

## ATTACHMENT A: LETTER OF INTEREST (LOI) TEMPLATE

### Instructions

All applicants submitting a Letter of Interest (LOI) must complete this form. Responses to the questions in Section II must be limited to 2 pages. All applicants must sign and date this form as requested in Section IV. Unsigned LOIs will not be reviewed.

### Section I: Project Information

Please input complete responses for each section of the table below.

1. Project title:	
2. Name of applicant organization:	
3. Signatory/organization representative:	
4. Contact information for the applicant organization and the signatory:	Address: Phone: Email: Fax:
5. Project duration:	____ years ____ months
6. Country(ies) of project location:	
7. Category of funding (choose one):	<input type="checkbox"/> Delivery and Expansion <input type="checkbox"/> Innovation and Knowledge
8. Category of intervention (choose the <u>primary</u> intervention to be provided):	<input type="checkbox"/> Surgical/Clinical Treatment <input type="checkbox"/> Screening <input type="checkbox"/> Refractive error <input type="checkbox"/> Retinopathy of Prematurity (ROP) <input type="checkbox"/> Education, Rehabilitation and/or therapy for low vision and blindness
9. Have you received funds previously from the USAID Child Blindness Program?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Type of organization (choose one):	<input type="checkbox"/> Non-U.S. based <input type="checkbox"/> U.S. based

## Section II: Project Description

### 1. Context, Problem and Rationale

Please describe the population you propose to work with and the local conditions affecting your selected interventions. Please limit your response to information relevant to your project and project area. Support all statements with recent data, literature and/or other verifiable information.

State the problem you plan to address and provide a rationale for selecting the issue.

### 2. Solution(s), Continuum of Care (CoC) and CBP Priorities

Describe your proposed solution and provide a clear rationale and link between the proposed solution(s) and the problem(s) identified above. State how your project conforms to the CoC and CBP priorities. Explain how this project contributes to the field of eye care and enhances global knowledge and/or addresses a pressing need for the delivery or expansion of services to vulnerable populations.

If your organization is proposing activities under the Innovation and Knowledge (Innovation) category, please describe why you consider your project innovative and/or how it will contribute to the global knowledge base of pediatric eye care. Additionally, explain how your project is connected to CBP's Research Agenda.

### 3. Organizational and Management Capacity

Please provide a history of past projects your organization has successfully implemented which demonstrate your ability to manage a project of the size and scope you are proposing to CBP. Summarize your managerial and technical capacity to take on the proposed project including your management structures.

If this project is a partnership, please explain the role of the partner(s) and why the partnership is necessary and advantageous to meeting project goals. Describe any subcontracts, agreement(s) and/or collaborations, formal or informal that have been or are in the process of being finalized to maximize project success.

### 4. Monitoring & Evaluation (M&E) and Work Plan

Using the table on the following page, briefly outline your project's objectives, the activities you propose to undertake for each objective, the implementation timeline and your proposed results. The directions included in each column are intended to assist you to complete the table. The information in the cells can be deleted to provide space for your response.

<b>Project Objectives, Activities and Results</b>			
<b>Objectives/Proposed Solution(s)</b>	<b>Actions/Activities</b>	<b>Results</b>	<b>Timeline</b>
<p><i>State clearly the solution(s) you propose to implement to address the problem as identified.</i></p>	<p><i>Name the key actions to be implemented to achieve your proposed solution.</i></p>	<p><i>List the results you expect to achieve which directly contribute to the solution of the defined.</i></p>	<p><i>Indicate the duration of the activity and its relationship to the project start date. For example:</i></p> <p><i>A) Months 1-12 of the project indicates an activity lasting 12 months that begins on the project start date.</i></p> <p><i>B) Months 13-16 indicates an action lasting 3 months beginning the first month of the project's second year.</i></p>

### Section III: Budget

Please complete the table below. Please provide all cost information in **United States Dollars**. Note that although this template is designed for a year and a half (18 months) grant, your project may be shorter. You should base your budget on your proposed start and end dates. These are sample cost categories and some of them may not be applicable to your project. Only fill out those categories that apply to your specific project.

Cost share is not required for any award and is not part of the budget scoring criteria (i.e. points are not allotted to applications demonstrating cost share).

Cost Category	GRANTS FUND				COST SHARE				PROJECT TOTAL (Grant+Cost Share)			
	6 Mo.	12 Mo.	18 Mo.	TOTAL	6 Mo.	12 Mo.	18 Mo.	TOTAL	6 Mo.	12 Mo.	18 Mo.	TOTAL
TOTAL SALARIES												
TOTAL STAFF FRINGE BENEFITS												
TOTAL CONSULTANTS												
TOTAL TRAVEL AND TRANSPORTATION												
TOTAL TRAININGS, WORKSHOPS												
TOTAL EQUIPMENT AND SUPPLIES												
TOTAL OTHER DIRECT COSTS												
TOTAL INDIRECT COSTS*												
<b>TOTAL BUDGET</b>												

\*Not all organizations have indirect costs. Do not include indirect costs if you do not have an established audited indirect cost rate.

**Section IV: Acknowledgement**

Please complete the table below and provide the signature of the authorized signatory/representative of your organization.

<b>Submitted by:</b>
On behalf of the applicant organization identified in Section I, "Project Information," of this Letter of Interest Form, I hereby certify that to the best of my knowledge, this Letter of Interest in its entirety contains only true and current information.
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>