



REQUEST FOR SUB- GRANT FUNDS APPLICATION CDC-RFA-GH17-1709

Mildmay Uganda (MUg) is a national not-for-profit organization that partners with Government of Uganda and its development partners to end the HIV epidemic and to realize a strong, effective, efficient and sustainable national health system.

MUg, in consortium with PACE, is the comprehensive implementing partner for Cooperative Agreement No. 1NU2GGH002046-01-00: "Accelerating Epidemic Control in Mubende Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)". The 5-year project (2017 – 2022) targets the 7 districts of Kiboga, Kyankwanzi, Luweero, Mityana, Mubende, Nakaseke and Nakasongola hereby, for purposes of this project, referred to as Mubende Region. The primary objective of the project is to accelerate HIV/AIDS epidemic control and attain the UNAIDS 90-90-90 goals using the Test and Start approach combined with efficient models of service delivery; while the secondary objective is to reinforce national, regional, and district level health system capacities to help meet the MOH District Minimum Performance Standards across all Scale-Up¹ and Sustained² Districts.

In the scale-up districts, Mildmay Uganda will provide a package of services that will result in the achievement of the 90-90-90 through creating site and community level demand for HIV prevention, targeted testing, counselling, and care services. For Sustained districts, Mildmay Uganda will provide passive enrollment via HIV testing and counseling (HTC) on request or as indicated by clinical symptomatology, care and treatment services, and essential laboratory services as well as Technical Assistance for site-level services, including: targeted HIV testing services (HTS); prevention of HIV transmission among KP and PP; HIV care and treatment; TB/HIV prevention, diagnosis, and treatment; eMTCT; VMMC; and services to OVCs and ensure gender integration across all technical areas.

Mildmay Uganda will also provide Technical Assistance (TA) to strengthen regional and district level leadership and governance structures for effective implementation of district core functions, including: evidence based planning, coordination, performance reviews, quality improvement, support supervision, human resource management, supply chain and logistics management, laboratory and Strategic Information systems and enter into "principles of collaboration" framework agreements with the constituent districts to foster transparency and mutual accountability.

Orphans and Vulnerable Children within the HIV Context

The HIV pandemic has severely affected the lives of millions of children and adolescents across the globe, endangering their health, well-being, and development. The population of children and adolescents affected by HIV varies by geographic, demographic, social, and cultural factors, and their needs and the responses to these

¹ Scale-up Districts: All districts which have <80% of PLHIV on ART and need to be supported to accelerate progress toward this milestone. They include Kiboga, Luweero, Mityana, Mubende and Nakaseke districts.

² Sustained Districts: All districts which have more than 80% of PLHIV on ART and therefore required limited demand creation interventions for HTS services. They include Kyankwanzi and Nakasongola Districts.



needs vary according to these factors as well as to their developmental stage and gender. By affecting parents and other caregivers who are HIV positive, the HIV pandemic also adversely affects infants, children, and adolescents who are not HIV-positive themselves by affecting their families and depriving them of parental care and protection placing them at increased risk of contracting the virus. HIV can also indirectly harm children and adolescents by weakening communities and social support networks, welfare systems, and economies. Mubende region has an estimated HIV prevalence rate of 9.0% with an unmet need for HIV testing of 618,196 and an unmet need for ART of 101,389.

In response to these diverse challenges, Mildmay Uganda will implement a comprehensive OVC program along the Continuum of Response to address the lifetime needs of the OVCs, youth, adolescents and caregivers through increased provision and/or linkages to age-appropriate prevention, care and treatment services using the National Strategic Program Plan of Intervention (NSPPI-2) and the PEPFAR OVC Intervention Framework (see Table 1). Mildmay Uganda will provide child focused but family centered, economic-led, interventions to strengthen the socio-economic resilience of OVC households in Mubende Region using the graduation model. The program will focus on making strong investments in effective case management, and coordination of district and community level services to ensure that OVC are Healthy, Stable, Safe, and Schooled.

Mildmay Uganda is inviting interested and eligible CBOs/FBOs/NGOs to submit high-quality competitive applications to deliver comprehensive OVC services through synergistic approaches for intensified and sustainable grassroots impact with special focus on the PEPFAR core OVC priorities.

Purpose: The main purpose of the OVC sub-granting mechanism is to;

- a. Increase the depth and grassroots intensity of OVC activities interventions under the Mubende Region Project to maximize impact.
- b. Leverage local resources and capacity to increase the effectiveness and efficiency of OVC interventions.
- c. Contribute to strengthening of local child service institutions for enhanced quality and potential for long-term sustainability of OVC services.

For purposes of this call, MUg and PACE are looking for a performance based partnership in the delivery of a Comprehensive OVC program and Community HIV services within the region.

MUg and PACE are seeking partners to support the implementation of a comprehensive OVC program and Community HIV services in 5 of the districts in this region (Mubende, Mityana, Luweero, Nakaseke and Nakasongola) and has reached 120,000 OVC with services. Using this experience, MUg shall lead on OVC programming in this project and reach 62,380 OVC. Under this OVC programming, HIV infected and affected children in the community and at the health facilities



shall be assessed and the most at risk shall be enrolled onto the OVC program. Mutually enforcing two dimensional community-facility linkage systems are expected to be enhanced through strengthening documentation of referrals and establishing feedback mechanisms between the two systems. All registered OVC shall be tested for HIV, and the positive linked into care and treatment. Community interventions shall be implemented through **partnership** with CBOs and para-social workers. The OVC **case management structure** shall be utilized to track changes in the vulnerability of the OVC and households towards graduation.

During this call, MUg and PACE anticipate to award three sub-grants totaling **UGX 1,178,100,000** for an initial budget period of 9 months. This call is part of a potential project period of 60 months. Continuation funding for all subsequent budget periods beyond the initial 9 months will depend on the sub-grantee's performance, accountability discipline and availability of funds. Funding under this RFA has been allocated to three district clusters as follows:

1. **Cluster 1** – Mubende and Mityana (allocated **UGX 550,000,000**);
2. **Cluster 2** – Luweero, Nakaseke and Nakasongola (allocated **UGX 450,000,000**);
and
3. **Cluster 3** – Kiboga and Kyankwanzi (allocated **UGX 178,000,000**).

Applicants may apply for not more than two clusters.

Table 1: OVC INTERVENTION FRAMEWORK (Recommended) – *Adopted from FY2015 PEPFAR Technical Considerations Provided by PEPFAR Technical Working Groups for 2015 COPS and ROPS*

Case Management		
CORE	NEAR CORE	NON CORE
<ul style="list-style-type: none"> ● Identification of children and adolescent subpopulations made vulnerable by or to HIV and AIDS. ● Assessing child, adolescent & family socio-economic status and risk (across all areas: healthy, safe, stable, schooled) ● Developing strengths based case management plans for children and families with monitoring of referral completion and stated case closure goals ● Implementing special studies to identify gaps in programming impact 	<ul style="list-style-type: none"> ● Mapping services within targeted communities and developing service directories ● Supporting the development of national MIS ● Training in case management for CHV and voluntary children's officers (including tracing of children LTFU) within PEPFAR catchment areas. 	

Healthy (Access to Health/HIV Services)

CORE	NEAR CORE	NON CORE
<ul style="list-style-type: none"> • Promotion of HIV testing of OVC program participants, including EID, and confirmatory HIV testing • Referral to interventions focused on keeping adolescents HIV-free for those who test HIV-negative, especially adolescent girls, • Coordination with commodity and counseling providers to ensure that dual protection is accessible to adolescent OVC • Integrating ART adherence assessment, counseling and support into routine household support for family members with HIV. • Coordination with NACS (E.g. referral of suspected malnutrition, education) <p>Facilitating uptake of and monitoring completion of referrals for:</p> <ul style="list-style-type: none"> • Nutrition and food security programs • TB/HIV testing, treatment and care services for all children and partners of index cases • Child survival services • Age specific health care needs Adolescents for SRH and FP services, especially adolescent girls, and immunization for Under 5's. 	<ul style="list-style-type: none"> • Establish and strengthening referral mechanisms and other systems to ensure cross referrals between clinic and social services (cross- referrals) 	<ul style="list-style-type: none"> • Providing HH supplies such as blankets and mattresses • Carrying out home visits solely for the purpose of clinical linkages • Providing food package

Safe (Protection & Psychosocial Support)		
<p>CORE</p> <ul style="list-style-type: none"> • Supporting community and national level child protection/ GBV prevention and response activities, and referrals to other services • Supporting clinic-based child abuse and GBV response services (including emergency medical services/PRC) • Addressing psycho-social health among children and their caregivers through individual, group-based and relationship based activities • Succession planning and Permanency support • Positive Parenting skills (including discipline, communication on adolescent risk, HIV disclosure) • Support to "safe spaces" approach for adolescents at high risk especially girls (i.e., street children, domestic workers)¹⁶ 	<p>NEAR CORE</p> <ul style="list-style-type: none"> • Strengthening government- managed and case management systems to prevent and respond to child abuse and support family placement and permanency for children • Strengthening structures for community-based mediation of child abuse cases • Professional Development for social and para-social workers in child protection, GBV and permanency • M&E systems for National child protection/ social welfare efforts • Supporting advocacy and policy efforts to improve safety of children from violence 	<p>NON CORE</p> <ul style="list-style-type: none"> • Strengthening birth registration systems • Supporting placements in long-term residential care facilities • Carrying out large-scale child rights awareness campaigns • Dissemination of Child protection laws
Stable (including Economic Strengthening and social protection support)		
<p>CORE</p> <ul style="list-style-type: none"> • Facilitating group-based 	<p>NEAR CORE</p> <ul style="list-style-type: none"> • Supporting market linked 	<p>NON CORE</p> <ul style="list-style-type: none"> • Directly supporting IGAs

¹⁶ See "safe spaces" approach at <http://www.popcouncil.org/research/biruh-tesfa-safe-spaces-for-out-of-school-girls-in-urban-slum-areas-of-ethi>

<p>Household Economic Strengthening (HES) activities, such as savings groups</p> <ul style="list-style-type: none"> • Supporting access to and uptake of social protection efforts (such as social grants, bursaries, etc.) • Limited and temporary emergency (generally required for <10% of cases) 	<p>vocational training and other individual HES activities</p> <ul style="list-style-type: none"> • Carrying out market assessments for Income generating Activities (IGAs) • Linking businesses/agricultural projects to markets/value chain development • Targeted food security initiatives 	<p>with funds and other inputs unless incentivizing investments from beneficiary families (e.g., matching funds)</p> <ul style="list-style-type: none"> • Establishing or supporting business cooperatives • Providing Micro-credit • Providing Housing • Covering
<p>Schooled (Education)</p>		
<p>CORE</p> <ul style="list-style-type: none"> • Based on analysis of gender disparities in completion rates (primary and secondary levels) identify key at risk groups for education support • Facilitating access to primary and secondary education through temporary and targeted support, • Providing temporary school block grants to promote enrollment and progression • School-based psychosocial support and safety from violence • Supporting early childhood development (ECD) – (in coordination with PMTCT & Pediatric HIV) 	<p>NEAR CORE</p> <ul style="list-style-type: none"> • Facilitating access to primary (and secondary education for girls) through long-term or open-ended subsidies • Providing long-term or open-ended school block grants or support for ECD centers • Improving education quality, especially making classroom environments gender and HIV sensitive • Supporting community education councils and PTAs to provide support to OVC 	<p>NON CORE</p> <p>Supporting tertiary education (including university subsidies and scholarship)</p>



Target Applicant:

Mildmay Uganda and PACE are looking for local national NGOs, District or regional NGOs, FBOs, PHLIV Networks to partner in the achievement of the program objectives above.

Specifically, MUg and PACE want;

- Legally registered NGOs with either the National NGO Board or CBOs with district registration. Having established operations within the target region, district, municipalities or sub-counties is an added advantage.
- Organizations with experience in HIV prevention, care and treatment.
- OVC Programming with skills and knowledge in socioeconomic empowerment of OVC and their families.
- Familiarity with health programming and networking especially with PLHIV, OVC mobilization and information.
- Entities with sound understanding of gender dynamics in HIV programming.
- Possession of great cultural and religious contextual knowledge.
- Sound Corporate Governance.
- Demonstrable experience in project/programme management in HIV, health, youths and OVC, gender and development.
- Capacity to train and be trained in OVC programming.

KEY CONSIDERATIONS

Applicants for this grant should observe at all times the conditions hereunder.

Maximum Impact: Resources availed under this grant should address the greatest needs within the scope of programming for this RFA. Working with the community structures, the most vulnerable of OVCs should be identified and their needs meticulously documented. Interventions to address them as per the programming should be provided with evidence of progress by the end of the grant. Regular monitoring and evaluation to build up into the impact should be carried out.

Sustainability: The programming approaches and process under this funding should be in position to outlast the duration of the project and address the needs of the OVC and their families possibly over their lifetimes with potential to transfer benefits, skills and knowledge beyond the index beneficiary. Critical to this is the leveraging of resources and skills resident with existing state and non-state actors programmes to build synergies through cooperation and utilization of comparative advantages to improve health, socioeconomic welfare and functioning of leadership and other social systems within communities to lessen vulnerability. The interventions should also speak to national priorities of strengthening and improving HIV prevention, care and treatment services among children, youths and women.

Gender Responsiveness: In all programming, the needs of the girl child should be fully addressed cognizant of the different stages of development for appropriateness. Aware of the higher risk to girls among communities with high HIV prevalence, the needs of the girls should satisfactorily be analyzed, documented, addressed and evaluated for relevance in all services provided. Critical observations should



be accorded to relevant support structures and individuals both male, and female especially aware of the role of guardianship of these OVC within their families and communities.

MONITORING, EVALUATION AND REPORTING

This is a critical component of Mubende Region epidemic control programming. Applicants should demonstrate previous and current expertise in M&E programming, reporting and documentation.

Target setting: Pursuant to the grant targets for the region, applicants shall be provided specific targets to be met at designated time intervals as shall be allocated and agreed

DISTRICT	TARGET OVC
KIBOGA	400
LUWERO	5282
MUBENDE	5789
NAKASEKE	977
NAKASONGOLA	426
MITYANA	3344
Total	16218

Monitoring requirement: Successful applicants shall be to regularly monitor project progress. Requirement of competent staff able to generate, analyses and store data are a MUST from the households, community and within various administrative units to highest within the areas of operation. An assessment of the functionality of linkage between households and facilities, communities and local governments is expected to be conducted as well as indicators of potential for sustainability and leadership involvement in programming.

Evaluation requirement: This project shall be variously evaluated by MUg, PACE and the donor. As shall be required, the successful application shall be required to contribute, facilitate or avail access to information, individuals, families or communities deemed vital to the evaluation process then. This will be a two-way process of provision and feedback to which necessary communication shall be availed by MUg and PACE to the partner.

Quality Assurance and Assessment of Data: MUg and PACE shall go to lengths to validate the data submitted. This will be through examination of the competence of personnel, process of data collection, ethical standards, use of tools, other factors and actions deemed critical in project reporting relating to data. Regular M&E visits relating to the project to build capacity and examine quality of processes and outcomes shall be undertaken with partners to ensure quality.



Indicators: Below are some of the selected indicators that the applicants will be expected to monitor and report on. MUg and PACE will provide training to organizations on how to collect this data and how to enter it into required databases. MUg and PACE will provide guidance to successful applicants on other project indicators depending on the interventions that will be implemented in each council.

OVC AND COMMUNITY PROGRAMMING INDICATORS;

1.0 ACTIVITY ONE: OVC PROGRAMMING

1.1 Strengthen OVC programming to improve linkage to HIV prevention, care & treatment services

1.1.1 Assess and enroll eligible most at risk HIV infected and affected children onto the OVC program and roll-out of bi-directional community-facility linkage structure for OVC and their families.

Number of OVCs served (assessed and enrolled onto the program)

- Proportion of OVC with known HIV status
- Proportion of HIV+ OVC retained in HIV care
- Proportion of HIV+ OVC with a suppressed Viral load
- Number of Districts with updated OVC service provider directory

1.1.2 Set-up an OVC case Management structure, train and facilitate CBOs and Para-social workers to monitor and track access & utilization of HIV/OVC services.

- Number of CBOs that received a quarterly sub grant to support OVC case management in the reporting period
- Number of CBOs that submitted timely accountability for the previous quarter's sub grant
- Proportion of districts with Para-social workers supporting OVC case management
- Proportion of Para-social Workers trained and facilitated to support OVC case management
- Proportion of enrolled OVC receiving all components of the OVC core package (Healthy, Stable, Schooled, Safe)

1.1.3 Develop and roll-out an integrated HIV, ECD, GBV, Nutrition, and economic strengthening/VSLA/agribusiness value chains, and linkage to government livelihood,

- Number of functional Economic Support Groups (ESGs) in place as a strategy for household economic strengthening and sustainability
- Proportion of FSGs and VSLAs with integrated ECD & GBV activities
- Proportion of enrolled OVC that are nutritionally stable

1.1.4 Conduct annual OVC & Household Vulnerability Assessments to measure progress and graduate eligible OVC/households from the program.

- Number of enrolled OVCs graduated from the OVC program within 18 months of enrolment
- Number of OVC & household Vulnerability assessments conducted



1.1.5 Build capacity of Community structures to support comprehensive HIV service delivery

- Number of Community resource persons that were trained in aspects of OVC programming in the reporting period

1.1.6 Provide performance based sub grants to CBOs to address unfunded priorities

- Number of OVC CBOs that were sub granted in the reporting period

1.2.0 Strengthen OVC MIS, data collection, reporting, QI, M&E & information use for evidence based planning & quality improvement, performance management at District and community level

1.2.1 Conduct technical assistance as appropriate to district-level teams to support HCs and the district in the effective coordination & use of the OVC MIS for data collection, cleaning, analysis and reporting

- Number of technical support visits by M&E/ data for sub-grant monitoring and records management held with all supported CBOs.
- Number of quarterly joint data validation meetings conducted
- Number of quarterly regional performance review meetings conducted

2.0 ACTIVITY 2: SUPPORT COMMUNITY-WIDE MOBILISATION, LINKAGE, AND COORDINATION OF HIV SERVICES IN PARTNERSHIP WITH PACE.

2.1.1 Targeted home visits for the HIV positive adults, adolescents, children, and their mothers for linkage and retention in care services.

Conduct mobilization for the scale up access to HIV counselling and testing services for Adults, Adolescents & Children using mixed approaches at community level)

2.1.2 Lead community mobilization for access to HIV prevention, care & treatment services for Key and Priority Populations in the community.

2.1.3 Support the Strengthen of community structures to scale up of HIV prevention, care & treatment services for Key & Priority populations

2.1.4 Contribute to strengthening community systems to improve linkage of identified PLHIV to HIV care & treatment services.

2.1.5 Conduct sensitization and mobilize for Post- Gender Based Violence (GBV) care at facility and community level based on the minimum package through referral and linkages

2.1.6 Identification and referral of high risk children, adolescents and adults for HIV testing

2.1.7 Promote Home-based HIV counselling and testing services for all children, adolescents and adults at risk.

2.1.8 Ongoing liaison with PACE- Supported community IPCs to promote linkage, referral and retention of positive adolescents and adults in care programs.

2.1.9 Delivery of risk reduction interventions among the identified HIV negative youth, adolescents and adults in Mubende Region



- 2.1.10 Promote Community-based directly observed treatment for all clients with adherence challenges to antiretroviral therapy and TB treatment.
- 2.1.11 Facilitate link KPs and PPs to HIV services, including testing, treatment, disclosure counselling, adherence and group-based psychosocial support.
- 2.1.12 Use program data to monitor the functionality of the referral system, and take action to close referral gaps to ensure that clients/ patients receive services.
- 2.1.13 Participate in all local stakeholder meetings to improve implementation and collaboration.
- 2.1.14 Provide weekly and monthly updates to the PACE Team on progress on community program implementation.
- 2.1.15 Collect community program data using data collection tools as approved by either the donor, MoH or Project technical team
- 2.1.16 Ensure accurate documentation of Community activities, outputs and outcomes against the set targets.
- 2.1.17 Submit timely monthly, quarterly and annual program reports to the PACE Team as required

REPORTING REQUIREMENTS

Programmatic and financial reporting shall be parallel in this programme and mutually reinforcing. Provision of both at the same time shall be a requirement for further engagement.

The successful applicant shall provide Quarterly/monthly/event program activity reports indicating performance on all indicators as detailed in the targets to be agreed upon.

	REPORT	TIMELINE	
1	Program Narrative	monthly	Quarterly
2	Data (statistics)	monthly	Quarterly
3	Financial	monthly	Quarterly

All monthly and quarterly reports shall be availed to the districts (local authorities) of operation to inform their programming and planning.

MUg and PACE partners shall provide/avail to the National OVC Data Management System (OVCMIS) and HMIS under the Ministry of Health with narrative reports submitted to Local government line departments, a copy of which should be filed by the partners.



Data quality, quality assurance and assessment: MUg and PACE will pay particular attention to the quality of the data collected to ensure that services rendered are properly documented. Technical Assistance in Data management for the partners will be organized to further strengthen this area. The organization will be visited periodically by MUg and PACE and other officials for routine data quality assessment.

Indicators: Below are some of the selected indicators that the applicants will be expected to monitor and report on. MUg and PACE will provide training to organizations on how to collect this data and how to enter it into required databases. MUg and PACE will provide guidance to successful applicants on other project indicators depending on the interventions that will be implemented in each council.

Monetary Consideration:

Mildmay Uganda shall avail a maximum of UGX _____ (In words) per district for OVC programming to NGOs/CBOs. An organization can apply for the full district allocation or portion of the money with justification for coverage of part of a district in a year. A provision for administrative costs available at a maximum of 20% of the total budget.

Application guide

All interested organizations MUST submit their written proposals electronically demonstrating their understanding project tasks mentioned above, the methodology of implementation, experience and potential for undertaking such a project. This must be accompanied by a costed workplan and budget linking the objectives to the proposed activities with clear outputs and the resource ramifications of each.

Supporting Documentation:

With the application, the organization should submit,

- Organizational Capacity statement of letterhead signed by authorized signatory.
- Registration Certificate/License
- Copies of two most recent annual reports.
- Copy of the two most recent audit reports.
- Details of the board of trustees/advisory committee with full contacts
- Three recommendation letters from NGOs, Local District Leadership, previous funding partner with whom you implemented a project.
- A letter of declaration that the information provided is correct
- Proof of your organization's registration
- Recommendation letter/letter of support from the DHO
- Copy of your latest audited accounts.

MUg and PACE shall validate the documents submitted. Should any of the information shared be found false, the applicant will automatically be disqualified from the process.

GRANT APPLICATION FORMAT

1.	Name of Organization:
2.	Organization contact details: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Key: Authorized Signatory (1) Name: Designation: Phone Numbers: </div> <div style="width: 45%;"> Key: Authorized Signatory (2) Name: Designation: Phone Numbers: </div> </div>
3.	Project title: Befitting name for what the organization intends to achieve through the project. Project duration: (total months plus start and end date)
4.	Project summary / abstract: One paragraph (half page maximum) 5 marks
5.	General rationale for proposal (1 page maximum) 5 marks
6.	Problem statement – Synopsis of issue to be addressed by proposal (1 page maximum) 5 marks
7.	Proposal goal, objectives and activities (1 page maximum) 5 marks
8.	Detailed work plan with description of project objectives, activities (with indicators of achievement) and expected results (to be attached as appendix in the format provided) 15 marks
9.	Logical Framework Matrix (Proposal activities and expected results) (2 pages maximum) 10 marks
10.	Total budget and justification (detailed budget including annual breakdown and justification) – (to be attached as appendix in excel format to be provided) 5 marks
11.	Risk matrix with proposed mitigation measures (one page maximum) 3 marks
12.	Plan for management of activities, Financial management capacity and financial control (CVs of key personnel, organogram of project management and sources of previous funding attached) 10 Marks
13.	Monitoring, Evaluation and Reporting strategy (M&E Plan with performance and reporting framework attached) 15 Marks
14.	Dissemination of results (Plan to record and disseminate lessons learned) 2marks

16.	Sustainability section to describe how the proposed developments, and their beneficial effects, will be sustained beyond the project period (half page maximum) 10 Marks
17.	The extent the applicant demonstrates the capacity to utilize referral systems and linkages to government and non-government partners to strengthen service delivery for PLHIV and their households. 10 marks.
18.	Appendices attached (Budget & budget justification, Audited financial statements, Detailed work plan, Capacity statement)

Application Review Process

Activity	Timeline
Issuance of RFA	13 June 2017
Receipt of applications (e-mail or hard copy)	13-19 June 2017
Programmatic Review Meeting (for programmatic credibility and integrity)	19-23 June 2017
Field organizational capacity assessment, Financial and administrative review meeting (for institutional, administrative and financial credibility and integrity)	26-29 June 2017
Final Selection meeting	30 June 2017
Notice of Award	3-5 July 2017
MoUs	5-8 July 2017

Successful applicants shall be notified in writing. An MoU dealing scope of work, timelines and financial Partnership / Financial agreement shall be made between the MUg and PACE and the sub-grantee upon whose conclusion commencement of work shall be subject to the terms and conditions therein.



Deadline

Release of RFA: MUg and PACE will distribute this RFA online at www.mildmay.or.ug and through announcements in the newspapers, districts' notice board, MUG AND PACE field regional offices requesting applicants to submit a proposal by the deadline.

All applications (e-mail or hard copy) must be received by 5:00pm on 9th May, 2017 addressed to;

Grants Acquisitions and Management

Mildmay Uganda-Naziba Hill Lweza

P.O. Box 24985 Kampala

Email: grants@mildmay.or.ug

Questions: Questions must be submitted in writing to the email below; grants@mildmay.or.ug

Issuance of this RFA does not obligate MUg to issue any sub-grants. MUg reserves the right to make fewer or more awards than expected. MUg will not be liable for any costs incurred to respond to this RFA. MUg may make amendments to this RFA at any time before the proposal due date.