

**Application Form**

**Bid IHPS-AGYW-MBO- 2019:**

**Sub-Subrecipient (SSR) For the Prevention Programs for Adolescent Girls and Young Women in Schools, Global Fund Grant 1 April 2019 – 31 March 2022**

**Ehlanzeni District Focusing on Mbombela Local Municipality**

**Closing date: 12 November 2019 at 17h00**

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| **Instructions**   * Please check that you satisfy the pre-qualification criteria in Part B before applying. Failure to meet the criteria will lead to automatic disqualification. * Use Arial font size 11, single spacing to complete the application form. * Answer all the questions accurately. * Applications may only be submitted by organisations who can meet the requirements for a SSR (refer to the SSR Request for Applications (RFA) on the IHPS website ([www.ihps-sa.org](http://www.ihps-sa.org)). * It is the responsibility of the applicant to provide appropriate evidence that demonstrates the ability to serve as an SSR. **Please submit 3 hard copies of applications and supporting documents via a courier service or hand delivery** to IHPS offices in Unit 20A, Building 10, Sonpark Shopping Centre, Cnr. Madiba Drive and Piet-Retief Street, Nelspruit,1200 before the deadline of 12 November 2019 17:00, clearly marked **with the correct bid number**: **RFA-IHPS-AGYW-MBO- 2019**. * Applications submitted electronically should **use the bid number** above in the e-mail subject line and must be submitted to [applications@ihps-sa.org](mailto:applications@ihps-sa.org) * Any queries to be submitted to Ms Delly Mashele at [delly.mashele@ihps-sa.org](mailto:delly.mashele@ihps-sa.org) / 071 869 9512 before 12 November 2019, 17:00. |

**NB: ONLY organisations from Mbombela Subdistrict are eligible to apply.**

**PART A: APPLICANT BACKGOUND INFORMATION**

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| 1. Provide details about the applicant | | | | | | | | | | | |
| Name of Organisation |  | | | | | | | | | | |
| Physical address |  | | | | | | | | | | |
| Type of organisation | NPC |  | NPO | | | |  | Trust | |  | Other | |
| Registration Number |  | | | | NPO Number | | | |  | | |
| Income Tax Ref or PBO Number |  | | | | VAT Ref | | | |  | | |
| Name and Designation of Contact Person |  | | | | | | | | | | |
| Telephone (w) |  | | | Mobile | |  | | | | | |
| Email address |  | | | | | | | | | | |
| Website |  | | | | | | | | | | |
| 1. Provide background information about the organisation, its founder(s), key programs and milestones. *(****maximum of half a page****)* | | | | | | | | | | | |
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| 1. Why has your organisation decided to apply to become a SSR? Describe any GF SR, SSR experience or equivalent donor relationship *(****maximum of half a page****)* | | | | | | | | | | | |
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**PART B: PREQUALIFICATION CRITERIA AND MANDATORY ADMINISTRATIVE REQUIREMENTS CHECKLIST**

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| 1. Do you meet the prequalification criteria? (*Applicants will be disqualified from further evaluation if any of the criteria is not met)* | | | | |
| **Requirements**  **(Attach relevant supporting documents)** | | **Comply**  **(Y/N)** | | **Remarks** |
| **Minimum BBBEE level 2 or better**  (B-BBEE affidavit templates for eligible entities are posted on the AFSA website along with the application form). | |  | |  |
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| 1. Check that you have used the prescribed application form and adhered to length of submission limits (number of pages)? Y/N |  | |  | |
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| 1. Have you attached appropriate evidence that you comply with the mandatory administrative requirements? Incomplete applications will be disqualified. | | | | |
| **Requirements**  **(Attach relevant supporting documents)** | | **Attached** | | **Remarks** |
| **Annex 1**: Board resolution authorising 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 organisation, 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:** Valid BBBEE certificate or sworn affidavit (for eligible entities) deposed by director/board member not older than three months from closing date. No beneficiary recognition certificates will be accepted. | |  | |  |
| **Annex 8:** Last two Annual Financial Statements signed by Board chairperson. If your last annual financial statement is older than 2 years then supply the most recent management accounts pack. | |  | |  |
| **Annex 9:** Management letter for the last audit (this only applies to organisations that are required to have their annual financial accounts audited). | |  | |  |
| **Annex 10**: Organogram for all management and administrative positions (Human resources, finance, PSM, M&E, project management). | |  | |  |
| **Annex 11:** Policies and procedures documents addressing financial management, procurement, travel, human resources. | |  | |  |

**PART C: SELF ASSESSMENT QUESTIONNAIRE - CAPACITY TO FULFILL MINIMUM REQUIREMENTS OF A PRINCIPAL RECIPIENT**

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| 1. **Governance system *(*maximum of 1 page*)***   Please explain your governance system and the current oversight mechanisms. Give details on your board composition (or management committee if there is no board) giving their names, qualifications, relevant experience, gender and race of individuals. Indicate and provide evidence if your board membership includes key populations, people living with HIV (PLHIV), people living with TB (PLTB), people living with disabilities and adolescent girls and young women (AGYW). How does the board or relevant governance structure play oversight over organisational matters? Attach certified copies of ID documents of board members. |
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| 1. **Senior management team *(maximum of 1 page)***   Give details of the senior management team including names, qualifications, relevant experience, gender and race of key individuals. Indicate and provide evidence if your management team includes key populations, PLHIV, PLTB, people living with disabilities and AGYW. How will the senior management team be involved in the implementation of the GF? Attach organogram and certified ID documents of senior management team. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Designation** | **Name** | **Gender & Race** | **Qualification** | **Relevant Experience** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 1. **Explain your financial management system *(maximum of 1 page)***   What accounting software or system do you use? What is the financial accounting and reporting framework you have adopted (GAAP)? How do you track funding from different sources? How do you manage multi-currency grants and reporting? What is your system for monitoring budgets? How do you account for and safeguard movable assets? |
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| 1. **Procurement and supply chain management system *(maximum of half a page)***   Explain your procurement system and practices. How do you ensure that your procurement processes comply with donor requirements? |
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| 1. **GF grant implementation team *(maximum of 1 page)***   What is your proposed management structure and team specific to the implementation for the GF AGYW  In-schools Program? How much of the required capacity currently exists within the organisation? What is your plan to close the capacity gap? Attach proposed organogram and summary CVs of key individuals showing qualifications and relevant experience. *(maximum of 1 page)* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Proposed Designation** | **Name** | **Gender & Race** | **Qualifications** | **Relevant Experience** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 1. **Monitoring and evaluation *(maximum of 1 page)***   Please explain your current systems, tools and reporting lines for program monitoring and evaluation (M&E) using diagrams where possible |
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| 1. **Internal controls and risk management *(maximum of 1 page)***   Explain your system of internal controls in terms of existing frameworks, compliance monitoring and continuous improvement? How do you manage conflict of interest? Explain how your organisation will manage the risks associated with a large donor grant of this nature *(****maximum of 1 page****).* |
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| 1. Provide any other relevant information that can assist the SR to understand your capacity to serve as the   In- school Program AGYW SSR *(****maximum of half a page****)*. |
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**PART D: EXPERIENCE OF IMPLEMENTING SIMILAR PROGRAM FOCUS AREA/S**

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| 1. **Past experience of managing and implementing In-school AGYW programs focusing on PLHIV, PTB, and key populations. *(maximum of 2 pages)***   Describe the package of services delivered and the involvement of affected communities, where services were implemented (province and district), who funded the programs and annual expenditure for each of the years implemented. Indicate key outputs, outcomes and impact of the interventions, any peer reviewed publications (please include a link to the publication or attach the publication) and evaluations done by the donor or other external independent evaluations (please attach relevant supporting documents) |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | **Donor** | **Grant Cycle** | **Grant Value (ZAR)** | **Interventions** | **# SRs** | **Geographic Location** | **Outputs / Outcomes / Reports** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 1. **Effective implementation *(maximum of half a page)***   Provide a brief description of what makes your organisation an effective implementer of HIV and TB GF AGYW In-school Programs. What is the impact of your interventions and how is this maximised? Describe how your interventions support communities and community systems. |
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| 1. **Value for money *(maximum of half a page)***   Provide a brief description of how your organisation ensures value for money for programs delivered e.g. describe the unit cost per person reached and infection averted, or any other outcome averted |
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**PART E: GEOGRAPHICAL COVERAGE**

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| 1. **Geographical coverage *(maximum of 2 pages)***   Indicate the geographic areas where you are currently implementing? Explain how your operations in the different areas are managed and the form of your presence (office, partnership with others, remote management etc.) Indicate the period you have been working in the different areas and services offered? Provide appropriate evidence (e.g. MOU, SLA, etc.) to support your geographical coverage? | | | | |
| **Province** | **Tick** | **Number of districts or Sub-districts or local area covered** | | **Services offered** |
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| 1. **Collaboration and working relationships *(maximum of half a page)***   Indicate with whom you collaborate or have strong working relationships (list the detail of who you engaged with and why and the evidence for a strong working relationship). Examples of engagement include AIDS Councils, civil society organisations and networks, government departments and private sector (maximum of half a page). Include appropriate evidence of the collaboration or working relationships. | | | | |
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| 1. **Working with key populations *(maximum of half a page)***   What is your experience working with AGYW and AGYW-led organisations? Explain the nature of the working relationship, services offered and the period of working with AGYW? | | | | |
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| 1. **Relationship with government structures *(maximum of half a page)***   Indicate any formal relationships, such as MOUs, with government structures across the three spheres of government? What is the nature of the relationship, what is intended to be achieved and how are the relationships useful in the implementation of the GF grant? Include MOUs or any letters of support from government departments such as Department of Health (DoH) and Department of Education (DoE) | | | | |
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| 1. **Access and engagement with PLHIV, AGYW, schools and health facilities *(maximum of half a page)***   Do you currently engage with AGYW? Do you currently have access to schools and health facilities? Which schools do you have access to? How your access is formalised and is valid until when? What are you allowed to do in the schools and health facilities? How is your access beneficial to the GF grant implementation? | | | | |
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| **PART F: DECLARATION BY THE AUTHORISED PERSON** | | | | |
| Dear Sir / Madam  Having examined and completed the application form, I the undersigned, on behalf of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ express an interest in providing services as an AGYW sub-subrecipient (SSR) for In-school Program OR as an AGYW Advocacy implementing partner organisation (IPO)  We hereby declare that the information and statements made in this application are true and accept that any misrepresentation contained in it may lead to our disqualification.  We undertake, if our application is successful, to deliver SSR services as contracted and comply with the grant regulations and code of conduct.  We understand that IHPS is not bound to approve the application submitted. | | | | |
| Name and Position | | | Duly authorised to sign for and on behalf of: | |
|  | | |  | |
| Signature | | | Date | |
|  | | |  | |

**Reminder:** Applications to be submitted in **hard copy format**. Applicants requested to **submit 3 hard copies of proposal and supporting documents.**

**NB: ONLY organisations from Mbombela Subdistrict are eligible to apply.**