TB REACH Wave 9
Addressing inequities in drug-resistant tuberculosis under the principles of the USAID Global Accelerator to END TB and UN HLM on TB

Stage 1 Proposal
Submission Deadline: 5 March 2021 at 17:00 Geneva time

Applications MUST be submitted using the Wave 9 application website. Proposals submitted via email in Word/PDF format will NOT be accepted or reviewed.

TB REACH strongly encourages applicants to read and follow the Stop TB Partnership’s language guide - United to End TB: Every Word Counts. The language used to speak about TB can influence stigma, beliefs, and behaviors, and may determine if a person feels comfortable getting tested or treated. Non-discriminatory, empowering, and people-centered language should be used throughout your TB REACH Wave 9 proposal.

Contact us
Login to access and update your application
Username: ____________ Password: ______________

The Stop TB Partnership’s TB REACH initiative has been supported by the Government of Canada since its inception in 2010. Funding support for this call for proposals has been generously provided by USAID.

NOTE FOR APPLICANTS:
Wave 9 applications must be:
a) specific to addressing drug-resistant TB (DR-TB) – please see the relevant DR-TB technical brief;
b) focused on improving linkage to care, rapid uptake of novel treatment regimens or improving treatment adherence and outcomes for people with DR-TB;
c) led by a local, non-governmental organization. International partner(s) are permitted, but local organization must receive the majority of the total budget; and
d) proposed in USAID priority countries.

1 To be considered a “local” organization, an entity must satisfy all the following:
   • Be organized under the laws of the recipient country (i.e., the country of implementation);
   • Have its principal place of business in the recipient country;
   • Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and
   • Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.
   o The term “controlled by” means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority of the organization’s governing body by any means, e.g., ownership, contract, or operation of law. “Foreign entity” means an organization that fails to meet any part of the “local organization” definition.

2 USAID supports 24 TB high-priority countries: Afghanistan, Bangladesh, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe
# Application ID number

## Section 1 – Application Terms and Conditions

### 1.1 Terms and Conditions

The Stop TB Partnership is hosted by the United Nations Office for Project Services (UNOPS). All TB REACH calls for proposals and grant awards must follow UNOPS’s procurement rules and regulations.

Please read each of the statements below and acknowledge that you understand the terms and conditions for applying and receiving funds.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Acknowledged</th>
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</thead>
<tbody>
<tr>
<td>It is UNOPS policy that no funds shall be paid as profit or fee to a Grantee under this Agreement. This restriction does not apply to contractual relationships entered into by the Grantee under this Agreement.</td>
<td>[ ]</td>
</tr>
<tr>
<td>For-profit entities cannot receive grants or funds directly from TB REACH; they must partner with at least one non-profit entity. A non-profit entity has to be the Primary Recipient.</td>
<td>[ ]</td>
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<tr>
<td>Grantees must use a separate bank account to receive and manage TB REACH funds to facilitate financial reporting and auditing.</td>
<td>[ ]</td>
</tr>
<tr>
<td>The beneficiary name on the bank account which receives TB REACH funds must be exactly the same as the primary applicant’s legal name which will appear in the grant agreement. <em>See the examples in Section 2</em></td>
<td>[ ]</td>
</tr>
<tr>
<td>All TB REACH grants are awarded and disbursed in US Dollars (USD), as such all financial reporting must be done in USD. Grantees are strongly encouraged to receive funds in USD denominated bank accounts where possible. <em>The rules and procedures for converting foreign currency expenditure into USD will be shared after new grants are selected.</em></td>
<td>[ ]</td>
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<tr>
<td>Incomplete applications – and those submitted from ineligible countries – will be screened out of the application review process and will not be considered for funding.</td>
<td>[ ]</td>
</tr>
<tr>
<td>All grantees, once selected, must agree to undertake an Organizational Capacity Assessment (OCA) focusing on examining organizational issues with the possibility of extending to other areas of work. The OCA will be organized and paid for externally.</td>
<td>[ ]</td>
</tr>
<tr>
<td>Review and acknowledge general conditions set out in the UNOPS grant support agreement</td>
<td>[ ]</td>
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</table>

### Section 2 – Applicant Details

#### 2.1 Primary Applicant’s Legal Name

Enter the name of the organisation that will sign a grant agreement with the Stop TB Partnership/ and its hosting entity.* The name entered into this field will be used for the grant agreement and must be exactly the same as the name which appears on the bank account where TB REACH funds will be sent.

*See example below for entering legal and common names.

*If awarded, the primary applicant will serve as the primary recipient (PR) of the grant and must be able to receive the total grant award directly from Stop TB Partnership/TB REACH and directly implement more...
than 50% of the funds. If your organization will not be the primary implementer of the funding, you should consider being a partner or sub-recipient (SR) on the project.

2.2 Primary Applicant's Common/Non-legal Name
If there is a common (informal/non-legal) name for the organization, enter it here. If there is no informal/non-legal name, leave this field blank.
See example below for entering legal and common names.

<table>
<thead>
<tr>
<th>Example: Applicants/Beneficiary Legal and Common/non-legal Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
</tr>
<tr>
<td>Common Name: People dedicated to eliminating TB</td>
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<tr>
<td>Example 2</td>
</tr>
<tr>
<td>or - Foundation for Ending TB In Our Lifetimes e.V.</td>
</tr>
<tr>
<td>Common Name: Foundation for Ending TB In Our Lifetimes (FETIOL)</td>
</tr>
</tbody>
</table>

2.3 Primary Applicant’s Organization Type.
Please select only one description below.

- [ ] National / Local NGO
- [ ] Private not-for-profit organization (Universities are not eligible to be a primary applicant)
- [ ] Community-based Organization (CBO)
- [ ] Other: ________________________________

2.4 Primary Applicant’s Registration Certificate
Primary applicants must upload their registration certificate on the Home Page
Uploaded files should follow naming convention: Application ID#_Registration
If you are unable to upload one or more of the required supporting documents, please describe the reasons why.

2.5a Has the primary applicant applied for TB REACH funding in the past?

[ ] Yes  [ ] No  [ ] Don’t Know / Refuse

2.5b Has the primary applicant received TB REACH funding in the past?

[ ] Yes  [ ] No  [ ] Don’t Know / Refuse

2.5c If Yes, in which Wave(s)?

[ ] Wave 1  [ ] Wave 2  [ ] Wave 3  [ ] Wave 4
[ ] Wave 5  [ ] Wave 6  [ ] Wave 7  [ ] Wave 8
2.6a Has the primary applicant completed an Organizational Capacity Assessment (OCA) during the implementation of a USAID-funded project in the past?
[ ] Yes  [ ] No  [ ] Don’t Know / Refuse

2.6b Has the primary applicant applied for USAID Local Organizations Network (LON) project in the past?
[ ] Yes  [ ] No  [ ] Don’t Know what is LON

2.6c If Yes, what’s outcome?
[ ] eligible but not selected  [ ] eligible and selected  [ ] not eligible

2.6d If eligible and selected, has the primary applicant received funding for DR-TB activities through the LON project?
[ ] Yes  [ ] No  [ ] Don’t Know / Refuse

2.7 Additional Partners
List any additional project partners below. Partners may include any organization that will be assisting with development and implementation of the proposal. Partners can be grant sub-recipients (SRs), however they will NOT receive funds directly from TB REACH and will NOT sign a legal agreement with the Stop TB Partnership. Partners are NOT required to submit a registration certificate or financial audit report. The Primary Recipient (PR) will be responsible for the financial reporting of any SRs. In total, the budget for any international and public sector project partners, if included, must be <50% of the total budget. (see budget & financial instruction for details)
If there are no additional partners leave this blank

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Website URL</th>
<th>International or Local</th>
<th>Contact information</th>
<th>Tentative Budget Allocation (USD)</th>
</tr>
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<tbody>
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</tbody>
</table>

2.8 Applicant Contact Information
<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
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<tr>
<td>Last Name</td>
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<tr>
<td>Organization</td>
<td></td>
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<tr>
<td>Title at Organization</td>
<td></td>
</tr>
<tr>
<td>Role on Proposal</td>
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</tr>
<tr>
<td>Country of Residence</td>
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<tr>
<td>Email (This email will be used for official communication, please ensure it is working and able to</td>
<td></td>
</tr>
</tbody>
</table>
receive correspondence from Stop TB

Phone Number

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<thead>
<tr>
<th>2.9 Abbreviations</th>
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</thead>
<tbody>
<tr>
<td>Please provide an alphabetized list and definitions for all abbreviations used in your proposal</td>
</tr>
</tbody>
</table>

### Section 3 – Proposal Summary

<table>
<thead>
<tr>
<th>3.1 Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum 256 characters (with spaces)</strong></td>
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</table>

<table>
<thead>
<tr>
<th>3.2 Proposed Country of Work</th>
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</table>

<table>
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<tr>
<th>3.3 Project Category and Area of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one project category and area of focus. The project category you select will have implications on how your proposal is reviewed, and if awarded, how your project is evaluated.</td>
</tr>
</tbody>
</table>

**Important Note:** You will be asked a different set of questions based on your selection of the category.

- [ ] Improving linkage to care and rapid uptake of novel treatment regimens (please also select sub-category below)
  - [ ] Linkage to care to reduce pre-treatment loss to follow up for DR-TB
  - [ ] Implementation of new, all oral DR-TB treatment regimens
- [ ] Improving treatment adherence and outcomes for people with DR-TB

**Note that other approaches will not be accepted for Wave 9.**

<table>
<thead>
<tr>
<th>3.4 Project Type*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one Project Type. This will have implications for your expected scope of work. In Wave 9, all awarded projects will have a grant ceiling of USD 600,000. Please read the <a href="#">Wave 9 Grants Framework</a> note for more information.</td>
</tr>
</tbody>
</table>

**Important Note:** You will be asked a different set of questions based on your selection of the project type.

- [ ] Proof of Concept (USD 600,000)
- [ ] Focus on Scalability (USD 600,000)

<table>
<thead>
<tr>
<th>3.5 Brief Summary</th>
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</thead>
<tbody>
<tr>
<td>Describe your project in 1-2 sentences. If your proposal is funded, this description will be posted on <a href="http://www.stoptb.org">www.stoptb.org</a>.</td>
</tr>
</tbody>
</table>
### 3.6 Executive Summary
Provide a brief summary of the proposal. Include the gap / problem that you are trying to address, a qualitative and quantitative description of your intervention, and the project’s potential numerical contribution to improving linkage to care, treatment adherence, outcome and rapid uptake of novel treatment regimens. This should be expanded upon in the Proposal Narrative section.

*Maximum 2000 characters (with spaces)*

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### Section 4 – Proposal Narrative

**Category 1, Sub-category 1**

#### 4.1 Background & Problem Statement
In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated. Quantify the proportion of pre-treatment loss to follow up (PTLTFU) currently or among the estimated cases.
2. Existing DR-TB models of care in the country (how people are diagnosed, enrolled, where they are treated, what regimens are used and what patient support is provided) and in your proposed project areas (including approved DR-TB work package(s) under a LON project – if any).
3. Geographic and demographic characteristics of where the proposed project will be implemented.
4. The general care-seeking behaviours, pathways and treatment facilities for DR-TB in your project area(s) including how people are accessing DR-TB diagnostic services, and the reasons for pre-treatment loss to follow-up to be addressed. Why have the barriers not been addressed to date?
5. What are the gaps in this technical area that you are trying to address?

*Maximum 3,000 characters (with spaces)*

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**Category 1, Sub-category 2**

#### 4.1 Background & Problem Statement
In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated.
2. Existing DR-TB models of care (how people are diagnosed, enrolled, where they are treated, what regimens are used and what patient support is provided) in the country and in your proposed project areas(including approved DR-TB work package(s) under a LON project – if any).
Category 2

4.1 Background & Problem Statement
In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated. Quantify the different treatment outcomes relevant to the proposal (poor dosing adherence, transfer outs, death, loss to follow-up, culture conversion, final outcome etc)

2. Existing DR-TB models of care (how people are diagnosed, enrolled, where they are treated, what regimens are used and what support is provided to people with DR-TB) in the country and in your proposed project areas (including approved DR-TB work package(s) under a LON project – if any).

3. Geographic and demographic characteristics of where the proposed project will be implemented.

4. Current interventions implemented in the country aimed at improving adherence and overall treatment outcomes for DR-TB.

5. Current barriers for people with DR-TB to achieve successful treatment outcomes in the project area that will be addressed. Why have they not been addressed to date?

Maximum 3,000 characters (with spaces)

Category 1, Sub-category 1

4.2 Interventions and Activities
In this section, describe how you propose to address the identified problem. Consider including the following:

1. Overall goal and objectives of project with clear targets for improving PTLTFU among people with DR-TB.

2. Proposed intervention/activities to achieve your goals and objectives
   a. Provide an overview of the intervention that will be used by the project to reduce pre-treatment loss to follow up for individuals with DR-TB, and to facilitate rapid treatment initiation for people diagnosed with DR-TB (refer to this DR-TB technical brief when describing your model)
   b. The human resources and technology that will be used to implement.
   c. The resources that will be provided by other donors or the government in addition to TB REACH funding.
   d. Will your project operate within the current programmatic delivery models or separately?
4.2 Interventions and Activities
In this section, describe how you propose to address the identified problem.
Consider including the following:

1. **Overall goal and objectives of project with clear targets for the enrolment of people with DR-TB on new, all oral regimens.**

2. **Proposed intervention/activities to achieve your goals and objectives.**
   a. Please describe proposed interventions.
   b. How will the new, all oral regimens fit into the current NTP guidelines? What permissions, if any need to be obtained before enrolment?
   c. Who will carry out interventions (public/private facilities, existing PMDT sites etc)?
   d. The overall treatment model used by the project to increase the uptake of new, all oral WHO- endorsed short treatment regimens.
   e. How will the project access lab services and drug supplies?
   f. How will persons with DR TB be recruited/engaged to use the new treatment regimen?
   g. How will the project monitor and manage adverse side effects of the new regimens?

3. **A timeline for establishing the model, reaching full implementation within the project area, and sourcing additional funding if successful.**

Maximum 4,000 characters (with spaces)
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>d.</strong></td>
<td>What, if any, technology will be used to assist and track the progress in the project?</td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td>Your patient enrolment plan and how the outcomes will be monitored (relative to the TB REACH project timeline)</td>
</tr>
<tr>
<td><strong>f.</strong></td>
<td>How and when will the adherence support be provided? To all individuals on treatment? Who is eligible to receive the support?</td>
</tr>
<tr>
<td><strong>g.</strong></td>
<td>How will adverse events and patient counselling be managed?</td>
</tr>
</tbody>
</table>

3. A timeline for establishing the model, reaching full implementation within the project area, and sourcing additional funding if successful.

*Ten thousand characters (with spaces)*

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**Type 1 - Proof of Concept proposals**

**4.3 How is your proposed intervention innovative?**

Describe how your project is innovative and why it should be funded. Have you or others implemented similar DR-TB intervention/activities in the past? Has USAID or other donors funded this approach in your country before (or in other countries)? Can this work be supported by other donors and funding sources if successful?

*Maximum 1,000 characters (with spaces)*

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**Type 2 - Focus on Scalability proposals**

**4.3 Demonstrated Impact of Project Approach**

In order to be qualified as a ‘Focus on Scalability’ project, there should be sufficient evidence that the proposed approach(es) are effective in improving linkage to care, treatment adherence, outcome, rapid uptake of all oral treatment regimens and overall DR-TB care cascade at a population-level.

Describe how the impact of your proposed approach(es) has been demonstrated.

- If the proposed activities were funded under a previous grant, please describe their impact.
- If not funded in the past, please also include a list of references where population-level impact has been described.

Also describe the lessons learned from the previous implementation of the approach.

*Maximum 1,500 characters (with spaces)*

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**Section 5 – Organizational Capacity**

**5.1 Organizational Implementation Capacity**
Describe your organization’s and your partners’ capacity to rapidly start implementation of the activities you propose in both the country and areas where you plan to implement your project. TB REACH projects are expected to begin implementation of activities in Q4 of 2021 shortly after funding is disbursed.

Please describe your organization’s history with DR-TB programs. Make sure to include the organization’s number of years operating in the country; technical areas of implementation with local staff; current number of in-country staff; current sources of financing; and brief plans for future organizational growth and development.

*Maximum 2,000 characters (with spaces)*

5.2 Letter of Support (LOS) from provincial/state, or national TB program
Indicate if you have a letter of support from provincial/state or national TB program. The LOS should include commitment from NTP to providing free second line drugs for TB treatment to all people with DR-TB diagnosed, as well as medications to manage adverse drug reactions and to provide the grantee TB case notification and/or treatment outcome data to facilitate impact measurement.

Although, it is not required for Stage 1, Stage 2 applicants will be required to submit a LOS.

[ ] Yes  [ ] No

5.3 Upload Letter of Support from provincial/state, or national TB program
Please upload the letter of support on the Home Page
Uploaded file should follow naming convention: Application ID#_Support

Section 6 – Requested Budget
Please read the budget & finance instruction before completing this section.

6.1 Primary Applicant’s Financial Audit report Primary applicants must upload their latest financial audit report on the Home Page
If you are unable to upload one or more of the required supporting documents, please describe the reasons why.
Uploaded file should follow naming convention: Application ID#_Audit
*Please note that until this document is uploaded, this section will remain incomplete.*
6.2 Primary Applicant’s Audited Income in USD
Please enter the Net Asset figure amount for one year as per your latest audit - uploaded in the system (in local currency of audit report).

* Please enter the Currency rate on the date of audit used to convert to USD (if audit is already in USD, please enter 1.0)

Example:
Net Asset Figure as per audit: 123,456,789 Indian Rupee
USD exchange rate on 31 December 2017 was: 69.566 (1USD = 69.566INR)

Country of Currency: Net Asset figure amount:
Currency rate on the date of audit used to convert to USD:

**Income Amount in USD** (this will be automatically calculated when you click "Save Your Changes" at the bottom of the page.): 0.00

6.3 Proposed Budget and Categories

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Budget in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Human resources (max 15% of total budget)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Project-related direct activities</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Project-related travel (include participation in TB REACH grantee meetings 2021)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Funds withheld at source for procurement of supplies from GDF</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Procurement of medical items (excluding GeneXpert)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Procurement of non-medical items</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>IT, communications, and results dissemination</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Direct program support (max 12% of total budget)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Institutional capacity building (max 10% of total budget)</td>
<td></td>
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<tr>
<td>10</td>
<td>External monitoring and evaluation</td>
<td>35,000</td>
</tr>
</tbody>
</table>

This value is set by TB REACH and withheld at source

Total budget

6.4 Budget Narrative
Include specific descriptions and justifications for the following budget categories listed above: 1, 2, 3, 4-6 (as a single procurement description), 7, 8 and 9.

Please note that budget category 9 (capacity building) can include technical assistance related to increasing the organizations capabilities in health/TB, program development, operations, or other institutional development needs and is not restricted to any particular type of projects.

Explain the major cost drivers in the above budget and how these costs relate to planned activities and expected outcomes.

Note that **Focus on Scalability** projects are strongly encouraged to include dedicated budget on results dissemination under “2. Activities” or “7. IT/Communications, and results dissemination”.
6.5 Availability of co-financing?
Is any kind of co-financing available to support the implementation of this proposal? (e.g. direct contributions from other sources, drugs, equipment donations, personnel, etc)

[ ] Yes  [ ] No  [ ] Don’t Know / Refuse

6.6 If yes, describe the co-financing which is available to support the implementation of this proposal. If available, upload any supporting document on the Home Page

Uploaded file should follow naming convention: Application ID#_Co-financing

Maximum 1,000 characters (with spaces)