary evidence of these attempts and any response from the CCM (national, sub-national or regional) as an annex to the proposal.)

If this Non-CCM proposal originates from a country in which no CCM exists (for example, a small island developing state), please **also** complete section 3A.6.3.

3A.6.3 Consistency with national policies

Describe how this proposal is consistent with, and complements, national policies and strategies (or, if appropriate, why this proposal is not consistent with national policy). (Maximum of one page. Provide evidence (e.g., letters of support) from relevant national authorities in an annex to the proposal.)

→ After completing this section, complete section 4.

3B Proposal Endorsement

3B.1 Coordinating Mechanism membership and endorsement:

All national, sub-national and regional Coordinating Mechanisms must complete this section. Regional Organizations must complete section 3B.2.

National/Sub-national/Regional Coordinating Mechanisms

3B.1.1 Leadership of Coordinating Mechanism

Table 3B.1.1 – National/Sub-national/Regional (C)CM leadership information
(not applicable to Non-CCM and Regional Organization applicants)

| | Chair | Vice Chair |
|-----------------|-------|------------|
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |

3B Proposal Endorsement

3B.1.2 Membership information

Please note that to be eligible for funding, national/sub-national/regional Coordinating Mechanisms must demonstrate evidence of membership of people living with and/or affected by the diseases. It is recommended that the membership of the CCM comprise a minimum of 40% representation from non-governmental sectors. For more information on this, see the Guidelines for Proposals section 3B.1, and the CCM Guidelines.

The table below must be completed for **each** national/sub-national/regional Coordinating Mechanism **member**, and the table will therefore need to be extended to cover numerous members.

Use the “Add_Member” button  in the standard toolbar.

Under “Type”, please specify which sector the CCM member represents: academic/educational; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; or multi-bilateral development partners in country.

Table 3B.1.2 – National/sub-national/regional (C)CM member information

| National/Sub-national/Regional (C)CM member details | | | |
|--|--|------------------|--|
| Member | | | |
| Agency/organization | | Website | |
| Type | | | |
| Name of representative | | CCM member since | |
| Title in agency/organization | | Fax | |
| E-mail address | | Telephone | |
| Main role in the Coordinating Mechanism and the proposal development (proposal preparation, technical input, component coordinator, financial input, review, other) | | Mailing address | |
| | | | |
| | | | |
| | | | |

3B Proposal Endorsement

3B.1.3 National/Sub-national/Regional (C)CM endorsement of proposal

*Coordinating Mechanism members must endorse the proposal. Limited exceptions are described in the Guidelines for Proposals in section 3B.1.3. Please note that the **original** (not photocopied, scanned or faxed) signatures of the CCM members should be provided in table 3B.1.3. The minutes of the CCM meetings at which the proposal was developed and endorsed **must** be attached as an annex to this proposal. The entire proposal, including the signature page and minutes, must be received by the Global Fund Secretariat before the deadline for submitting proposals.*

Applicant name

Country/countries

"Each of the undersigned, hereby certify that s/he has reviewed the final proposal and supports it."

Table 3B.1.3 – National/sub-national/regional (C)CM endorsement of proposal

| Agency/organization | Name of representative | Title | Date | Signature |
|---------------------|------------------------|-------|------|-----------|
| | | | | |

For sub-national and regional Coordinating Mechanisms only, the Chair and the Vice Chair of the national CCM of each country must also endorse the proposal. Please refer to the Guidelines for Proposals, section 3B.1.3.

List below each of the national CCMs that have agreed to this proposal and provide documented evidence of this endorsement.

Table 3B.1.3b – Sub-national or regional (C)CM proposal endorsement by national CCMs

| Country | Name of CCM | Annex number |
|---------|-------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

3B Proposal Endorsement

3B.2 Regional Organization contact information and proposal endorsement:

3B.2.1 Regional Organization contact information

Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication.

Table 3B.2.1 – Regional Organizations: contact information

| | Primary contact | Secondary contact |
|-----------------|-----------------|-------------------|
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |

3B.2.2 National CCM endorsement of Regional Organization proposal:

Please note that Regional Organizations must receive the agreement of the national CCM membership of each country in which they wish to work.

List below each of the national CCMs that have agreed to this proposal and provide documented evidence of this endorsement. (If no national CCM exists in a country included in the proposal, include evidence of support from relevant national authorities.)

Table 3B.2.2 – Regional Organization proposal endorsement by national CCMs

| Country | Name of CCM | Annex number |
|---------|-------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL Sections 1-3

The table below provides a list of the various annexes that should be attached to the proposal. Please complete this checklist to ensure that everything has been included. Please also indicate the applicable annex numbers on the right hand side of the table.

| Relevant item on the Proposal Form | Description of the information required in the Annex | Name/Number given to annex in application |
|--|---|---|
| Section 2: Eligibility | | |
| <i>If Upper-middle income applicant for HIV/AIDS proposal targeting vulnerable population:</i> | | |
| 2.1.4 b) | Validation by WHO or UNAIDS of the evidence of the seroprevalence rate within the targeted vulnerable population | |
| <i>Coordinating Mechanisms only:</i> | | |
| 2.2.1 b) | Comprehensive documentation on processes used to select non-governmental sector representatives of the Coordinating Mechanism. | |
| 2.2.2 | Documented procedures for the management of potential Conflicts of Interest between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism. | |
| | Documentation describing the transparent processes to: | |
| 2.2.3 a | - solicit submissions for possible integration into the proposal. | |
| 2.2.3 b | - review submissions for possible integration into the proposal. | |
| 2.2.3 c | - select and nominate the Principal Recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated). | |
| 2.2.3 d | - ensure the input of a broad range of stakeholders in the proposal development process and grant oversight process. | |
| Section 3A: Applicant Type | | |
| <i>Coordinating Mechanisms:</i> | | |
| 3A.2.1, 3A.3.1 or 3A.4.1 | Documents that describe how the national/sub-national or regional Coordinating Mechanism operates (terms of reference, statutes, by-laws or other governance documentation and a diagram setting out the interrelationships between all key actors) | |

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL Sections 1-3

| Relevant item on the Proposal Form | Description of the information required in the Annex | Name/Number given to annex in application |
|--|---|---|
| <i>Regional Organizations:</i> | | |
| 3A.5.1 | Documents that describe the organization such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding. | |
| <i>Non-CCM Applicants:</i> | | |
| 3A.6 | Documentation describing the organization such as statutes and by-laws (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organization, a summary of the organization, including background and history, scope of work, past and current activities, and a summary of the main sources and amounts of funding. | |
| 3A.6.2 b | Documentary evidence of any attempts to include the proposal in the relevant CCM's final approved country proposal and any response from the CCM. | |
| 3A.6.3 <i>(if from country where no CCM exists)</i> | Provide evidence from relevant national authorities that the proposal is consistent with national policies and strategies. | |
| Section 3B: Proposal Endorsement | | |
| 3B.1.3 <i>(Coordinating Mechanisms)</i> | Minutes of the meeting at which the proposal was developed and endorsed. For Sub-CCMs and RCMs, documented evidence that national CCM(s) have agreed to proposal. | |
| 3B.2.2 <i>(Regional Organization)</i> | Documented evidence that the national CCMs have agreed to proposal. | |
| Other documents relevant to sections 1-3 attached by applicant: | | |
| | | |
| | | |
| | | |
| | | |

4 Component Section

PLEASE NOTE THAT THIS SECTION AND THE NEXT MUST BE COMPLETED FOR EACH COMPONENT. Thus, for example, if the proposal targets three components, sections 4 and 5 must be completed three times.

For more information on the requirements of this section, please refer to the Guidelines for Proposals, section 4.

4.1 Indicate the estimated start time and duration of the component

Please take note of the timing of proposal approval by the Board of the Global Fund (described on the cover page of the Proposal Form). The aim is to sign all grants and commence disbursement of funds within six months of Board approval. Approved proposals must be signed and have a start date within 12 months of Board approval.

Table 4.1.1 – Proposal start time and duration

| | From | To |
|-----------------|------|----|
| Month and year: | | |

4.2 Contact persons for questions regarding this component

Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication. These persons need to be readily accessible for technical or administrative clarification purposes, for a time period of approximately six months after the submission of the proposal.

Table 4.2 – Component contact persons

| | Primary contact | Secondary contact |
|-----------------|-----------------|-------------------|
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |

4.3 Component executive summary

4.3.1 Executive summary

Describe the overall strategy of the proposal component, by referring to the goals, objectives and main activities, including expected results and associated timeframes. Specify the beneficiaries and expected benefits (including target populations and their estimated number). (Please include quantitative information where possible. Maximum of one page.)

4 Component Section

4.3.2 Synergies

If the proposal covers more than one component, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities. (By synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact.)

4.4 National program context for this component

The information below helps reviewers understand the disease context, and which problems the proposal will address. Therefore, historical, current and projected data on the epidemiological situation, disease-control strategies and broader development frameworks need to be clearly documented. Please refer to the Guidelines for Proposals, section 4.4.

4.4.1 Indicate whether you have any of the following documents (tick appropriate box), and if so, please attach them as an annex to the Proposal Form:

- National Disease Specific Strategic Plan
- National Disease Specific Budget or Costing
- National Monitoring and Evaluation Plan (health sector, disease specific or other)
- Other document relevant to the national disease program context (e.g. the latest disease surveillance report)

Please specify:

4.4.2 Epidemiological and disease-specific background

Describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. With respect to malaria components, also include a map detailing the geographical distribution of the malaria problem and corresponding control measures already approved and in use. Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.

4.4.3 Disease-control initiatives and broader development frameworks

Proposals to the Global Fund should be developed based on a comprehensive review of disease-specific national strategies and plans, and broader development frameworks. This context should help determine how successful programs can be scaled up to achieve impact against the three diseases. Please refer to the Guidelines for Proposals, section 4.4.3.

- a) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include all donor-financed programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships.)

4 Component Section

- b) Describe the role of HIV/AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or Sector-Wide Approaches. Outline any links to international initiatives such as the WHO/UNAIDS 'Universal Access Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

4.4.4 National health system

- a) Briefly describe the (national) health system, including both the public and private sectors, as relevant to reducing the impact and spread of the disease in question.
- b) Given the above analysis, explain whether the current health system will be able to achieve and sustain scale up of HIV/AIDS, tuberculosis and/or malaria interventions. What constraints exist?
- c) Please describe national health systems strengthening plans as they relate to these constraints. If this proposal includes a request for resources to help overcome these constraints, describe how the proposal will contribute to strengthen health systems.

4.5 Financial and programmatic gap analysis

Interventions included in relation to this component should be identified through an analysis of the gaps in the financing and programmatic coverage of existing programs. Such an analysis should also recognize gaps in health systems, related to reducing the impact and spread of the disease. Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this additionality should be described. For more information on this, see the Guidelines for Proposals, section 4.5.

Use table 4.5.1-3 to provide in summarized form all the figures used in sections 4.5.1 to 4.5.3.

4.5.1 Overall needs assessment

- a) Based on an analysis of the national goals and careful analysis of disease surveillance data and target group population estimates for fighting the disease component, describe the overall **programmatic** needs in terms of people in need of these key services. Please indicate the quantitative needs for the 3-5 major services that are intended to be delivered (e.g. anti-retroviral drugs, insecticide-treated bed nets, Directly Observed Treatment Short-Course for TB treatment). Also specify how much of this need is currently covered in the full period of the proposal by domestic sources or other donors. *Please note that this gap analysis should guide the completion of the Targets and Indicators Table in section 4.6. When completing this section, please refer to the Guidelines for Proposals, section 4.5.1.*

4 Component Section

- b) Based on an analysis of the national goals and objectives for fighting the disease component, describe the overall **financial** needs. Such an analysis should recognize any required investment in health systems linked to the disease. Provide an estimate of the costs of meeting this overall need and include information about how this costing has been developed (e.g., costed national strategies, medium term expenditure framework). *(Actual targets for past years and planned and estimated costing for future years should be included in table 4.5.1-3 [line A].)*

4.5.2 Current and planned sources of funding

- a) Describe current and planned financial contributions, from all relevant domestic sources (including loans and debt relief) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line B].)*
- b) Describe current and planned financial contributions, anticipated from all relevant external sources (including existing grants from the Global Fund and any other external donor funding) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line C].)*

4.5.3 Financial gap calculation

Provide a calculation of the gap between the estimated overall need and current and planned available resources for this component in table 4.5.1-3 and provide any additional comments below.

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Please summarize the information from 4.5.1, 4.5.2 and 4.5.3 in the table below.

Table 4.5.1.3 - Financial contributions to national response

| Financial gap analysis (please specify currency: Euro / US\$) | | | | | | | |
|--|--------|------|---------|------|-----------|------|--|
| | Actual | | Planned | | Estimated | | |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | |
| Overall needs costing (A) | | | | | | | |
| Current and planned sources of funding: | | | | | | | |
| Domestic source: Loans and debt relief (provide donor name) | | | | | | | |
| Domestic source: National funding resources | | | | | | | |
| Total domestic sources of funding(B) | | | | | | | |
| External source 1 Global Fund Grants | | | | | | | |
| External source 2 (provide donor name) | | | | | | | |
| External source 3 (provide donor name) | | | | | | | |
| Total external sources of funding (C) | | | | | | | |
| Total resources available (B+C) | | | | | | | |
| Unmet need (A) - (B + C) | | | | | | | |

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4 Component Section

4.5.4 Additionality

Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources, and explain plans to ensure that this will continue to be true for the entire proposal period.

4.6 Component strategy

This section describes the strategic approach of this component of the proposal, and the activities that are intended in the course of the program. Section 4.6 contains important information on the goals, objectives, service delivery areas and activities, as well as the indicators that will be used to measure performance.

For more detailed information on the requirements of this section, see the Guidelines for Proposals section 4.6.

In support of this section, all applicants **must** submit:

- A **Targets and Indicators Table**. This is included as **Attachment A** to the Proposal Form. (When setting targets in this table, please refer explicitly to the programmatic need and gap analysis in section 4.5.1 a. All targets should show clearly the current baseline. For definitions of the terms used in this table, see the M&E Toolkit provided by the Global Fund. Please also refer to the Guidelines for Proposals, section 4.6.

and

- A component **Work Plan** covering the first two years of the proposal period. The Work Plan should also be integrated with the detailed budget referred to in section 5.2.

The **Work Plan** should meet the following criteria (Please refer to the Guidelines for Proposals, section 4.6):

- It should be structured along the same lines as the Component Strategy - i.e. reflect the same goals, objectives, service delivery areas and activities.
- It should cover the first two years of the proposal period and should:
 - be detailed for year 1, with information broken down by quarters;
 - be indicative for year 2.
- It should be consistent with the **Targets and Indicators Table** (Attachment A to the Proposal Form) mentioned above.
- It should be integrated with the first two years of the **detailed budget** (please refer to section 5.2).

Please note that narrative information in this section 4.6 should refer to the **Targets and Indicators Table** (Attachment A to this Proposal Form), but should not consist merely of a description of the table.

4.6.1 Goals, objectives and service delivery areas

Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

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4.6.2 Link with overall national context

Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context in section 4.4. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

4.6.3 Activities

Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include all the activities proposed, how these will be implemented, and by whom. *(Where activities to strengthen health systems are planned, applicants are also required to provide additional information at section 4.6.6.)*

4.6.4 Performance of and linkages to current Global Fund grant(s)

This section refers to any prior Global Fund grants for this disease component and requests information on performance to date and linkages to this application. For more information, please refer to the Guidelines for Proposals, section 4.6.4.

- a) Provide an update of the current status of previous Global Fund grants for this disease component, in the table below.

Table 4.6.4. Current Global Fund grants

| | Grant number | Grant amount* | Amount spent |
|------------|--------------|---------------|--------------|
| GF Grant 1 | | | |
| GF Grant 2 | | | |
| GF Grant 3 | | | |
| GF Grant 4 | | | |

* *For grants in Phase 1, this is the original two year grant amount. For grants that have been renewed into Phase 2, this is the total amount, inclusive of Phase 1 and Phase 2. For unsigned Round 5 grants this is the two year TRP approved maximum budget.*

- b) Please identify for each current grant the key implementation challenges and how they have been resolved.

- c) Are there any linkages between the current proposal and any existing Global Fund grants for the same component? (e.g. same activities, same targeted populations and/or the same geographical areas.)
- Yes
→ complete d)
- No
→ go to 4.6.5.

- d) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided under current Global Fund grants.

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4.6.5 Linkages to other donor funded programs

- a) Are there any linkages between the current proposal and any other donor funded programs for the same disease
- Yes
→ complete b)
- No
→ go to 4.6.6.

- b) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided by other donors, including in respect of health system strengthening activities.

4.6.6 Activities to strengthen health systems

Certain activities to strengthen health systems may be necessary in order for the proposal to be successful and to initiate additional HIV/AIDS, tuberculosis, and/or malaria interventions. Similarly, such activities may be necessary to achieve and sustain scale-up.

Applicants should apply for funding in respect of such activities by integrating these within the specific disease component(s). Applicants who have identified in section 4.4.4 health system constraints to achieving and sustaining scale-up of HIV/AIDS, tuberculosis and/or malaria interventions, but do not presently have adequate means to fully address these constraints, are encouraged to complete this section. For more information, please refer to the Guidelines for Proposals, section 4.6.6.

- a) Describe which health systems strengthening activities are included in the proposal, and how they are linked to the disease component. *(In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. See the Multi-Agency M&E Toolkit.)*

- b) Explain why the proposed health systems strengthening activities are necessary to improve coverage to reduce the impact and spread of the disease and sustain interventions. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.6.)*

- c) Describe how activities to strengthen health systems, integrated within this component, will have positive system-wide effects and how it is designed in compliance with the surrounding context and aligned with government policies.

- d) Are there cross-cutting health systems strengthening activities integrated within this component that will benefit any other component included in this proposal?
- Yes
→ complete e) and f)
- No
→ go to g)

- e) If you answered yes for d), describe these activities and the associated budgets and identify and explain how the other components will benefit.

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f) If you answered yes for d), confirm that funding for these activities has not also been requested within the other component.

g) Is this component reliant on any cross-cutting health systems strengthening activities that have been included within other components of this proposal?

Yes
→ complete h)

No
→ go to 4.6.7.

h) If you answered yes for g), describe these activities and the associated budgets and identify and explain how this component will benefit.

4.6.7 Common funding mechanisms

This section seeks information on funding requested in this proposal that is intended to be contributed through a common funding mechanism (such as Sector-Wide Approaches (SWAp), or pooled funding (whether at a national, sub-national or sector level)).

a) Is part or all of the funding requested for the disease component intended to be contributed through a common funding mechanism?

Yes
→ answer questions below.

No
→ go to 4.8

b) Indicate in respect of each year for which funds are requested the amount to be funded through a common funding mechanism.

c) Describe the common funding mechanism, whether it is already operational and the way it functions. Identify development partners who are part of the common funding mechanism. Please also provide documents that describe the functioning of the mechanism as an annex. *(This may include: The agreement between contributing parties; joint Monitoring and Evaluation procedures, management details, joint review and accountability procedures, etc.)*

d) Describe the process of oversight for the common funding mechanism and how the CCM will participate in this process.

e) Provide an assessment of the incremental impact on projected targets as a consequence of the funds being requested for this component, which are to be contributed through the common funding mechanism.

f) Explain the process by which the applicant will ensure that funds requested in this application, that are contributed to a common funding mechanism, will be used specifically as proposed in this application.

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4.6.8 Target groups

Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the program will have on these group(s).

4.6.9 Social stratification

Provide estimates of how many of those expected to be reached are women, how many are youth, how many are living in rural areas and other relevant categories. The estimates must be based on a serious assessment of each objective.

Table 4.6.9 Social stratification

| | Estimated number and percentage of people reached who are: | | | |
|-------|--|-------------|-----------------------|--------|
| | Women | Youth (<18) | Living in rural areas | Other* |
| SDA 1 | | | | |
| SDA 2 | | | | |
| SDA 3 | | | | |
| SDA 4 | | | | |

* "Other" to include target groups according to country setting, e.g. indigenous populations, ethnic groups, underprivileged regions, socio-economic status, etc. Targets should be defined according to country disease programs.

4.6.10 Gender issues

Describe gender and other social inequities regarding program implementation and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities.

4.6.11 Stigma and discrimination

Describe how this component will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, as applicable, and other types of stigma and discrimination that facilitate the spread of these diseases.

4.6.12 Equity

Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programs).

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4.6.13 Sustainability

Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the program term. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.13.)*

4.7 Principal Recipient information

In this section, applicants should describe their proposed implementation arrangements, including nominating Principal Recipient(s). See the Guidelines for Proposals, section 4.7, for more information. Where the applicant is a Regional Organization or a Non-CCM, the term 'Principal Recipient' should be read as implementing organization.

4.7.1 Principal Recipient information

Every component of your proposal can have one or several Principal Recipients. In table 4.7.1 below, you must nominate the Principal Recipient(s) proposed for this component.

Table 4.7.1: Nominated Principal Recipient(s)

| | |
|--|-----------------------------------|
| Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients. | <input type="checkbox"/> Single |
| | <input type="checkbox"/> Multiple |

| Responsibility for implementation | | | |
|-----------------------------------|------------------------|----------------|--|
| Nominated Principal Recipient(s) | Area of responsibility | Contact person | Address, telephone, fax numbers and e-mail address |
| | | | |
| | | | |
| | | | |

4.8 Program and financial management

4.8.1 Management approach

Describe the proposed approach of management with respect to planning, implementation and monitoring the program. Explain the rationale behind the proposed arrangements. *(Outline management arrangements, roles and responsibilities between partners, the nominated Principal Recipient(s) and the CCM. Maximum of half a page.)*

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Please note that if there are multiple Principal Recipients, section 4.8.2 below has to be repeated for each one.

4.8.2 Principal Recipient capacities

a) Describe the relevant technical, managerial and financial capacities for each nominated Principal Recipient. Please also discuss any anticipated shortcomings that these arrangements might have and how they will be addressed, please refer to any assessments of the PR(s) undertaken either for the Global Fund or other donors (e.g., capacity-building, staffing and training requirements, etc.).

b) Has the nominated Principal Recipient previously administered a Global Fund grant?

Yes

No

c) Is the nominated PR currently implementing a large program funded by the Global Fund, or another donor?

Yes

No

d) If you answered yes for b) or c), provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous grants (Global Fund or other donor).

e) If you answered yes for b) or c), describe how the PR would be able to absorb the additional work and funds generated by this proposal.

4.8.3 Sub-Recipient information

a) Are sub-recipients expected to play a role in the program?

Yes
→ complete the rest of 4.8.3

No
→ go to 4.9

b) How many sub-recipients will or are expected to be involved in the implementation?

1 – 5

6 – 20

21 – 50

more than 50

c) Have the sub-recipients already been identified?

Yes
→ complete 4.8.3. d) -e) and then go to 4.9

No
→ go to 4.8.3. f) – g)

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d) Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g., open bid, restricted tender, etc.).

e) Where sub-recipients applied to the Coordinating Mechanism, but were not selected, provide the name and type of all organizations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal.

f) Describe why sub-recipients were not selected prior to submission of the proposal.

g) Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process.

4.9 Monitoring and evaluation

The Global Fund encourages the development of nationally owned monitoring and evaluation plans and monitoring and evaluation systems, and the use of these systems to report on grant program results. By completing the section below, applicants should clarify how and in what way monitoring the implementation of the grant relates to existing data-collection efforts.

4.9.1 Plans for monitoring and evaluation

Describe how the targets and activities indicated in the Targets and Indicator Table (attached as Attachment A to this proposal, see section 4.6) will be monitored and evaluated. Please identify any surveys to which this proposal is contributing.

4.9.2 Integration with national M&E Plan

Describe how performance measurement for this program is proposed to contribute to and/or strengthen the national Monitoring and Evaluation Plan for this component. If a national Monitoring and Evaluation strategy exists, please attach it as an annex to the proposal, and provide a summary of key linkages with the national Monitoring and Evaluation Plan and data collection methods.

4 Component Section

4.10 Procurement and supply management of health products

In this section, applicants should describe the management structure and systems currently in place for the procurement and supply management (PSM) of drugs and health products in the country. When completing this section, applicants should refer to the Guidelines for Proposals, section 4.10.

4.10.1 Organizational structure for procurement and supply management

Briefly describe the organizational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.

4.10.2 Procurement capacity

a) Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products?

- Principal Recipient only
- Sub-recipients only
- Both

b) For each organization involved in procurement, please provide the latest available annual data (in Euro/US\$) of procurement of drugs and related medical supplies by that agency.

4.10.3 Coordination

a) For the organizations involved in section 4.10.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc

b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal.

4.10.4 Supply management (storage and distribution)

a) Has an organization already been nominated to provide the supply management function for this grant?

- Yes
→ continue
- No
→ go to 4.10.5

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| | |
|--|---|
| b) Indicate, which types of organizations will be involved in the supply management of drugs and health products. If more than one of the boxes below is ticked, describe the relationships between these entities. | <input type="checkbox"/> National medical stores or equivalent |
| | <input type="checkbox"/> Sub-contracted national organization(s) () <i>(specify which one(s))</i> |
| | <input type="checkbox"/> Sub-contracted international organization(s) () <i>(specify which one(s))</i> |
| | <input type="checkbox"/> Other <i>(specify)</i> |
| c) Describe the organizations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed. | |
| | |
| d) Describe the organizations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal. | |
| | |

[For tuberculosis and HIV/AIDS components only:]

| | |
|--|------------------------------|
| 4.10.5 Multi-drug-resistant TB | |
| Does the proposal request funding for the treatment of multi-drug-resistant TB? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| <p><i>If yes, please note that all procurement of medicines to treat multi-drug-resistant tuberculosis financed by the Global Fund must be conducted through the Green Light Committee (GLC) of the Stop TB Partnership. Proposals must therefore indicate whether a successful application to the Committee has already been made or is in progress. For more information, please refer to the GLC website, at http://www.who.int/tb/dots/dotsplus/management/en/. Also, see the Guidelines for Proposals, section 4.10.5.</i></p> | |

4.11 Technical and Management Assistance and Capacity-Building

Technical assistance and capacity-building can be requested for all stages of the program cycle, from the time of approval onwards, including in respect of, development of M&E or Procurement Plans, enhancing management or financial skills etc. When completing this section, applicants should refer to the Guidelines for Proposals, section 4.11.

| |
|--|
| 4.11.1 Capacity building |
| Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group. Please ensure that these activities are included in the detailed budget. |
| |

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| |
|---|
| 4.11.2 Technical and management assistance |
| Describe any needs for technical assistance, including assistance to enhance management capabilities. <i>(Please note that technical and management assistance should be quantified and reflected in the component budget section, section 5.6)</i> |
| |

5 Component Budget

PLEASE NOTE THAT THIS SECTION IS TO BE COMPLETED FOR EACH COMPONENT.

In this section, applicants will need to provide summary budget information for the proposed duration of the component. Applicants are also required to provide a more detailed budget as an annex to the proposal. For more information on budget requirements, please refer to the Guidelines for Proposals, section 5.

If part or all of the funding requested for this component is to be contributed through a common funding mechanism (consistent with section 4.6.7), applicants should provide:

- Compile the Budget information in sections 5.1 – 5.6 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

5 Component Budget

5.1 Component budget summary

Insert budget information for this component broken down by year and budget category, in table 5.1 below. *(The "Total funds requested from the Global Fund" should be consistent with the amounts entered in table 1.2 relating to this component.)*

The budget categories and allowable expenses within each category are defined in the Guidelines for Proposal, section 5.1. The total requested for each year, and for the program as a whole, must be consistent with the totals provided in sections 5.1.

Table 5.1 – Funds requested from the Global Fund

| | Funds requested from the Global Fund (in Euro/US\$) | | | | | |
|---|---|--------|--------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Human resources | | | | | | |
| Infrastructure and equipment | | | | | | |
| Training | | | | | | |
| Commodities and products | | | | | | |
| Drugs | | | | | | |
| Planning and administration | | | | | | |
| Other <i>(please specify)</i> | | | | | | |
| Other <i>(please specify)</i> | | | | | | |
| Other <i>(please specify)</i> | | | | | | |
| Total funds requested from the Global Fund | | | | | | |

5 Component Budget

5.2 Detailed Component Budget

The Component Budget Summary (section 5.1) **must** be accompanied by a more detailed budget covering the proposal period, attached as an annex to the proposal. The detailed budget should also be integrated with the Work Plan referred to in section 4.6.

The Detailed Component Budget should meet the following criteria (Please refer to the Guidelines for Proposals, section 5.2):

- a) It should be **structured along the same lines as the Component Strategy**—i.e., reflect the same goals, objectives, service delivery areas and activities.
- b) It should cover the term of the proposal period and should:
 - i) be **detailed for year 1 and year 2** of the proposal term, with information broken down by **quarters for the first year**;
 - ii) provide summarized information and assumptions for the balance of the proposal period (**year 3 through to conclusion of proposal term**).
- c) It should state all key assumptions, including those relating to **units and unit costs**, and should be consistent with the assumptions and explanations included in section 5.3.
- d) It should be integrated with the detailed **Work Plan** for year 1 and indicative Work Plan for year 2 (please refer to section 4.6).
- e) It should be **consistent** with other budget analyses provided elsewhere in the proposal, including those in this section 5.

5 Component Budget

5.3 Key budget assumptions

Without limiting the information required under section 5.2, please indicate budget assumptions for year 1 and year 2 in relation to the following:

5.3.1 Drugs, commodities and products

Please use Attachment B (Preliminary Procurement List of Drugs and Health Products) in order to compile the budget request for years 1 and 2 in respect of drugs, commodities and health products. Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget. If prices from sources other than those specified below are used, a rationale must be included.

- a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. *(Please complete table B.1 in Attachment B to the Proposal Form.)*
- b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. *(Please complete table B.2 in Attachment B to the Proposal Form.)*
- c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs. *(Please complete table B.3 in Attachment B to the Proposal Form.)*

(For example: Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS. Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2003, (<http://www.who.int/medicines/organization/par/ipc/sources-prices.pdf>); Market News Service, Pharmaceutical Starting Materials and Essential Drugs, WTO/UNCTAD/International Trade Centre and WHO (<http://www.intracen.org/mns/pharma.html>); International Drug Price Indicator Guide on Finished Products of Essential Drugs, Management Sciences for Health in Collaboration with WHO (published annually) (<http://www.msh.org>); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility (<http://www.stoptb.org/GDF/drugsupply/drugs.available.html>).

5.3.2 Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*

5.3.3 Other key expenditure items

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*

5 Component Budget

| | Funds requested from the Global Fund (in Euro/US\$) | | | | | |
|--|---|--------|--------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Procurement and Supply Management | | | | | | 0 |
| Technical and Management Assistance | | | | | | 0 |

Monitoring and Evaluation: *This includes: data collection, analysis, travel, field supervision visits, systems and software, consultant and human resources costs and any other costs associated with monitoring and evaluation.*

Procurement and Supply Management: *This includes: consultant and human resources costs (including any technical assistance required for the development of the Procurement and Supply Management Plan), warehouse and office facilities, transportation and other logistics requirements, legal expertise, costs for quality assurance (including laboratory testing of samples), and any other costs associated with acquiring sufficient health products of assured quality, procured at the lowest price and in accordance with national laws and international agreements to the end user in a reliable and timely fashion. Do not include drug costs, as these costs should be included in section 5.3.1.*

Technical and Management Assistance: *This includes: costs of consultant and other human resources that provide technical and management assistance on any part of the proposal—from the development of initial plans, through the course of implementation. This should include technical assistance costs related to planning, technical aspects of implementation, management, monitoring and evaluation and procurement and supply management*

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL Sections 4-5

The table below provides a list of the various annexes that should be attached to the proposal. Please complete this checklist to ensure that everything has been included. Please also indicate the applicable annex numbers on the right hand side of the table.

| Section 4 (Component specific): Component Strategy | | |
|---|--|-----------------------------------|
| 4.4.1 | Documentation relevant to the national disease program context, as indicated in section 4.4.1. | |
| 4.6 | A completed Targets and Indicators Table | Attachment A to the Proposal Form |
| 4.6 | A detailed component Work Plan (quarterly information for the first year and indicative information for the second year). | |
| 4.6.7 c) <i>(if common funding mechanism)</i> | Documentation describing the functioning of the common funding mechanism. | |
| 4.8.3 e) <i>(where SRs applied but were not selected)</i> | Name and type of all Sub-Recipients not selected, the proposed budget amount and the reasons for non-selection. | |
| 4.9.2 | National Monitoring and Evaluation strategy (if exists) | |
| Section 5 (Component specific): Component Budget | | |
| 5.2 | Detailed component Budget | |
| 5.3.1 | Preliminary Procurement List of Drugs and Health Products (tables B1 – B3) | Attachment B to the Proposal Form |
| 5.3.2 | Human resources costs. | |
| 5.3.3 | Other key expenditure items. | |
| 5.1 - 5.6 <i>(if common funding mechanism)</i> | Available annual operational plans/projections for the common funding mechanism, and an explanation of any link to the proposal. | |
| Other documents relevant to sections 4-5 attached by applicant: | | |
| | | |
| | | |
| | | |
| | | |

Note to reviewers:

- See separate Excel document: GF-B13-8-Attachment A to Annex 4-Targets and Indicators Table.
- See separate Word document: GF-B13-8-Attachment B to Annex 4-Preliminary Procurement List of Drugs and Health Products.