## Request for Applications (RFA)

<table>
<thead>
<tr>
<th>Service Required:</th>
<th>TT Surgical Implementation in Tigray Region, Ethiopia</th>
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</thead>
<tbody>
<tr>
<td>Type of Procurement:</td>
<td>Open Bid</td>
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<tr>
<td>Type of Agreement:</td>
<td>Cost Reimbursement Subagreement</td>
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<tr>
<td>Expected Funding Ceiling:</td>
<td>Year 1: $200,000  Year 2 : $350,000</td>
</tr>
<tr>
<td>This RFA supports:</td>
<td>USAID Morbidity Management and Disability Prevention Project</td>
</tr>
<tr>
<td>Submit Proposal To:</td>
<td>Scott McPherson (<a href="mailto:smcpherson@rti.org">smcpherson@rti.org</a>), Molly Brady (<a href="mailto:mbrady@rti.org">mbrady@rti.org</a>) and Julie Abella (<a href="mailto:jabella@rti.org">jabella@rti.org</a>)</td>
</tr>
<tr>
<td>Date of Issue of RFA:</td>
<td>February 6, 2015</td>
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**Date Questions Due:**
- All questions regarding this RFP must be submitted in writing to the person indicated below and before the deadline indicated. No verbal questions will be accepted and answers will be provided to all offerors and posted at [www.rti.org/rfp](http://www.rti.org/rfp).
- All questions must be submitted via email by February 12, 2015 to:
  - Contractual: Robin Harris, robinh@rti.org
  - Technical: Molly Brady, mbrady@rti.org

**Date Proposal Due:**
- February 19, 2015

**Method of Submittal:**
- Respond via e-mail with attached documents in MS Word / pdf format. The Applicant agrees to hold the prices in its offer firm for 90 days from the date specified for the receipt of offers, unless another time is specified in the application.

**Solicitation Number:**
- IDG-FY15-0213210-001

**Attachments to RFA:**
- All applicants are responsible to carefully review each attachment and follow any instructions that may be relevant to this RFA.
  1. Attachment “A” - Statement of Work
  2. Attachment “B” - Instructions to Applicants
  3. Attachment “C” - Company Profile Form
  4. Attachment “D” - Review of Subrecipient Financial Systems Form
  5. Attachment “E” - Anti Terrorism Certificate
Attachment A: Statement of Work

Project Background

The Morbidity Management and Disability Prevention (MMDP) Project is a five-year project funded by the U.S. Agency for International Development (USAID) with the goal of strengthening national ownership and capacity within a select number of African countries to scale up the provision of quality services for the management of morbidity, disability and disfigurement related to trachoma and lymphatic filariasis in a manner that will help to meet elimination targets. To achieve this goal, the MMDP Project will focus on the following four objectives:

1) Improving data availability and quality for decision-making at the country level
2) Improving support for MMDP implementation scale-up and quality improvement at the country level
3) Building capacity of MMDP systems within Ministries of Health
4) Providing global leadership through building upon the knowledge and evidence base for MMDP best practices and policy

The MMDP Project is a global project led by Helen Keller International (HKI) in partnership with RTI International, the African Filariasis Morbidity Project (AFMP) and the Kilimanjaro Centre for Community Ophthalmology (KCCO). The project is funded by the US Agency for International Development under Cooperative Agreement No. AID-OAA-A-11-00054. The period of performance for the MMDP Project is July 22, 2014 through July 21, 2019.

RTI is currently planning for the scale up of MMDP activities in Ethiopia. This Request for Applications is issued in accordance with those planning efforts.

Purpose

The purpose of this Request for Applications is to identify an interested, capable organization to support the Federal Ministry of Health (FMOH) to address the Trachomatous trichiasis (TT) Surgery Backlog in Tigray Region, Ethiopia.

<table>
<thead>
<tr>
<th>Regional State</th>
<th>Technical Areas</th>
<th>Targeted Zones</th>
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<tbody>
<tr>
<td>Tigray</td>
<td>Addressing Trachomatous trichiasis (TT) Surgical Backlog</td>
<td>N.W. Tigray; Central Tigray; East Tigray</td>
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</tbody>
</table>

The organization will be expected to work with the Federal Ministry of Health and the Tigray Regional Health Bureau to reach the TT Ultimate Intervention Goal (as calculated by the FMOH) in all of the aforementioned zones. In keeping with the Honorable Minister of Health’s Initiative to address the TT backlog in all of Ethiopia, the chosen organization is expected to use both dedicated mobile teams as well as static TT surgical sites to achieve the zonal UIGs using an expedient and quality-assured strategy. Trainings, Surgeries, and quality assurance should all be in accordance with the WHO Manual “Trichiasis Surgery for Trachoma”. As per the TT Initiative Plan, activities should begin in the first selected zone (Central Tigray) in Year 1 and scale up from there in following years.
Specific Responsibilities include:

- Trainings and Certification of TT surgeons
- Trainings of supervisors
- Community Mobilization and Awareness to prepare for TT surgery campaigns
- Implementation of Surgical Procedures (Bilamellar Tarsal Rotation or Trabut)
- Ensure Post-operative Care and patient counseling
- Periodic post-operative surveys to ensure quality of TT surgeries and assess recurrence
- Consistent progress reports made to the Regional Health Bureau and Federal Ministry of Health to improve strategic decision-making
- Monthly, semi-annual and annual progress reporting to RTI

The work shall be planned in close coordination with the federal and regional government, RTI, and other non-governmental organizations that are present and active in these areas. The application should demonstrate how proposed activities integrate and complement the FMOH TT surgery implementation plan.

RTI will provide central-level management and coordination, and will be the primary representative for in-country management of the MMDP Project in Ethiopia. This will include federal-level coordination and leadership of activities including work planning and budgeting.

In the application, please explain your plans for rollout of the aforementioned activities in practical terms, including how the activities would be tailored to the realities of the selected zones, how they will build the capacity of the MMDP system within the MOH, and how you will engage and support the Regional Health Bureau's leadership of these activities. Please divide your activities and budget into Y1 (May 2015-September 2015) and Y2 (October 2015-September 2016) sections.

Please note that the number of TT surgery kits and HEADSTART Mannequins needed MUST be included in the submitted narrative. Please include a list of the instruments and consumable items needed to be included in the TT surgery kits.

The following materials will be centrally procured by the MMDP Project and should be included in the list but not in the budget:

- HEADSTART mannequin and replacement cartridges
- Scalpel handle/holder
- Needle holder
- Forceps
- Scissors
- TT or Waddell clamp, Lid plate* or Trabut plate, Lid guard
- Oral azithromycin, 1 gm dose

Please also note that, pursuant to this solicitation, RTI reserves the right, at its own discretion, to award all, a portion or none of the activities listed above.
Attachment B: Instructions to Applicants

1. **Solicited Activity:** This agreement will be issued by Research Triangle Institute (RTI International), who has a need in support of a project funded by The United State Agency for International Development. RTI shall award the initial services and any options (if exercised by RTI) to Applicant by a properly executed agreement as set forth within the terms of this properly executed agreement.

2. **Proposal Requirements.** All Applicants will submit a proposal which contains offers for all items and options included in this RFA. All information presented in the Applicants proposal will be considered during RTI’s evaluation. Failure to submit the information required in this RFA may result in Applicant’s offer being deemed non-responsive. Applicants are responsible for submitting offers, and any modifications, revisions, or withdrawals, so as to reach RTI’s office designated in the RFA by the time and date specified in the RFA. Any offer, modification, revision, or withdrawal of an offer received at the RTI office designated in the RFA after the exact time specified for receipt of offers is “late” and may not be considered at the discretion of the RTI Agreement Officer. The Applicant’s proposal shall include the following:

   a. The solicitation number
   b. The date and time submitted
   c. The name, address, and telephone number of the applicant and authorized signature of same.
   d. Validity period of budget quote
   e. A technical description of the items being offered in sufficient detail to evaluate compliance with the requirements as set forth in this solicitation.
   f. Proposed timetable for work activities.
   g. CV’s of proposed personnel
   h. Payment address or instructions (if different from mailing address)
   i. Company DUNS number
   j. Completed Company Profile Form (Attachment C)
   k. Completed Review of Subrecipient Financial Systems Form (Attachment D)
   l. Completed Anti-Terrorism Certification (Attachment E)
   m. **Special Note:** The Applicant, by responding to this RFA and accompanying signatures, confirms that the conditions and requirements associated with this RFA document have been agreed to and all of its attachments have been carefully read and understood and all related questions answered.

3. **Budget Proposal Format:** It is mandatory that the costs quoted follow the proposed format. The budget proposal must be submitted in a Microsoft Excel file and must contain a detailed line item budget and a budget narrative explaining all costs. No lump sum budgets will be accepted; an acceptable budget will have all costs broken down by unit and clearly show the number of units used for each line item. The narrative must describe how the applicant arrived at each unit cost and the number of units for each line item.

   The budget should be adequately justified in terms of direct labor. The applicant must propose direct labor costs for each person providing direct support to the work requirements set forth in the Program Description. The budget must include the name of the person, position, direct salary rate and the number of direct labor hours that each person will perform in support of the solicitation requirements. Direct costs, all travel estimates, supplies, and other direct costs should be separately identified and detailed. The budget must be submitted in Ethiopian Birr.

   Any proposed indirect costs should be justified by a US Federal Government approved Negotiated Indirect Cost Rate Agreement (NICRA) or an audit performed by an independent third party. In the event the bidding organization does not have a NICRA and has not had their indirect rate verified through an audit by an independent third party, the applicant should not include any indirect costs within their proposal. Please note that any applicant that does not have a NICRA and has not had their indirect rate verified through an audit by an independent third party will be required to have an audit...
to verify their indirect cost rate if they are selected. The cost of this audit will be allowable under the agreement.

4. **DUNS Number**: The Data Universal Number System (DUNS) number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers.

Ask your grant administrator or chief financial officer to provide your organization’s DUNS number. If your organization is based in the U.S., a DUNS number can be requested by phone or online.


If your organization is located outside the United States, you can request and register for a DUNS number through the following web site.


**Information your organization will need to have available in order to obtain the DUNS number (if your organization does not already have one):**

- Legal name of organization
- Name of the organization CEO
- The primary type of business your company engages in (NCIA/SIC CODE)
  - To obtain this code please go to [www.naics.com/search.htm](http://www.naics.com/search.htm)
- Any other name your business might be recognized by, i.e. doing business as (DBA)
- Physical organization address (city, state and zip code)
- Mailing address if separate from headquarters
- Telephone number
- Name of the primary contact person and his or her title
- Number of employees at your location
- Is this a home-based business?

If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration process to receive one free of charge.

**NOTE**: Obtaining a DUNS number places your organization on D&B’s marketing list that is sold to other companies. You can request not to be added to this list during your application.

5. **Payment Terms**: Payment will be made on a net 30 basis and will be made via wire transfer or other acceptable form. Applicants may propose alternative payment terms and they will be considered in the evaluation process.

6. **Evaluation and Award Process**: The RTI Agreement Officer will award an agreement resulting from this solicitation to the responsible Applicant whose offer conforms to the RFA and will be most advantageous to RTI, price and other factors, as outlined in this RFA, considered. The award will be made to the Applicant representing the **best value** to the project and to RTI. For the purpose of this RFA, price, delivery, technical and past performance are of equal importance for the purposes of evaluating, and selecting the “best value” awardee. RTI intends to evaluate offers and award an Agreement without discussions with Applicants. Therefore, the Applicant’s initial offer should contain the Applicant’s best terms from a price and technical standpoint. However, RTI reserves the right to conduct discussions if later determined by the RTI Agreement Officer to be necessary.

   a. The criteria, and corresponding scoring weights, that will be used during the evaluation process are listed below:

      - The composition and technical approach of the application (30%)
      - Recent TT surgery experience, current presence, and demonstrated working relationships with the Federal Ministry of Health and in the regions(s) of interest (20%)
7. **Award Notice.** A written notice of award or acceptance of an application, mailed or otherwise furnished to the successful applicant shall be followed by a formal Agreement document for signature from both the awardee and RTI.

8. **Validity of Offer.** *This RFA in no way obligates RTI to make an award, nor does it commit RTI to pay any costs incurred by the Applicant in the preparation and submission of a proposal or amendments to a proposal.*
## Attachment C: Company Profile Form

**Directions:** Please complete all information as applicable

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<tr>
<th>Company Name:</th>
<th>Agreement Negotiator (Pre-Award)</th>
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<td>Name:</td>
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<tr>
<th>Address:</th>
<th>Agreement Administrator (Post-Award)</th>
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<td>Name:</td>
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<th>City, State, Zip:</th>
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<th>Country:</th>
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### Technical Manager

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### REFERENCES/PAST PERFORMANCE

**Have you worked with RTI before?** (If Yes, please provide agreement/contract numbers)

**Have you performed Federal work before?**

(If Yes, please name at least two Federal Agencies and Grant/Contract Numbers that you have supported in the past two years)

(If No, please provide at least two commercial firm references (Company Name/Contact/Phone Number)

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<th>Name</th>
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<th>Date</th>
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Attachment D: Review of Subrecipient Financial Systems

Legal name of organization

____________________________________

Name/title of individual completing questionnaire

____________________________________

Signature of individual completing questionnaire

____________________________________

Please provide the following information:

A. Current **Negotiated Indirect Cost Rate Agreement** (NICRA) or other documentation from the firm's cognizant Government Audit Agency, if any.
B. Audited balance sheets and profit and loss statements for the last two complete years. If audited financial statements are not available, please provide copies of the unaudited financial statements.
C. Unaudited balance sheets and profit and loss statements for the current year-to-date.
D. Copies of any audit reports/findings, if any
E. Organizational chart
F. Copies of Insurance coverage (i.e. worker’s compensation, general liability insurance, automobile insurance, etc.)

General Information

What type of organization are you (non-profit, commercial, university, etc.)?

____________________________________

Is your organization incorporated or legally registered? If yes, when and where?

____________________________________
Is your organization required to pay taxes on revenue/income, or is it exempt from such taxes?

Required to pay taxes on revenue/income

Not required to pay taxes on revenue/income

Please list the number of employees your organization has:

Full-time employees

Part-time employees

Consultants

What are the beginning and ending dates of your fiscal year?

Beginning (Month/Year) :

Ending (Month/Year) :

Does your organization have other sources of US government funds? If yes, please provide the name of the US Federal agency.
Financial Resources

Please comment on your company's financial resources as it relates to the performance of this contract, discussing cash and investment balances, debt balances and terms, and the availability of additional funds.

What percentage of your cash and investments is held at a financial institution? (the purpose of this question is to ensure that assets are safeguarded)

What percentage of your cash is maintained in petty cash?

Accounting System (the purpose of these questions is to ensure that transactions and events are properly recorded in an accounting system)

Briefly describe your organization's accounting system (including name of software).

Does the accounting system provide for accumulating and recording expenditures by project?

Briefly describe your organization's system for filing and keeping supporting documentation.
Are there any circumstances in which invoices, vouchers and timesheets cannot or will not be obtained?

**Accounting Policies and Procedures** *(the purpose of these questions is to ensure that there are authorization and approval controls to provide assurance that transactions are in accordance with laws, regulations and company policy, as well as ensure that there are segregation of duties and independent checks performed on the validity, accuracy and completeness of recorded transactions)*

Are duties separated so that no one individual has complete authority over an entire financial transaction? Please briefly describe your segregation of duties (prepare and approve purchase orders, prepare and sign checks, perform bank reconciliations, record transactions in accounting system, etc.)

Does the organization have an accounting manual?

Does the organization have a policy for approval authority for financial transactions? Please describe.

Does the organization have a procurement policy/manual? Please provide a copy.

Does the organization use an operating budget to control funds?
How often are financial statements prepared?

Please explain the financial statement review process. Are financial statements reviewed by the President, Chief Financial Office, Board of Directors, etc.?

How will your organization ensure that the individual budget categories and overall budget limits for the project are not exceeded?

Personnel and Timekeeping

Are personnel files maintained for each employee?

If yes, please describe the types of documents that are maintained.

Does the organization require employees to complete timesheets?

If yes, do the timesheets contain the following information?
Daily hours charged to the project?

Employee signature?

Supervisor's signature?

How often are timesheets submitted?

Please explain how the timesheets are integrated with the accounting system and the invoicing process.

For budgeting purposes, how many working hours are in a day?

How many working days are in your calendar year?

Insurance

Please indicate if your company maintains the following insurance coverage and indicate the coverage. Copies of current insurance certifications (or insurance policy) should be attached:

Worker’s Compensation:  □ Yes  □ No

Amount of Coverage: ________________________

Automobile Insurance:  □ Yes  □ No

Amount of Coverage: ________________________

General Liability Insurance:  □ Yes  □ No

Amount of Coverage: ________________________

Other (please explain):

Amount of Coverage: ________________________

Property Control

Does the organization maintain a fixed asset/equipment register? Are assets inventoried (tagged)?
Travel

Are travel expenditures substantiated by a travel voucher/expense report? What documents are required to accompany the travel voucher/expense report?

Equipment and Facilities

Please comment on your company’s office(s) and equipment (computers, e-mail, etc.) (the purpose of this question is to ensure that the company has adequate equipment and facilities to carry out the contract)

Completed by: __________________________  ______________

Name and Signature  Date
Attachment E: Anti-Terrorism Certification

It is a mandatory requirement by USAID and a condition of award that the applicant must certify that it does not support terrorism. Applicants unable to submit this signed certification will not be eligible for an award.

By signing and submitting this application, the applicant provides the certification set out below:

1. The applicant, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the applicant to comply with its obligations under paragraph 1:
   a. Before providing any material support or resources to an individual or entity, the applicant will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury’s Office of Foreign Assets Control (OFAC) and is available online at OFAC’s Web site: http://www.treas.gov/offices/eotffcofac/sdn/t11sdn.pdf, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID through RTI.
   b. Before providing any material support or resources to an individual or entity, the applicant also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the “1267 Committee”) [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee’s Web site: http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm.
   c. Before providing any material support or resources to an individual or entity, the applicant will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
   d. The applicant also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification
   a. “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.”
   b. “Terrorist act” means:
      (i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see United Nations terrorism conventions Internet site: http://untreaty.un.org/English/Terrorism.asp);
      (ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or
      (iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is
to intimidate a population, or to compel a government or an international organization to do or to abstain from
doing any act.

c. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the
furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such
as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe
that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist
acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts.

e. The applicant’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the
applicant that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office
supplies, gasoline, etc., unless the applicant has reason to believe that a vendor or supplier of such goods and
services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed,
attempted to commit, facilitated or participated in terrorist acts.

In Agreement to the terms and conditions above:

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<thead>
<tr>
<th>Name of Applicant Organization:</th>
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<tbody>
<tr>
<td>Name and title of officer or his/her alternate authorized to represent the Applicant (either name that appears in Box 5 of this Application.</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>