

MISSION CONCURRENCE REQUEST FORM

INSTRUCTIONS: Complete this form once the prospective country (or countries) of performance has (have) been identified. Then send it to the responsible bilateral mission (or missions) at program.[country]@usaid.gov, along with any supplemental materials (e.g., the concept paper). For additional guidance, see ADS Reference 201man, Process for Obtaining Mission Concurrence for Washington and Regional Mission Funded Activities. Please do not enter any unsolicited personally identifying information for yourself or others in your responses. See below for more detailed instructions.

•			
PART ONE – REQUESTOR INFORMATION AND ACTIVITY DETAILS			
(To be completed by the requesting office)			
1. Date of Request	2. Response Expected by		3. Office Symbol
	(provide at least 20 b	usiness days)	
4. Contact Name	5. USAID Email		6. Phone Number
7. Activity Name			
8. Prospective Country (or C	<i>Countries)</i> of Performanc	e	
9. Sector(s) (check all that a			
Agriculture/Food Securi		nder	
		bal Health	
		ter/Sanitation	
Education Scien		ence/Technolog	y/ Innovation/ Partnership
☐ Environment/Climate Cl	hange \Box Oth	ner:	
10. Activity Stage		11. Estimated	Start and End Dates
		Start:	End:
12. Funding Source/Type	13. Funding Fiscal Year	Additional Ren	narks:
12. Fullding Source, Type	13. Fullaning Fiscal Tear	Additional Net	narks.

AID 201-1 (03/2024) Page 1 of 6

14. Total Estimated Cost/Budget		15. Contracting Officer's R Officer's Representative (6	Representative/Agreement COR/AOR), if identified
16. Implementing Partners,	if identified	17. Government Counterp	parts, if applicable
18. Activity Description			
19. Role of Mission Envision	ed, if applica	ble	
20. Additional Remarks			
21. CLEARANCE			
Office Director <i>(or</i>	Name/Title,	Office Symbol	Date
designee)	Digital Signa	ature	

AID 201-1 (03/2024) Page 2 of 6

(To be completed by the responsible bilateral mission)		
1. I have reviewed the information in Part 1 of this form and any accompanying documents and have made the following determination in accordance with ADS 201man regarding the subject activity:		
communication/collaboration	d] This section provides any additional on desired during implementation. This nich concurrence is being granted as lonia for non-concurrence in ADS 201man.	section may also specify g as such conditions
	This section provides the mission's just with criteria in ADS 201man).	ification for not providing
Justification:		
Explanation:		
4. CLEARANCE		
	Name/Title/Mission	Date
Mission Director (or		
designee)	Signature (digital or wet ink)	•

PART TWO – CONCURRENCE DETERMINATION

AID 201-1 (03/2024) Page 3 of 6

INSTRUCTIONS FOR COMPLETING THE FORM

PART ONE		
BLOCK 1	Select the date that the request is sent to the mission.	
BLOCK 2	Select a date (at least 20 USAID/Washington business days after the request date in Block 1) in which the requestor expects a response from the mission.	
BLOCK 3	Enter the USAID symbol for the office that initiates the form.	
BLOCK 4	Enter the name of the individual with whom the mission should communicate while processing the concurrence request. This individual will often be the person who designed the activity, or is or expected to become the COR/AOR.	
BLOCKS 5 & 6	Enter the email address and phone number of the contact in Block 4.	
BLOCK 7	Provide a short title for the activity.	
BLOCK 8	Enter the prospective country where the activity is to be implemented. If the activity is to be implemented in multiple countries, all countries may be listed in this field; however, the form should then be sent to multiple missions for concurrence.	
BLOCK 9	Check boxes for the primary sectors in which the prospective activity will operate.	
BLOCK 10	Select the stage of activity design and implementation in which this request is being made from the drop-down menu. Per ADS 201man, concurrence should be obtained as early as possible, ideally during activity design. See Section 4 of ADS 201mam for additional guidance.	
BLOCK 11	Select the estimated start and end date for the activit(ies). If multiple activities are being awarded on different timeframes in different countries, provide additional detail under Additional Remarks or in Block 20.	
BLOCK 12	Enter the funding source (e.g., Economic Support and Development Fund (ESDF), Development Assistance (DA), Economic Support Fund (ESF), Global Health Programs (GHP), etc).	
BLOCK 13	Enter the appropriations fiscal year from which the activity will be funded.	
BLOCK 14	Provide the total estimated cost or budget estimate for the subject activity. If the activity is to be implemented in multiple countries, this field should indicate the estimated figure for each country, if feasible.	
BLOCK 15	Provide the name of the COR/AOR, if identified.	

AID 201-1 (03/2024) Page 4 of 6

BLOCK 16	If the activity has already been awarded, name the key implementing partner(s) that will carry out the activity agreement.	
BLOCK 17	If the activity anticipates working with host country government counterparts, identify the relevant institutions.	
BLOCK 18	Provide a brief activity description (typically one to two paragraphs), which should include the activity purpose and other key outcomes to be achieved.	
BLOCK 19	If applicable, provide any information regarding the level of support that may be requested of the mission during implementation.	
BLOCK 20	If applicable, provide any additional remarks or background to assist the mission in processing the concurrence request.	
BLOCK 21	The Office Director or designee of the requesting office should sign the form with her/his name, title, office symbol and signature. The form should be signed by digital signature to enable the mission to fill out Part Two. The form should then be sent to the mission at program./country/@usaid.gov , along with any supplemental materials (e.g., the concept paper). (See https://helpx.adobe.com/reader/using/fill-and-sign.html for guidance on using Adobe's digital fill-and-sign tool.)	
PART TWO		
BLOCK 1	Select the concurrence determination from the drop-down menu.	
BLOCK 1 BLOCK 2	Select the concurrence determination from the drop-down menu. If the Mission Director opts to provide concurrence, s/he may provide any additional detail on the level of communication and collaboration desired during implementation. For example, some missions may opt to assign an activity manager to monitor progress, while others may request that the COR/AOR provide regular updates or a copy of quarterly or annual reports. This section may also specify conditions under which concurrence is being granted as long as these conditions align with the criteria for non-concurrence (see Block 3 below). However, per ADS 201man, the concurrence process only takes place once.	

AID 201-1 (03/2024) Page 5 of 6

	 Political Risk – The activity's actions or decisions could undermine the Mission's authority or alter the ability of the Mission to achieve its objectives.
	Legislated Funding Cap The cost of the activity exceeds, or puts at risk, a legislated funding cap for the country.
	Undue Burden on the Mission – The activity would place an excessive burden on the Mission because it necessitates logistical support or that the Mission designates an Activity Manager to provide on-the-ground oversight.
BLOCK 4	The Mission Director or his/her designee should sign the form with her/his name, title, mission and signature (digital or wet ink). The form should then be sent back to the contact in the requesting office. (See
	https://helpx.adobe.com/reader/usinq/fill-and-siqn.html for guidance on using Adobe's digital fill-and-sign tool.)

AID 201-1 (03/2024) Page 6 of 6