



RE-ADVERTISEMENT

Global Fund Grant

1 April 2022 to 31 March 2025

Request for Proposals

Module 2: Comprehensive Prevention Programs for Men who have
sex with Men – (MSM)

Global Fund Grant Period: April 1st, 2022 – March 31st, 2025

Reference Number: RFA-BZ-GF_MSM0005/2022

Closing date:

30 March 2022

Key Point to Note: Any changes made to this RFA and any other documents relevant to this call will be made available on the BZ website: www.beyondzero.org.za

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
BBBEE	Broad-Based Black Economic Empowerment
BZ	Beyond Zero
CCM	Country Coordinating Mechanism
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
DoH	Department of Health
DSD	Department of Social Development
Eoi	Expression of Interest
GFATM	Global Fund for AIDS, TB, and Malaria
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICDM	Integrated Chronic Disease Management
IEC	Information, Education, and Communication
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
M&E	Monitoring & Evaluation Officer
MD	Managing Director
MSM	Men having Sex with Men
NDOH	National Department of Health
NPO	Non-Profit Organisation
NSP	National Strategic Plan
PA	Programme Areas
PEP	Post-Exposure Prophylaxis
PR	Principal Recipient
PREP	Pre-Exposure Prophylaxis
RFP	Request for Proposal
SA	South Africa
SARS	South African Revenue Services
SANAC	South African National AIDS Council
SR	Sub-Recipient
SSP	Sub Recipient Selection Panel
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TCS	Treatment, Care, and Support
TG	Transgender

1. INTRODUCTION AND BACKGROUND

The South Africa Global Fund Country Coordinating Mechanism (GF CCM) is responsible for overseeing the implementation of HIV and TB programmes funded by the Global Fund to Fight AIDS, TB, and Malaria (GF) in the country. The GF CCM determines the content of the programming, the budget envelope, and the output and outcome indicators and targets.

The GF CCM has selected Beyond Zero (BZ) Not-for-Profit to be appointed by the GF as one of the 4 (four) Principal Recipients (PRs) that will implement programmes to be funded by the grant. The GF CCM decided that a PR should serve as a grants manager while sub-recipients (SRs) will be the main implementers of the programmes.

BZ, therefore, invites interested non-profit organizations and government departments, experienced in the programme areas listed under the scope of work and with presence in the provinces and districts identified, to apply to be considered as SRs. It is important to note that SRs are recommended by the PR, but the appointment is subject to GF CCM approval. **Applicants are not required to submit implementation plans and budgets as part of this call for applications.**

2. THE ROLE OF SUB-RECIPIENTS

SRs have a contractual relationship with and are accountable to the PR. They are the direct implementers of programmes financed by GF but can sometimes work through or in collaboration with sub-sub-recipients (SSRs).

The responsibilities of SRs include the following:

- Sign grant agreements with the PR and contract with SSRs, where necessary, under the guidance of PR.
- Implement grants under the PR and GF CCM oversight, manage SSRs, and take responsibility for their performance where applicable.
- Propose changes to the PR on work plans and budgets when necessary.
- Participate in performance review meetings to improve grant performance and impact.
- Report on programme progress and challenges to the PR through regular reports.
- Identify key issues and implementation bottlenecks and escalate to the PR for guidance.
- Provide information to the PR, GF Country Team, and GF CCM and its structures when requested to do so.

To successfully serve as an SR, all interested organizations must meet the following minimum requirements:

- Legal status such as voluntary association, trust, non-profit company (NPC), etc. to enter contracts
- Sound governance frameworks, demonstrated by, inter alia, by a diversified board and management team, and at least one year of audited financial statements.
- Appropriate staffing in key areas (programme and financial management, human resources, programme implementation and management, monitoring and evaluation, and procurement management).
- Experience in managing grants and SSRs, where applicable.
- A track record of effective and efficient implementation of similar activities, preferably in the target district.
- A sound system of management and financial controls.

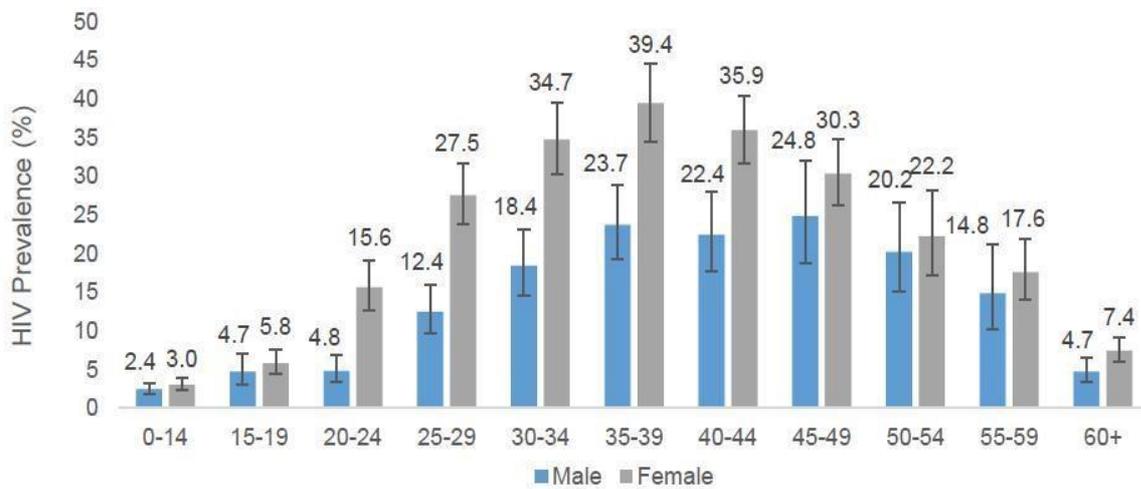
- A sound monitoring and evaluation system, tools, and procedures amongst other requirements.
- Suitably qualified personnel to deliver the programme interventions.

These organizational requirements will be assessed during the evaluation process.

3. SCOPE OF WORK

This call request for proposal seeks to identify organizations that are efficient and effective implementers of the scope of work listed below to deliver a comprehensive, integrated, peer-led HIV/TB/SRHR package for men who to have sex with men (MSM) in line with the NSP package and the National LGBTI HIV Plan. Applicants need to have implemented similar programmes before, and preferably in the target province, districts, and sub-districts. Applicants are also encouraged to form consortiums or joint ventures

Figure 1 HIV Prevalence in South Africa, Disaggregated by Age and Sex (2017)¹



3.1 Background

The national HIV prevalence among men who have sex with men (MSM) is estimated at 25.7%, with a higher burden in major cities such as Johannesburg (43%), eThekweni (30%), and Cape Town (27%)². It is believed that there is a significant overrepresentation of young and openly gay MSM in survey methods, skewing prevalence estimates. One model which aims to correct for such age bias estimated a median HIV prevalence in South African MSM to be 35% (compared to 26% if age-unadjusted)³. The HIV cascade for MSM reveals that knowledge of one’s status is the main gap, signalling the need for innovative HTS strategies. About 65-70% of South African MSM are undiagnosed.

¹ Simbayi LC, Zuma K, Zungu N, Moyo S, Marinda E, Jooste S, Mabaso M, Ramlagan S, North A, van Zyl J, Mohlabane N and the SABSSMV Team (2018) *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017*. Cape Town: HSRC Press. Page 52. Key Reference Document

² UCSF (2018) Extrapolated Key Population Cascade Analysis (with inputs and assumptions from MSM 2015-2016 Surveillance Survey)

³ Johnson, L. F., Mulongeni, P., Marr, A., & Lane, T. (2018). Age bias in survey sampling and implications for estimating HIV prevalence in men who have sex with men: insights from mathematical modelling. *Epidemiology & Infection*, 1-7. Online at <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/age-bias-in-survey-sampling-and-implications-for-estimating-hiv-prevalence-in-men-who-have-sex-with-men-insights-from-mathematical-modelling/A301257CE75A110D4BD61594764A8E98>

There is a general lack of competent sexual health services and prevention programmes targeting MSM in South Africa. This is particularly true among populations of MSM in “township” areas. In terms of HIV prevention, there is a need for approaches that address MSM-specific HIV risk. This is important because research has demonstrated a lack of knowledge about the basics of HIV risk reduction among MSM in South Africa. Research by the Anova Health Institute has found a lack of knowledge about the use of water-based lubricants among MSM in Cape Town and, where knowledge exists, access to appropriate lubricants is often limited. At the same time, MSM in South Africa reports low levels of condom use for anal sex. Further, there is a widespread lack of MSM-related knowledge and sensitivity in the public health sector which contributes to the inability of MSM to access relevant prevention messaging and materials¹.

While there is a clear need to focus on HIV prevention for MSM in South Africa in general, it is also important to understand the relative HIV transmission risks within the broader category of ‘MSM’. Some MSM may be at particularly high risk of HIV infection due to their specific risk behaviours and the risk situations in which MSM engage in these behaviours. For example, MSM who use drugs, injecting drugs, in particular, may have a much higher risk of contracting HIV than other MSM. A study with drug using MSM in three South African cities found that drug use was associated with a range of HIV risk behaviours including having unprotected sex, having multiple partners, and sharing and reusing injecting equipment. A third of the sample of MSM reported injecting drug use².

3.2 Objectives

The goal of the combination prevention approach is to reduce the transmission of HIV, STIs, and TB by implementing a combination of behavioural, biomedical, and structural interventions that are carefully selected to meet the needs of MSM. Combination approaches help ensure that people have access to the types of interventions that best suit their needs at different times.

3.3 Programme Description

The components and services that will be offered as part of the peer outreach component that should be demonstrated in the application form, for supporting the implementation of programmes to increase coverage and uptake of integrated STI/TB and HIV testing Services (HTS) are described in the table below. The package will be delivered through a peer education outreach approach, tailored to reaching cohorts of openly gay and non-gay-identified MSM (“after-nines”, colloquially), gender-conforming, and gender-nonconforming MSM. Studies show non-gay-identified MSM is an integral part of the sexual networks of gay men in South Africa. Gender-nonconforming MSM has a heightened HIV risk. Specialized peer navigators will do intensified outreach and linkage for cohorts of HIV -positive MSM.

¹ Beyond Zero 2019 Midterm review of MSM and TG modules

² January 2001 South African Review Sociology

Table 1 Combination Prevention Package for Global Fund MSM Program

Biomedical	Behavioural	Structural
<p>CORE</p> <ul style="list-style-type: none"> ▶ Male condoms and lubricants, HTS, risk assessments, TB screening, and STI screening <p>LAYERS</p> <ul style="list-style-type: none"> ▶ HIV self-screening <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ PrEP, ART, Viral Load monitoring, TB preventive therapy, TB treatment, rectal care and treatment, PEP, hepatitis B screening and immunization, 	<p>CORE</p> <ul style="list-style-type: none"> ▶ Risk reduction counselling ▶ SRH information (including information on sexual pleasure, anal care, and anal sex) ▶ Peer education (HIV-negative MSM) & peer navigation (HIV positive MSM) ▶ PrEP demand creation <p>LAYERS</p>	<p>CORE</p> <ul style="list-style-type: none"> ▶ GBV screening and awareness <p>LAYERS</p> <ul style="list-style-type: none"> ▶ Mechanism to report and record human rights violations ▶ Family reintegration and support, especially for young MSM ▶ Dialogues with communities and law enforcement agents
<p>post-violence care, mental health services</p>	<ul style="list-style-type: none"> ▶ Emotional & psychosocial support ▶ Support for effective PrEP use ▶ Adherence support for MSMLHIV/TB <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ Substance use and rehab programs ▶ Harm reduction for MSM who inject drugs 	<ul style="list-style-type: none"> ▶ Improve SRH service delivery by sensitizing health care workers and strengthening the HTA program <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ Youth programs for young MSM

CORE = Offered to all MSM reached, directly provided by sub-recipients (SRs) in the Global Fund program

LAYERS = Offered to some MSM (needs basis), directly provided by SRs in the Global Fund program

LINKAGE = Offered to some MSM (needs basis), provided by government/another partner. Referral, linkage & follow-up by Global Fund SRs

3.4 Approach

The package will be delivered through a **peer education outreach approach**, tailored to reaching cohorts of openly gay and non-gay-identified MSM (“after-nines”, colloquially), gender-conforming, and gender-nonconforming MSM. Evidence from implementation in the current Global Fund grant shows non-gay-identified MSM are an integral part of the sexual networks of gay men in South Africa. Gender-nonconforming MSM has a heightened HIV risk. Specialized peer navigators will do intensified outreach and linkage for cohorts of HIV-positive MSM.

Peer educators will distribute **condoms and lubricants** and do health education (including concepts of pleasure) and demand creation for services delivered through fixed and mobile sites. Lessons from PEPFAR show that discreet mobile services near “after-nine” bars help to reach this under-served MSM subpopulation. Behavioural aspects will include **targeted internet-based social media marketing** campaigns. Skills-based interactive and participatory approaches for adolescent MSM will be prioritized, including online and mobile health approaches, as per the National LGBTI HIV Plan.

HIV self-screening is a new strategy to increase HTS coverage (the main 90-90-90 gap). A recent South African study found over 80% of MSM prefer HIV self-screening to clinic-based testing, with dramatic increases in testing frequency. There was also a high (70%) linkage to care within three months of diagnosis.

Community empowerment interventions will include specific support groups and safe spaces. Funding will also support MSM-led organizations and networks to implement community-based monitoring, with a focus on access to, and quality of, services. Small advocacy grants for community-driven policy change and monitoring of human rights will be provided by the new specialized key populations’ advocacy PR.

Psychosocial support programs to identify mental health needs and referral to services if needed, and to support coping skills, disclosure support and adherence to treatment/PrEP is a priority.

To address the high prevalence of violence and police discrimination against MSM funding will be provided to conduct **dialogues within communities and with law enforcement agents** to promote inclusivity, and to reduce stigma and discrimination. This work will be overseen by the National Stigma and Discrimination Reduction Working Group to be established under this grant and implemented through the national stigma reduction communications campaign.

The **focus on adolescent and young MSM** will include integration within youth health services, including in schools. The new DBE HIV/TB/STIs policy is clear that its application will be sensitive and responsive to the different needs and vulnerabilities of sexually diverse learners. An emphasis will be placed on the issue of bullying, and sensitization programs for parents, family members, and caregivers to promote family reintegration. This is further described in the human rights module, building on the radio and digital awareness project “unheard voices” in the KP REACH regional Global Fund grant.

BZ will also seek to support the implementation of programmes to build staff capacity in selected Department of Health (DoH) facilities across selected 12 MSM districts (see section 4 below) to provide MSM competent and LGBTI effective HIV-related services that will include the following outcomes:

- Strengthening the capacity of Primary Health Care facilities to provide comprehensive HIV prevention and treatment services for MSM
- Training and mentoring Department of Health staff to be able to deliver MSM component PHC services
- Development and distribution of MSM specific information, education, and communication (IEC) material
- Establishing social networking technologies optimized for improved health outcomes and service utilization.

4. BZ SUPPORTED MSM TARGET DISTRICTS

The following are the districts within which MSM interventions will be implemented by the selected SRs (applications are open only for the districts indicated). MSM for BZ on the GF grant will be implemented in 12 districts. Below is a summary of the sub-Districts applicable for this call for proposals:

Province	District Open for applications
Kwa-Zulu Natal	King Cetshwayo District

MSM Indicators and Targets

To measure progress, effectiveness, and impact, the GF grant has a set of output/coverage indicators that will be routinely tracked through the lifespan of the grant. SRs are expected to have functional M&E systems in place for monitoring and reporting. Below are the indicators and targets for the MSM Module.

Indicators

KP-1a (M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services

KP-3a (M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results

KP-6a: Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period

HTS-5: Percentage of people newly diagnosed with HIV initiated on ART: 90% linkage to ART.

MSM Targets

All the targets for MSM reach at the district level are based on the UCSF consensus estimates 2018 and are set with the aim to reach 95% saturation by YR3 of the grant. MSM HTS is based on testing 64% in Year 1, 77% in Year 2, and 87% in Year 3. The targets were set in pursuance of the 95% testing target. A 10% HTS yield is anticipated of which 90% of the HIV positive are enrolled into HIV care.

King Cetswayo District

Indicator	King Cetswayo District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	3354	3773	3983
Tested for HIV	2180	2641	2987
MSM initiated on PrEP	464	757	1081
Linkages to ART	90%	90%	90%

Disclaimer: Note that the targets are non-cumulative annually and may be subject to revision and change.

5. RESOURCE ALLOCATION – TEAM STRUCTURE

The following are the programme team arrangements that will be structured with the selected SR in line with their program context, needs, and expectations:

- Programme manager – leading the programme team and responsible for reporting and engaging with all stakeholders.
- Site coordinator – tasked with leading a team of peer educators – batched per each sub-District.
- Peer educators – tasked with reaching a cohort of unique MSM per month according to the micro-planning methodology – peer navigation and case finding.
- Peer educators specializing in human rights defence, adherence, and young MSM workers will be trained to support these specific needs.

The programme teams will be supported by the following personnel per district:

- Professional nurse – tasked with providing clinical services including HTS, STI screening, referrals, tracking and tracing, and linkages to care and support.
- Trainer Doctor/Nurse – tasked with supporting the provision of MSM service including capacity building, mentoring, and coaching.
- Social auxiliary worker – tasked with providing psycho-social support to MSM including mental health screening and linkage to other services.
- HTS and linkage officers – tasked with providing HTS and linkage to care for MSM including routine follow-ups to ensure adherence.
- Advocacy officer – coordinating all advocacy and sensitization for the district, fostering community dialogues and sensitization on MSM.

Funded programme management and administration support staff include:

- M&E officer – coordinating all M&E for the programme including implementation of the biometric systems.
- Data capturer – capturing all programme data and real-time data collection at the point of service delivery.
- Driver – assist with transport of peers at night and mobile services where needed
- An allocation towards Financial and other senior management support including Human Resources and Finance.

6. PRE-QUALIFICATION CRITERIA

TO ADVANCE THE TRANSFORMATION OBJECTIVES OF THE GOVERNMENT OF THE REPUBLIC OF SOUTH AFRICA, APPLICANTS ARE ENCOURAGED TO DEMONSTRATE THE INCLUSION OF WOMEN, YOUTH, PEOPLE LIVING WITH HIV (PLHIV), KEY POPULATIONS, OR PEOPLE WITH DISABILITIES IN THE LEADERSHIP STRUCTURES OF THEIR ORGANIZATIONS.

All applicants must have a valid **Broad-Based Black Economic Empowerment (B-BBEE)** certificate with a **Level one (1) or two (2)** contributor score or a sworn affidavit (for eligible entities) deposited by a Director/Board member and the affidavit should not be older than three months from closing date. No beneficiary recognition certificates will be accepted. Applicants that do not meet the above requirement will be disqualified from further evaluation.

7. EVALUATION PROCESS AND CRITERIA

The evaluation of submissions will be managed by an SR Selection Panel (SSP) which will prepare a shortlist of applicants that meet the threshold for appointment as an SR. The PR will use the shortlist drawn by the SSP to recommend applicants to be appointed as SRs by the GF CCM. The GF CCM will make the final decision taking into account the recommendations by the PR.

The evaluation process will be conducted according to the following stages:

- The first stage of the evaluation process assesses compliance with pre-qualification criteria. Applications that do not comply will not be evaluated further.
- The second stage of the evaluation process assesses compliance with administrative requirements. Applications that do not comply will not be evaluated further.
- The third stage of the evaluation process assesses technical competency focusing on the ability to fulfill the requirements of an SR, experience, and expertise of implementing similar interventions and presence in the selected district. Applicants need to achieve a score of at least 50 points of the technical competency requirements to progress further.
- The fourth stage, which is optional and at the discretion of the SSP, may involve an on-site visit to clarify details about the applicant. No points are awarded.

For applicants that satisfy the pre-qualification criteria and the administrative requirements, the weighting of the overall score is as follows:

Technical evaluation score	80%
BBBEE points	20%
Total	100%

The SSP will present its evaluation outcome to the PR for consideration and recommendation to the GF CCM for a decision on the final list of SRs. Aggrieved applicants may lodge an appeal with the Beyond Zero CEO within

seven working days of receiving official communication of the SR selection decision, clearly stating the grounds for appeal, and providing the necessary evidence.

8. APPLICATION INSTRUCTIONS

All applicants are required to:

- Clearly mark their applications with “**BZ Global Fund Sub-Recipient Application 2022 – MSM Module & Name of Organisation**”. Applications submitted electronically should use the same in the email subject line.
- Ensure completeness of the application (including the attachment of all necessary supporting documentation) and not exceed the recommended length of sections. Attach board resolution authorizing submission of application.
- Confirm in writing that the information and statements made in the proposal submission are true and accept that any misrepresentation contained in it may lead to disqualification.
- Ensure timely submission of all documents and reports if requested as part of the assessment of the organization’s ability to continuously fulfill the role of an SR; and
- Submit the application to gfaapplications@beyondzero.org.za or deposit 6 copies of the application with all supporting documentation into the tender box located at the below addresses according to the districts you are applying for:
 - **110 Moore Street, Quigney, East London, 5201; or**
 - **Berkley Office Park, 8 Bauhinia Street, Unit 11 Centurion, 0157**

By 25 March 2022 at 17H00 CAT.

- Ensure that appropriate staff is available on site if and when the on-site SR capacity assessment visit is done.

9. KEY DATES

The deadline for the submission of a fully completed application and attachments is 30 **March 2022**. The key dates for the application process are shown in the table below.

Key Activity	Dates
1. Publication of call	24 March 2022
2. Response to Frequently Asked Questions?	25 March – 29 March 2022
3. Deadline for submitting applications	30 March 2022
4. Application Evaluation Period	30 March 2022
5. Final SR selection and decision (communicating the outcomes of applications to applicants)	Week-ending 8 April 2022

10. BRIEFING SESSIONS

BZ will convene non-compulsory **virtual** briefing sessions to provide clarification and additional information to potential applicants and disseminate information as widely as possible. Organisations interested in attending the session should contact Beyond Zero at the following address info@beyondzero.org.za for further details and the **virtual session link**. Any additional material shared at briefing sessions shall also be made available to potential applicants on Beyond Zero’s website at www.beyondzero.org.za. The table below shows the dates of the briefing sessions.

Province	District	Date	
KwaZulu Natal	King Cetshwayo District	28 March 2022	

Applicants are encouraged to refer to the Beyond Zero website www.beyondzero.org.za for frequently asked questions.

11. CONTACT DETAILS

Please direct your requests for information and questions/queries **by 29 March 2022 at 17H00hrs to: info@beyondzero.org.za**.

BZ will regularly update our website, www.beyondzero.org.za on frequently asked questions that were not addressed at the briefing session.

12. APPLICATION FORMS AND HOW TO COMPLETE THEM

The application consists of two sections both of which must be completed:

Consortium applications are welcome, but these must be led by a single organization. The lead organization, if contracted, will be 100% responsible for the programme performance, grant implementation, and, importantly, fund management and accountability. If lead applicants are applying on behalf of partners, then a Partnering Organisations Form for each organization is required – see Part 1 of the **Section A** application.

Section A

1. **Applicant Details:** This must be completed in full. No evaluation points will be applied to this section
2. **Executive Summary:** Include a **short overview** of your organization, why you are applying, and what your programme will achieve. (To be included in the funding proposal)
3. **Situational Analysis/Statement of Need:** Describe the problem that you are seeking to address. Applicants under Programme Area 1 are reminded to make sure that you address the full spectrum of target populations (TG) – you should ensure that you address different facets of need, as you may determine, and address different approaches to these needs in the sections that follow. You should justify your statements and rationale. Across all Programme Areas, you should consider variations that may arise because of gender, culture, geography (urban/rural), socio-economic status, etc. (to be included in the funding proposal)
4. **Description of Proposed Intervention/Programme Activity:** This section should readily address the needs as outlined in the situational analysis/statement of need (above). General statements should be avoided and specific targeted interventions that address needs should rather be detailed. Remember that the GFATM strategy is “Investing for Impact” (to be included in the funding proposal)
5. **Targets and Monitoring and Evaluation Capacity:** The GFATM is a performance-based funding organization. It is important to identify if a scale-up of activities is required or whether full implementation will be achieved

from day 1. You should give targets as indicated and identify your approach and capacity for monitoring and evaluation in this section.

6. **Capacity to fulfill the functions of a Sub Recipient:** Please illustrate your organization's experience, and how that is important for this application.
7. **Value for Money:** provide a brief description of how your organization ensures value for money for programmes deliver.
8. **Conflict of Interest:** This section should detail any potential or perceived current or future conflict of interest.

Section B

1. **Copies of Supporting Documents**
2. **Programmatic Capacity and Previous Experience:** This section should be self-explanatory, but it is your chance to "sell" your organization. Why you? If you have skills gaps or areas of weakness in the organization, it is also a good time to explain them and how you will address them. Knowing the weakness and what you plan to do about them is an important step in organizational development. As part of capacity building, the PR will also be obliged to assist in addressing the challenges
3. **Financial Health of Your Organisation:** indicating your liquidity, debt ratio, and the number of months of operations your organization could fund with its current reserves.
4. **Human Resources:** Outline the staffing that you (a) have in place to support implementation and (b) those that will be required. This should include both "operational staff" (those necessary to deliver services) **AND** (b) technical, administrative, and support staff. You should be particularly careful to make sure your staffing plan in this section aligns with the budget. Note also that GFATM rules regarding human resource costs are **very** strict and you must give particular attention to this section.
5. **Systems:** Financial, procurement, management, and M& E Systems
6. **Leadership, Governance, and Coordination:** Describe the management of your organization, – Board information (membership and meetings), compliance with governance and legal requirements, etc. If you are working with partner organizations, you **MUST** explain the role of the different organizations and what their "value-added" is, and how the programme will be coordinated and managed.
7. **Signatures:** Remember to sign the document!

Applications will only be accepted from legally registered organizations (with a company registration number). Applications from individuals will not be accepted. organizations

No other geographical areas will be considered other than the ones stipulated in this RFP.

13. LIST OF ANNEXES / SUPPORTING DOCUMENTS REQUIRED

Annex 1: Board resolution authorizing submission of application

Annex 2: Proof of legal entity (NPC, Trust, NPO, Close Corporation, Pty (Ltd)).

Annex 3: NPO registration status and confirmation of compliance with Department of Social Development requirements.

Annex 4: Profile of the organization, including history and work experience relevant to this **application**.

Annex 5: List of board members and management, their current job titles, and certified copies of IDs.

Annex 6: Valid SARS tax clearance certificate together with tax compliance status pin.

Annex 7: VAT Registration document

Annex 8: Valid BBBEE certificate or sworn affidavit (for eligible entities) deposited by director/board member not older than three months from closing date. No beneficiary recognition certificates will be accepted.

Annex 9: Latest employment equity report submitted to the Department of Labour.

Annex 10: Last two audited Annual Financial Statements signed by Board chairperson. If your last audited annual financial statement is older than 2 years, then supply the most recent management accounts pack.

Annex 11: Audit management letter for the last audit.

Annex 12: Organogram for all management and administrative positions (Human resources, finance, PSM, M&E, project management).

Annex 13: Policies and procedures documents addressing financial management, procurement, travel, human resources, inventory management, and occupational health and safety

Annex 14: An executive summary of a recent report to a donor for any of the high-level areas that this grant will focus on.