

## PROPOSAL FORM – ROUND 9 (SINGLE COUNTRY APPLICANTS)

|  |   |                                  |                                  |
|--|---|----------------------------------|----------------------------------|
| <b>Applicant Name</b>  | Country Coordinating Mechanism          |                                  |                                  |
| <b>Country</b>   | Malaysia                                |                                  |                                  |
| <b>Income Level</b><br><i>(Refer to list of income levels by economy in Annex 1 to the Round 9 Guidelines)</i> | Upper-middle income                     |                                  |                                  |
| <b>Applicant Type</b>  | <input checked="" type="checkbox"/> CCM | <input type="checkbox"/> Sub-CCM | <input type="checkbox"/> Non-CCM |

| Round 9 Proposal Element(s): |  |   |  |
|------------------------------|--|---|--|
| Disease                      | Title  | Does this disease include cross-cutting Health Systems Strengthening interventions in part 4B?<br><i>(include in <u>one</u> disease only)</i> | Is this a 're-submit' of the same disease proposal not recommended in Round 8? |
| HIV <sup>1</sup>             | Scaling up HIV prevention among Most-at-Risk populations in Malaysia | No  | No   |
| Tuberculosis <sup>1</sup>    |  |   |  |
| Malaria                      |  |   |  |

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <b>If this is a Round 8 proposal being re-submitted, have the TRP Review Form comments been clearly addressed in s.4.5.2?</b>  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Are there major new objectives compared to the Round 8 proposal that is being re-submitted?</b> If yes, please provide a summary of the changes in the box below <u>by each disease re-submission and section number.</u> | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |

|                 |                              |    |  |
|-----------------|------------------------------|----|--|
| <b>Currency</b> | <input type="checkbox"/> USD | or | <input checked="" type="checkbox"/> EURO |
|-----------------|------------------------------|----|--|

**Deadline for submission of proposals:** **12 noon, Local Geneva Time,  
 Wednesday 31 May 2009**

<sup>1</sup> Different HIV and tuberculosis activities are recommended for different epidemiological situations. **For further information:** see the 'WHO Interim policy on collaborative TB/HIV activities' available at: [http://www.who.int/tb/publications/tbhiv\\_interim\\_policy/en/](http://www.who.int/tb/publications/tbhiv_interim_policy/en/)

## INDEX OF SECTIONS and KEY ATTACHMENTS FOR PROPOSALS

'+' = A key attachment to the proposal. These documents **must** be submitted with the completed Proposal Form. Other documents may also be attached by an applicant to support their program strategy (*or strategies if more than one disease is applied for*) and funding requests. Applicants identify these in the 'Checklists' **at the end of** s.2 and s.5.

1. **Funding Summary and Contact Details**
2. **Applicant Summary (including eligibility)**
- + **Attachment C: Membership details of CCMs or Sub-CCMs**

*Complete the following sections for each disease included in Round 9:*

3. **Proposal Summary**
4. **Program Description**  
4B. HSS cross-cutting interventions strategy \*\*
5. **Funding Request**  
5B. HSS cross-cutting funding details \*\*

*\*\* Only to be included in one disease in Round 9. Refer to the [Round 9 Guidelines](#) for detailed information.*

- + **Attachment A: 'Performance Framework'** (Indicators and targets)
- + **Attachment B: 'Preliminary List of Pharmaceutical and Health Products'**
- + **Detailed Work Plan:** Quarterly for years 1 - 2, and annual details for years 3, 4 and 5
- + **Detailed Budget:** Quarterly for years 1 - 2, and annual details for years 3, 4 and 5

### **IMPORTANT NOTE:**

**Applicants are strongly encouraged to read the [Round 9 Guidelines](#) fully before completing a Round 9 proposal. Applicants should continually refer to these Guidelines as they answer each section in the proposal form. All other Round 9 Documents are available [here](#).**

A number of recent Global Fund Board decisions have been reflected in the Proposal Form. The [Round 9 Guidelines](#) explain these decisions in the order they apply to this Proposal Form. Information on these decisions is available at:

[http://www.theglobalfund.org/documents/board/16/GF-BM16-Decisions\\_en.pdf](http://www.theglobalfund.org/documents/board/16/GF-BM16-Decisions_en.pdf).

Since Round 7, efforts have been made to simplify the structure and remove duplication in the Proposal Form. The [Round 9 Guidelines](#) therefore contain the **majority of instructions** and examples that will assist in the completion of the form.

## 1. FUNDING SUMMARY AND CONTACT DETAILS

### 1.1. Funding summary:

| Disease  | Total funds requested over proposal term |           |            |            |            |                   |
|--|--|-----------|------------|------------|------------|-------------------|
|  | Year 1                                   | Year 2    | Year 3     | Year 4     | Year 5     | Total             |
| HIV  | 9,258,765                                | 7,655,921 | 12,851,580 | 12,639,964 | 13,064,364 | 55,470,595        |
| Tuberculosis   |  |           |            |            |            |                   |
| Malaria  |  |           |            |            |            |                   |
| HSS cross-cutting interventions section 4B and 5B within <i>[insert name of the one disease which includes s.4B. and s.5B. only if relevant]</i> |  |           |            |            |            |                   |
| <b>Total Round 9 Funding Request →:</b>  |  |           |            |            |            | <b>55,470,595</b> |

### 1.2. Contact details:

|                        | Primary contact  | Secondary contact  |
|------------------------|--|--|
| <b>Name</b>            | Dr Masitah Binti Mohamed   | Dr Kanagalingam K. Kulasingam  |
| <b>Title</b>           | Secretariat Officer  | Technical Adviser  |
| <b>Organization</b>    | CCM  | CCM  |
| <b>Mailing address</b> | Disease Control Division,<br>AIDS/STD Section,<br>Department of Public Health,<br>Ministry of Health Malaysia,<br>Level 4, Block E10, Parcel E,<br>Federal Government<br>Administration Complex,<br>62590-Putrajaya, Malaysia. | Disease Control Division,<br>AIDS/STD Section,<br>Department of Public Health,<br>Ministry of Health Malaysia,<br>Level 4, Block E10, Parcel E,<br>Federal Government<br>Administration Complex,<br>62590-Putrajaya, Malaysia. |
| <b>Telephone</b>       | +603 8883 4270   | +6012 618 0024   |
| <b>Fax</b>             | +603 8883 4285   | +603 8883 4285   |

|                                 |                       |                    |
|---------------------------------|-----------------------|--------------------|
| <b>E-mail address</b>           | dr.masitah@moh.gov.my | kkkana@yahoo.com   |
| <b>Alternate e-mail address</b> | itaimran@yahoo.com.my | kanakula@yahoo.com |

### 1.3. List of Abbreviations and Acronyms used by the Applicant

| <b>Acronym/<br/>Abbreviation</b> | <b>Meaning</b>                      |
|----------------------------------|-------------------------------------|
| <b>AIDS</b>                      | Acquired Immune Deficiency Syndrome |
| <b>ART</b>                       | Antiretroviral Therapy              |
| <b>CCM</b>                       | Country Coordinating Mechanism      |
| <b>DIC</b>                       | Drop-in Centre                      |
| <b>DST</b>                       | Drug Substitution Therapy           |
| <b>GoM</b>                       | Government of Malaysia              |
| <b>HIV</b>                       | Human Immunodeficiency Virus        |
| <b>ID</b>                        | Infectious Diseases                 |
| <b>IDU</b>                       | Injecting Drug User                 |
| <b>KAP</b>                       | Key Affected Population             |
| <b>LFA</b>                       | Local Fund Agent                    |
| <b>MAC</b>                       | Malaysian AIDS Council              |
| <b>MAF</b>                       | Malaysian AIDS Foundation           |
| <b>MARP</b>                      | Most at Risk Population             |
| <b>MMT</b>                       | Methadone Maintenance Therapy       |
| <b>MoH</b>                       | Ministry of Health                  |
| <b>MSM</b>                       | Men who have Sex with Men           |
| <b>NSP</b>                       | National Strategic Plan             |
| <b>OST</b>                       | Opioid substitution treatment       |
| <b>PLHIV</b>                     | Person/People Living with HIV       |
| <b>PR</b>                        | Principal Recipient                 |
| <b>SDAs</b>                      | Service Delivery Areas              |
| <b>SR</b>                        | Sub Recipient                       |
| <b>STD</b>                       | Sexually Transmitted Disease        |
| <b>SW</b>                        | Sex Worker                          |
| <b>VCT</b>                       | Voluntary Counseling and Testing    |
|                                  |                                     |

## 2. APPLICANT SUMMARY (including eligibility)

**CCM applicants:** Only complete section 2.1. and 2.2. and **DELETE** sections 2.3. and 2.4.  
**Sub-CCM applicants:** Complete sections 2.1. and 2.2. and 2.3. and **DELETE** section 2.4.  
**Non-CCM applicants:** Only complete section 2.4. and **DELETE** sections 2.1. and 2.2. and 2.3.

### **IMPORTANT NOTE:**

Different from Round 7, 'income level' eligibility is set out in s.4.5.1 (focus on poor and key affected populations depending on income level), and in s.5.1. (cost sharing).

## 2.1. Members and operations

### 2.1.1. Membership summary

| Sector Representation  | Number of members |
|--|-------------------|
| x Academic/educational sector  | 2                 |
| x Government   | 11                |
| x Non-government organizations (NGOs)/community-based organizations  | 1                 |
| x People living with the diseases  | 3                 |
| x People representing key affected populations <sup>2</sup>  | 7                 |
| x Private sector   | 1                 |
| x Faith-based organizations  | 2                 |
| x Multilateral and bilateral development partners in country   | 2                 |
| x Other ( <i>please specify</i> ):   | 1                 |
| <b>Total Number of Members:</b><br>(Number must equal number of members in <a href="#">'Attachment C'</a> <sup>3</sup> ) | <b>30</b>         |

<sup>2</sup> Please use the [Round 9 Guidelines](#) definition of *key affected populations*.

<sup>3</sup> **Attachment C** is where the CCM (or Sub-CCM) lists the names and other details of all current members. This document is a mandatory attachment to an applicant's proposal. It is available at: [http://www.theglobalfund.org/documents/rounds/9/AttachmentC\\_en.xls](http://www.theglobalfund.org/documents/rounds/9/AttachmentC_en.xls)

**2.1.2. Broad and inclusive membership**

|  |                             |       |
|--|-----------------------------|-------|
| Since the last time you applied to the Global Fund (and were determined compliant with the minimum requirements):  |                             |       |
| (a) Have non-government sector members ( <i>including any new members since the last application</i> ) continued to be transparently selected <u>by their own sector</u> ; and | <input type="checkbox"/> No | x Yes |
| (b) Is there continuing active membership of people living with and/or affected by the diseases.   | <input type="checkbox"/> No | x Yes |

### 2.1.3. Member knowledge and experience in cross-cutting issues

#### Health Systems Strengthening

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the CCM or Sub-CCM.

- (a) Describe the capacity and experience of the CCM (or Sub-CCM) to consider how health system issues impact programs and outcomes for the three diseases.

The CCM is chaired by the Malaysian Deputy Minister for Health and has as members, key authorities from the Infectious Diseases Unit of the Ministry of Health, including the Director of Disease Control, Deputy Director for HIV/AIDS and Chief Consultant Infectious Disease Physician. CCM members from NGOs have long experience of working with the health system to gain access to health services for most-at-risk populations.

#### Gender awareness

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

- (b) Describe the capacity and experience of the CCM (or Sub-CCM) in gender issues including the number of members with requisite knowledge and skills.

Ten (of 30) members of the CCM are women, including the Chairperson and Vice Chairperson. There is one representative from the MSM and Transsexual communities respectively. Representatives of the NGOs and MARPs have a long history and significant involvements with gender based work, and have participated in international conferences and workshops on gender-appropriate approaches to HIV work. These include representatives from the Malaysian AIDS Council, International Planned Parenthood Federation, Federation of Reproductive Health Associations and PT Foundation:

- The Malaysian AIDS Council (1 representative) is an umbrella body for more than 40 organisations dealing with HIV/AIDS and has worked with these organizations to develop gender policies for HIV work in Malaysia.
- The International Planned Parenthood Federation (1 representative) is a global service provider and a leading advocate of sexual and reproductive health and rights for all.
- The Federation of Reproductive Health Associations (1 representative) is a federation of 13 state member associations comprising State Family Planning Associations, Family Health Associations, Family Health Development Associations and Reproductive Health Associations.
- PT Foundation (6 representatives) is a leading community-based organisation doing HIV/AIDS prevention, care and support work among 5 marginalised communities ie. Injecting Drug Users, Men Who have Sex with Men, People Living with HIV, Sex Workers and Transsexuals.

Government representatives from the Ministry of Health have participated in international conferences and workshops on gender-appropriate approaches to HIV work with most-at-risk populations and have formulated gender policies for health work in Malaysia

#### Multi-sectoral planning

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

|  |
|--|
| (c) Describe the capacity and experience of the CCM (or Sub-CCM) in multi-sectoral program design.   |
| <p>Most of the HIV/AIDS programmes among MARPs in the country are carried out by the partner organisations of the Malaysian AIDS Council. Most recently the MAC Action Plan (<b>Annex 3</b>) was developed during extensive workshops among the partner organisations with involvement of the HIV/AIDS unit of the Ministry of Health.</p> <p>Involvement of the Government is strong and the Ministry of Health has been working with and funding NGOs to plan and carry out HIV/AIDS work for more than 10 years. Representation from the private sector and faith-based organizations ensures a broad cross-section of views and experiences is brought to bear on the issues discussed at the CCM.</p> |

## 2.2. Eligibility

### 2.2.1. Application history

|   |   |
|---|---|
| <i>'Check' one box in the table below and then follow the further instructions for that box in the right hand column.</i> |   |
| <input type="checkbox"/>  | Applied for funding in Round 7 and/or Round 8 <b>and</b> was determined as having met the minimum eligibility requirements.   |
| <input checked="" type="checkbox"/>   | <u>Last time applied</u> for funding was before Round 7 <b>or</b> was determined non-compliant with the minimum eligibility requirements when last applied.   |
|   | <p>→ <b>Complete all of sections 2.2.2 to 2.2.8 below.</b></p> <p>→ <b>First, go to 'Attachment D' and complete.</b></p> <p>→ <b>Then also complete sections 2.2.5 to 2.2.8 below (Do not complete sections 2.2.2 to 2.2.4)</b></p> |

### 2.2.2. Transparent proposal development processes

- Refer to the document '[Clarifications on CCM Minimum Requirements](#)' when completing these questions.
- Documents supporting the information provided below must be submitted with the proposal as clearly named and numbered annexes. Refer to the 'Checklist' after s.2.

|   |
|---|
| (a) Describe the process(es) used to invite submissions for possible integration into the proposal from a broad range of stakeholders <u>including civil society and the private sector, and at the national, sub-national and community levels.</u> <i>(If a different process was used for each disease, explain each process.)</i>   |
| <p>The call for Expressions of Interest was published in two national dailies, in English and Malay, on the 23<sup>rd</sup> of March 2009. Notices were also sent via e-mail to NGOs known to do HIV and AIDS work. Templates for Expressions of Interest submission were sent out together with the e-mails. Notices were also posted on the website along with downloads for the templates. Applicants were given one full week (deadline 30<sup>th</sup> of March 2009) to submit their applications by e-mail and fax.</p> <p><b>Ref : Advertisements (Annex 34 &amp; 35) and e-mail (Annex 36)</b></p>   |
| (b) Describe the process(es) used to transparently review the submissions received for possible integration into this proposal. <i>(If a different process was used for each disease, explain each process.)</i>  |
| <p>A Proposal Review Committee (PRC) was mandated by the Proposal Working Group (PWG) to evaluate Expressions of Interest and SR applications. The selection of the PRC members was on the basis of individuals without vested interest or potential recipients of the Global Fund grant.</p> <p>The Expressions of Interest were then compiled and submitted to the PRC for evaluation. Evaluation guidelines were developed to lead the evaluation process. Upon completion of the review process, the PRC submitted its recommendations to the Country Coordinating Mechanism (CCM) for endorsement.</p> <p><b>Ref : Minutes of Proposal Review Committee Meeting (Annex 38), EOI &amp; SR Evaluation Form</b></p> |

|   |   |
|---|---|
| <b>(Annex 54), Minutes of the 2<sup>nd</sup> CCM meeting (Annex 42)</b>   |   |
| (c) Describe the process(es) used to ensure the input of people and stakeholders <u>other than CCM (or Sub-CCM) members</u> in the proposal development process. <i>(If a different process was used for each disease, explain each process.)</i>   |   |
| <p>A National Consultative Workshop was conducted from 17-18 Mar 2009 to create awareness of Malaysia's intention to submit a proposal for Round 9 to the Global Fund. 25 organizations participated in the process. The main outputs from the consultative workshop include identification of most at risk populations (MARPS) and critical areas of HIV intervention for the development of Service Delivery Areas (SDAs).</p> <p><b>(Annex 39)</b></p> |   |
| (d) <b>Attach</b> a signed and dated version of the minutes of the meeting(s) at which the members decided on the elements to be included in the proposal for all diseases applied for.   | <b>Minutes of the 2<sup>nd</sup> CCM meeting (Annex 42)</b> |

### 2.2.3. Processes to oversee program implementation

|  |  |
|--|--|
| (a) Describe the process(es) used by the CCM (or Sub-CCM) to oversee program implementation.   |  |
| <p>As this will be the first grant, a CCM Oversight Committee will be established, with representation from the government, civil society and development partners. The committee will meet on a monthly basis, to review current grant oversight; proposal development oversight; plans for selection of new CCM members; and review of CCM Secretariat activities.</p> |  |
| (b) Describe the process(es) used to ensure the input of stakeholders <u>other than CCM (or Sub-CCM) members</u> in the ongoing oversight of program implementation.   |  |
| <p>The Oversight Committee will work closely with the PR and the Local Funding Agent (LFA) to ensure that reporting requirements are met. Reports will be submitted post each six monthly review and planning meeting. The LFA will support this process by ensuring regular monitoring of stakeholder participation, timely reporting by the PR and the CCM.</p>        |  |

### 2.2.4. Processes to select Principal Recipients

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. → [Refer to the Round 9 Guidelines for further explanation of the principles.](#) .

|   |  |
|---|--|
| (a) Describe the process used to make a transparent and documented selection of each of the Principal Recipient(s) nominated in this proposal. <i>(If a different process was used for each disease, explain each process.)</i>   |  |
| <p>The Proposal Working Group of the CCM agreed on the criteria for the PR selection which was then presented to the 2<sup>nd</sup> CCM meeting on 21 April 2009. The CCM unanimously nominated MAF as the PR pending clarification with respect to establishment of the Conflict of Interest Policies and MAF fulfilling the criteria (minutes of 2<sup>nd</sup> CCM). The Conflict of Interest and MAF eligibility were confirmed at the 3<sup>rd</sup> CCM Meet on 15 May 2009 . (minutes of 3<sup>rd</sup> CCM)</p> <p><b>Ref : PR Selection Criteria (Annex 45) , Conflict of Interest Policy (Annex 46)</b></p> |  |
| (b) <b>Attach</b> the signed and dated minutes of the meeting(s) at which the members decided on the Principal Recipient(s) for each disease.   | <b>Minutes of 2<sup>nd</sup> CCM meeting (Annex 42)</b><br><b>Minutes of 3<sup>rd</sup> CCM meeting (Annex 43)</b> |

### 2.2.5. Principal Recipient(s)

| Name   | Disease | Sector** |
|--|---------|----------|
| Malaysian AIDS Foundation                          | HIV     | NGO      |
|  |         |          |
|  |         |          |
| <i>[use "Tab" key to add extra rows if needed]</i> |         |          |

\*\* Choose a 'sector' from the possible options that are included in this Proposal Form at s.2.1.1.

### 2.2.6. Non-implementation of dual track financing

|   |
|---|
| Provide an explanation below if at least one government sector <u>and</u> one non-government sector Principal Recipient have not been nominated for each disease in this proposal.  |
| <p>As Malaysia is an Upper Middle Income country with a concentrated epidemic, it is only eligible for a Global Fund grant up to 35% of the total to be spent on HIV/AIDS among most-at-risk populations. The CCM took the decision that, as the Government of Malaysia was providing significant funding (EU22.5m/year) for HIV/AIDS services, including ART and other medical treatment and health activities for these populations, the country's greatest need was for scaling up activities directly aimed at most-at risk populations by organizations most likely to succeed in contacting and working with a significant number of these populations. In the Malaysian context, such organizations have generally been non-government organizations (NGOs) and the government has in the past provided a single grant to one large NGO to distribute to the remaining NGOs.</p> <p>As described in s. 2.2.4. the selection of the Principal Recipient was discussed on a number of occasions by the Country Coordinating Mechanism (CCM) of Malaysia; specifically during the first two CCM meetings on 10 March 2009 and 21 April 2009 (<b>Annexes 41 and 42</b>). While the possibility of a government PR was discussed, it was decided for the above reasons to channel funds through a single NGO PR.</p> <p>At the meeting on 21 April it was agreed unanimously by the CCM that the non-government organisation, the Malaysian AIDS Foundation (MAF), was the most appropriate legally constituted entity capable of entering into a grant agreement and carrying out the tasks of an NGO PR in Malaysia.</p> <p>As detailed in <i>The Aidspan Guide to Understanding Global Fund processes for Grant Implementation</i>, Second Edition, 2005, "To ensure local ownership and accountability, the Global Fund prefers that PRs be local stakeholders from the public or private sectors or civil society".</p> <p>The CCM of Malaysia endorsed the proposal of the Malaysian AIDS Foundation (MAF) as the Principal Recipient in recognition of the organisation's status and the demonstrated experience of its Project Implementation Unit in the administration of large scale HIV/AIDS grants and projects.</p> |

### 2.2.7. Managing conflicts of interest

|   |   |
|---|---|
| (a) Are the Chair <b>and/or</b> Vice-Chair of the CCM (or Sub-CCM) from the same entity as <u>any</u> of the nominated Principal Recipient(s) for any of the diseases in this proposal? | <input type="checkbox"/> Yes<br><i>provide details below</i>      |
|   | <input checked="" type="checkbox"/> No<br><i>→ go to s.2.2.8.</i> |

|  |  |
|--|--|
| (b) <b>If yes, attach</b> the plan for the management of actual and potential conflicts of interest. | <input type="checkbox"/> <b>Yes</b><br><a href="#">[ Annex 46]</a> |
|--|--|

**2.2.8. Proposal endorsement by members**

|   |  |  |
|---|--|--|
| <b>Attachment C – Membership information and Signatures</b> | <b>Has 'Attachment C'</b> been completed with the signatures of all members of the CCM (or Sub-CCM)? | <input checked="" type="checkbox"/> <b>Yes</b> |
|---|--|--|

**Section 2.3. and 2.4. Sub CCM and Non CCM Details - Not Applicable**

## Proposal checklist - Section 1 and 2

| Section 2: Eligibility            |  | List Annex Name and Number  |
|-----------------------------------|--|---|
| <b>CCM and Sub-CCM applicants</b> |  |   |
| 2.2.2(a)                          | Comprehensive documentation on <b>processes</b> used to <u>invite</u> submissions for possible integration into the proposal (if different processes used for each disease, attach as separate annexes).                                 | Advertisement in the STAR ( <b>Annex 34</b> )<br>Advertisement in KOSMO. ( <b>Annex 35</b> )<br>e-mail announcement and list of NGOs sent to. ( <b>Annex 36</b> )<br>Templates for Eol and SR selection Criteria. ( <b>Annex 37</b> )                         |
| 2.2.2(b)                          | Comprehensive documentation on <b>processes</b> used to <u>review</u> submissions for possible integration into the proposal (if different processes used for each disease, attach as separate annexes).                                 | Minutes of the Proposal Review Committee meeting on 1 Apr 2009. ( <b>Annex 38</b> )   |
| 2.2.2(c)                          | Comprehensive documentation on <b>processes</b> used to ensure the input of a broad range of stakeholders in the proposal development process  | Report of the National Consultative Workshop on 17 – 18 Mar 2009. ( <b>Annex 39</b> )   |
| 2.2.3(a)                          | Comprehensive documentation on processes to oversee grant implementation by the CCM (or Sub-CCM).  | Refer to Attachment D Requirement 4(b) and 5(b).  |
| 2.2.3(b)                          | Comprehensive documentation on processes used to ensure the input of a broad range of stakeholders in grant oversight process.   | CCM membership list ( <b>Annex 40</b> )   |
| 2.2.4(a)                          | Comprehensive documentation on processes used to select and nominate the Principal Recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated). If different processes used for each disease, then explain. | Minutes of the 2 <sup>nd</sup> CCM meeting, signed by the Executive Secretary. ( <b>Annex 42</b> )<br>Principal Recipient Selection Criteria Secretary. ( <b>Annex 45</b> )<br>Minutes of the 3 <sup>rd</sup> CCM meeting on 15 May 2009. ( <b>Annex 43</b> ) |
| 2.2.7                             | Documented procedures for the management of potential Conflicts of Interest between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism   | Conflict of Interest Policy submitted to the 3 <sup>rd</sup> CCM meeting on 15 May 2009. ( <b>Annex 46</b> )  |

## Proposal checklist - Section 1 and 2

|  |   |   |
|--|---|---|
| 2.2.8  | Minutes of the meeting at which the proposal was developed and CCM (or Sub-CCM) endorsed.   | Minutes of all 4 CCM meetings. ( <b>Annexes 41-44</b> ) |
| 2.2.8  | Endorsement of the proposal by all CCM (or Sub-CCM) members.  | <b>Attachment C</b> to the Proposal Form                |
| <b>Sub-CCM applicants only</b>   |   |   |
| 2.3.3<br><i>(CCM Endorsement)</i>  | Documented evidence (including minutes of the CCM meetings) that the CCM in the country reviewed and endorsed the proposal (as relevant).   |   |
| 2.3.4  | Documented evidence justifying the Sub-CCM's right to operate without guidance from the CCM.  |   |
| <b>Non-CCM applicants only</b>   |   |   |
| 2.4.1  | Documentation describing the organization such as statutes and by-laws (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organization, a summary of the organization, including background and history, scope of work, past and current activities, and a summary of the main sources and amounts of funding. |   |
| 2.4.2(a)   | Documentary evidence justifying the one of the three exceptional circumstances for submitting a non-CCM proposal  |   |
| 2.4.2(b)   | Documentary evidence of any attempts to include the proposal in the relevant CCM's final approved country proposal and any response from the CCM.   |   |
| <b>Other documents relevant to sections 1 and 2 attached by applicant:</b><br><i>(add extra rows to this section of the table as required to ensure that documents directly relevant are attached)</i> |   |   |
| 2.5.1  | Invitation E-mail for CCM Nomination (Round 1)  | Annex 47(a)   |
| 2.5.2  | Invitation Letter for CCM Nomination (Round 1)  | Annex 47(b)   |
| 2.5.3  | Criteria Round 1 Nomination for CCM   | Annex 47(c)   |
| 2.5.4  | Results Round 1 of CCM Nomination   | Annex 47(d)   |
| 2.5.6  | Invitation Letter for Elections (Round 2)   | Annex 48 (a)  |
| 2.5.7  | Voting Forms (Round 2)  | Annex 48 (b)  |
| 2.5.8  | Results (Round 2)   | Annex 48 (c)  |
| 2.5.9  | Invitation Letter for Elections (Round 3)   | Annex 48 (d)  |
| 2.5.10   | Voting Forms (Round 3)  | Annex 48 (e)  |
| 2.5.11   | Results from Round 3  | Annex 48 (f)  |

## Proposal checklist - Section 1 and 2

|        |  |              |
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| 2.5.12 | Invitation Letter for Elections (Round 4)                      | Annex 48 (g) |
| 2.5.13 | Voting Form (Round 4)  | Annex 48 (h) |
| 2.5.14 | Results from Round 4   | Annex 48 (i) |
| 2.5.15 | Letter of Invitation to the Academia                           | Annex 49 (a) |
| 2.5.16 | Short Listing of Academia                                      | Annex 49 (b) |
| 2.5.17 | Letter of Invitation to the Bar Council for CCM Representation | Annex 49(c)  |
| 2.5.18 | Terms of Reference for Global Fund Working Group               | Annex 50     |