Afya Jijini Program

Request for Applications (RFA)

Issue Date: April 1, 2016

Dear Applicant:

IMA World Health (hereinafter referred to as “IMA”) is issuing a Request for Assistance (RFA) to provide technical support for the Kenya Afya Jijini project (AID615-C-15-00002). Pursuant to the Foreign Assistance Act of 1961, the Afya Jijini program is seeking applications from parties interested in implementing grant-funded program activities, based on the terms of references contained herein. The grants will be awarded and implemented in accordance with the United States Agency for International Development (USAID) Advanced Directive System (ADS) 302.3.5.6, “Grants Under Contracts.” Awards made to Non-U.S. organizations will adhere to guidance provided under (ADS Chapter 303, and 2 CFR 700), U.S. Government regulations governing grants (2 CFR 200) and will be within the terms of the USAID Standard Provisions for Non-U.S. Non-Governmental Recipients as well as the Afya Jijini internal grant management policies.

The annexes included with this Request for Applications are:

Annex A – Grant Application Form
Annex B – Implementation Timeline
Annex C – Grant Application Budget Forms
Annex D – Applicant Self-Assessment Form
Annex E – Required Certifications

IMA realizes that Applicants may have additional questions after reading this RFA. Interested Applicants can submit their questions by April 6, 2016 to afyajijinigrants@imaworldhealth.org, according to the instructions in Section G3 of the RFA.

This RFA does not obligate IMA to execute a sub-grant, nor does it commit IMA to pay any costs incurred in the preparation and submission of the applications. Furthermore, IMA reserves the right to reject any and all applications, if such action is considered to be in the best interest of IMA.

Sincerely,

The Afya Jijini Team
A. GOAL AND OBJECTIVES

Afya Jijini is a three-year USAID-funded program designed to strengthen Nairobi County’s institutional and management capacity to deliver quality healthcare services. Afya Jijini’s strategic goal is to “Improve County-level Institutional Capacity and Management of Health Service Delivery” with the purpose of improving and increasing access and utilization of quality health services in focus counties through strengthened service delivery and institutional capacity of health systems. The overall goal of the project is to contribute to CDCS Sub Intermediate Result 2.2.2 “Improved county-level accountability, institutional capacity, leadership, and management of health service delivery.” The project seeks specifically to achieve three main sub-purposes:

1. Sub-purpose 1: Increased access and utilization of quality HIV services.
   a. Output 1.1: Elimination of Mother-to-Child Transmission (eMTCT)
   b. Output 1.2: HIV Care and Support Services
   c. Output 1.3: HIV Treatment Services
   d. Output 1.4: HIV Prevention, HIV Testing and Counseling (HTC), and Voluntary Medical Male Circumcision (VMMC)
   e. Output 1.5: Tuberculosis (TB) / HIV Co-infection Services

2. Sub-purpose 2: Increased access and uptake of focused maternal, newborn, and child health (MNCH), family planning (FP), Water, Sanitation and Hygiene (WASH), and nutrition services.
   a. Output 2.1: Maternal and Newborn Health (MNH) Services
   b. Output 2.2: Child Health Services
   c. Output 2.3: Family Planning Services
   d. Output 2.4: Water, Sanitation and Hygiene (WASH) Services
   e. Output 2.5: Nutrition Services

   a. Output 3.1: Partnerships for Governance and Strategic Planning
   b. Output 3.2: Human Resources for Health (HRH)
   c. Output 3.3: Health Products and Technologies (HPT)
   d. Output 3.4: Strategic Monitoring and Evaluation Systems
   e. Output 3.5: Quality Improvement Systems

The activities will build on experiences, successes, and lessons learned from the previous integrated health service delivery activities, including the AIDS, Population and Health Integrated Assistance Plus (APHIplus) Nairobi/Coast program, and ensure coordination and communication among development counterparts. The success of the Afya Jijini project requires work at national, county, sub-county, facility and informal settlement levels, supporting local staff and health facilities to address challenges across technical and management arenas. The project will work with the County Health Management Team (CHMT) and sub-county health teams to better manage, deliver, and report on health services in the devolved context and in compliance with Government of Kenya (GoK) policies.
This Request for Applications (RFA) seeks applicants interested in proposing grant-funded activities to support the above-referenced program goals. Specifically, the program is seeking to fund the following types of activities:

Under Sub-Purpose 1, provide targeted community health services and demand creation for HIV and TB services, including elimination of mother-to-child transmission of HIV (eMTCT), HIV care and support services, HIV treatment services, HIV Prevention, HTC, and VMMC Services, and tuberculosis (TB)/HIV Co-infection Services. Proposed activities include supporting a total of 58 Health Facilities, with a specific focus on 31 critical high-volume facilities, in 9 sub-counties in Nairobi County (with a special emphasis on informal settlements in Embakasi, Makadara, Starehe, Kasarani, Westlands, and Ruaraka, and excluding Kibera) to ensure community linkages through the hiring and deploying approximately 80-100 Mentor Mothers, 50 HTC counselors, 35 treatment preparation counselors, and working with up to 500 Community Health Volunteers (CHVs) from time to time, as required.

Prospective grantees can bid for Part 1 and 2 (described below), or just one of the part of this RFA, and will need to clearly state what scope the applicant is bidding on in their application.

Part I

1. eMTCT Services

   a. *Track and monitor eligible pregnant beneficiaries.* Work with Afya Jijini’s UHAI teams to help register, track, monitor, and support pregnant women eligible for HIV prevention, care and treatment services using the Mentors Mothers approach.

   b. *Working with the community health strategy, create Demand for eMTCT at the community and household level.* Work with targeted communities to ensure the provision of household and community level messages to improve and strengthen the uptake of eMTCT services.

   c. *Trace lost-to-follow-up beneficiaries.* Help to identify and link back in to eMTCT any beneficiaries that are lost-to-follow-up and ensure retention in care.

   d. *Mentors Mothers:* Engage, train, and manage approximately 80-100 Mentor Mothers to support the eMTCT program in Afya Jijini-supported facilities

   e. Work with Afya Jijini’s reproductive health team to scale-up male involvement in ANC, labor and delivery, and postnatal care as a pivotal pillar for EMTCT.

Part II

2. HIV Care and Support Services, HIV Testing, Linkage, and Retention.

   a. *Strengthen community-facility linkages and access to community care and support.* Assist Afya Jijini to strengthen sites’ abilities to effectively link with HIV care resources available in the community, and establish a bi-directional referral mechanism for HIV care clients using existing referral forms and
patient escorts, including peer educators. CHWs will be trained to support PLHIV through the provision of a Positive Health Dignity and Prevention (PHDP) package, including condom demonstration and distribution; partner and family testing; adherence counseling and monitoring through self-report, pill counts, or pharmacy data; substance abuse counseling; FP/safer pregnancy counseling; and STI screening/treatment.

b. Maintain a line listing register and oversee continuous line listing and testing of partners, family to track beneficiaries and linkages to care in 31 high volume Afya Jijini supported care and treatment sites.

c. Train and support treatment preparation counselors in 31 high-volume Afya Jijini-supported sites and have daily treatment preparation sessions conducted.

d. Introduce daily psychosocial support groups (PSSG) in 31 high-volume Afya Jijini-supported sites that are linked to clients’ appointment days.

e. Introduce patient self-management (PSM) into the same-day PSSG, working with the treatment preparation counselors, trained expert clients and peer educators. The grantee will further oversee the identification, training, and support of the expert clients.

f. Ensure that all new HIV-positive clients are linked to next-day psychosocial support groups (PSSGs) within the same facility or facility of choice.

g. Ensure clients are linked to care and treatment.

3. Cross-Cutting Activities

a. Participate in monthly review meetings to assess performance and make adjustments

b. Participate in the FY16 work planning preparatory meetings and a work plan review conference; submit written comments and feedback on work plan and provide inputs on specific technical sections.

c. Provide monthly update and quarterly reports to Afya Jijini on the current status of implementation of activities. Reports shall include a status report for each facility across the elements outlined above. Reports will include age and sex disaggregated data on number of beneficiaries reached and retained (new and old), with HIV care, support, treatment and retention service following Government of Kenya and US Government/President’s Emergency Plan for AIDS Relief (PEPFAR) guidelines.

B. PROGRAM DESCRIPTION

I. Title: Afya Jijini Small Grants Program - AJSG Community HIV Ref. No. 2016 - 005

II. Intended Duration of Grants: Up to one year, from June 1, 2016 – May 31, 2017 with periods beyond that term requiring special justification. IMA reserves the right to vary the actual value of individual grants provided and to accept any or none of the proposals received.

III. Intended Range and Maximum Value of Individual Grants: $20,000 - $100,000

IV. Intended Start Date of Grants: June 1st, 2016
C. EVALUATION CRITERIA

Applications will be evaluated by an internal review panel within Afya Jijini and may include representatives from USAID/Kenya and East Africa.

Applications will be evaluated against the criteria in the table below.

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<thead>
<tr>
<th>Evaluation Category</th>
<th>Rating - Points</th>
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<tr>
<td>Feasibility of Design &amp; Approach</td>
<td>35</td>
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<tr>
<td>Impact on Afya Jijini’s Project Objectives and Expected Results</td>
<td>15</td>
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<tr>
<td>Management &amp; Programmatic Capacity</td>
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<td>Past Performance</td>
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<td>Gender Awareness</td>
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These evaluation criteria elements are described more fully below.

A. Feasibility of design & Technical Approach. The quality and feasibility of the application in terms of the viability of the proposed technical approach, (i.e., the proposed technical approach can reasonably be expected to produce the intended outcomes), appropriateness of the proposed methodology, innovativeness, and the work plan for achieving project objectives to offer significant impacts on the health sector in Kenya. The technical approach must directly contribute to achieving the relevant expected results listed in the Program Description, above, and must be measurable under one or more of the Afya Jijini indicators. Evaluation of approaches - either proven to be effective or new untried approaches with promise – will be evaluated. Proposed mechanisms for monitoring and evaluation with objectively measurable indicators will also be appraised.

B. Impact on project objectives and expected results. The extent to which the proposed activity corresponds to the needs of target group(s) of the project, its objectives, and will directly benefit them. Also, the degree to which it will directly contribute to project objectives and targets.

C. Management and Programmatic Capacity. Evidence of the capability to undertake and accomplish the proposed activities. The application should demonstrate the organization’s effectiveness in terms of internal structure, technical capacity, and key personnel, in meeting the goals of the proposed project. In addition, the organization must demonstrate adequate financial management capability. Appraisal will be based principally on reference checks by Afya Jijini; the background, qualifications, reputation, appropriateness and skills of its key personnel; and achievements (including development of self-sufficient, sustainable activities) of the organization involved.

D. Past Performance. Previous or ongoing experience implementing similar activities. This examines an applicant’s track-record, which is a critical factor in assessing the capacity of the applicant to implement the activity.
E. Gender awareness. The extent to which the funded activity includes a gender component or represents a strong commitment to women as beneficiaries.

Final approval of all awards will be made by USAID following completion of pre-award risk assessments to determine that the organization has the capacity to manage grant funds effectively.

D. ELIGIBILITY

D1. RECIPIENTS

- Applicants must be non-profit non-governmental organizations existing under the laws of the Government of Kenya and must be in compliance with all applicable civil and fiscal regulations
- All applicants must have established outreach capabilities with linkages to the beneficiary group(s) identified in the program description, which is reflected by the incorporation of local views in the proposal
- Applicants must have been established for a minimum of 3 years
- The organization must have a Board of Directors/Board of Trustees, and five or more full time staff (including program management, finance/administrative, and monitoring and evaluation staff).
- The organization must have a minimum absorptive capacity and demonstrate the potential to acquire sufficient capacity to manage programs in a sustainable manner
- The organization must show proof of having a functional financial system
- Preference will be given to organizations with current offices and operations in program supported sub-counties
- Faith-based and community groups will receive equal opportunity for funding in accordance with the mandated guidelines. Faith-based organizations whose objectives are for discriminatory and inherently religious purposes, and whose main objective of the grant is of an inherently religious nature, are ineligible for funding.
- Applicants must display sound management in the form of financial, administrative, and technical policies and procedures and present a system of internal controls that safeguard assets; protect against fraud, waste, and abuse; and support the achievement of program goals and objectives. Afya Jijini will assess this capability prior to awarding a grant.
- Applicants must sign the following required certifications prior to receiving a grant. Afya Jijini will provide the certifications (Annex E) and review them with applicants.
• Applicants receiving grants in excess of $25,000 are required to be registered in the System for Award Management (SAM). This is not a prior requirement, registration in SAM can be done during the negotiation stage.

• For any grant award(s) resulting from this solicitation that is other than in-kind and equivalent to $25,000 USD or more, grantees will be required to provide a Data Universal Numbering System (DUNS) number at the time of award. If the applicant already has a DUNS number it should be included in their application. Otherwise, applicants will be expected to get a DUNS number before an award is made. The Afya Jijini Program team will assist successful applicants with this process. DUNS numbers can be obtained online at [http://fedgov.dnb.com/webform/pages/CCRSearch.jsp](http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)

• Applicants with little or no experience with USAID funding are encouraged to apply.

D2. INELIGIBLE EXPENSES

Afya Jijini grant funds may only be spent on approved activities. Examples of types of items that funds may not be used for is shown below. This list is not exhaustive. Afya Jijini reserve the right to make the final decision on eligibility of expenses:

• Ceremonies, parties, celebrations, or “representation” expenses
• Purchases of restricted goods, such as: agricultural commodities, motor vehicles, pharmaceuticals, contraceptive products, used equipment; without the prior approval of Afya Jijini.
• Purchase of prohibited goods. Prohibited goods under USAID regulations, include but are not limited to the following: abortion equipment and services, and luxury goods.
• Alcoholic beverages
• Purchases of goods or services restricted or prohibited under the prevailing USAID source/ nationality requirements found in ADS 310.
• Any purchase or activity, which has already been made.
• Purchases or activities unnecessary to accomplish grant purposes as determined by the Afya Jijini program.
• Prior obligations of and/or, debts, fines, and penalties imposed on the Grantee
• Creation of endowments.

E. FUNDING

All grants will be negotiated, denominated and funded in Kenyan Shillings (KES). Payments will either be made on a reimbursement basis, in tranches corresponding to achievement of agreed upon milestones or, in exceptional cases, on a monthly advance and liquidation basis. The decision will be made by Afya Jijini as part of an eventual analysis of the Applicant’s organizational capability to manage grant funds.
All costs funded by the grant must be allowable, allocable and reasonable.

Grant applications must be supported by a detailed and realistic budget as described in Section G. Afya Jijini expects to receive applicants’ best financial proposals in terms of compliance with technical aspects of the proposal, allowability, and realism.

F. AUTHORITY/GOVERNING REGULATIONS

Afya Jijini grants to non-U.S. organizations adhere to guidance provided under USAID’s Automated Directive System (ADS), Section 302.3.4.13, “Grants Under Contracts,” ADS Chapter 303, “Grants and Cooperative Agreements to Non-Governmental Organizations,” and within the terms of the USAID Standard Provisions applicable to Non-U.S. Non-Governmental Recipients. These provisions can also be accessed through the USAID website at www.usaid.gov.

Additionally, Afya Jijini grantees will be held to, the administrative requirements and cost principles outlined in 2 CFR 200.

Afya Jijini alerts applicants and grantees that USAID may, at its sole discretion, supersede any decision, act or omission taken by Afya Jijini with respect to any grant. Under the Afya Jijini grant program, USAID retains the right at all times to (1) dictate a different decision with respect to the award or administration of any grant; (2) rectify an omission by Afya Jijini with respect to the award or administration of any grant; 3) take over the administration of any grant awarded hereunder; and/or (4) terminate any grant in whole or in part.

G. INSTRUCTIONS TO APPLICANTS

The applicants will propose their own implementation strategies for the implementation of the scope of work described above, introducing innovations that are appropriate to their organizational strengths.

G1. Applicant Self-Assessment

All applicants are subject to a pre-award responsibility determination by Afya Jijini, to help ascertain whether the organization has the minimum management capabilities required to handle U.S. government funds. This self-assessment is a first step in the risk assessment process. The Applicant Self-Assessment is contained in Annex D.

G2. Full Grant Application

Templates for presentation of both the technical and budget aspects of the application are provided in Annex B-C. Applicants shall present their proposals in the formats provided. Those applications that are not submitted according to the formats requested and in accordance with the instruction in this RFA will be considered as non-responsive and will be disqualified.

The application elements and guidelines are summarized below:
• **Section I (Basic Information).** The Applicant provides basic contact information and information regarding the status of the organization.

• **Section II (Project Description).** The Applicant describes overarching program elements such as objective of the grant and the linkage to Afya Jijini objectives, results and indicators for measuring results, the activities’ beneficiaries, and plan for disseminating activity deliverables.

• **Section III (Project Implementation Plan).** This section covers information regarding project implementation, including proposed personnel and descriptions about each task. Each task must be:
  - Complete and sound
  - Integrated and scheduled with dependent tasks
  - Assigned to a responsible party
  - Defined in terms of resources required
  - Concluded with a viable milestone of achievement—milestones must be linked to results.

The tasks listed must show a logical, thoughtful approach to the overall implementation plan. Tasks should describe actions and be logically sequenced. Each task must contribute to the achievement of the activity objective.

Applicant describes any relevant material assumptions made and/or conditions precedent required for the achievement of the grant objective.

The implementation plans must be supported by a bar chart that shows all identified tasks over the duration of the activity.

• **Section IV (Experience and Capacity).** Applicant describes previous or on-going experience implementing similar activities. This is a critical factor in assessing the capacity of the Grantee to implement the activity. Applicant also provides contact information of references that can speak to the Applicant’s past performance and capabilities.

• **Section V (Cost).** This is a summary of the information provided in the application budget forms, and includes total grant request, Grantee's cash or in-kind contributions (cost-sharing) for the activity, contributions from other sources (co-funding) for the activity. Applicant also describes any other USG funding they are currently receiving for other purposes. Applicant must identify any long-term, recurrent commitments resulting from activity, and Applicant’s plan for sustainable coverage.

• **Section VI (Budget).** The Budget forms, when properly completed, reviewed, and approved, serve as the mutually agreed-upon “roadmap” for activity financial management. All activity costs must be identified. Cost data must be accurate; proposed
amounts should not be unrealistically high or low.

It is important that the budget clearly indicate where specific project funds are to come from (from USAID, co-funding by another donor, or the applicant’s cost-sharing contribution). Furthermore, contribution from other donors and Grantees resource commitment will be investigated and documented. In order to avoid double financing/billing, Afya Jijini will require full disclosure by all involved parties and will maintain contact with co-funders to verify their contributions.

Budgeted amounts must also be supported by justification, and detailed calculations; the applicant must be able to provide such backup to Afya Jijini if requested.

All grant activity costs must be within the normal operating practices of the Applicant and in accordance with its written policies and procedures. For applicants without an audited indirect cost rate the budget may include direct costs that will be incurred by the Applicant to provide identifiable administrative and management costs that can be directly attributable to supporting the grant objective.

The application must be signed by an authorized agent of the Applicant e.g. the CEO, Chair of the Board of Trustees/Directors etc.

G3. Application Submission Information

Applications shall include one copy in English.

Applications should be submitted in hard copy to the Afya Jijini office at the address below and should reference Afya Jijini Small Grants Program - AJSG Community HIV Ref. No. 2016 - 005 DATED April 1, 2016. In addition, an electronic copy of the application should be emailed to the address provided below.

USAID/Kenya and East Africa
Afya Jijini Small Grants Program
Goodman Towers, 4th Floor
Waiyaki Way, Opposite Old Safaricom House
P.O. Box 21035 – 00505, Nairobi

E-mail: afyaajjinigrants@imaworldhealth.org

In addition to the application forms, applicants should submit to Afya Jijini the following documents:

- Copy of valid Kenya registration certificate.
- Copy of the organization’s charter and by-laws.
- Copy of last three (3) years of annual financial report, income/losses report (balance) sealed and approved by licensed audit firm, if available.
- Other documents (if necessary) may be requested at a later date.
These can be submitted in hard copy; electronic copies are not required.

Applications (Technical and Budget proposals and supporting documentation) must be submitted no later than 12:30 hours (local time), on April 15th, 2016.

Please submit all questions concerning this RFA to the attention of the Afya Jijini Program via email to afyajijinigrants@imaworldhealth.org. The deadline for submitting questions or requests for clarifications is April 6th, 2016. Afya Jijini will reply to all questions and clarifications. Afya Jijini will assist applicants in understanding the application process, and can provide coaching in application development at the request of applicants. Please send your requests for this assistance to the attention of the Sub-Grants Manager on email: afyajijinigrants@imaworldhealth.org.

Issuance of this RFA and assistance with application development do not constitute an award or commitment on the part of Afya Jijini, nor does it commit Afya Jijini to pay for costs incurred in the preparation and submission of an application. Further, Afya Jijini reserves the right to accept or reject any or all applications received.

ANNEXES

- Annex A – Grant Application Form
- Annex B – Implementation Timeline
- Annex C – Grant Application Budget Forms
- Annex D – Applicant Self-Assessment Form
- Annex E - Required Certifications
ANNEX A – GRANT APPLICATION FORM

Afya Jijini may assist applicants in understanding the application process, and can provide coaching in application development at the request of applicants. You will also be provided with a detailed budget format that should be completed and submitted with your application.

AFYA JIJINI PROGRAM

FULL GRANT APPLICATION

This application is in response to RFA dated April 1, 2016

Section I. Basic Information

1. Name of your organization:

2. Date organization was founded:

3. Contact information:

<table>
<thead>
<tr>
<th>Key contact person(s) and title:</th>
<th>Office phone:</th>
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<tbody>
<tr>
<td>Office address:</td>
<td>Office phone:</td>
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<td>Mobile:</td>
<td>Fax:</td>
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<tr>
<td>E-mail:</td>
<td>Website:</td>
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4. Name(s) and Nationality(ies) of CEO and/or Board of Directors/Governing Body:

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<th>Name:</th>
<th>Nationality:</th>
<th>Date of birth:</th>
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<td>Nationality:</td>
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<td>Name:</td>
<td>Nationality:</td>
<td>Date of birth:</td>
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5. Describe your organization and its purpose:

6. Annual revenue for your organization last year:

7. Number of (a). full-time and (b) part time employees and (c) volunteers:

Section II. Program Description

8. Title of your proposed activity:

9. Objective of your proposed activity:

10. Background: What is the issue or problem that your activity will address? Why is it critical to address this issue?
11. Describe your activity in detail (or attach a project description):

12. On a form annexed to this application, please list the results to be achieved and the indicators you will use to measure success. In addition to quantitative indicators, you may also suggest others ways to measure success or impact.

13. Describe your method for selecting participants and beneficiaries.

**Section III. Implementation Plan**

14. Anticipated duration of your activity:

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<thead>
<tr>
<th>Overall length (total number of months)</th>
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<td>Start and end date (day, month, and year)</td>
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15. Main tasks, with estimated start and end dates for each task. Please include all events, trainings, publications, etc.

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<thead>
<tr>
<th>Description of Main Tasks</th>
<th>Start &amp; End Dates</th>
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<td>Task 1:</td>
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<td>Task 5:</td>
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<td>Task 6:</td>
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<td>Task 7, etc.: (please add rows as needed)</td>
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16. Location(s) of the activity (add more rows as needed).

<table>
<thead>
<tr>
<th>#</th>
<th>Community</th>
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<th>Department</th>
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17. List personnel who will be involved in implementing this project (CVs & salary history sheets are required for all project personnel):
18. List board members (or founding members if you do not have a formal board of directors) and key staff (president, directors, treasurer, etc.). If available, please attach an organizational chart.

**Section IV. Experience and Capacity**

19. Experience Implementing Similar activities:

20. List three independent relevant professional references for the organization:

**Section V. Cost**

21. Estimated cost in KES per the attached budget:

   | Amount requested from the Afya Jijini program: | KES ____________ |
   | In-kind or other contribution from your organization: | KES ____________ |
   | Other donors or third-party resources: | KES ____________ |

   Total Estimated Cost | KES ____________ |

22. List major donor-funded activities (U.S. and other) that your organization has managed in the last two years and currently receives, or expects to receive within the duration of the grant activity:

<table>
<thead>
<tr>
<th>Donor Agency</th>
<th>Title of Project, Location, &amp; Start &amp; End Dates</th>
<th>Total Funding (in currency received in)</th>
<th>Donor Contact Person</th>
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By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

Submitted by (name and title): ____________________________________________________
Afya Jijini Program Request for Applications

Signature: _______________________________ Date: __________________________