TB REACH Wave 6
Frequently Asked Questions
Last updated on 09 November 2017

General

1. **I cannot find the application form to fill out? / Do I need to submit my Stage 1 application online? / Can we submit our application in word format?**

   All applications must be submitted via the online application system. Applications submitted via email or in hard copy will NOT be accepted or reviewed

2. **Can I submit proposals in other languages?**

   Yes. You may submit your proposal in any of the official UN languages – Arabic, Chinese, English, French, Russian and Spanish.

3. **Are the supporting documents in another language?**

   Unfortunately, the supporting documents are only available in English.

4. **Does TB REACH provide Technical Assistance/support to help us develop our proposals? / we are community based organization, I wish be guided in developing our proposal.**

   Unfortunately, due to the limited financial and HR resources, TB REACH team does not have the bandwidth to assist individual applicants. However, all information about the call for proposals are available online.

5. **Will TB REACH fund the development of a new diagnostic technology at laboratory level?**

   TB REACH's mandate is to improve TB service delivery, hence, TB REACH supports the implementation of new technologies that are already available for use and evaluation. Basic scientific R&D is outside of scope of TB REACH Wave 6.

6. **What does TB REACH think I should apply for? / Is approach XYZ is a good area to work on for this grant?**

   TB REACH does not believe in top down approaches. We leave deciding the best approach for your settings to you.

   However, there are certain areas of focus under the two project categories. The area of focus under *Category* improving detection, linkage to treatment and reporting of TB is **engaging the private healthcare sector**. Please read this dedicated concept note on engaging private healthcare providers. The area of focus under *Category* Improving treatment adherence and outcomes is the **roll out and evaluation of selected adherence technologies** which build a detailed dosing history for patients and allow TB programs to better allocate scarce resources to patients at risk of loss or treatment failure. Details can also be found in the above concept note.

7. **Does TB REACH fund proposals on (latent) TB infection?**

   Yes.

   Treatment of TB infection can be a stand-alone intervention under the *Category* Improving treatment adherence and outcomes, or one of the interventions under the *Category* improving detection, linkage to treatment and reporting of TB.

8. In the past, applicants have been required to demonstrate value for money using the guideline that each additional case detected should cost no more than $350 USD. Is this still the case for the active case finding pilot type of application? Is there a still a target dollar per additional case found in Wave 5 as in previous rounds

There is no target dollar per additional case for Wave 6. However, proposals will be evaluated against the cost-effectiveness of the proposed interventions and approaches.

9. Where HIV/AIDS fits in the three broad Evaluation Categories?

The primary focus of TB REACH Initiative is tuberculosis detection and treatment, so HIV/AIDS is not part of the evaluation categories for TB REACH. However, it does not mean that organization with primary focus on HIV/AIDS cannot apply for TB REACH – HIV/TB co-infected population is one of the key populations for TB. However, the proposals that are eligible for TB REACH funding must aim to improve TB care and service delivery.

10. I can't access all of the questions that were originally on there (e.g. there are only a few questions under section 3).

There are many conditional questions in later sections which are dependent on your answers in Section 1. Please make sure Section 1 is completed before moving on to later Sections of the Stage 1 website.

11. I have answered all the questions, but a Section's status still shows as "incomplete"

Please double check that you have answered all questions and that your responses were successfully saved

Eligibility

12. I would like to apply for funding from a country which is not eligible. Can I still submit an application?

If your country is just marginally over the income ceiling (GNI per capita of less than USD 3,956) or slightly below incidence rate ceiling (100 people with TB per 100,000 population) and you would like to submit an application, please prepare a short summary of why you think the country should be eligible, including the poverty pockets which you propose to target, and submit directly to TB REACH. These will be handled on a case by case basis, based on the merits of the justification and the characteristics of the population being targeted.

13. My organization is based in the U.S. (not on the eligible country list) but we propose to work in South Africa, are we still eligible for TB REACH funding?

Yes, as long as the country where you proposed to work in is eligible for TB REACH funding.

14. Can my organization apply for multiple TB REACH grants in the same country?

Your organization can submit multiple grant in the same country. However, TB REACH can only award one project per organization per country. This rule also applies to NTPs.

15. Is it possible that different country offices from the same agency submit proposals (one proposal per country)?

Yes, each country office can submit one proposal.

16. I'd like to submit a multi-country proposal. Is this possible?

Yes, but the proposal must confirm to the TB REACH budget restrictions.

17. I need support to build a laboratory and DOTS center. Can I apply for TB REACH?
TB REACH funds cannot be used to build new facilities or to extensively renovate existing ones. TB REACH funds can be used to procure new equipment and to make minor modifications to facilities so they are able to accommodate the new equipment (e.g. installing an AC to ensure a GeneXpert functions well).

18. We are 35 community based organizations in Indonesia and we want to apply for a grant all of us for one common project is that possible?
Yes, and please submit just one proposal together, instead of 35 separate ones.

19. I am preparing a TB REACH proposal for implementation in a country that is a Global Fund Matching Funding priority country. Am I thus required to tailor my TB REACH application to the country's case detection activities funded by the Global Fund?
It is strongly encouraged but not required that TB REACH proposals from these countries demonstrate a strong linkage between their proposal and their country's Global Fund-supported TB case detection plans.

20. Would TB REACH proposals submitted from Global Fund Matching Funding priority countries be eligible for receiving money from this Matching Funding?
No, because the Global Fund's Matching Funds have already been allocated to these countries through a Global Fund process and are thus separate from the TB REACH grant awarding process.

21. I am preparing a TB REACH proposal for implementation in a Global Fund Matching Priority Country. I plan to align the timing of the implementation of my proposed interventions with the timing of the Global Fund supported case detection interventions, but the timelines are not aligned. How should I address this overlap to ensure optimal linkage of the implementation of my project to the country's respective efforts?
Indeed, most of the Matching Priority Countries will have already started implementation of their Global Fund supported activities. Yet, not all activities will have been rolled out by the time your TB REACH project will commence implementation or could also still benefit from additional service delivery components for maximizing impact on TB case detection. A case-by-case approach will be important and meaningful coordination of implementing activities requires good communication and collaboration between the TB REACH applicant and the NTP from the start.

22. I am preparing a TB REACH proposal for implementation in a Global Fund Matching Priority Country and want to discuss with the NTP if and how my proposed interventions could contribute to the country's Global Fund supported case detection efforts. However, I currently have no access to the NTP and thus do not know how to optimally link my project.
In the stage 1 proposal, applicants should be able to demonstrate that they have reached out to the NTP, but also make efforts to link the proposal to the National Strategic Plan and known barriers and key populations that need to be addressed for finding the missing people with TB. For promising stage 2 proposals and grantees, TB REACH will facilitate coordination outreach and follow-up for optimal coordination and collaboration between an applicant or grantee and relevant stakeholders.

Applicant & consortium partners

23. **Can an organization be part of several consortiums and not be the lead applicant?**
Yes.

24. **Should other consortium partners submit their financial audit?**
Any organizations that are not government agencies or UN agencies, regardless if they are the lead applicants or just consortium members, that will enter a legal agreement with Stop TB and directly receive funds from us will need to provide an audit and organization registration. That is, if only the lead organization will be signing on the agreement and receive TB REACH fund, passing on portion of it to other parties of the consortium, then only the lead organization needs to submit the audit and later the organization registration.

25. **Are locally registered affiliates of an international organization considered a local NGO?**
No, local affiliates of international NGOs registered in the country of implementation cannot be considered as a local partner in this context.

Budget

26. **Our concern is the fear that proposal which budget is not up to half the ceiling (in this case $200,000) are not considered for funding.**
There is no minimum budget requested.

27. **How does TB REACH define field workers which are not subject to the human resource budget limit?**
TB REACH does not prescribe a definition for field workers, as this can vary by country. As a general rule, if the person in question regularly sits in a laboratory, clinic or office, they should not be classified as a field worker.

28. **We are planning to use the Xpert MTB/RIF assay and expect to find a large number of people with rifampicin-resistant TB. Can we use TB REACH fund to purchase second-line drugs?**
TB REACH funds cannot be used to procure second-line drugs. Please coordinate with the NTP and/or Global Fund primary recipient(s) to ensure patients with drug-resistant TB are linked to the correct care.

29. **Under which cost category should consultants and sub-awards be included?**
Consultancies and technical assistance should fall under the human resources budget category. The placement of sub-awards is more flexible and will depend on the purpose of the sub-award. Please note that the total project direct support costs, including for sub-awards, may not exceed 12% of the overall costs. A primary recipient is not allowed to take a 12% direct support costs of the funds they receive, and then a sub-recipient take 12% again.

30. **Which project plans and/or activities should fall under direct support costs?**
Direct support costs include any indirect expenses that are not related to direct labour, direct material, activities, etc. TB REACH grantees will be required to provide and certified audit report at the end of their grant period, which is one of the deliverables for the final grant payment. Prospective grantees should budget this cost under direct program support