CALL FOR PROPOSALS 2021

Reference : AP-Init–2021–03

« The Fight Against Tuberculosis: Responding to the Needs of Vulnerable Populations and Implicating them in the Response »

THIS CALL WILL CLOSE 25/01/2021 AT 12:00 (UTC+1)

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EXPERTISE FRANCE

L'INITIATIVE
sida, tuberculose, paludisme

1. INTRODUCTION

Launched in late 2011, L'Initiative is a funding mechanism implemented by Expertise France as a facility that complements the Global Fund. It provides technical assistance and supports innovation to Global Fund recipient countries in order to improve the effectiveness of its grants and reinforce the health impact of the programs it funds.

The countries eligible for L'Initiative's support include the 19 priority countries for French public development aid. Recent changes within L'Initiative amplify its catalytic effect by building the capacities of health and civil society actors, by improving institutional, political and social frameworks, and by supporting innovative approaches to fight pandemics. L'Initiative has become a key element to the impact of the Global Fund. It has granted an unprecedented position to France and to its actors – researchers, civil society, public agencies - in the fight against the three most deadly pandemics and the strengthening of health systems.

In 2021, L'Initiative will launch three complimentary yet distinct calls for proposals: the current call for proposals, AP-Init-2021-03 pertaining to operational research on tuberculosis and vulnerable populations; AP-Init-2021-01 pertaining to strengthening health systems on all levels (community and national); and lastly AP-Init-2021-02 pertaining to access to quality health services for vulnerable populations.

In 2018, L'Initiative published its first call for proposals specifically aiming to fund operational research projects in support of Global Fund programs and to strengthen policies and strategies in the fight against the three pandemics. Tuberculosis was chosen as the first theme of the 2018 call for proposals, followed by the integration of maternal-child health into the 2019 call as well as the fight against malaria in the Greater Sahel and in Central Africa.

The 2021 call will once again address the fight against tuberculosis and will focus on projects aiming to improve the prevention and treatment of tuberculosis among vulnerable populations.

2. BACKGROUND[1]

An estimated 10 million people (5.6 million men, 3.2 million women and 1.2 million children) contracted tuberculosis in 2019[2]. 1.4 million of them died, making tuberculosis the most deadly infectious disease in the world. While the incidence has gone down by approximately 1.5% per year since 2002, this decline is largely insufficient for attaining the targets of the Sustainable Development Goals and for achieving the WHO's strategy for eradicating tuberculosis[3]. Furthermore, the Covid-19 epidemic could destroy the progress which has been made over recent years, setting the epidemic back to its 2015 levels[4].

Tuberculosis is often called a "disease of poverty" as it is strongly influenced by factors of a country's social and economic development. Historically, there has always been a strong correlation between the number of tuberculosis cases and deaths in a country or region and the increase in revenues, the improvement of housing conditions and nutrition, as much as medical progress. For example, the most rapid decrease in Western Europe occurred in the 1950s and 1960s in the context of progress towards Universal Health Coverage (UHC), rapid social and economic development and the massive availability of effective medical treatment.

This type of progress, however, does not benefit everyone equally. Still today, as with HIV, tuberculosis strikes

1 For more information on the background elements related to the Global Fund's 2017-2022 strategy, please refer to https://www.theglobalfund.org/fr/strategy/

2 All epidemiological data mentioned in the call for proposals come from the Global Tuberculosis Report 2020

3 In 2015, the WHO adopted "The End TB strategy". In September 2018 the first high-level meeting of the United Nations General Assembly dedicated to tuberculosis was held, aiming to better coordinate and accelerate efforts in view of eradicating the pandemic.

4 See http://www.stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf

certain populations disproportionately. Risk exposure depends on different biological, economic and social factors on an individual, family and community level, but also on particular situations such as mass population movements or particularly precarious living or working conditions.

The "Global Plan to End TB" identifies **three types of vulnerable populations**[5], and any given person can identify with several groups at once:

1. **People who have increased exposure to TB due to where they work or live.** These are often people living in overcrowded, poorly ventilated or dusty housing conditions and/or are in contact with TB patients. This includes people who live in the same household or institution as a bacteriologically positive TB patient, people living in prisons, mine workers and their families, health workers (including community health workers), people living in slums and even those who frequent health centers.
2. **People who have limited access to quality TB services**, such as migrant workers, women in settings of gender disparity, children, refugees or internally displaced people, as well as all people who are discriminated against or marginalized, who face legal obstacles in accessing healthcare services (ethnic minorities, people who have mental or physical disabilities, sexual or gender minorities).
3. **People at increased risk to TB because of biological or behavioral factors that compromise immune function.** These include people living with HIV, those who suffer from diabetes or silicosis, who undergo immunosuppressive therapy, who suffer malnutrition, who are dependent on tobacco or alcohol, who use drugs, as well as the elderly and women in the first year post-partum.

The epidemiological data[6], although often incomplete, confirm that it is urgent to improve these populations' access to prevention and quality healthcare, as shown by the following examples:

- Among **mine workers** in Central and Southern Africa for example, the incidence of tuberculosis is higher than any other active population in the world. The incidence can be as much as ten times higher among migrant miners than in the communities from which they come.
- With regards to people who live in prisons, the WHO estimates[7] that in crowded prisons with no TB testing activities, the incidence could be as much as 100 times higher than in the general population, and that those who contract tuberculosis in prison may represent 25% of a given country's tuberculosis burden.
- 1 million **children** develop active tuberculosis each year, representing approximately 10% of all cases of tuberculosis. Meanwhile, major difficulties in diagnosing pediatric tuberculosis persist.
- A great number of tuberculosis infections can be attributed to five risk factors: **poor nutrition, HIV infection, alcohol use disorders, tobacco use** (particularly among men), **and diabetes** all seem to favor an evolution towards active tuberculosis from what had been latent at infection. In 2019, approximately 2.2 million cases could be attributed to poor nutrition, 0.76 million to HIV infection, 0.72 million to alcohol use disorders, 0.7 million to tobacco use, and 0.35 million to diabetes. People living with HIV are particularly effected by TB: they are 19 times more likely to become ill from tuberculosis compared with people who are not living with HIV.

5 https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG_01.pdf. This categorization is useful in that it creates a typology of risk factors. As for the WHO, it lists the different groups here, page 25 : https://apps.who.int/iris/bitstream/handle/10665/84971/9789241548601_eng.pdf?sequence=1

6 Cf. Global Tuberculosis Report 2020

7 https://www.who.int/tb/areas-of-work/population-groups/prisons-facts/en/

3. PURPOSE OF THIS CALL FOR PROPOSALS

In this context, this call for proposals sets out to support operational research projects to test innovative strategies to improve the access, quality and efficiency of tuberculosis diagnostic, prevention and treatment services among vulnerable populations. In particular, the projects will target:

- **Improving the use of diagnostic and treatment services among hard-to-reach populations, including optimal use of tools, be they new or existing, to implement said diagnosis and treatment.**

- **Improving strategies for educating and supporting vulnerable populations to identify missing cases, and improving tracing strategies to find patients lost to follow-up while undergoing treatment. These strategies must take into account the high level of stigma that these groups face and their possible obstacles in reaching health services.**

- **Improving latent tuberculosis infection (LTBI) treatment among vulnerable populations, particularly among the members of the same household (children and adults), people living with HIV, and other at-risk groups like people living in prisons, healthcare workers, migrants from high-incidence countries, the homeless and drug users.**

Research projects which aim to involve key populations, and which have a strong community dimension, will be given priority consideration.

ELIGIBLE PROJECT TYPES:

Different types of projects may be submitted:

1. **Improving the use of diagnostic and treatment services among hard-to-reach populations, including optimal use of tools, be they new or existing, for diagnosis and the implementation and monitoring of optimal treatment for curing patients.**

The supported operational research projects shall aim to test innovative, practical and cost-effective strategies which involve target populations and is appropriate for scaling-up, in order to identify, test and treat the most vulnerable tuberculosis patients while taking into account the pillars of the patient-centered approach.

Tuberculosis testing and treatment improvement projects could aim, for example, to:

- Identify and validate the best algorithms that integrate existing and innovative tests to improve the diagnosis of various forms of tuberculosis among vulnerable populations.
- Develop strategies that facilitate access to diagnostic tests for people who are at high-risk of exposure to tuberculosis, while taking into account their situation and their access to healthcare, and encouraging community participation and engagement in both the private and the community sector.
- Investigate the effectiveness of different forms of intervention (including digital forms) for improving adherence to treatment. Patient-support treatment supervision interventions, adapted to vulnerable populations, are particularly encouraged.
- Evaluate the various systems for recording data digitally, for transferring diagnostics data

electronically, for digitizing patient files, and for implementing any other digital tools (including e-learning) that permit healthcare personnel to make informed decisions adapted to the most vulnerable populations.

2. **Improving strategies for educating and supporting vulnerable populations to identify missing cases, and improving tracing strategies to find patients lost to follow-up while undergoing treatment. These strategies must take into account the high level of stigma that these groups face and their possible obstacles in reaching health services.**

The projects could aim, for example to:

- Determine and evaluate the best patient-centered strategies to facilitate care and follow-up among vulnerable populations in order to cure patients without creating catastrophic costs and by involving community actors.
- Evaluate the most effective strategies for identifying missing cases and finding patients lost to follow-up among populations that are particularly hard-to-reach.

3. **Improving latent tuberculosis infection (LTBI) treatment among vulnerable populations, particularly among the members of the same household (children and adults), people living with HIV, and other at-risk groups like the incarcerated, healthcare workers, migrants from high-incidence countries, the homeless and drug users.**

An essential element of the proposed strategy to end HIV/AIDS and tuberculosis lies in ensuring universal access to preventative tuberculosis treatment for vulnerable people or those who have been exposed to the infection or the illness.

The projects objectives could be, for example, to:

- Determine and evaluate the best strategies centered on index cases to identify who in an entourage was exposed to tuberculosis, diagnose the confirmed cases, and offer prophylactic treatment to at-risk people (children, people living HIV, etc.) who are in contact with tuberculosis patients, while involving community actors.
- Improve test performance for LTBI among at-risk populations, in particular by identify the best way to use the available tools – see for example combined or sequential use of tuberculin tests and interferon gamma release assay (IGRA) detection tests.
- Evaluate therapeutic regimens for a duration of 2-3 months in terms of effectiveness, safety, tolerance and acceptability.
- Evaluate the best strategies for excluding active tuberculosis, for example by evaluating the use of digital thoracic x-ray equipment.
- Produce reliable data (including via digital tools) on the effectiveness of interventions that seek to improve adherence to prophylactic treatment. These interventions must be specific and well-adapted to the lives and the healthcare access of vulnerable populations, and must take into account health system infrastructures.
- Define the best models for providing healthcare to ensure that patients who need chemoprophylaxis receive thorough and correct treatment, with the help of targeted and appropriate interventions (including surveillance and evaluation) within program conditions.
- Address the primary challenges of treating LTBI such as monitoring medical accidents; the risks of

pharmaceutical resistance when treating LTBI; adherence to and terminating treatment as well as ethical considerations.

All applicants must take note of the following points:

- The implementation of these research projects require close collaboration between partners, researchers, administrators, health service and program staff, civil society and local communities. All projects must be coherent with Global Fund programs. Furthermore, it is strongly recommended to ensure that projects are complementary or at least not overlapping with other operational research programs, such as Unitaid, and to encourage dialogue between research programs. The objective is to identify the best strategies for improving access prevention, diagnosis and treatment for patients and their families, and to integrate them into health system policies via the use of reliable data and in a way that respects patients' values, preferences and rights.
- For all of these activities, the use of new technologies and innovations will be particularly appreciated. Projects may use any tools that enable proper management of programs for testing and treating tuberculosis patients and for preventing it among carriers of a latent infection. The interventions must be gender-sensitive.
- Lastly, projects which combine diverse approaches, are multidisciplinary or which have a strong community dimension are strongly encouraged.

Definition of operational research:

According to a guide developed by the WHO, the Special Program for Research and Training in Tropical Diseases (TDR) and the Global Fund, "any research producing practically-usable knowledge (evidence, findings, information, etc.) which can improve program implementation (e.g., effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (design, methodology, approach) falls within the boundaries of operations research"[8]

In general, operational research (OR) has the following objectives:

1. Improve program quality and performance using scientifically valid methods
2. Evaluate the feasibility, efficiency and impact of new strategies or interventions in the population
3. Produce, collect and analyze the data necessary to develop public health recommendations on the use of a given intervention.

In all cases, the capacity to carry out OR projects must take into account the broader context of countries that may lack resources as well as technical structures to conduct a concerted research strategy, or develop requests for OR support in the context of a Global Fund grant (including mechanisms to consult and coordinate with the scientific community to identify research priorities).

8 Framework for Operations and Implementation Research in Health and Disease Control Programs https://www.who.int/hiv/pub/operational/or_framework.pdf

4. ELIGIBILITY CRITERIA

Projects that do not meet all the eligibility criteria will be deemed ineligible and will be rejected.

Expertise France will first check that each project submitted meets all the following eligibility criteria:

4.1 DURATION

Project duration must be between 24 and 48 months.

4.2 AMOUNT REQUESTED AND GEOGRAPHICAL COVERAGE

The total grant amount from L'Initiative must cover at least 50% of the project budget and be between € 500,000 and € 1,500,000.

It is mandatory for organizations with an annual budget of over €5 million[9] to present co-financing[10] of at least 10% in the project budget. Including co-financing will be judged favorably for the other organizations.

Projects can be implemented in one or more countries. Projects may not exceed 3 implementing countries, unless they are backed by a preexisting sub-regional network or organization. Multi-country projects must demonstrate a clearly justified regional dynamic. The pertinence and the added value of a multi-country project, and particularly its regional dynamic, will be subjected to a specific evaluation criterion.

4.3 STATUS AND PARTNERSHIPS

To be eligible for a grant, applicants must meet all the following conditions:

- Be a legal entity with its head office in one of the eligible countries or in France (i.e. be registered legally in an eligible country or in France). International organizations, with the exception of regional organizations, will not be able to lead the project or receive funding.
- Be implemented via partnership. Partners must be involved in project design and be responsible for implementing activities.
- Implementation partners must benefit from budget delegation.
- For multi-country projects, include at least one local partner from each implementing country. A local partner is mandatory for the structures that implement activities in a country which is different from their home country. However, organizations that have their headquarters in an eligible country will not have the obligation to have partners in their home country.
- Organizations must not have any statutory provisions that preclude Expertise France or any external auditor appointed by Expertise France from carrying out audits and inspections and having the relevant rights to access project sites and premises where the project will be carried out, including all documents and electronic data concerning the technical and financial management of the project.

9 The annual budget will be based on the latest approved financial year (2019 or 2020). The completed annual budget included in the applicant's financial statements

10 From internal or external (other donors) funds, making the recovery of human and material costs possible.

For this call for proposals, each organization can submit a maximum of two letters of intention as lead applicant. Furthermore, each organization can only submit a maximum of three letters of intention total for all L'Initiative calls for proposals in a given year.

4.4 ELIGIBLE COUNTRIES

The countries eligible for this call must be eligible for Global Fund funding and L'Initiative[11].
In 2021, eligibility is reserved for high burden countries for tuberculosis[12] or for tuberculosis-HIV co-infection[13], namely:

- Myanmar /Burma
- Cambodia
- Cameroon
- Republic of Congo
- Ethiopia
- Ghana
- Guinea-Bissau
- Liberia
- Mozambique
- Central African Republic
- Democratic Republic of Congo
- Sierra Leone
- Chad
- Thailand
- Vietnam

4.5 MANAGEMENT CAPACITY

The lead applicant must have sufficient capacity to manage the requested budget.

Capacity to manage the budget will be determined based on, among other things, the organizational overview, the most recent approved annual budget and audit report, the 2021 projected budget, and a description of the team currently in charge of administrative and financial management within the organization.

The average annual cost of the project must not exceed 50% of the lead applicant's annual budget[14]**.** For example, for an organization with an annual budget of 400,000 Euros, the total amount for the project should not exceed 200,000 Euros on average per year, i.e. a total of 600,000 Euros over 36 months.

4.6 PRINCIPAL INVESTIGATOR

Projects carried by French organizations must have two principal investigators, one from France and one from the recipient country.

4.7 COMPLETE APPLICATIONS

11 https://www.initiative5pour100.fr/nos-pays-eligibles
12 https://www.who.int/tb/publications/global_report/high_tb_burdencountrylists2016-2020summary.pdf?ua=1
13http://www.stoptb.org/countries/tbdata.asp
14 The annual budget will be based on the previous year's budget (2019 or 2020) submitted in Annex 5. It will be the annual budget given in the applicant's financial balance sheet that will be considered.

Submitted proposals should include all the documents and information requested in section 8. Incomplete applications will be rejected outright. Missing documents will not be requested retrospectively from applicants.

Only projects meeting all of these eligibility criteria will be considered eligible and move on to the next stage.

4.8 ELIGIBILITY OF COSTS

The direct costs below are eligible for the lead applicant and their partners. The costs are funded based on actual costs incurred by the project partners (no fixed rates will be allowed in the budget).

- The cost of project staff should correspond to actual (gross) salaries plus employer contributions and other costs included in the remuneration package. They must not exceed the salaries and costs normally received by the beneficiary organization or, where applicable, their partners, unless there is a prior justification indicating that the additional cost is essential for the implementation of the project.
- Travel and subsistence costs for staff and other persons involved in the project, provided selected options are financially sound and offer value for money. For per diems: the amount per night must not be higher than the rate set by the French Ministry for the Economy and Finance, with the exception of per diems for national staff and participants that are set in agreement with Expertise France. The current rates set by the French Ministry for the Economy and Finance, are available online at the following link: http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais
- Transport: travel must be in economy class, unless prior authorization is given by Expertise France in writing.
- The cost of purchasing or leasing equipment and supplies (new or used) specifically for the purposes of the project, provided that these costs are consistent with those of the market and comply with competitive bidding procedures.
- The cost of providing services, as long as they correspond to market averages, are justified in relation to the needs of the project.
- The cost of consumable goods.
- The cost of medical inputs required for operational research activities.
- Direct costs required for the successful completion of the project (e.g. dissemination of information, translations, printing, insurance, etc.), including the cost of financial services (including the cost of transfers and financial guarantees) set out in the budget.
- The purchase of vehicles central to the implementation of activities and essential for the project to operate effectively.
- A budget for a mid-project review, involving a wide network of actors (national programs, Health Ministries, WHO, other technical partners). The final evaluation will be the responsibility of Expertise France / L'Initiative.
- The budget can include a contingency allowance of up to 5% and operating costs of up to 7%.

The following are not eligible:

- Salaries of civil servants or other salaries already funded by other programs, including by the Global Fund;
- Operating costs of Country Coordinating Mechanisms (CCM);
- Building construction costs, excluding reasonable costs for refurbishment or upgrading work necessary to implement specific activities;
- Vehicle purchases, excluding reasonable essential costs for vehicles to implement essential activities to run the project;
- Overheads costs other than running costs (7% maximum). Project budgets that mainly consist of operating costs for applicant organizations will be considered ineligible and will not be reviewed.

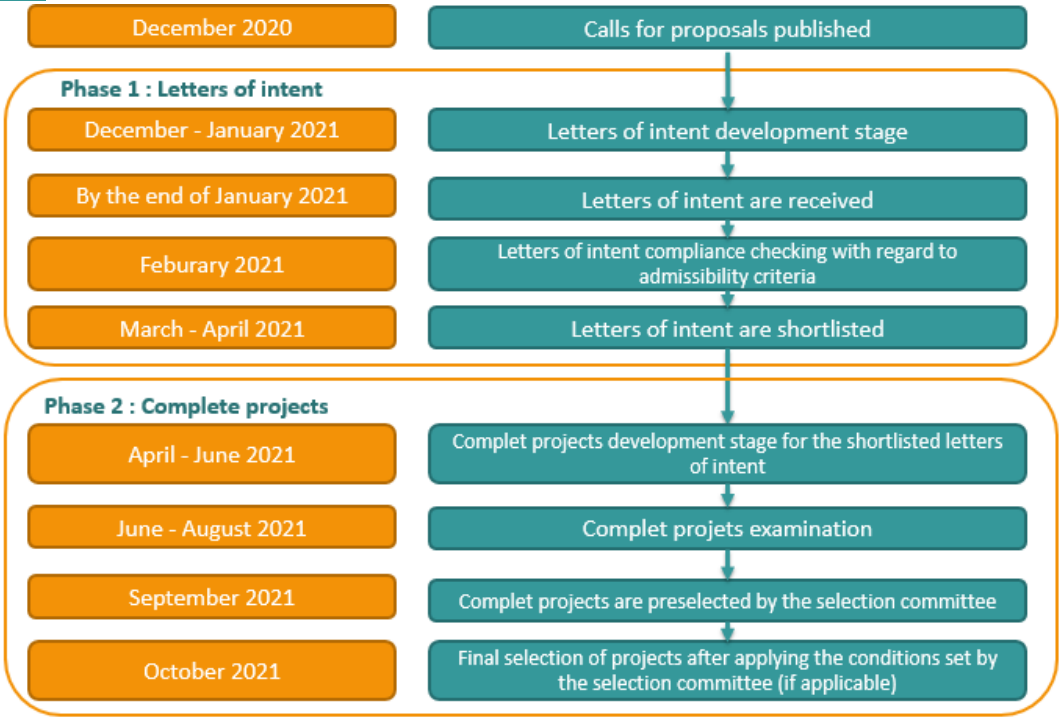
All applicants should read the "3.1 Budget Instructions" tab in Annex 3.

5. SELECTION PROCESS

The project selection process is made up of two phases.

During **phase 1,** projects will be pre-selected based on the letters of intent. During **phase 2**, only pre-selected applicants will receive the documents to submit full applications. Full applications will be reviewed and will then be presented to the pre-selection committee in October 2021.

5.1. TIMELINE



5.2. SELECTION COMMITTEE

The selection committee[15] is composed of members representing the following organizations:

- Ministry of Europe and Foreign Affairs
- Ministry for Solidarity and Health
- French Development Agency (AFD)
- Aviesan (The French National Alliance for Life Sciences and Health)
- French Red Cross
- Representatives from Coordination Sud's health commission (French civil society)

The Global Fund to Fight AIDS, Tuberculosis and Malaria is also invited to participate in the pre-selection committee.

The decisions made by the committee are discretionary and can not be subject to appeals.

The grant agreement for each project selected by L'Initiative's pre-selection committee must be signed and project implementation must start within 12 months from the selection notification date. Funding for projects that do not meet these conditions will be withdrawn.

5.3. ASSESSMENT CRITERIA

Only eligible projects will be assessed.

Phase 1:

When reviewing letters of intent, projects that do not include the following will be rejected:

- **Objectives of the project in line with the focus of the call for proposals.**
- **Methodology in line with the objectives of the research**
- **How the project relates to strengthening and complementing Global Fund grants.** *Proposals submitted must clearly outline the link to Global Fund grants in terms of implementation, coordination, synergies and added value.*

An overview of the assessment grid for letters of intent is published on L'Initiative's website https://www.initiative5pour100.fr/en/appel-propositions

Phase 2 :

In phase 2 the following areas will be decisive in selecting successful projects for funding (more detail on these areas will be given to pre-selected applicants at the end of phase 1 - they are provided here for information only):

- **Quality of the project and the research teams**

15 Composition of this committee may be subject to change.

Innovation and scientific interest with regard to the theme of the call, suitability of the methodology and resources, feasibility, coherence. Experience of research teams on the topics presented. Including doctoral students, post-docs and researchers from the South in the project.

- **Identification of needs at local and national level**

Integration of the project in the national context (with the inclusion of national groups: national health policy stakeholders, researchers, civil society organizations) and relevance to national research priorities (analysis of the national situation, the added value of the research program, national priorities on the subject of the call for proposals).

- **Link with Global Fund programs**

Affirmed complementarity with Global Fund grants must be demonstrated by a clear and well-articulated analysis of the context and needs for the relevant Global Fund grants. A letter of support from the CCM(s) of the countries included will be considered favorably.

- **Partnerships and capacity building**

Building capacities of research actors in the countries of implementation (structures and/or research teams). It is thereby expected that young local researchers be included, integrated and trained as a part of the submitted research projects.

- **Multisectoral and multidisciplinary approach**

Connecting actors from different sectors (national health policy stakeholders, researchers, CSOs, community actors) and giving a central role to patients to identify research topics that affect them. Research with quantitative and qualitative focus (combining social sciences and humanities with biomedical sciences, etc.).

- **Including a gender-sensitive approach**

Develop a transversal gender-sensitive approach which takes in to account the specific needs related to one's sex and gender in the mechanisms, the diseases and the treatments being studied, and propose methods that allow for integrating sex and gender variables in the project research. L'Initiative strongly encourages applicants to develop projects which have a specific objective explicitly dedicated to promoting women's rights and gender equality.

- **Dissemination of results and impact**

Provide a detailed dissemination plan that, beyond the scientific community, will reach health authorities (and particularly national programs), the communities targeted by the research, the CCMs, donors, and technical partners. The plan must put research results in perspective and propose strategies for scaling up.

Furthermore, to prepare the dissemination phase, a mid-project review of the research is strongly encouraged, including the wider network of partners (national programs, Health Ministries, WHO, technical partners). The final evaluation will be implemented and financed by Expertise France /L'Initiative.

- **Project governance**

The project should be oriented by several advisory bodies within which all stakeholders are represented and invited to participate (patient representatives, families, healthcare staff from health centers, doctors, etc.).

6. PROPOSALS: DOCUMENTS TO PROVIDE

The templates listed below are available in French and English on L'Initiative's website: https://www.initiative5pour100.fr/en/appel-propositions

Proposals must be written in French or English and include the following documents:

1. **Letter of intent** (in line with the example provided in Annex 1)
2. The **simplified budget** presented in Euros (in line with the example provided in Annex 2 - Tab 2.2 Budget)
3. The **administrative form** (in line with the example provided in Annex 3)
4. A **copy of the lead applicant organization's articles of association** (Annex 4)
5. **Latest approved annual budget** for 2019 or 2020 (Annex 5)
6. The lead application organization's **provisional budget** for the year 2021 (Annex 6)
7. The **latest annual activity report** (Annex 7)
8. The **latest approved audit report** (Annex 8)
9. **Letters of commitment** from each of the partner organizations involved in the implementation of the project, if applicable (Annex 9)

7. HOW TO SUBMIT

All proposal documents must be uploaded to the Expertise France Cloud by **12 noon on 25 January 2021 (Paris time - UTC + 1)** (date and time of upload as proof).

Applicants will be required **to apply for a Cloud access link between December 14th and January 18th by sending an email with the** subject "Link request + calls for proposal number" to the following address: i5pc-ap-ro@expertisefrance.fr. An email containing the link and the access codes will be sent in response, as quickly as possible. This link will give applicants access to an individual space on the Cloud, to which only the applicant and L'Initiative administrators will have access. This is where proposal files should be uploaded. Access link requests sent **after January 18th, 2021 may be rejected.**

Only one access link will be created and sent to the applicant per project, and it will only be sent upon request.

The Cloud will be open to download proposal files until **January 25th at 12 noon. (UTC +1)**.

It is strongly recommended that you upload the proposal documents to the Cloud as soon as possible before the deadline of noon on January 20th 2020 to allow the time required for uploading, which may vary depending on the size of the documents and the quality of your internet connection.

Uploaded files **must** be named as follows:

1. Letter of intent_call for proposals number_applicant organization initials
2. Budget__call for proposals number_applicant organization initials
3. Admin form_call for proposals number_applicant organization initials
4. Articles of association__call for proposals number_applicant organization initials
5. Annual budget (insert 2019 or 2020) _call for proposals number_applicant organization initials
6. 2021 budget__call for proposals number_applicant organization initials
7. Activity report (insert year) _call for proposals number_applicant organization initials
8. Audit report (insert year) _call for proposals number_applicant organization initials
9. Partner letter (insert name of partner) _call for proposals number_applicant organization initials (if there are several documents, number them 9a, 9b, 9c, etc.)

8. QUESTIONS AND ANSWERS

All questions relating to this call for projects must be sent to the email address i5pc-ap-ro@expertisefrance.fr, **no later than 12 noon on January 18th 2021 (UTC + 1).**

Answers to the questions received within the deadline provided will be posted gradually on L'Initiative's website: https://www.initiative5pour100.fr/en/appel-propositions

It is each organization's responsibility to check for responses posted on L'Initiative's website.