

Application No.  (For Official use)
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**Expression of Interest**

**Application for shortlisting of Non-Government Principal Recipients  
for the Global Fund to Fight HIV, Tuberculosis and Malaria (GFATM)  
grant for period 2018-2020**

Application under the component	HIV/AIDS	<input type="checkbox"/>	TB	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Health System strengthening	<input type="checkbox"/>
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**SECTION 1- BACKGROUND INFORMATION**

Name of applicant organization	
Type of organization/institution (Company/Society/Trust/Others)	
If Consortium, please indicate number of organization	
Date of registration with statutory authorities	
Registered under FCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
List the States where your organization/institution is active	
Turnover of previous three financial years as per certified statements of accounts	2013-2014
	2014-2015
	2015-2016
Brief description of maximum three projects undertaken in the past three years including experience in handling donor projects	

<b>Details of available resources</b>		
Number and type of trained personnel on regular payroll of organization		
Existing offices in the proposed project area		
Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.)		
Availability of external audits over the last two years and date of the last audit	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of the last audit    ...../.../.... Name and address of the Audit Company:	
Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: -	
Existing linkages/network with other organizations (mention if they will participate in the delivery of the proposal)		
<b>Contact information for the Applicant/Lead organization of the Consortium</b>		
Name	Primary Contact	Secondary Contact
Title		
Mailing Address		
City and State		
Telephone		

Mobile		
Fax		
E-mail address		
Organization Website		

If Consortium, please give details of all the organization

<b>Contact information for the other member organizations of the Consortium</b>			
<b>Organization- 1</b>			
Name of the Organization		Mailing address	
Contact person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

<b>Organization- 2</b>			
Name of the Organization		Mailing address	
Contact person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

**Note: Please add more columns, if required.**

## **SECTION 2- DETAILS OF PROPOSED PROJECT**

This should not be more than 5 pages. Please use font Arial font size-11

### **2.1 Title of proposed Project**

### **2.2 Geographical Area to be covered by Project**

### **2.3 Background** (Clearly indicate current situation, gaps, weaknesses, inequalities and present efforts to meet these gaps, weaknesses and inequalities in not more that 10-12 lines)

### **2.4 Objectives** (State objectives and purpose of the proposal in not more that 7-8 lines)

### **2.5 Target Population** (Describe the target population for your proposal in not more than 5 lines)

### **2.6 Methodology** (Please describe specific activities required to employed to achieve the objectives including partnerships with private sector, if applicable. Briefly describe coordination mechanisms between implementers, in not more than two pages)

### **2.7 Monitoring and Evaluation framework** (Briefly outline how you propose to monitor and evaluate the project, in not more than ½ page)

**2.8 Self assessment of the applicant organization** (Please indicate the strengths-including managerial skills, MIS system and system of internal controls of the organization that makes it best suited to implement the project in not more than 8-10 lines)

**2.9 Equitable Access** (Describe how principle of equity will be ensured in your proposal specially gender equity, support to marginalized populations and key affected populations etc. in not more than 8-10 lines)

**2.10 Linkages to Grants from the Global Fund and Other Donors** (Please explain how this project is linked to other funding you are currently receiving from the Global Fund or other donors if applicable. Also indicate if you are implementing Targeted Interventions or other Government programmes in not more than 5 lines)

**2.11 Sustainability** (Indicate how the services outlined in your proposed project could be sustainable at the end of the proposal period in not more than 8-10 lines)

**2.12 Risks and its management including Financial Risk Management** (Briefly outline the major internal and external risks and how you propose to reduce or avoid such risks in not more than 8-10 lines).

## **SECTION 3-PROJECT BUDGET**

**3.1 Budget Breakdown by Source** (This table is intended to clarify part of the budget you already have (Provided by the organization), the part of the budget financed by other donors (Provided from other sources) and part of the budget from Global Fund (Requested from the Global Fund)

**Table 3.1 Budget, by source**

<b>Source</b>	<b>Year ( 1)</b>	<b>Year (2)</b>	<b>Year (3)</b>	<b>Total</b>
Provided by the organization				
Provided from other sources (indicate the source)				
Requested from the Global Fund				
Total Budget				

**3.2 Budget Breakdown by Cost Category** (The total budget shown in Table 3.2 should equal the total budget shown in Table 3.1)

**Table 3.2 Budget by cost category**

<b>Source</b>	<b>Year ( 1)</b>	<b>Year (2)</b>	<b>Year (3)</b>	<b>Total</b>
Human resources				
Technical Assistance				
Training				
Health products and Health Equipment (including laboratory products and equipment)				
Medicines and pharmaceutical products				
Procurement and Supply management costs Infrastructure and other equipment				
Others (specify)				

**3.3** Describe why your proposed project cannot be financed under current mechanisms within the NACP-IV, RNTCP or NVBDCP?