

USAID Child Blindness Program

Request for Application (RFA)

No. PGRD – 14 – 0002 Child Blindness Program

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Letter of Interest (LOI) Deadline: December 18, 2014 at 5pm EST

Full Application Deadline: February 26, 2015 at 5pm EST

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LIST OF ACRONYMS

ADS	The Automated Directives System
CBP	Child Blindness Program
CFR	Code of Federal Regulations
D&E	Delivery and Expansion
IAPB	The International Agency for the Prevention of Blindness
LOI	Letter of Interest
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PGRD	Partners for Global Research and Development
PIO	Public International Organization
RFA	Request for Application
ROP	Retinopathy of Prematurity
PVO	Private Voluntary Organization
USAID	United States Agency for International Development
USD	United States Dollars
USG	United States Government

I. BACKGROUND

Pursuant to the authority contained in the Foreign Assistance Act of 1961 and United States Agency for International Development (USAID) Contract AID-OAA-C-13-00088, Partners for Global Research and Development (PGRD), on behalf of the USAID Child Blindness Program (CBP) is seeking applications for activities aimed at increasing the number of children provided with quality eye care services and increasing global knowledge of pediatric eye care through innovation and the implementation of best practices. Awards will be administered in accordance with provisions contained in the Automated Directives System (ADS), Section 302.3.4.12, "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.

CBP features prominently in USAID's approach to eliminate blindness worldwide. Funding under this program originated through a congressional directive in 1991, and since then, the program has helped over two million children receive eye care. The global grant fund has awarded more than \$24 million to 51 projects in 29 countries, through 26 local and international non-governmental organizations (NGOs).

Children served through CBP are receiving sight-restoring surgery, eyeglasses, and vision screening in schools and through maternal and child health programs. Children who are irreversibly blind receive specialized education to learn braille and to use a cane. Furthermore, CBP builds the capacity of doctors and medical staff to provide the specialized vision care needed for pediatric patients.

II. OBJECTIVES OF THE GRANTS PROGRAM AND REQUEST FOR APPLICATIONS (RFA)

CBP supports two primary goals:

Goal 1: To increase the number of children provided with quality eye care services by:

- Increasing the availability and accessibility to quality eye health and vision services for children and other vulnerable populations
- Improving the capacity of eye care organizations by strengthening administrative, technical, and/or financial functions

Goal 2: To increase global knowledge of pediatric eye care through innovation and the implementation of best practices by:

- Testing, designing and expanding the scale of innovative approaches for eye care in various country contexts
- Increasing the evidence base for effective approaches leading to scale-up of pediatric eye care programs

Grant Categories

In fulfillment of these goals, this RFA will fund grants under two categories: Delivery and Expansion (D&E) and Innovation and Knowledge (Innovation). Each category is detailed below.

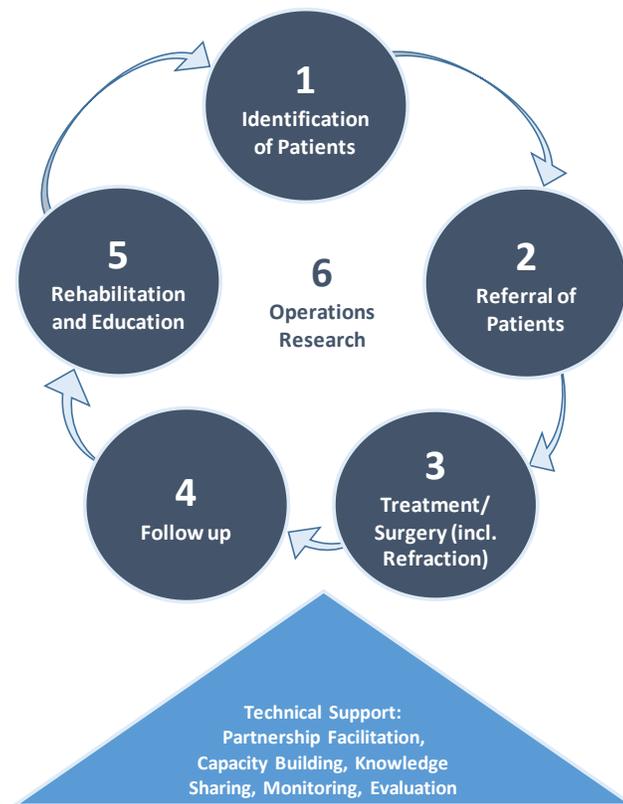
1. Delivery and Expansion Grants (D&E)

The purpose of these grants is to increase the number of children provided with quality eye care services

All applications submitted under this category must demonstrate:

- **Continuum of Care.** Proposed activities must be integrated within a Continuum of Care as defined in this RFA. The Continuum of Care is a best practice that ensures a child has access to all the services s/he may need for their care. Every point in the Continuum of Care is critical. Without the availability of all the services illustrated in Graphic 1, the child is not likely to achieve maximum visual potential. Projects may provide all of these services or document the linkages that exist to maintain the continuum. Elements that must be in place include: 1) identification of patient, 2) referral of patients, 3) treatment and surgery, 4) follow up and optical services, and 5) rehabilitation and education.
- **Sustainability.** The project must demonstrate the ability to continue to operate effectively and at a high quality level beyond the period of CBP funding. For example the project may establish a mechanism to generate funding for the necessary on-going activities.
- **Capacity Building.** Proposed activities must improve the overall ability of local organization(s) to deliver eye care. Specifically, this means strengthening local organizational or human capacity by making lasting improvements to quality services, personnel, infrastructure, administrative, technical and/or financial functions. For example, this may be implemented by training clinical personnel to teach children to read braille, hiring administrative staff to write and implement procurement policies, or by purchasing and installing equipment to increase the number of patients undergoing surgery.
- **Best practices.** All projects must demonstrate at least one of the following:
 - a. Best and standard practices and protocols that have been tested and replicated and evidence based to produce the highest quality results for any particular area of eye care being provided. Standards may be local, national, or international based on the situation. For example in the case of a pediatric cataract surgery, the project would ensure proper sterilization of equipment and supplies. Straying from standard protocols would be **inappropriate** in this situation.
 - b. Adequate justification to deviate from normal or recommended practices because a new innovation or the documentation of practices is proposed.

Innovation and Knowledge Sharing. D&E projects are not required, but may include, elements from category 2 grants as explained below.



GRAPHIC 1. CONTINUUM OF CARE: PROVIDING A BEST PRACTICE IN PEDIATRIC EYE CARE

Illustrative Activities for D&E grants:

The following illustrative activities are meant to provide guidance regarding how the objectives and results of this RFA may be accomplished, but are not meant to be either exhaustive or prescriptive. Applicants should carefully review these illustrative activities to understand CBP’s vision, but should be flexible and innovative in their proposed methodologies and activities. Examples of both D&E and Innovation grants awarded by CBP can be found on the CBP website (usaid.gov/childblindness).

- Delivering a range of pediatric eye care services, treatment and surgery by tertiary and/or secondary level eye hospitals
- Providing eye examinations, refraction and eyeglasses
- Providing low vision aids and therapy and rehabilitation services
- Strengthening pediatric eye care infrastructure and services in a hospital
- Enhancing the capacity of programmatic, administrative, technical and/or human resource functions, to directly impact the quality and quantity of services
- Scale up of a successful project for increasing referrals

2. Innovation and Knowledge Grants

The purpose of these grants is to increase global knowledge of pediatric eye care through innovation and the dissemination of best practices.

Any organization applying for an Innovation grant should read and be familiar with the CBP Research Agenda available on the CBP website. The Agenda presents six areas identified by CBP Advisors to be of importance to the field of international pediatric ophthalmology. The CBP Agenda highlights gaps in pediatric eye care, as identified by leading global experts. If addressed, these gaps and questions will make significant and meaningful contributions towards the elimination of child blindness.

All applications under this category must demonstrate one or more of the following:

- **Innovation.** Support of the creation and discovery of new ways to solve problems that will have a high impact on the elimination child blindness.
- **Knowledge Sharing.** Activities focused on gathering and disseminating critical information and/or data regarding the delivery of services to enhance pediatric eye care.

Illustrative Activities for Innovation and Knowledge Grants:

The following illustrative activities are meant to provide guidance on how the objectives and results of this RFA may be accomplished, but are not meant to be either exhaustive or prescriptive. Applicants should carefully review these illustrative activities to understand CBP's vision, but should be flexible and innovative in their proposed methodologies and activities.

- Testing of new equipment, procedures or practices to prove their effectiveness
- Documenting the effectiveness of a protocol(s) or systems(s) currently in use in the field of pediatric eye care to provide evidence of best practices
- Identifying gaps in knowledge in the field which can be addressed to improve the delivery of services

All applicants must submit applications under one of the grant categories above. Additionally, proposed activities must be within the following CBP program areas:

- Clinical pediatric diseases, such as: congenital cataract, pediatric glaucoma and retinopathy of prematurity (ROP)
- Provision of eyeglasses (refractive error correction)
- Therapies and resources for children with uncorrectable low vision and blindness

All projects must address gender and equity considerations. At a minimum applicants must describe in their applications how their activities and services will be provided and across all levels of society in the project area, including across gender and socio-economic class, and between urban and rural areas. Applications must demonstrate that services and benefits are equally accessible and affordable to various members of society.

Applicants may partner with another organization by means of a subcontract or services agreement in order to leverage the expertise or experience of the partner to perform a specific task or accomplish a certain objective within the proposed project. However, applicants will not be allowed to issue sub-grants to another organization.

Partnering with another organization may be particularly useful in capacity building activities where the applicant may seek the assistance of an experienced partner to provide technical assistance in a given area. Funding limits for a partnership under CBP will be determined based on the eligibility status of the applicant organization. A few examples of eligible partnerships include: 1) a partnership between a past CBP grantee and a new applicant; 2) a partnership between a central hospital and a group of community-based clinics; or 3) a partnership between a university and a non-profit organization to test a new design concept for technology to improve cataract outcomes. These illustrative partnerships are meant to provide guidance on how the applicant may design its activities in response to this RFA, but are not meant to be either exhaustive or prescriptive.

III. ELIGIBILITY

Eligible Applicants

The following types of organizations may apply for grants under this RFA. All applicants must be legally registered:

- US Not-For-Profit Organizations, including Private Voluntary Organizations, foundations, and private universities.
- US For-Profit Organizations (though, note that profit or fee is not allowed under grants)
- Local and other Non-US For-Profit and Not-For-Profit Organizations (though, note that profit or fee is not allowed under grants)
- Applicants otherwise qualified to receive awards under applicable US laws and regulations (e.g., Nondiscrimination, Lobbying, Debarment/Suspension, Terrorist Financing, etc.).

Ineligible Applicants

The following organizations are not eligible to apply for grants under this RFA:

- Organizations that have been debarred by the US Government, or who are otherwise ineligible to receive funding due to sanctions or other restrictions with regards to US, host country or international law
- Faith-based organizations proposing inherently religious activities as part of the programs or services being proposed under their application. Inherently religious activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from USAID, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.
- Entities who are affiliated with, or who are subsidiaries of PGRD
- Government entities, government-controlled institutions and public universities. Applicants may, however, work with the government to accomplish their objectives
- US, local, or other non-governmental or commercial organizations proposing projects in Iran, North Korea, Syria, and Cuba

Eligibility Requirements

Applicants must:

- Be registered or incorporated legally
- Able to legally operate in the country where the proposed grant activities will occur
- Have sound managerial, technical and institutional capacities to achieve proposed project results
- Apply a system of internal controls in order to safeguard assets, protect against fraud, waste and conflicts of interest
- Be in good standing with all civil and fiscal authorities
- Possess financial accountability and maintain detailed records of all expenses
- Be willing to sign applicable assurance and certifications required by USAID, based on the value of their grant
- Focus their activities on pediatric and vulnerable populations

Restrictions on Grant Funds

Grant funds may not be used for activities that are:

- Not aligned with CBP's objectives and goals
- Not approved by USAID
- Inconsistent with international standards of human rights or with democratic goals of racial and ethnic tolerance and harmony
- Ceremonies, parties, celebrations or "representation" expenses except for those which are specified in the grant (for example, opening ceremonies) to promote the visibility of USAID in the communities USAID is trying to serve
- Prohibited by ADS 303, such as involuntary sterilization programs; abortion-related activities and biomedical research; activities that promote or advocate the legalization or practice of prostitution or sex trafficking; travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences," (available at <http://www.usaid.gov/policy/ads/300/350maa.pdf>) or as approved by USAID

Additionally CBP will not fund projects aimed at:

- Prevention of Xerophthalmia
- Prevention of Onchocerciasis
- Prevention of Trachoma

IV. GRANT APPLICATION PROCESS

The CBP grants application process involves the following three phases:

1. **Phase I.** The applicant will complete and submit the attached *Letter of Interest (LOI) Template* (see Attachment A). The CBP grants evaluation committee members will review LOIs submitted by the applicants and will accept or reject them. Those applicants whose forms are rejected will be notified and provided with a brief explanation for the rejection. The applicants whose forms are

accepted will move on to the second phase of the grant round, which is explained below.

2. **Phase II.** The applicants that advance from Phase I to Phase II will be asked to submit a full application using the *Full Application Template* provided in Attachment B. The full application will be evaluated by the Grants Evaluation Committee in accordance with the criteria listed in this RFA.
3. **Phase III.** Applicants whose projects successfully meet the RFA criteria and are recommended for approval will then be invited to participate in a negotiation phase. During this phase, CBP will work with the applicant to refine the project budget, technical application and define milestones; CBP will examine the applicant’s organizational ability to manage USAID funds and will check references; a Branding and Marking Plan will be developed; and if necessary, an Environmental Mitigation Plan will be developed.

CBP anticipates making multiple awards based on this RFA. Please take note of the following:

- Applicants will not be reimbursed for the costs incurred in preparation and submission of an application or an LOI. All preparation and submission costs are at the applicant’s expense.
- Issuance of this RFA does not constitute an award commitment on the part of CBP. CBP reserves the right to award grants to any, all or none of the applications submitted in response to this RFA.
- CBP reserves the right to negotiate independently with any applicant and to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- CBP will check the references provided by the applicant.

Maximum Grant Duration and Amounts

The maximum amounts to be awarded per grant under this RFA and their duration are as follows:

Grant Category	Maximum Duration	Maximum Amount – Local Organizations	Maximum Amount- U.S. Organizations
Delivery and Expansion (D&E)	24 months	US\$250,000	US\$100,000
Innovation and Knowledge	12 months	US\$100,000	US\$100,000

In order to be considered a local organization, an applicant must meet all of the following criteria:

1. Be organized under the laws of the recipient country. Being registered to operate in the recipient country does not automatically make an organization local. The organization must have been organized in the recipient country in order to qualify as a local organization.

2. Has its principal place of business in the recipient country. If the organization has its headquarters, including its president/CEO or board of directors in a different country, it is not considered a local organization.
3. Is majority owned by individuals who are citizens or lawful permanent residents of the recipient country or is managed by a governing body, the majority of whose members are citizens or lawful permanent residents of the recipient country.
4. Is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.

Evaluation Criteria

During Phase II of this process full applications will be evaluated based upon the following criteria:

Criteria	Maximum Points
Knowledge of location and conditions	15
Appropriateness of solution and adherence to CBP priorities	25
Impact on target group and clear linkages between activities and results	25
Managerial, organizational and programmatic capacity	10
Budget and budget narrative	20
Reasonable and realistic completion dates	5
Total Score	100

How to Apply

Details on how to apply for grant funds are detailed below.

Phase I: Submitting an LOI

Following the release of this RFA, applicants are invited to submit an LOI using the *LOI Template* provided in Attachment A. A complete LOI consists of the following documents:

1. Completed LOI Template (Attachment A) – This form must be completed in full and must be signed. Incomplete and/or unsigned forms will not be accepted.

Language: All LOIs must be in English.

Currency: The budgeted costs must be represented in U.S. Dollars.

Format: LOIs must be submitted in the format provided as Attachment A in either Microsoft Word or PDF and must not exceed 3 pages. Forms must be submitted on letter-sized paper (8 1/2 x 11”) with 1” margins and a font size of 11 Arial. The only exception to font size is within tables, where a 10 point font size is accepted (this includes tables within the document). Any LOI form submitted in any other format will not be considered for further evaluation.

Authorized Signer: The LOI must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.

Multiple LOIs may be submitted by a single organization.

Phase II: Submitting a Full Application

If invited to continue to Phase II, an applicant must submit its application using the *Full Application Template* provided in Attachment B. A complete application consists of the following documents:

1. Completed CBP Application Template (Attachment B).
 - a. Work Plan Template (Attachment F)
 - b. Monitoring and Evaluation Plan Template (Attachment G)
2. Grant budget and budget narrative in the formats provided in Attachments C and E. When preparing their budgets and budget narrative, applicants must follow the instructions for the preparation of budget information as outlined in the following Attachments:
 - a. Attachment D: Budget Instructions and Cost Principles
 - b. Attachment E: Sample Budget Narrative
3. Proof of legal registration or incorporation. This may be the organization's registration documents and/or by-laws.
4. Signed Certifications (Attachment H):
 - a. Certification on Lobbying
 - b. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals
 - c. Certification Regarding Terrorist Financing; and
 - d. Certification of Recipient that prior documents are given in consideration of and for the purpose of obtaining any and all Federal grants.

Applicants must complete all forms in full. Incomplete grant applications will not be considered.

Language: All applications must be written in English.

Currency: The budgeted costs must be represented in U.S. Dollars.

Application Format: Applications must be submitted in the format provided in Attachment B in either Microsoft Word or PDF. CBP has provided clear instructions directly on the application template regarding page limits. Please read the instructions on the form carefully in order to determine page limits. Applications must be typed on letter-sized paper (8 1/2 x 11") with 1" margins and a font size of 11 Arial. The only exception to font size is within tables, where a 10 point font size is accepted (this includes tables within the document). Any application submitted in any other format will not be considered for further evaluation. The budget and budget narrative are not included in these page limits. Please review carefully the instructions contained in Attachment B

Budget Format: Budgets and budget narratives must be submitted in the format provided in Attachment C. The budget must be prepared in accordance with the instructions provided in Attachments D-E and must be submitted in Excel format. The budget narrative may be submitted as either a Microsoft Word or PDF document.

Authorized Signer: The application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.

Phase III: Project Negotiation

Applicants who have successfully completed all required documentation and have successfully met all application criteria and have been recommended to advance to the next phase will be invited to participate in Phase III of the application process. At this time, unsuccessful applicants will also receive a notification that their applications were not selected along with an explanation of the reasons for not being selected.

During this time applicants will work in close collaboration with CBP staff to more clearly define their activities, milestones, timelines and monitoring and evaluation (M&E) plans as well as to complete a:

- Branding and Marking Plan that will better define the products and equipment that will be marked with the USAID identity and how that will be done
- Environmental Mitigation Plan, if one is needed. The environmental mitigation plan will be required of applicants whose activities are deemed to have an unintended adverse impact on the environment such as the production of biomedical waste.

Any outstanding questions from the evaluation committee will also be clarified during this phase and their answers will be incorporated into the final revised applications. In some cases CBP may recommend that, as a condition for grant award, the applicant must accept technical assistance in order to strengthen their technical or institutional capacity to accomplish the goals stated in the project. In these cases, applicants will be requested to modify their grant application budgets to include the costs associated with this technical assistance. During Phase III of the project CBP will also review the application budget closely to ensure that all costs are reasonable and that the applicant has properly budgeted for all activities. Applicants will be required to make adjustments to their budget based on any feedback from CBP. CBP will also examine the organization's systems and operations to ensure that it can properly manage USAID funds and will do reference checks. All applications are subject to USAID approval before a grant is awarded.

Submission of LOIs and Full Applications and Deadlines

Phase I:

Complete LOIs must be submitted to email address: childblindness@pgrd.org by **Monday, December 18, 2014, 5 pm EST (Eastern Standard Time)**.

Phase II:

If invited to Phase II, applicants must submit complete applications to email address: childblindness@pgrd.org by **February 26, 2015, 5 pm EST (Eastern Standard Time)**.

Applicant Questions:

CBP will entertain questions from applicants during both Phase I and II aimed at clarifying aspects of the RFA requirements and objectives. Questions must be submitted via e-mail to childblindness@pgrd.org before the deadlines established below. CBP will post responses to questions by the date presented below.

The grant evaluation process under this RFA will be managed in accordance with the timeline presented below.

Activity	Deadline
RFA Released	November 21, 2014
Applicants submit written questions about the RFA requirements - Phase I	December 3, 2014 at 5 pm EST
Phase I answers to applicant questions posted on CBP website	December 8, 2014 by 5 pm EST
LOIs due	December 18, 2014 by 5 pm EST
Notification sent to successful LOI applicants	January 21, 2015
Applicants submit written questions about the RFA requirements – Phase II	February 2, 2015
Phase II answers to applicant questions posted on CBP website	February 9, 2015
Phase II full applications due	February 26, 2015

ATTACHMENTS

The following attachments are considered an integral part of this RFA and contain templates and instructions necessary for applicants:

- Attachment A: Letter of Interest Template
- Attachment B: Full Application Template
- Attachment C: Full Application Budget Template
- Attachment D: Budget Instructions and Cost Principles
- Attachment E: Sample Budget Narrative
- Attachment F: Work Plan Template
- Attachment G: Monitoring and Evaluation Plan Template
- Attachment H: Certifications

Please note that all attachments are available for download on the “Apply for a CBP Grant” page of the program websites at www.usaid.gov/childblindness.

GLOSSARY

Blindness

Visual acuity of less than 3/60 or 20/400, or a corresponding visual field loss of less than 10 degrees, in the better eye with the best possible correction.

Cataract

Clouding of the lens inside the eye which impedes the passage of light into the back of the eye and the retina. Un-operated cataract is responsible for half the world's blindness, and is a major cause of blindness in children in developing countries. Cataract is usually due to ageing and seen in the elderly, although it can be congenital or caused by injury to the eye.

Congenital Cataract

Newborns can be born with cataract. It can be hereditary or can be caused when the mother contracts rubella in her first trimester of pregnancy.

Continuum of Care

The Continuum of Care refers to various interventions that make up a comprehensive eye service for patients. For children with eye disease or refractive error, interventions include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical care, and low vision, and rehabilitation services for children who can no longer be helped by clinical care.

Glaucoma

A group of conditions that cause increased pressure within the eye (not related to high blood pressure) causing damage to the optic nerve and eventually blindness.

The International Agency for Prevention of Blindness (IAPB)

A coordinating, umbrella organization leading international efforts in blindness prevention.

Low Vision

Visual acuity of less than 6/18 or 20/60 but equal to or better than 3/60 or 20/400, or a corresponding visual field loss of less than 20 degrees, in the better eye with the best possible correction.

Neonatal Conjunctivitis

In newborns, a serious infection of the conjunctiva, the inside lining of the eyelids causing swelling.

Refractive error

Any of a set of conditions including myopia, hyperopia, astigmatism, and presbyopia that results in an unfocused image falling on the retina leading to blurred vision. It is the main cause of visual impairment that can be corrected by eye glasses.

Retina

The layer at the back of the inside of the eye which receives light images and sends them through the optic nerve to the brain where the images are interpreted.

Retinopathy of Prematurity

Abnormal blood vessel growth in the retina in a premature infant.

Visual acuity

The clarity or sharpness of vision measured at a distance of six meters or 20 feet.
Normal distance vision is when the patient can read the letters on the 6/6 or 20/20 line.

Visual impairment

Low vision or blindness that cannot be corrected medically, surgically, or optically.

Vulnerable Populations

People who would not otherwise have access to eye care resources.