# Attachment B: Full Application template

## Instructions

All applicants that submit successful LOIs will progress to Phase II. During Phase II, all applicants whose LOIs have been accepted must complete this grant application form. CBP will notify your organization to complete this form upon conclusion of the LOI review. Please limit your responses to Sections II – V, to 10 pages maximum. There is no page limit for Sections I, VI – IX. Prior to completing this form, please carefully review directions and guidelines provided in the full RFA.

## **Section I: Project Information**

Please input complete responses for each section of the table below.

|  |  |
| --- | --- |
| 1. Project title:
 |  |
| 1. Name of applicant organization:
 |  |
| 1. Signatory/organization representative:
 |  |
| 1. Contact information for the applicant organization and the signatory
 | Address:Phone:Email:Fax: |
| 1. Project duration:
 | \_\_\_\_years \_\_\_\_months |
| 1. Country of project location:
 |  |
| 1. Category of funding (choose one):
 | [ ]  Delivery and Expansion[ ]  Innovation and Knowledge |
| 1. Have you received funds previously from the USAID Child Blindness Program?
 | [ ]  No [ ]  Yes |
| 1. Type of organization (choose one)
 | [ ]  Non-U.S. based [ ]  U.S. based |
| 1. Please provide a brief summary of your project in 300 words or less in this box:
 |

## Section II: Project Description

### 1. Situational Assessment

### Clearly state the problem(s) you are seeking to address. Describe the population with which you propose to work and the local issues and conditions in your project area. Background information must focus only on the specific environment relevant to your project area and the identified problem(s). This information may include cultural, demographic, gender and socio-economic factors related to the development, delivery and sustainability of your project. If relevant, please describe the existing and/or missing infrastructure in the area such as hospitals, outreach personnel, etc. Your situational assessment should be supported by recent data, literature and other verifiable information.

### 2. Solution and Technical Approach

### Based on the information you provided in the situational assessment and your description of the problem you are seeking to address, clearly state your proposed solution(s). Please provide a clear rationale for the solution(s) based on your situational assessment. Provide a clear and detailed narrative of your project objective(s) and the activities you are proposing to undertake to accomplish your objective(s). This information should be directly related to your Work Plan (see below and Attachment F). If relevant, please include a discussion about how your solution links to local/national health systems. Partnerships should also be identified.

### 3. Gender and Equity

Provide a description of how eye care services are currently provided across all levels of society in your project area, including across gender and socio-economic class, and between urban and rural areas. Include a discussion of how your services/benefits are equally accessible and affordable to all populations accessing care. Further describe how you plan to address existing differences so delivery of care is equitably distributed.

### If you are proposing a project that will impact policies or other programs, please describe the potential differential impacts that those policies or programs will have, including any unintended negative consequences, and how you plan to address them.

## Section III: Project Conformity to Grant Category Criteria

### Category I – Delivery and Expansion

If you are applying for a grant under the Delivery and Expansion category, you must include all of the requested information below.

**1. Continuum of Care**

Please describe how your technical approach incorporates the Continuum of Care as described in the RFA.

**2. Sustainability**

Please describe how you plan to ensure that your activities continue at a high quality level beyond the period of CBP funding.

**3. Capacity Building**

Please describe how your proposed activities will improve the overall ability of your organization to deliver eye care. Specifically, this means strengthening organizational or human capacity by making lasting improvements to quality services, personnel, infrastructure, administrative, technical and/or financial functions.

**4. Best Practices**

Please describe how your project incorporates best practices as described in Section II of the RFA.

### Category II – Innovation and Knowledge

If you are applying for a grant under the Innovation and Knowledge category, you must include all of the requested information below. Applicants submitting under this category are strongly encouraged to read and become familiar with the CBP Research Agenda (www.usaid.gov/childblindness)

**1. Innovation and Knowledge Sharing**

Please describe 1) how your proposed activities support the creation and discovery of new ways to solve problems that will have a high impact on the elimination of child blindness, and/or 2) how the project will gather and disseminate critical information regarding the delivery of services to enhance pediatric eye care.

Please, also describe the connection between the CBP Research Agenda and the proposed project.

## Section IV. Institutional Capabilities and Past Performance

**1. Organizational Capacity**

Please describe the resources (human, technical, financial) available to your organization to be able to successfully implement the project within the proposed timeframe and cost.

**2. Previous Experience in the Proposed Area**

Please provide a detailed but concise description of your previous or ongoing experience implementing similar activities. If you have been a prior grantee of CBP, provide a description of the project, major accomplishments and project implementation dates.

## Section V. Management and Staffing

Please describe how the proposed project will be effectively managed. Specifically, identify the key personnel and provide the following information for each key personnel position:

* Key qualifications of the proposed individual
* Roles and responsibilities for each position
* Reporting and lines of authority for each position. An organizational chart may be included to illustrate this information. If relevant to your project, describe the relationship between Headquarters offices and country or field offices.
* Amount of time that the person will be dedicating to this project
* Where the position will be located (in the project country, the United States, a third country)

If you have partners, discuss how the partner relationship will be managed and the roles and responsibilities of each partner.

## Section VI. Work Plan

Using the Work Plan Template provided as Attachment F, provide an outline of your project objectives, activities and an estimated timeline for implementation. Each activity should relate directly to your program objective(s). All objectives and activities in the Work Plan must match the objectives and activities you have described in Section II of this application. The Work Plan must also include your proposed project results. Examples of results include: five training events held, 100 surgeries performed, 500 spectacles distributed, one national working group established, or manuscript submitted.

## Section VII: **Project Monitoring and Evaluation**

**1. Narrative**

Provide a brief narrative describing the method(s) of data collection and storage that will be utilized for the project. Describe how you will review data and monitor results to determine whether desired results are being achieved and whether implementation is on track.

**2. Monitoring and Evaluation Table**

Please complete the Monitoring and Evaluation Plan Template provided in Attachment G. Please note that your project should contribute to and track a wide range of standard CBP indicators. If additional indicators merit inclusion, please provide a compelling rationale. Organizations are encouraged to collect data on the number of total patients served, both children and adults.

## **Section VIII: Budget**

Please use the Full Application Budget Template provided in Attachment C to submit your budget. Detailed instructions on completing the budget template are included in Attachment D, Budget Instructions and Cost Principles. Please provide all cost information in **United States Dollars**. Note, that although this template is designed for a two-year grant, your project may be shorter. You should modify your budget depending on your proposed start and end dates. These are also standard cost categories and some of them may not be applicable to all organizations or your project. Only fill out those categories that apply to your specific proposed project. Applicants must provide a Budget Narrative to explain each line item of the budget (Please refer to Attachment E for a sample Budget Narrative).

## Section IX: Acknowledgement

Please complete the table below and provide the signature of the authorized signatory/representative of your organization.

|  |
| --- |
| Submitted by: |
| On behalf of the applicant organization identified in Section I, “Project Information,” of this Grant Application Form, I hereby certify that to the best of my knowledge, this grant application in its entirety contains only true and current information: |
| Name: |
| Title: |
| Signature: |
| Date: |