

HRH2030 Indonesia
Optimizing the Maternal and Newborn Health Workforce

Request for Applications (RFA) No. HRH2030 Indonesia MNH-001

Issuance Date: December 31, 2018

Dear Applicant:

The USAID-funded Human Resources for Health in 2030 (HRH2030) Program in Indonesia, implemented by Chemonics International Inc., is seeking sub-award applications for implementation of activities to strengthen the capacity of health workers to deliver high-quality services to improve Maternal and Newborn Health (MNH) outcomes as part of HRH2030's "Optimizing the Maternal and Newborn Health Workforce" activity in Indonesia. The sub-award will be awarded and implemented in accordance with USAID and US Government regulations governing sub-awards under contracts and Human Resources for Health's internal sub-award management policies.

Project and Chemonics employees may not ask for, and applicants are prohibited from offering, any money, fee, commission, credit, gift, gratuity, thing of value, or compensation to obtain or reward improper favorable treatment regarding this solicitation. Any improper request from a project employee should be reported to the chief of party or BusinessConduct@chemonics.com.

Companies or organizations interested in submitting a proposal for the anticipated subcontract should send an email to Christian Domaas at hrh2030indonesia@gmail.com to request and receive templates for Annexes A-E.

Completed applications are due by 6:00pm Eastern Standard Time on Monday, January 31st, 2019.

Chemonics realizes that Offerors may have additional questions after reading this RFA. Interested Offerors can submit their questions to Christian Domaas at hrh2030indonesia@gmail.com by 6:00pm Eastern Standard Time on January 8th, 2019, to which answers will be posted on approximately, January 15th, 2019. If necessary, Chemonics will provide answers to all relevant questions received in an amendment that will be emailed directly to all interested Offerors who registered with Christian Domaas.

This RFA does not obligate Chemonics to execute a subcontract nor does it commit Chemonics to pay any costs incurred in the preparation and submission of the proposals. Furthermore, Chemonics reserves the right to reject any and all offers, if such action is considered to be in the best interest of Chemonics.

Annexes included with this Request for Applications:

- **Annex A** – Sub-Award Application Form
- **Annex B** – Sub-Award Application Budget Form
- **Annex C** – Implementation Timeline
- **Annex D** – Applicant Self-Assessment Form
- **Annex E** – Required Certifications

- Certification of “Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction (AAPD 14-03, August 2014)”
 - Prohibition on Providing Federal Assistance to Entities that Require Certain Internal Confidentiality Agreements – Representation (April 2015)
- **Annex F** – Mandatory and Required As Applicable Standard Provisions Standard Provisions for U.S. and Non-U.S. Nongovernmental organizations receiving a fixed amount award can be accessed through the following URL: <http://www.usaid.gov/sites/default/files/documents/1868/303mat.pdf>
- Standard Provisions for U.S. Nongovernmental recipients receiving all other types of grants can be accessed through following URL:
<http://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf>
 - Standard Provisions for Non-U.S., Nongovernmental recipients receiving all other types of grants can be accessed through the following URL:
<http://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>

Sincerely,

Christian Domaas
HRH2030 Indonesia

SECTION I. PROGRAM DESCRIPTION

IA. OBJECTIVE

USAID/Indonesia has requested HRH2030 Indonesia to develop and implement activities under a scope of work aimed at building, managing and optimizing the MNH workforce, focusing primarily on nurses and midwives. In support of this effort, HRH2030 Indonesia is awarding one sub-award to an international midwifery firm to strengthen the capacity of health workers to deliver high-quality services to improve Maternal and Newborn Health (MNH) outcomes in Indonesia.

IB. BACKGROUND

HRH2030 Indonesia - is an 18-month project financed by USAID and implemented by Chemonics International. As a global cooperative agreement, Human Resources for Health in 2030 (HRH2030) supports USAID/Washington and field missions in strengthening human resources for health (HRH) across 42 priority countries to increase the accessibility, availability, acceptability, and quality of the health workforce needed to improve health outcomes and advance universal health coverage. HRH2030 is designed to 1) increase performance and productivity of the health workforce, 2) increase the number, skill mix, and competency of the health workforce, 3) strengthen HRH/HSS leadership and governance capacity and, 4) increase sustainability of investment in the health workforce. With Chemonics International as the prime implementing partner, HRH2030 consortium partners include: Palladium, URC, ThinkWell, AIHA, Amref Health Africa, and Open Development.

Supporting a diverse population of more than 260 million people living across 17,000 archipelagos and an estimated 4.2 million births annually, the Government of Indonesia (GOI) is committed to ending preventable maternal and child deaths (EPMCD). However, challenges to achieve optimal MNH outcomes in Indonesia remain. Despite significant investments to ensure that pregnant mothers deliver with the support of a skilled health professional (83% in 2012), newborn mortality has effectively stagnated from 2002 to 2012, at 20 deaths and 19 deaths per 1,000 live births, respectively (GOI BPS 2013). Socioeconomic determinants and inequities affect neonatal health outcomes, with rural, poorer, and less educated families nearly three times more likely to experience neonatal death (GOI BPS 2013). The maternal mortality rate (MMR) in Indonesia was estimated at 359 deaths per 100,000 live births (GOI BPS 2013), which is higher than many other countries in the region with similar economic status (EMAS 2015).

According to a retrospective chart review of 76 early neonatal deaths in six Indonesian hospitals (Wandita et al. in press), poor quality of care—including inadequate treatment and monitoring (43.4%), delays to initiate treatment (32.9%), and incorrect diagnoses (30.3%) — as well as ineffective referrals contribute to high rates of preventable newborn deaths. Delays in provider decision-making for care took place in about one-third (30.8%) of cases, whereas delays on behalf of family members to seek care occurred in about one-quarter of cases (25.6%). Further, the Expanding Maternal and Neonatal Survival (EMAS) Program review of 112 maternal deaths in 12 hospitals, HRH unavailability and inappropriate clinical management may have contributed to a majority of preventable deaths. Nearly three-fourths (72%) of cases should have survived, and another quarter (24%) could have survived with proper care (EMAS 2015).

These outcomes implore attention to the human resources for health (HRH) who drive the health systems for MNH outcomes, including midwives, nurses, and doctors, such as obstetrician- gynecologists (OB-GYNs) and pediatricians. Action is needed to build quality clinical skills, address inefficient planning, deployment, tracking and management approaches, and ensure the availability, accessibility and

accountability of a well-qualified and well-trained workforce that has the skills mix necessary to respond to the MNH needs of the population.

IC. DETAILED PROGRAM DESCRIPTION

Activity Purpose and Overview

In support of this effort to improve the health workforce to respond to the maternal newborn health needs of Indonesia, USAID/Indonesia has requested HRH2030 Indonesia to develop and implement activities under a scope of work aimed at building, managing and optimizing the MNH workforce. The “Optimizing the MNH Workforce” activity will focus primarily on nurses and midwives. HRH2030 Indonesia conducted a scoping assessment in September 2018 to better inform the activities, as well as to provide recommendations to USAID for future investments. Based on the assessment and resulting recommendations, HRH2030 Indonesia has proposed a scope of work that has the following objectives, deemed as priority for responding to the identified issues and needs:

- Improve management, tracking and distribution of midwives
- Develop/test a model for deployment to help inform policy that ensures appropriate assignments of HRH to facilities
- Develop a model for improving midwives’ clinical competency
- Improve the quality of registration, licensing and CME for practitioners

Within the last two objectives noted above, several key challenges that are critical for optimization of the MNH-focused health workforce we identified:

- Limited accountability for dual practice & absenteeism
- Insufficient support for quality MNH service provision
- Limited interpretation and implementation of MNH task shifting / sharing
- Inadequate MNH inter-professionalism
- Insufficient skills for quality MNH service provision
- Insufficient site-level understanding and use of HRH and service delivery data for improvement

Under the “Optimizing the MNH Workforce” activity, HRH2030 Indonesia anticipates engaging an internationally recognized nursing and/or midwifery firm (“Firm”) to provide capacity strengthening and support to nurse and midwife leaders in Indonesia. The Firm should have experience strengthening the capacity of midwives and other health care professionals in developing countries including the development and implementation of in-service training systems, integrated pre-service strengthening, strengthening of midwifery and other health professions and community education and mobilization. The Firm will be engaged for a targeted scope of work to support activities under the HRH2030 Indonesia scope of work to support building, management and optimizing the MNH Workforce in Indonesia, which is still under discussion. The scope of work for this Firm is contingent upon workplan finalization and subject to change at any time.

Proposed Activities

The Firm will support HRH2030 Indonesia in the following activities, addressing the challenges identified (see above) from the scoping visit. Specifically, the Firm will assign expert midwife consultants to provide intensive skills support for midwives in key maternal newborn health interventions under a model of capacity development that uses an approach to develop a pathway to create enabling environment for sustained quality of care improvements.

It is anticipated that some preparation, coordination, and stakeholder engagement activities will take place at the central-level in Jakarta. The majority of activities will take place in two (2) USAID priority MNH

provinces: (1) South Sulawesi, and (2) one of the following provinces on Java Island: Banten, Central Java, East Java, or West Java.

Illustrative HRH2030 Indonesia activities that the Firm may support include:

1. Developing a model for improving midwives' clinical competency

Providing strategic and scalable technical assistance for MNH-focused health workers to respond effectively to primary causations of adverse MNH outcomes. The Firm will be engaged to promote global best practices, helping MNH professionals integrate evidence into applied practice, and investing in sustainable and scalable approaches to institutionalize the assistance in CPD, IST and CME, possibly making use of the country's 500 teaching hospitals as core sites. Rather than the traditional model of a team who visits, provides face-to-face support, and departs, HRH2030 Indonesia will seek to capture and emulate their skills-building approaches and amplify them through training of trainers, mentoring, video / blended learning modules to address priority skills identified through other HRH2030 Indonesia-supported activities. The vision is to "get it right" at a model practice site in each of the two selected provinces to emulate approaches for positive deviance by documenting, sharing, and continuing to promote excellence for midwives for their continuing professional development, whether mandated in-service training, CME, or other needs-based skills building. Public and private providers, as well as provincial association chapters, teaching hospitals, university faculty members, and other stakeholders should be engaged when appropriate.

- Reviewing national and international standards of practice for nurses and midwives to define priority competencies to integrate into the HRH2030 Indonesia rapid task analysis tool.
 - Review rapid task analysis results for key maternal newborn health interventions as a method to document a baseline, monitor progress and institutionalize clinical competency development activities
- Designing, testing and piloting a model to provide intensive skills support that focuses on midwives with roles as supervisors and faculty and addresses both clinical skills and clinical environment to promote increased quality of care. Focus skills for training and development at in-service levels include:
 - Normal Physiologic Birth
 - Basic vitals: blood pressure, use of digital data to monitor patients, risk assessments
 - Neonatal Resuscitation
 - Emergency-based skills (PPH, PIH, BEmONC and CEmONC)
 - Antenatal /Postnatal care, specifically on the first week postpartum, where adverse maternal outcomes were documented
 - Infection prevention and control (IPC)
 - Management of women's primary health care within the Indonesian context
- Supporting HRH2030 Indonesia to explore blended learning options using eLearning or mLearning to continue extend skills support.
- Supporting HRH2030 Indonesia in the development of a supportive supervision process, including quality improvement approaches and/or digital self-assessment checklists or job aids that involves key stakeholders at the DHO and PHO level and leverages the intensive skills support provided.
- Providing technical support/skills building on the development of interprofessional teams to ensure that roles and responsibilities in maternal and newborn health care are well defined, understood and practiced. This interprofessional team skills building would be conducted in select facilities and tested for scale up by other stakeholders, including for supportive supervision and continuing professional development.
- Monitoring, adapting, documenting and evaluating approaches; disseminating best practices and lessons learned through appropriate local, national, and global channels.

- With support from a technical team, providing mentoring and capacity building support to use relevant data sources and inform ways to address accreditation backlogs, bottlenecks and gaps and improve the rigor of registration, licensing, CPD and re-licensure processes

ID. AUTHORITY/GOVERNING REGULATIONS

HRH2030 Indonesia sub-awards awards are made under the authority of the U.S. Foreign Affairs Act and USAID’s Advanced Directive System (ADS) 302.3.5.6, “Grants Under Contracts.” Awards made to non-U.S. organizations will adhere to guidance provided under [ADS Chapter 303](#), “Grants and Cooperative Agreements to Non-Governmental Organizations” and will be within the terms of the USAID Standard Provisions as linked in the annexes, as well as the HRH2030 Indonesia sub-awards procedures.

ADS 303 references two additional regulatory documents issued by the U.S. Government’s Office of Management and Budget (OMB) and the U.S. Agency for International Development:

- 2 CFR 200 [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E](#) (U.S. applicants are subject to 2 CFR 200 in its entirety)
- 2 CFR 700, USAID’s [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#) (only applicable to U.S. Applicants)

Full text of 2 CFR 200 can be found at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl and 2 CFR 700 at <http://www.ecfr.gov/cgi-bin/text-idx?SID=531ffcc47b660d86ca8bbc5a64eed128&mc=true&node=pt2.1.700&rgn=div5>. HRH2030 Indonesia is required to ensure that all organizations receiving USAID sub-award funds comply with the guidance found in the regulations referenced above, as applicable to the respective terms and conditions of their sub-awards.

Under the HRH2030 Indonesia program, USAID retains the right at all times to terminate, in whole or in part, HRH2030 Indonesia sub-award making authorities.

SECTION II. AWARD INFORMATION

HRH2030 Indonesia anticipates awarding a fixed price award, with a maximum of \$145,000 USD for this activity. It is anticipated that the sub-award will be a fixed price and may not exceed \$145,000, but the final amount will be dependent upon sub-award activities and final negotiation and may be lower than this amount. The duration of any sub-award under this solicitation is expected to be no more than 16 months, with an estimated start date under this solicitation of approximately March 1st, 2019.

SECTION III. ELIGIBILITY

IIIA. ELIGIBLE RECIPIENTS Applicants must have a registered Tax ID number, must be able to obtain a Memorandum of Understanding with the Ministry of Health of Indonesia to ensure good standing to be able to operate in Indonesia, formally constituted, recognized by and in good standing with appropriate Indonesian authorities, and compliant with all applicable civil and fiscal regulations.

- Applicants may only submit one application per prime organization under this RFA.

- Applicants must be able to demonstrate successful past performance in implementation of integrated development programs related to HRH2030 Indonesia’s priority areas.
- Applicants must have established outreach capabilities with linkages to the beneficiary group(s) identified in the program description. This should be reflected by the incorporation of the beneficiary perspective in the application.
- Applicants must display sound management in the form of financial, administrative, and technical policies and procedures and present a system of internal controls that safeguard assets; protect against fraud, waste, and abuse; and support the achievement of program goals and objectives. HRH2030 Indonesia will assess this capability prior to awarding a sub-award.
- The following are required to be submitted as part of the application package in response to an RFA found in Annex E.
 - Certification of “Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction (AAPD 14-03, August 2014)”
 - Prohibition on Providing Federal Assistance to Entities that Require Certain Internal Confidentiality Agreements – Representation (April 2015)
- Additionally, applicants must sign the required certifications attached to this solicitation (Annex E) and HRH2030 Indonesia will review them with applicants.
- For any sub-award award(s) resulting from this solicitation that is other than in-kind and equivalent to \$25,000 USD or more, sub-awardees will be required to provide a Data Universal Numbering System (DUNS) number at the time of award. If the applicant already has a DUNS number it should be included in their application. Otherwise, applicants will be expected to get a DUNS number before an award is made. The HRH2030 Indonesia activity will assist successful applicants with this process. DUNS numbers can be obtained online at <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>
- The project will work with the successful sub-awardee to draft a marking and branding plan which will be annexed to the sub-award agreement.
- Faith-based and community groups will receive equal opportunity for funding in accordance with the mandated guidelines laid out in ADS 303.3.28 except for faith-based organizations whose objectives are for discriminatory and religious purposes, and whose main objective of the sub-award is of a religious nature.

HRH2030 Indonesia encourages applications from new organizations who meet the above eligibility criteria, as well as firms that demonstrate the following:

- Clinical expertise in maternal and newborn health (i.e., nursing and/or midwifery)
- Technical expertise and experience developing, conducting, and monitoring capacity building interventions for nurses and/or midwives to improve maternal and newborn health outcomes, including pedagogical and programmatic approaches such as: eLearning, blended learning, mHealth, and cascade trainings
- Experience in human resources for health (HRH) development and strengthening, including continuing professional development, in-service training, and supportive supervision.
- Experience collaborating with key stakeholders such as the Ministry of Health, professional councils, district health management teams, and other health stakeholders to design, develop,

implement, and evaluate activities, as well as to promote institutionalization for long-term sustainability

- Understanding of health systems, particularly in ASEAN or other relevant contexts
- Cross-cultural experience required; working proficiency in Bahasa advantageous, not required
- Strong intercultural communication skills
- Familiarity with USAID-funded activities strongly preferred
- Ability to travel to Indonesia and to selected sites within Indonesia to support skills building activities

SECTION IV – APPLICATION AND SUBMISSION INFORMATION

IVA. INSTRUCTIONS TO APPLICANTS

Applicants must propose strategies for the implementation of the program description described above, introducing innovations that are appropriate to their organizational strengths.

IVA1. APPLICANT SELF-ASSESSMENT

All organizations selected for award are subject to a pre-award risk assessment conducted by HRH2030 Indonesia, to ascertain whether the organization has the minimum management capabilities required to handle US government funds. The applicant self-assessment is the first step in the pre-award risk assessment process. The Applicant Self-Assessment Form is contained in Annex D.

Instructions and a template for the full application are in Annex A. Applicants that submit full applications that meet or exceed the merit review criteria will be notified of next steps in the application process.

IVA2. SUB-AWARD APPLICATION

Templates to be utilized when developing the application are provided in Annex A-E. Applicants shall present their technical application and budget in the formats provided and shall follow the instructions and guidelines listed in these annexes.

All sub-award activity costs must be within the normal operating practices of the Applicant and in accordance with its written policies and procedures. For applicants without an audited indirect cost rate, the budget may include direct costs that will be incurred by the Applicant to provide identifiable administrative and management costs that can be directly attributable to supporting the sub-award objective.

The application must be signed by an authorized agent of the Applicant.

IVA3. INELIGIBLE EXPENSES

HRH2030 Indonesia sub-award funds may not be utilized for the following:

- Construction or infrastructure activities of any kind.
- Ceremonies, parties, celebrations, or “representation” expenses.
- Purchases of restricted goods, such as: restricted agricultural commodities, motor vehicles including motorcycles, pharmaceuticals, medical equipment, contraceptive products, used equipment; without the previous approval of HRH2030 Indonesia, or prohibited goods,

prohibited goods under USAID regulations, including but not limited to the following: abortion equipment and services, luxury goods, etc.

- Alcoholic beverages.
- Purchases of goods or services restricted or prohibited under the prevailing USAID source/nationality (Cuba, Iran, North Korea and Syria).
- Any purchase or activity, which has already been made.
- Purchases or activities unnecessary to accomplish sub-award purposes as determined by the HRH2030 Indonesia Project.
- Prior obligations of and/or, debts, fines, and penalties imposed on the Sub-Awardee.
- Creation of endowments.

IVB. APPLICATION AND SUBMISSION INFORMATION

Applications (Technical and budget proposals and supporting documentation) should be submitted in English and electronically to the HRH2030 Indonesia team at hrh2030indonesia@gmail.com and should reference RFA No. HRH2030 Indonesia MNH-001. Applications must be submitted no later than 6:00pm Eastern Standard Time, on Monday, January 31st, 2019. Late or unresponsive applications will not be considered.

Applicants should submit the following to HRH2030 Indonesia:

- Sub-Award Application (**Annex A**), the Sub-Award Application should not exceed **15 pages**
- Detailed Budget (**Annex B**)
- Implementation Plan Timeline (**Annex C**)
- Applicant Self-Assessment form (**Annex D**)
- Signed and dated Required Certifications listed under section III.A (**Annex E**)
- A copy of the Applicant’s organizational chart
- CVs for all sub-award personnel
- A copy of the Applicant’s valid legal registration,
- A copy of their latest audited financial statements.

Please submit all questions concerning this solicitation to the attention of Christian Domaas via email to hrh2030indonesia@gmail.com. HRH2030 Indonesia will assist applicants in understanding the application process, and can provide coaching in application development at the request of applicants.

SECTION V. APPLICATION MERIT REVIEW CRITERIA

Full applications will be evaluated against the merit review criteria in the table below.

Merit Review Category	Rating (Points)
Clinical expertise in MNH and midwifery	30
Skills building approach	25
Approach to improve licensing, accreditation and CME	15
Sustainability/ Self-Reliance	10
Cost Effectiveness	10
Past Performance	10
Overall Rating (out of 100 points)	100

These merit review criteria elements are described more fully below.

A. *Clinical expertise in MNH and midwifery.* The application should demonstrate that the proposed team members include certified nurses, midwives and/or nurse midwives qualified to both provide and train others to provide safe and compassionate care in support of reducing maternal and newborn morbidity and mortality, and optimizing impact of the MNH workforce. The applicant should demonstrate an understanding of the Indonesian context, including the social, cultural, and economic determinants of maternal and newborn health. The application should demonstrate the organization's effectiveness in terms of internal structure, technical capacity, and key personnel, in meeting MNH goals, and reputation as leaders in the nursing and/or midwifery professions. Considerations will be based principally on the background, qualifications, reputation, appropriateness and skills of its key personnel; and the "track record," reputation of the firm. **30 points**

B. *Skills building approach.* The quality and feasibility of the application in terms of the viability of the proposed technical approach, (i.e., the proposed technical approach can reasonably be expected to produce the intended outcomes), appropriateness of the proposed methodology, innovativeness, and the work plan for achieving project objectives. The application should demonstrate the applicant's experience strengthening the capacity of midwives and other health care professionals in developing countries, including: to develop, implement and monitor in-service training systems and approaches; to strengthen midwifery and other health professions (including to strengthen effective interprofessional approaches), linking with pre-service education institutions. The application should recommend approaches for and demonstrate applicant's experience applying strong intercultural skills for effective skills building. The extent to which pedagogical and programmatic approaches build upon existing systems and include appropriate use of eLearning, blended learning, mHealth and cascade trainings will be considered. Applicants should leverage opportunities for collaboration with existing MNH skills building initiatives and best practices in Indonesia and the ASEAN community. The skills building approach must directly contribute to the achievement of Indonesia's goals to end preventable maternal and newborn deaths and improve MNH outcomes, and should be measurable. Evaluation of approaches may include either approaches proven to be effective or new untried approaches with promise. Proposed mechanisms for monitoring and evaluation with objectively measurable indicators will also be appraised. **25 points**

C. *Approach to improve licensing, accreditation and CME.* The quality and feasibility of the application in terms of the viability of the proposed technical approach to support and strengthen the role and processes of provincial midwifery associations and other stakeholders to ensure timely, high quality licensing, accreditation and CME (i.e., the proposed technical approach can reasonably be expected to produce the intended outcomes), appropriateness of the proposed methodology, innovativeness, and the work plan for achieving project objectives. Evidence of the capability to undertake and accomplish the proposed activities and positively strengthen the environment for accountability, quality and professional development to improve MNH outcomes. **15 points**

D. *Sustainability/ Self-Reliance.* The extent to which the funded activity will result in building and strengthening the capacity of national, provincial, district, and local stakeholders, and whether the activity itself is sustainable or will promote sustainability of the organization. **15 points**

E. *Cost Effectiveness.* The degree to which budgeting is clear and reasonable and reflects best use of organizational and sub award resources. **10 points**

F. *Past Performance.* Previous or ongoing experience implementing similar activities. This examines an Applicant's references and experience, which is a critical factor in assessing the capacity of the organization to implement the activity. **10 points**

Additionally, HRH2030 Indonesia will ensure environmental soundness and compliance in design and implementation as required by 22 CFR 216.

SECTION VI. AWARD AND ADMINISTRATION INFORMATION

All sub-awards will be negotiated, denominated and funded in Indonesian Rupiah or *USD* depending on the origin of the organization.

All costs funded by the sub-award must be allowable, allocable and reasonable. Sub-award applications must be supported by a detailed and realistic budget as described in Section IV.

Issuance of this RFA and assistance with application development do not constitute an award or commitment on the part of HRH2030 Indonesia, nor does it commit HRH2030 Indonesia to pay for costs incurred in the preparation and submission of an application. Further, HRH2030 Indonesia reserves the right to accept or reject any or all applications received and reserves the right to ask further clarifications from the offerors. Applicants will be informed in writing of the decision made regarding their application.

SECTION VII. ANNEXES

(See Attachments for Annexes A-E)

- **Annex A** – Sub-Award Application Form
- **Annex B** – Sub-Award Budget
- **Annex C** – Implementation Timeline
- **Annex D** – Applicant Self-Assessment Form
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<http://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf>
 - Standard Provisions for Non-U.S., Nongovernmental recipients receiving all other types of grants can be accessed through the following URL:
<http://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>