

TB REACH Wave 7 Stage 1 Proposal

Submission Deadline: 2 April 2019 at 17:00 Geneva time

Applications **MUST** be submitted using this Wave 7 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 behaviours, and may determine if a person feels comfortable getting tested or treated. Non-discriminatory, empowering and people-centred language should be used throughout your TB REACH Wave 7 proposal.

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

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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.	I agree to these terms
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Grantees must use a separate bank account to receive and manage TB REACH funds to facilitate financial reporting and auditing.	<input type="checkbox"/>
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. <i>See the examples in Section 2</i>	<input type="checkbox"/>
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. <i>The rules and procedures for converting foreign currency expenditure into USD will be shared after new grants are selected.</i>	<input type="checkbox"/>
Incomplete applications – and those submitted from ineligible countries – will be screened out of the application review process and will not be considered for funding.	<input type="checkbox"/>

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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/ UNOPS.* 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 more than 30% of the total grant award directly from Stop TB Partnership/TB REACH. If your organization cannot receive more than 30% of the total grant award, 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 organisation, enter it here. If there is no informal/non-legal name, leave this field blank.

See example below for entering legal and common names.

Example: Applicants/Beneficiary Legal and Common/non-legal Names

Example 1	Legal Name:	Cersei Lannister Hospital for Chest Diseases
	Common Name:	National TB Program of Westeros
Example 2	Legal Name:	Personnes dédiées à l'élimination de la tuberculose (French)
	Common Name:	People dedicated to eliminating TB (English)
Example 3	Legal Name:	Stichting Foundation for Ending TB In Our Lifetimes - or - Foundation for Ending TB In Our Lifetimes e.V.
	Common Name:	Foundation for Ending TB In Our Lifetimes (FETIOL)

2.3 Primary Applicant's Organization Type.

Please select only one description below.

- | | |
|---|---|
| <input type="checkbox"/> National TB Program (NTP) | <input type="checkbox"/> International NGO |
| <input type="checkbox"/> Province, State or District TB Program | <input type="checkbox"/> International University |
| <input type="checkbox"/> Other Government Agency / Ministry | <input type="checkbox"/> Community-based Organization (CBO) |
| <input type="checkbox"/> National / Local NGO | <input type="checkbox"/> UN / International Agency |
| <input type="checkbox"/> National / Local University | <input type="checkbox"/> 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.

UN agencies and government bodies are exempted from this requirement.

2.5 Has the primary applicant applied for TB REACH funding in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know / Refuse
2.6 Has the primary applicant received TB REACH funding in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know / Refuse
2.7 If Yes, in which Wave?
<input type="checkbox"/> Wave 1 <input type="checkbox"/> Wave 2 <input type="checkbox"/> Wave 3 <input type="checkbox"/> Wave 4 <input type="checkbox"/> Wave 5 <input type="checkbox"/> Wave 6

2.8 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 / UNOPS. Partners are NOT required to submit a registration certificate or financial audit report. Applicants should consider partnering with organizations that have experience in women's empowerment.

If there are no additional partners leave this blank

Organization	Organization Website URL	Name	Contact Information

2.9 Applicant Contact Information	Contact 1	Contact 2
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Refuse	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Refuse
First Name		
Last Name		
Organization		
Title at Organization		
Role on Proposal		
Country of Residence		
E-mail		
Alternate E-mail		

Phone Number		

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Section 3 – Proposal Summary

3.1 Project Title	
3.2 Proposed Country of Work	
<i>Ensure eligibility here.</i>	
3.3 Project Category and Area of Focus	
<p>Select one project area and area of focus (if applicable). The project category you select will have implications for the how your proposal is reviewed and your project is evaluated, if awarded. Please read the Wave 7 Grants Framework note for more information on the categories.</p> <p>Important Note: You will be asked of different set of questions based on your selection of the Category.</p>	
<p><input type="checkbox"/> Improving detection, linkage to treatment and reporting of TB</p> <p style="padding-left: 20px;"><input type="checkbox"/> Engaging the private healthcare sector (Concept Note)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other approach</p> <p><input type="checkbox"/> Improving treatment adherence and outcomes</p> <p><input type="checkbox"/> Product innovation: Development of tools and resources to aide service delivery</p>	
3.4 Project Type	
<p>Select one Project Type. This will have implications for your expected scope of work and budget. Please read the Wave 7 Grants Framework note for more information.</p> <p>Important Note: You will be asked of different set of questions based on your selection of the Type.</p>	
<p><input type="checkbox"/> Type 1: Small Track / Proof of Concept (USD 100,000 – 400,000)</p> <p><input type="checkbox"/> Type 2: Implementation and Documenting Scalability (USD 300,000 – 1,000,000)</p> <p style="padding-left: 20px;">Type 3: Ramping Up to Scale (invite only by TB REACH)</p> <p><input type="checkbox"/> Product innovation: Development of tools and resources to aide service delivery (up to USD 150,000)</p>	
3.5 Brief Summary	
<p>Describe your project in 1-2 sentences. If your proposal is funded, this description will be posted on www.stoptb.org.</p> <p><i>Maximum 400 characters (with spaces)</i></p>	

3.6 Executive Summary

Provide a brief summary of the proposal. Include the problem that you are trying to address, a description of your intervention, and the project’s potential contribution to the empowerment of women and girls. This should be expanded upon in the Proposal Narrative section.

Maximum 3000 characters (with spaces)

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Section 4 – Proposal Narrative

Case Detection General Proposals

4.1 Background & Problem Statement

In this section, consider including the following for the project area you have chosen:

1. Geographic and demographic characteristics.
2. The TB epidemiology, including the disease burden, numbers of people diagnosed with TB, started on treatment, and successfully treated. Describe if there are epidemiological differences based on gender.
3. The current situation for accessing TB diagnosis, care, or treatment. If your project is focusing on women and girls or a key population, describe any challenges that group may have in accessing TB services or completing treatment.
4. Any issues with notifying TB cases to the National TB Program or linking patients to care and any of them that are gender-specific.
5. A description of key TB problems or opportunities and the areas related to women's empowerment that the proposed project intends to address.

Maximum 4,000 characters (with spaces)

Case Detection Private Provider Engagement Proposals

4.1 Background & Problem Statement

In this section, consider including the following for the project area you have chosen:

1. Geographic and demographic characteristics.
2. The TB epidemiology, including numbers of people diagnosed with TB, started on treatment, and successfully treated.
3. The general care-seeking behaviours and pathways in your project area(s), including how people are accessing private services in comparison to public facilities. If your project is focusing on women and girls or a key population, describe any challenges that group may have in accessing to TB services.
4. The types and the numbers of TB care providers (public and private) in your project area(s).
5. Proportion of people with TB that are notified by the private care providers.
6. Any barriers or opportunities for improving notifications.
7. PPM coverage and models already in the country of work and current private sector engagement strategies, (if any) in your project areas.
8. A description of policies related to the availability of TB drugs in the private sector as well as any mandatory notification laws.
9. A description of key TB problems or opportunities and the areas related to women's empowerment that the proposed project intends to address.

Maximum 4,000 characters (with spaces)

Treatment Outcome Proposals

4.1 Background & Problem Statement

In this section, consider including the following information for the project area you have chosen:

1. Geographic and demographic characteristics
2. The TB epidemiology, including numbers of people diagnosed with TB, started on treatment, and successfully treated. Describe if there are epidemiological differences based on gender.
3. The current situation for accessing TB diagnosis, care, or treatment. If your project is focusing on women and girls or a key population, describe any challenges that group may have in accessing TB services or completing treatment.
4. The existing facilities (public and private) that provide TB treatment services in your project areas
5. Routine practices and past interventions designed to improve treatment outcomes
6. The main areas that need to be addressed to improve treatment adherence and outcomes. Describe if there are any gender-specific issues or concerns for treatment adherence.
7. A description of key TB problems or opportunities and the areas related to women's empowerment that the proposed project intends to address.

Maximum 4,000 characters (with spaces)

Product Innovation

4.1 Background & Problem Statement

- Describe the evidence and need for your proposed product.
- Is there a gap in knowledge, or tools that has been identified?
- Who is the target audience for your proposed product?
- How is your product innovative? Are there other products or tools that already exist that can address the identified need? If so, how is your product different?

Maximum 4,000 characters (with spaces)

Case Detection All Proposals

4.2 Interventions and Activities

In this section, describe how you propose to address the identified problem.

Consider including the following

1. The goals and objectives of your project
2. Proposed intervention/activities to achieve your goals and objectives
 - a. Who is implementing the intervention?
 - b. The target population and healthcare providers you plan to engage
 - c. Screening and diagnostic tests used in the project
 - d. Where will people be screened and tested
 - e. How will people detected with TB be linked to treatment and NTP reporting
 - f. How your project will support treatment adherence monitoring, and recording and reporting
3. How will your interventions and activities support empowerment of women or girls?
4. The project's expected outcomes/impact on case detection or treatment completion and reporting

Maximum 6,500 characters (with spaces)

For 'Engaging Private Healthcare Providers' Proposals Only

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.
2. Proposed intervention/activities to achieve your goals and objectives
 - a. Who will carry out interventions?
 - b. The numbers and types of providers to be engaged by the project
 - c. The overall model used by the project to engage private healthcare providers, including the role that each provider will be expected to undertake (refer to this [concept note](#) when describing your model)
 - d. How providers engaged in the project will access lab services and drug supplies
 - e. How the project will support treatment adherence and completion
 - f. How you will link providers to existing NTP reporting processes
3. A timeline for establishing the model, reaching full implementation within the project area, and advocating for and sourcing ongoing funding
4. How will your interventions and activities support empowerment of women or girls?

Maximum 6,500 characters (with spaces)

For 'Treatment Outcome' Proposals Only

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
2. Proposed intervention/activities to achieve your goals and objectives
 - a. The target population and healthcare providers you plan to engage
 - b. Who will carry out interventions?
 - c. Your patient enrolment plan (relative to TB REACH timeline)
 - d. The adherence support the project will provide
 - e. How and when will the adherence support be provided
3. How will your interventions and activities support empowerment of women or girls?

Maximum 6,500 characters (with spaces)

Product Innovation

4.2 Intervention and Activities

Describe and answer the following points:

1. How does (or will) your product address the challenges described in the above problem statement?
2. In what state does your product currently exist?
3. How will you develop and pilot-test your product (further) under this award?
4. What format will your product be in?
5. With which partners will you work to ensure your product is accurate, context appropriate, and reliable?
6. Describe how you will market and disseminate your product so other partners can begin using it after the end of the TB REACH award?
7. How will your product support empowerment of women and girls?

Maximum 6,500 characters (with spaces)

Type 1 applications only

4.3 How is your proposed intervention innovative?

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

Maximum 2,500 characters (with spaces)

Type 2 applications only

4.3 If the proposed approach proved impactful on a smaller scale (either through a previous TB REACH grant or other funding sources), describe the lessons learned and results of that initial investment.

Be sure to include measurements of project yield (people detected with TB) and population-level impact (additional people with TB notified and/or treated successfully).

Maximum 2,500 characters (with spaces)

For all applications

4.4 Describe how your project will support empowerment of women and/or girls?

Consider your organization's hiring practices, decision making processes, and how you can ensure gender equality, provide women with opportunities for professional growth, and promote women in leadership roles. Additional strategies that can be incorporated into your proposal include: understanding barriers to TB services for women and girls, ensuring that TB services are gender responsive, and partnering with organizations focused on women's empowerment.

For more information on ensuring that your proposal adequately addresses empowerment, refer to the concept note on the website.

Maximum 300 characters (with spaces)

Section 5 – Organizational Capacity

All Case Detection And Treatment Outcome Proposals

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 service delivery activities about six months after grant approval.

For proposals focusing on ‘Engaging the Private Healthcare Sector’

Be sure to specifically describe your organization’s history with private sector engagement programs, including establishing and maintaining relationships with private providers, your understanding of the financial feedback networks in the private sector, and outcomes and learnings from past projects.

Maximum 3,500 characters (with spaces)

Product Innovation

5.1 Organization’s Implementation Capacity

Describe your organization’s

- experience in developing and disseminating tools and resource
- ability to rapidly start and develop products

Maximum 3,500 characters (with spaces)

For international NGOs, Universities and UN agencies only

5.2 Partnering and Building Local Capacity

How will your organization partner with national / local organizations to implement the activities described in this proposal? How will you develop local capacity for implementation?

Maximum 2,500 characters (with spaces)

5.3 Organizational Experience in Empowering Women and Girls

Describe your organization’s and/or your partners experiences working on empowering women and girls. Describe your organizations efforts in providing women professional growth opportunities and promoting women to leadership roles.

Maximum 3,500 characters (with spaces)

5.4 Letter of Support from provincial/state, or national TB program
Indicate if you have a letter of support from provincial/ state or national TB program for Stage 1
Although, it is not required for Stage 1, Stage 2 applicants will be required to submit a letter of support.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5.5 Optional Comments and Upload Letter of Support from provincial/state, or national TB program
If you have letter of support, please upload it on the Home Page
Uploaded file should follow naming convention: **Application ID#_Support**
If needed, provide additional comments for letter of support.
Maximum 2,000 characters (with spaces)

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Section 6 – Requested Budget

Please read the budget & finance instruction before completing this section.

6.1 Primary Applicant’s Financial Audited Income in USD -

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**

6.2 Primary Applicant’s Audited Income in USD

Enter the income figure from the uploaded audit report.

6.3 Proposed Budget and Categories		Budget in USD
	<ul style="list-style-type: none"> Applicants total budget request cannot in excess of 5 times their annual budget, which should be clearly stated in the uploaded financial audit statement. The maximum amount of funding you can request also depends on the Project Type for which you are applying. 	
1	Human resources (max 15% of total budget)	
2	Activities	
3	Project-related travel (include participation in TB REACH grantee meeting 2019)	
4	Funds withheld at source for procurement of supplies from GDF (for example GeneXpert)	
5	Procurement of medical items	
6	Procurement of non-medical items	
7	IT, communications, and results dissemination	
8	Operational research (max 10% of total budget)	
9	Direct program support (max 12% of total budget)	
10	External monitoring and evaluation <i>This value is set by TB REACH and withheld at source</i>	35,000 (or 7,000 for product innovation)
Total budget		

6.4 Budget Cost-Drivers

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

Maximum 2,000 characters (with spaces)

<p>6.5 Availability of co-financing?</p> <p>Is any kind of co-financing available to support the implementation of this proposal? (e.g. direct contributions from other sources, equipment donations, personnel, etc)</p>
<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know / Refuse </p>
<p>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</p> <p>Uploaded file should follow naming convention: Application ID#_Co-financing</p> <p><i>Maximum 1,000 characters (with spaces)</i></p>
Empty space for user input

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Section 7 – Abbreviations

7.1 Abbreviations

Please provide an alphabetized list and definitions for all abbreviations used in your proposal

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