

Answers to the questions raised from fellow applicants after call for proposals (RFA 11 – 001).

This will guide in your proposal preparation.

1. This project includes providing HCT services to risk populations however we are told not to procure HIV test kits. After mobilization of the communities for HCT what will happen? We are aware that kits are in limited demand. Won't this affect service delivery?

No procurements of HIV testing kits and related consumables will be allowed under this grant. Applicants are expected to work closely with districts/health centers to ensure that the created demand is met. The development partners are directly funding National Medical Stores to procure HIV testing kits.

2. This project includes providing SMC services to key populations affected. Are we allowed to budget and procure SMC kits? We are also aware that many centers in these districts have not budgeted for these supplies awaiting donors to chip in. When donors chip in their have targets to reach and will procure specifically for what they have planned for.

No procurement of SMC kits is allowed with this grant.

3. These districts are distant with very difficult and poor terrain. For example Kasese, Kabale that are mountainous. Are we allowed to budget and procure at least 1 vehicle for each of these districts?

Procuring vehicles will take a sizeable portion of the grant that would otherwise be used to deliver direct services to the communities especially considering that you already exist in the district. However, you can budget for specific activities including car hire and these will be discussed at the pre-award stage, should you get there.

4. We know that facilities might have septrin and we shall as much as possible refer clients for care at facilities but this project is supposed to mobilize people for services. Aware

that these facilities plan and order for drugs this project might overwhelm the facilities with HIV positive clients in need of septrin and we shall have a challenge of septrin stock outs. Can we put a budget aside to procure startup septrin and fluconazole for clients and then refer them for further refills at facilities?

No procurement of drugs is allowed with this grant. Applicants should work closely with health centers

5. What is the maximum percentage for admin costs for this project?

20%

6. We sent letters of support from CAOs and other partners, audited accounts, letters of registration of the organization e.t.c during the concept paper period, are we going to collect them again and resend them? What documents should we attach this time round?

No new letters are required for those who submitted them at concept paper stage

7. Some CSOs are national organizations with HQs. Can we budget for some implementation for HQ for example financial management, quality assurance, technical support to the CSO officers in the districts of implementation (Management costs)? Do we have a percentage we can go by?

For such CSOs we expect a clear demarcation of roles for HQ staff and district based staff. To ensure efficiency in project management, we recommend that HQ staff should only take part in supervisory tasks. We do not expect HQ staff to go back and forth from HQ to implement regular project activities. The 20% that goes to admin should be shared with HQ at the discretion of the CSO. However it should be noted that district staff are required to be recruited permanently at the districts and these should be considered primary costs.

8. For the organizational history and past performance section, it requires a physical presence in the district (with office, staff, etc.). Must these staff and office be in place at the time of application (i.e. Nov. 24th) or just the time of implementation (January 2012)? As we had indicated in our application, our presence in Arua was from 2007 to 2010 but we do not have offices currently in the district. However with several proposed key staff from the area, it would be very easy for us to establish office space and get started should we be successful.

CSF expects applicants to have physical presence in the six focus districts. Before final awards are made, CSF will conduct field visits (pre award assessment) to verify physical presence in the districts. Verification of physical presence will cover only the six focus districts.

9. When is the actual deadline? We have conflicting dates

It is Thursday 24th November 2011 4 Pm, 1st floor Rwenzori House, Deloitte Uganda Limited's reception. Please ensure that you or your agent leaves with a delivery receipt.

10. This tool (category tool) is not clear to us. What is the difference between the target and denominator? Can you send us one example that use it successfully?

Difference between a denominator and target is:

Denominator refers to the total population in the category you want to serve e.g. if your focus population is on youth 14 to 24 years in a sub county X, then the denominator is all youth in that category (14 to 24) in sub-county X.

Target: the actual number of youth you intend to serve/reach in a specified period of time in this case may be one year e.g. 3,000

Denominator - the youth aged 14 to 24 years are 40,000

Target – 3,000

In this case out of the 40,000 youth aged 14 to 24 years (**denominator**) in sub-county X, you target to reach out to/serve 3,000 youth (**target**) which is $= 3,000/40,000 = 7.5\%$ of the population.

Data to be able to estimate the denominators can be got from the District population office, UBOS and these will provide you with district and sub-county projections for 2011.

11. My lower word version of the document “Final RFA 11-001 Technical proposal guidelines 7th Nov 2011” stops at section 10. Cost Proposal Financial Management and Budget on Page 15. I am wondering if I have missed something.

No, you have not missed anything

12. There is no written guidance after this and I have some questions about the budget format (excel template).

We provided an example of The charlotte web foundation

13. Time period: the sample is for a 6 quarter period...do you want a detailed budget for each of the 3 years and assuming that a year has 4 (3 month) quarters? The budget template indicates Year 1 but shows 6 quarters, which is a bit confusing.

Please insert the remaining 6 quarters. Please note that it is the summation of the quarterly budgets that will determine your tranches should you be successful.

14. How do we handle the budgets of sub-partners or consortium partners? Do you want these submitted separately or integrated into the main budget? Is it ok to put in a “sub-grant/contractual” line item and then attach partner budgets, as long as they follow the same format?

If the partners are implementing the same objectives, please have separate budgets that sum up and tally with the consolidated budget.

On the other hand, if your partners are implementing separate objectives say one is amongst commercial sex works and the other within school adolescents, you can have them included in the master budget with a column naming who is responsible. Remember to provide agreed upon notes that will ease the management of your partners' funds since this has proved to be a problem between lead agents and their sub partners after contracts have been signed.