



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](mailto:program.[country]@usaid.gov), along with any supplemental materials (e.g. the concept paper). For additional guidance, see ADS 201 man.

PART ONE – REQUESTOR INFORMATION AND ACTIVITY DETAILS (to be completed by the requesting office)

1. Date of Request	2. Response Expected by <i>(provide at least 20 business days)</i>	3. Office Symbol										
4. Contact Name	5. USAID Email	6. Phone No.										
7. Activity Name												
8. Prospective Country (or Countries) of Performance												
9. Sector(s) (check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Agriculture/Food Security</td> <td style="width: 50%;">Gender</td> </tr> <tr> <td>Democracy/Rights/Governance</td> <td>Global Health</td> </tr> <tr> <td>Economic Growth/Trade</td> <td>Water/Sanitation</td> </tr> <tr> <td>Education</td> <td>Science/Technology/ Innovation/ Partnership</td> </tr> <tr> <td>Environment/Climate Change</td> <td>Other:</td> </tr> </table>			Agriculture/Food Security	Gender	Democracy/Rights/Governance	Global Health	Economic Growth/Trade	Water/Sanitation	Education	Science/Technology/ Innovation/ Partnership	Environment/Climate Change	Other:
Agriculture/Food Security	Gender											
Democracy/Rights/Governance	Global Health											
Economic Growth/Trade	Water/Sanitation											
Education	Science/Technology/ Innovation/ Partnership											
Environment/Climate Change	Other:											
10. Activity Stage	11. Estimated Start/End Dates Start: _____ End: _____											
12. Funding Source/Type	13. Funding Fiscal Year	Additional Remarks:										
14. Total Estimated Cost/Budget		15. COR/AOR, if identified										
16. Implementing Partners, if identified		17. Government Counterparts, if applicable										

18. Activity Description

19. Role of Mission Envisioned, if applicable

20. Additional Remarks

21. CLEARANCE

Office Director (or designee)	Name/Title/Office Symbol	Date
	Digital Signature	

PART TWO – CONCURRENCE DETERMINATION

(to be completed by the responsible bilateral mission)

1. I have reviewed the information in Part I of this form and any accompanying documents and have made the following determination in accordance with ADS 201man regarding the subject activity:

2. *[If concurrence is provided]* This section provides any additional detail regarding communication/collaboration desired during implementation. This section may also specify certain conditions under which concurrence is being granted as long as such conditions directly align with the criteria for non-concurrence in ADS 201man.

3. *[If concurrence is denied]* This section provides the mission's justification for not providing concurrence (in accordance with criteria in ADS 201man).

Justification:

Explanation:

4. CLEARANCE

Mission Director (or designee)	Name/Title/Mission	Date
	Signature <i>(digital or wet ink)</i>	

INSTRUCTIONS FOR COMPLETING 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. ESDF, DA, ESF, GHP).
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.
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 1–2 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. (See https://helpx.adobe.com/reader/using/fill-and-sign.html for guidance on how to use Adobe’s digital fill-and-sign tool.) The form should then be sent to the mission at program.[country]@usaid.gov , along with any supplemental materials (e.g. the concept paper).
PART TWO	
BLOCK 1	Select the concurrence determination from the drop-down menu.
BLOCK 2	<p>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.</p> <p>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.</p>
BLOCK 3	<p>If the Mission Director opts to deny the concurrence request, s/he must select a justification in accordance with at least one of the following criteria from the drop-down menu. A narrative explanation should also be provided.</p> <ul style="list-style-type: none"> • Reputational Risk – The activity could damage the image or credibility of USAID in the country. • Security Risk – The activity may pose physical risks for USAID staff, partner staff, or beneficiaries. • 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. The signature may be signed digitally or by wet ink. (See <https://helpx.adobe.com/reader/using/fill-and-sign.html> for guidance on how to use Adobe's digital fill-and-sign tool.) The form should then be sent back to the contact in the requesting office.