

Physical Address: 10C Sonmed Building, Sonpark Shopping Centre, Nelspruit,1200

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**Application Form**

**Call for Applications for the Provision of Sub-Sub-Recipient Services to Implement HIV Prevention Programmes for Adolescent & Young People (AYP),**

**Global Fund Grant: Apr 2022 – Mar 2025**

**Ref: RFA-IHPS-AYP-MBO-2022**

**Closing date: 7 August 2022, 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. * It is the responsibility of the applicants to provide appropriate evidence that demonstrates the ability to serve as an SSR. Please submit electronically to [applications@ihps-sa.org](mailto:applications@ihps-sa.org) or hand deliver applications at IHPS Office, on office number 10C Sonmed Building, Sonpark Shopping Centre, Nelspruit, 1200. before the deadline clearly marked **with the correct ref number**: * Any queries to be submitted to [applications@ihps-sa](mailto:applications@ihps-sa).org and answers to frequently asked questions will be posted on the IHPS website, for those received before the stipulated date. * A briefing session will be held on the 24th of July 2023 in the subdistrict. |

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| **PART A: APPLICANT BACKGOUND INFORMATION** | | | | | | | | | | |
| 1. Provide details about the applicant | | | | | | | | | | |
| Name of Organisation |  | | | | | | | | | |
| Physical address |  | | | | | | | | | |
| Type of organisation | NPC |  | NPO | |  | Trust | |  | Other |  |
| Registration Number |  | | | | | NPO Number | |  | | |
| Income Tax Reference 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 programmes, and milestones. *(maximum of half a page)* | | | | | | | | | | |
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| 1. Why has your organisation decided to apply to become an 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 or sworn affidavit (for eligible applicants)** |  |  |
| 1. Check that you have used the prescribed application form and adhered to length of submission limits (number of pages)? Y/N |  |  |
| 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 board members and certified ID |  |
| **Annex 6:** Valid SARS tax clearance certificate with tax compliance status pin. |  |
| **Annex 7:** VAT Registration document |  |
| **Annex 8:** Valid BBBEE certificate or sworn affidavit deposed by director/board member (for eligible entities) 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 signed by the preparer. |  |
| **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 + procedures documents addressing financial management, procurement, travel, human resources, inventory management; occupational health 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. |  |  |
| **Annex 15:** Letter confirming participation in district coordination structures. |  |  |
| **Annex 16:** Letter of recommendation from government department/s, for supporting related programmes. |  |  |
| **Annex 17:** MOU or SLA from a government department, for supporting related programmes. |  |  |
| **Annex 18:** Most recent risk register |  |  |
| **Annex 19:** Appropriate evidence to support your geographical coverage (e.g., office lease, utility /rates statement, organisation-owned vehicle registration document). |  |  |

**PART C: SELF ASSESSMENT QUESTIONNAIRE - CAPACITY TO FULFILL MINIMUM REQUIREMENTS OF A SUB-SUB-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 and vulnerable populations, people living with HIV (PLHIV), people living with TB (PLTB), women, youth, and people living with disabilities. How does the board or relevant governance structure play oversight over organisational matters? Attach certified copies of ID documents of board members. |
| | Name | Role | Population | Gender | Key Pop | Experience | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| 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 and vulnerable populations, people living with HIV (PLHIV), people living with TB (PLTB), women, youth and people living with disabilities. 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** | **Key pop: (Y/N).**  **Gender: (F/M).**  **Race: (B/I /C/W).** | **Qualification** | **Relevant Experience** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Notes: | | | | | |
| 1. **Explain your financial management system *(maximum of 1 page)***   What accounting software 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 and supply chain management system and practices. How do you ensure that your procurement processes comply with donor requirements? What warehousing capacity for medical and non-medical products do you have? Can it be inspected for compliance? |
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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 grant? 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. |
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| 1. **Monitoring and evaluation *(maximum of 1 page)***   Please explain your current systems, tools and reporting lines for programme monitoring and evaluation 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 an SSR *(maximum of half a page)*. |
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**PART D: EXPERIENCE OF IMPLEMENTING SIMILAR PROGRAMME FOCUS AREA/S -Adolescent & youth programmes to prevent HIV /TB /GBV**

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| 1. **Experience of managing and implementing large HIV and /or TB programmes focusing on the high-level priority areas as shown in the RFA *(2-3 pages)***   Describe the package of services delivered and the involvement of affected communities, where services were implemented (province and district) who funded the programmes and annual expenditure for each of the years implemented. Indicate key outputs, outcomes and impact of the interventions, any publications /high-level reports or manuals developed (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) |
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| 1. **Effective implementation *(1 page)***   Provide a brief description of what makes your organisation an effective implementer of HIV and TB programmes. 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 programmes 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 -current programme/s implemented *(maximum of 2 pages)***   Indicate the provinces and number of districts/subdistricts where you are currently implementing? Explain how your operations in the different locations 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 locations and services offered? Provide appropriate evidence (e.g., office lease, MOU etc.) to support your geographical coverage? | | | |
| **Province** | **s/District/s covered** | **Funder/s** | **Programme module /List services offered. Describe GF funding contribution to the programme.** |
| Mpumalanga |  |  |  |
| Northwest |  |  |  |
| KwaZulu-Natal |  |  |  |
| Limpopo |  |  |  |
| Free State |  |  |  |
| Eastern Cape |  |  |  |
| Western Cape |  |  |  |
| Northern Cape |  |  |  |
| Gauteng |  |  |  |
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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. **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. | | | |
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| 1. **Access to schools and health facilities *(maximum of half a page)***   Do you currently have access to schools and health facilities? Which facilities do you have access to? How is your access formalised and is valid until when? What are you allowed to do in the facilities? How is your access beneficial to the GF grant implementation? | | | |
| **SCHOOL ACCESS**  **HEALTH FACILITY ACCESS** | | | |

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| 1. **Geographical coverage of proposed programme /districts (maximum of 2 pages)**   *IMPORTANT:*  *One applicant may not be contracted as a GF SSR for more than one Subdistrict/Region. If submitting more than 1 application, please submit separate applications for each region you are applying for.* | | | | |
| **Province** | **Sub-district** | **Bid /reference number** | | **Indicate your selection with a tick (**✓**)** |
| Mpumalanga |  |  | |  |
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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 a Sub-Sub Recipient in the programme /module and geographical area as indicated above.  ­­­­­­­­­­­­­­­­­­­­­  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 Sub-Sub-Recipient services as contracted and comply with the grant regulations and code of conduct as shall be detailed by IHPS in the agreement, policies, guidelines, terms, and conditions -at the start of the grant and as shall be revised as per need determined by IHPS.  We understand that the Institute of Health Programs and Systems (IHPS) is not bound to approve the application submitted. | | | | |
| Name and Position | | | Duly authorised to sign for and on behalf of: | |
|  | | |  | |
| Signature | | | Date (DD / MMM / CCYY) | |
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