



2025 Call for proposals L'Initiative

CALL FOR PROPOSALS GUIDELINES

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Reference : 24-2025-INIT-RO-APR-03

Operational research call for proposals «Resistance»



Please read the full guidelines carefully

Deadline for call : 21 JANUARY 2025 AT 12:00 NOON (UTC+1)

1. OVERVIEW OF L'INITIATIVE

L'Initiative is a funding mechanism implemented by Expertise France launched at the end of 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It provides technical assistance and catalytic funding to around forty Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of pandemic responses and health systems.

L'Initiative is now a key Global Fund impact partner. The funding mechanism places France and stakeholders it works with - research actors, civil society, public agencies, etc. - in an unprecedented position in the response to AIDS, tuberculosis and malaria and supporting health systems. L'Initiative's funding comes from a percentage of France's contribution to the seventh replenishment of Global Fund resources. L'Initiative is managed by a steering committee, chaired by the French Ministry for Europe and Foreign Affairs (MEAE). L'Initiative operates under the supervision of the MEAE.

For 2025, L'Initiative is launching **two separate but complementary** channels for project financing:

- 1) The **first channel** is for **new projects across the three standard L'Initiative calls**:
 - This call (24-2025-INIT-OR-APR-03) on operational research focused on resistance-related issues.
 - Call 24-2025-INIT-HSS-APR-01 on strengthening health systems (HSS) at all levels (from community to national), with a particular focus on capacity strengthening of health personnel.
 - Call for projects 24-2025-INIT-VP-APR-02 focused on strengthening the role of key and vulnerable populations (VPs) to improve their health and well-being.

- 2) The **second channel** is exclusively dedicated to "**next phase projects**" for **projects previously funded by L'Initiative**, to continue and expand existing successes and/or scale up their interventions. This channel aims to fund projects focused on health systems strengthening (call 24-2025-INIT-HSS-APO-01) or strengthening the role of key and vulnerable populations (call 24-2025-INIT-VP-APO-02).

2. OVERVIEW OF THE OPERATIONAL RESEARCH CALL FOR PROPOSALS

Across the world, the emergence and increase in antimicrobial resistance poses a major threat to the response to the HIV, tuberculosis and malaria epidemics. The overuse and misuse of antimicrobials is the main factor that has led to the emergence of drug-resistant pathogens.

In the field of HIV, drug resistance has long been a major concern, due in particular to a huge increase in relation to non-nucleoside reverse transcriptase inhibitors (NNRTIs). A [report published by WHO in 2021](#) indicated that an increasing number of countries (especially in sub-Saharan Africa) were near the 10% threshold for pre-treatment resistance to NNRTIs and that people who had already been exposed to antiretroviral drugs were three times more likely to develop resistance to this class of antiretroviral drugs. The picture was even more stark for children: almost half of newly diagnosed HIV-positive infants in sub-Saharan Africa were infected with a drug-resistant form of the virus before they even started on treatment. There was increased hope following the widespread introduction in 2019 of a first- and second-line regimen for adults and children based on dolutegravir (DTG) – a molecule with a particularly high genetic barrier. Five years on, despite positive developments ([the latest WHO 2024 report](#) reveals that more than 90% of patients on a DTG-based therapy have an undetectable viral load) it is clear that resistance to DTG could prove to be more significant than expected. Available cohort studies show that up to 4.8% of participants who do not have an undetectable viral load developed a drug resistance profile. This percentage goes up to 19.6% among people who have been on various different treatments in the past.

Antibiotic resistance **in the field of tuberculosis** is a particularly significant threat to controlling the epidemic, as forms that are resistant to one or more antituberculosis molecules are more difficult to treat and cause higher levels of mortality. Globally, an estimated 410,000 people developed multidrug-resistant or rifampicin-resistant TB (MDR-TB) in 2022. The treatment success rate for people diagnosed with MDR-TB is steadily improving, but remains alarmingly low. Globally, in 2020, [it was 63%, up from 60% in 2019 and 50% in 2012](#). Clinical research has undoubtedly made it possible to manage people with resistant forms of TB more effectively and over a shorter period of time. In this sense, the BPaL regimen¹ has a treatment success rate of about 90%, is less toxic and is shorter than other regimens. However, accessibility remains very limited. In general, only about two out of five people with drug-resistant TB had access to treatment in 2022, particularly as there is a lack of resistance tests adapted to start on a new treatment.

In terms of malaria, the emergence of partial resistance to artemisinin-based antimalarial combinations in sub-Saharan Africa (the region represents 96% of malaria cases and 98% of malaria-related deaths) poses a serious threat to the malaria epidemic response. Recent studies have confirmed [the emergence of partial resistance](#) in Rwanda, Uganda and Eritrea. Although resistance to the drugs associated with artemisinin-based combination treatments (ACTs) has not been confirmed, there are worrying signs. There is no data

¹ Bedaquiline, pretomanid and linezolid regimen

available for some countries and regions, which means that resistance could be present outside of these three countries. In addition, drug resistance is compounded by vector resistance to insecticides, which reduces the effectiveness of insecticidal mosquito nets and indoor residual spraying. Between 2010 and 2020, 88 countries, 85 of which are currently malaria-endemic, reported [data to WHO confirming insecticide resistance in Anopheles](#). The arrival from the Arabian Peninsula of *Anopheles stephensi*, an invasive species with alarming resistance to most insecticides, such as DDT and pyrethroids, could aggravate the situation.

3. AIM OF THIS CALL FOR PROPOSALS

This call for projects aims to support the development of innovative operational research that improves the prevention, diagnosis and effective management of resistance, based on the following priority areas:

- **Strengthening resistance monitoring:**
 - Improve data collection on the ground and information systems at national level, to increase the speed of the response of national programs where resistance occurs and demonstrate the relevance and effectiveness of community involvement.
 - Study the impact of population displacement on the spread of resistant strains and develop transnational strategies to monitor and control resistance in contexts where there are mobile populations.

- **Improving prevention, early diagnosis and adequate management of resistance:**
 - Strengthen the capacity of health professionals including health workers in outpatient departments, local health facilities and the community to diagnose resistance and provide the relevant care. More specifically, propose community approaches to prevent resistance and for adherence to treatment regimens, including information provision and mobilizing communities around resistance and community-based distribution of medications.
 - Develop and make available rapid, affordable and accurate diagnostic tests to detect resistance, including in decentralized contexts.
 - In terms of malaria, assess approaches to diversify treatment combinations to reduce the genetic pressure on the most commonly used regimens and extend their lifespan.
 - In terms of HIV, propose data-driven surveillance systems; develop adherence optimization approaches to stop the emergence of resistance and also identify those who are at highest risk of developing resistance to focus interventions on these groups.
 - In terms of TB, assess the acceptability and feasibility of shorter treatment regimens for people affected by MDR-TB.

- **Modeling resistance and developing evolution scenarios:**
 - Use epidemiological modelling to anticipate how resistance in the three diseases will evolve.
 - Assess the long-term impacts of current interventions to reduce resistance.

Implementing this type of research requires close collaboration between all partners - researchers, managers and staff of health programs and services, civil society and local communities. It is crucial to link with Global Fund programs. In addition, ensuring complementarity and avoiding duplication with other operational research programs, such as UNITAID programs, and breaking down silos of research projects with other actors and projects is highly recommended. The objective is to ensure that the best approaches are identified to improve access to prevention, diagnosis and care for patients and their families, and that they are put into practice in health policies and systems based on reliable data that respects the values, preferences and rights of patients.

Definition of operational research:

According to the guide developed by 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."²

Generally speaking, operational research (OR) has the following objectives:

1. To improve the quality and performance of programs using scientifically valid methods.
2. To assess the feasibility, efficiency and impact of new approaches or interventions with the population.
3. To generate, gather 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 the technical structures to carry out concerted research, 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).

² Framework for operations and implementation research in health and disease control programs
https://iris.who.int/bitstream/handle/10665/44686/9292241109_eng.pdf?sequence=1&isAllowed=y

4. ELIGIBILITY CRITERIA

Expertise France will check in the first instance that each project submitted responds to all the eligibility criteria.



PROJECTS THAT RESPOND TO ALL THE CRITERIA BELOW WILL BE DEEMED ELIGIBLE

- 1. Project duration** must be between **36 and 48 months**.
 - 2. The total requested grant amount** must cover at least 50% of the project budget and be between **€650,000 and €3,500,000**.
 - 3. It must be submitted by a lead applicant**, in collaboration with “implementing partners” or “associate stakeholders”:
 - The “**lead applicant**” is the organization that submits the letter of intent and completes the full proposal if they are pre-selected. Lead applicants are the sole recipients of L'Initiative grants and shall be individually responsible vis-à-vis Expertise France for implementation of the Project.
 - The project lead applicant must be **legally registered and have a board of Directors / management committee and a registered headquarters in an eligible country or in France**. International organizations³, with the exception of regional non-state organizations, may not be the lead applicant or an implementing partner of projects. However, they can be associated stakeholders that do not receive any delegated budget.
The lead applicant must have been **legally registered for at least 3 years** at the time of project submission.
 - Lead applicants and implementing partners must not have any statutory provisions that prevent Expertise France, or any external auditor appointed by Expertise France, to carry out on-the-spot checks and inspections and have relevant rights to access the project sites and premises where the project will be carried out, including access to all documents and electronic data relating to the technical and financial management of the project.
- /!\ Organizations can be the lead on a maximum of two projects under this call for proposals and on a maximum of three projects across all of L'Initiative's 2025 calls for proposals.**
- “**Implementing partners**” that are involved in the design and implementation of the project must receive **sub-granting from the lead applicant** who is the sole recipient on behalf of all Partners of the payments made by Expertise France. The Lead Applicant shall then pay, without undue delay, the amounts due to each Partner.

³ United Nations and Associated Agencies, Regional State Organizations.

- Organizations can be implementing partners, even if their board /steering committee and head office are registered in a non-eligible country. This is on the condition that there is proven and robust collaboration **with the lead applicant and that the budget delegated to them / their partners does not exceed in total 15%** of the grant from Expertise France, regardless of the number of implementing partners registered in a non-eligible country.
- **"Associated stakeholders"** are other organizations linked to the project but are **not sub-granted to** (other donors, beneficiaries, national institutions, etc.).

**/ ! ** There is no limit with regard to being an implementing partner or associated stakeholder under L'Initiative 2025 calls for proposals.

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

- The average annual cost of the project⁴ **must not exceed 70% of the total annual costs** (expenses) of the lead applicant. For the purpose of this call for projects, total costs (expenditure) are calculated based on the 2023 financial report (income statement and balance sheet), validated at a General Assembly or any other governance body.

5. Co-financing is required for a minimum of 10% of the total intervention budget if the lead applicant's annual expenditure is more than 5 million Euros:

- Co-financing can take two forms - *in cash* or in kind:
 - o **"Co-financing in kind"** means that **the lead applicant does not contribute money**, but instead contributes **through the value** of goods, services or physical resources **made available to the project**. Instead of providing **monetary funds**, the lead applicant contributes in kind by making material assets or specific skills available to support the project.

This type of co-financing will be included in the budget and assessed on the basis of the market value/actual cost of the contributions, so that these non-monetary resources are integrated into the overall project budget.

For example: for a project that involves construction, co-financing in kind could consist of the provision of construction materials, specialized labor or land. For research projects, this could involve the provision of laboratories, scientific instruments or research time.

- o **"Cash co-financing"** means the lead applicant contributes funds to cover specific expenses related to the project.

Under L'Initiative's calls for projects, lead applicants can choose what type of co-financing they want to contribute, which could be both forms of co-financing simultaneously.

- o The need for co-financing is determined by the total expenditure set out in their **2023 financial report** (income statement and balance sheet) approved by a General Assembly or other governance body that the lead applicant has in place.
- **If co-financing has not yet been confirmed at the time of submitting the project proposal**, this should be mentioned in the proposal forms (letter of intent and administrative form). However, it

⁴ Calculated based on the total project budget, not the proportion requested from L'Initiative.

should be noted that co-financing will be requested if your project is pre-selected and if you are not able to provide proof of it, this constitutes a reason for rejecting the application.

- Lead applicants with **annual expenditure under 5 million Euros** that voluntarily include a co-financing amount will be **judged favorably**.
- If a proposed project receives **co-financing from AFD or Expertise France, which** is confirmed or anticipated, or any other French bilateral financial or human support, the lead applicant must:
 - o Provide an overview of the project and its financing in a transparent way, from the statement of intent stage (achievements, request, period, type of contract, reference, etc.)
 - o If the lead applicant has co-financing from another French stakeholder, they should plan for consultations to take place between the French co-financers prior to funding being approved to ensure that accountability requirements are met with regard to our supervisory bodies and to prevent the risk of duplicate funding.

6. Be implemented in one or more of the 38 eligible countries listed below:

 Algeria	 Guinea-Bissau
 Benin	 Haiti
 Burundi	 Laos
 Cambodia	 Lebanon
 Cameroon	 Liberia
 Central African Republic	 Madagascar
 Chad	 Morocco
 Comoros	 Mauritius
 Congo	 Mauritania
 Ivory Coast	 Mozambique
 Democratic Republic of the Congo	 Myanmar
 Dominican Republic	 Rwanda
 Djibouti	 Senegal
 Equatorial Guinea	 Sierra Leone
 Ethiopia	 Thailand
 Gabon	 Togo
 Gambia	 Tunisia
 Ghana	 Ukraine
 Guinea	 Vietnam

/ ! ** Submitted projects may be implemented in **one or more of the countries on this list. Projects must **not exceed three implementation countries** unless they are supported by a network or a pre-existing regional non-governmental organization.

/ !! ** In such cases, projects must **not exceed five implementing countries. Multi-country projects must be part of a clearly justified regional dynamic.

/ !!! ** **Single-country projects must be carried out with **at least one implementing partner registered in the project country**. If the lead applicant is registered in the country of implementation, they are not required to delegate budget to associated stakeholders.

/ !!!! ** **Multi-country projects must be carried out with **at least one implementing partner in each country**.

Projects that do not meet all of the eligibility criteria will be deemed ineligible and will be rejected without being assessed. A criteria checklist is attached to these guidelines.

5. ELIGIBILITY OF COSTS

Eligible costs	Ineligible costs
<ul style="list-style-type: none"> ▪ Human resources: including employer contributions and any costs included in the remuneration package. ▪ Direct costs required for successful project implementation (e.g. dissemination of information, translations, printing, insurance, etc.), including the cost of financial services (in particular the cost of transfers and financial guarantees) set out in the budget. ▪ Transport costs: <ul style="list-style-type: none"> - Any form of return journeys, which must be in economy class for air transport, unless prior specific authorization is given in writing by Expertise France. - Rental or purchase of vehicles essential to implementing activities that are key to the project being delivered effectively. ▪ Living expenses (per diems): staff and other persons participating in the project. The maximum amount corresponds to the rate set by the French Ministry of Economy and Finance⁵. The per diem rates for national staff and participants must be set in agreement with Expertise France. ▪ Equipment, software and other IT tools: purchase or rental justified by the specific needs of the project in line with the market price. ▪ Constructing, refurbishing or upgrading buildings: justified if specific activities are being implemented, or if it makes it possible to reduce dependence on fossil fuels. ▪ Costs relating to prevention, diagnosis and patient care activities at community level provided that they are not already fully 	<ul style="list-style-type: none"> ▪ Any costs that exceed the salaries and costs normally incurred by the lead applicant or, where applicable, its partners, unless a prior justification has been given indicating why the additional amounts are essential for project implementation. ▪ Civil servants' salaries or any other salaries already funded by another program, including by the Global Fund. ▪ Operating costs of Country Coordinating Mechanisms (CCMs). ▪ Transport and/or subsistence costs that do not correspond with sound management and are not economically advantageous for the project. ▪ Organizational costs, other than administrative costs (10% maximum). ▪ Debts and provisions for losses or debts. ▪ Interest on debts. ▪ Costs already covered under a different framework. ▪ Purchasing land or buildings. ▪ Exchange rate losses. ▪ Loans to third parties. ▪ Transport costs and subsistence allowances for Expertise France staff. ▪ Unauthorized cascade funding (regranting or subgrants). However, project implementation in partnership with other

⁵ Available here : http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais

<p>covered by the Global Fund or by the government.</p> <ul style="list-style-type: none"> ▪ Initial or ongoing training activities, including costs related to training, such as workshops, tutorials, field exercises, etc. ▪ Activities to support the HRH labor market and support public policies. ▪ Health product procurement only in the context of pilot or innovative interventions aimed at scale-up or activities related to operational research. ▪ Costs specifically related to monitoring, evaluation and learning (human resources and activities): <ul style="list-style-type: none"> - These costs must represent between 5 and 10% of the total intervention budget, including 2 to 3% dedicated to a mid-term evaluation. - All OR projects (with no regards on the total cost of the Action) must plan a mid- term evaluation and include the costs in the budget. The costs should represent 2 to 3% of the MEAL costs, but should not exceed €50,000. ▪ The final evaluation does not need to be budgeted by the lead applicants. ▪ A contingency allowance of up to 5% of the intervention budget. ▪ Operating costs of up to 10% of the intervention budget. ▪ Any other type of expenditure not covered by the list of ineligible costs opposite. 	<p>organizations involving financial transfers is possible subject to:</p> <ul style="list-style-type: none"> - The partnerships are set out in the various call for projects documents (in particular the action plan, budget and risk management table). - The projected costs relating to the interventions they are involved in are detailed in the same way as the other projected project costs.
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Please take note of the following points:

- All OR projects (with no regards on the total cost of the Action) must plan a **mid-term evaluation** and include the costs in the budget. The costs should represent 2 to 3% of the MEAL costs, but should not exceed €50,000.
- An external final evaluation may be conducted by L'Initiative on certain projects. Therefore, no final evaluation costs need to be included in the project budget.

6. ASSESSMENT CRITERIA

Projects submitted under this call for proposals will be assessed over two phases:

- I. Phase I from November 2024 to April 2025: submission, assessment and pre-selection of letters of intent.
- II. Phase II from April to October 2025: a list of lead applicants will be pre-selected to submit a full project proposal. Full project proposals will be assessed and then presented to the selection committee in October 2025.

Phase I assessment criteria

The evaluation criteria for Phase I are as follows:

- **Compliance of the project** objectives with the call for proposals and with the guiding principles and priorities of the French global health strategy.
- **Selection of project beneficiaries** that is relevant and consistent with their needs.
- **Relevance of the proposed approach** and intervention methods.
- There is a **strong logic in relation to strengthening work and complementarity** with Global Fund grants. *Proposals must describe precisely the link with Global Fund grants in terms of implementation, coordination, synergies and added value.*
- **Geographic relevance and coherence**, particularly for multi-country projects.
- The **experience of the research team** and associated experts seems sufficient.
- The project takes a **cross-cutting approach to gender**.
- **Budget** requested and management capacity: consistency between the level of budget requested and the project's planned activities; assessment of the team within the organization assigned to administrative and financial management and finally the organization's capacity to manage similar funding.
- **Relevance of the partnership and capacity strengthening**: a greater level of diligence will be given to capacity strengthening of local organizations, which requires budget delegation.
- For **single-country projects** led by a local organization that is not obliged to delegate budget to partners, the quality of the partnership approach as well as the proposed activities to enable capacity strengthening will be assessed systematically.
- Partnerships as part of project implementation **with government stakeholders in relation to HRH** (ministries,) and training bodies will be viewed as beneficial.

The summary table used to assess letters of intent showing the weighting for each criterion is available in the information folder that can be downloaded from the POPs call for proposals submission platform⁶.

⁶ https://pops.expertisefrance.fr/sdm/ent2/gen/ficheCsl.action?PCSLID=CSL_2024_H2ZQxdV9v

Phase II assessment criteria

During phase II, the following areas will determine whether projects are selected 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 research teams**
Innovation and scientific interest with regard to the theme of the PA, appropriateness of the methodology and resources, feasibility, coherence. Experience of the research teams on the subjects presented. Inclusion of PhD students, post-docs and researchers from the South in the project.
- **Identification of local and national needs**
Integration of the project into the national context (with the inclusion of national groups: national health policy stakeholders, researchers, civil society organisations) and relevance to national research priorities (analysis of the national situation, added value of the research programme, national priorities on the theme of the call for proposals).
- **Articulation with Global Fund grants**
Demonstrated complementarity with Global Fund grants, based on a clear and well-argued analysis of the context and needs for the Global Fund grants concerned. Letters of support from the CCM(s) of the relevant countries will be judged favorably.
- **Partnerships and capacity building**
Strengthening the research capacities of those involved in the countries where the research is carried out (structures and/or research teams). Young local researchers are expected to be included, integrated and trained as part of the research projects submitted.
- **Multisectorality and multidisciplinary**
Linking players from different sectors (national health policy players, researchers, CSOs, community players) and giving patients a central role in the research topics that concern them. Research involving both quantitative and qualitative aspects (combining human and social sciences with biomedical sciences, etc.).
- **Inclusion of a gender approach**
Development of a cross-disciplinary gender approach, which takes account of the specific needs linked to sex and gender in the mechanisms, diseases or treatments under study, and proposal of methods for integrating variables linked to sex and gender into the research project. To this end, the Initiative strongly encourages lead applicants to develop projects with a specific objective or even a general objective explicitly devoted to the promotion of women's rights and gender equality.
- **Dissemination of results and impact**
Proposal of a detailed dissemination plan (beyond the scientific community), aimed at all health authorities (and in particular Ministries of Health, national programmes and national public health institutes), communities targeted by the research, country CCMs, donors and technical partners. This plan should make it possible to put the results of the research into perspective and to propose a strategy for scaling them up and for the sustainable integration of good practice, validated by scientific evidence, into national and regional public health policies. In addition, to prepare for the results dissemination phase, a mid-term review of the research will be carried out, involving all the partners (national programmes, Ministries of Health, WHO, other technical partners). Expertise France/L'Initiative will be responsible for the final evaluation.

- **Project governance**

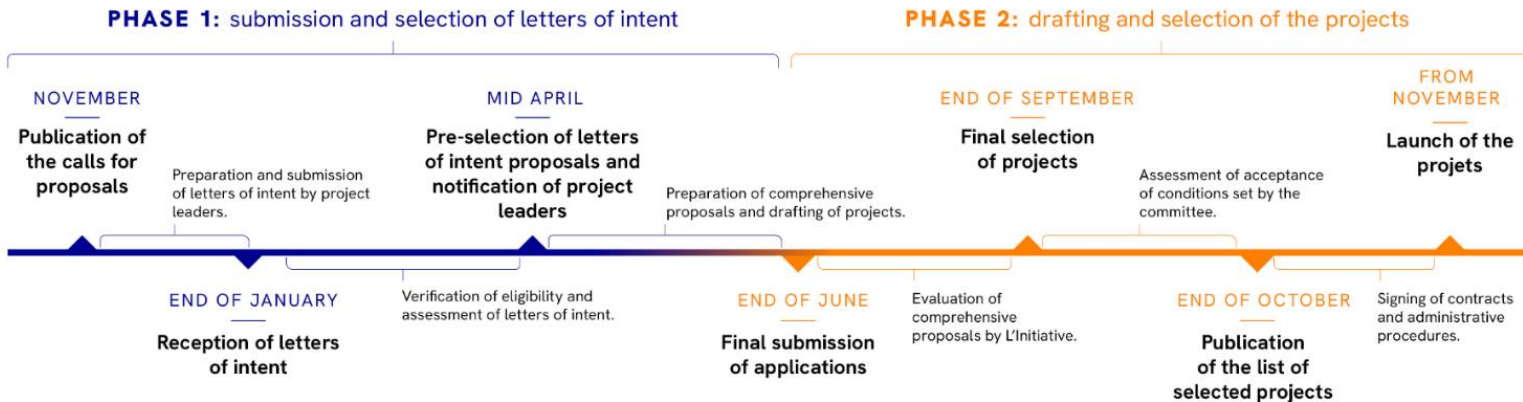
The proposed project is steered by a number of bodies on which all stakeholders are represented and invited to participate (representatives of patients, families, health centre carers, doctors, etc.).

Additional Assessment (without scoring):

- A management capacity assessment will be carried out for lead applicants based on the organization's information, experience, accounting system in place, and its financial and organizational capacity.
- Finally, although it is not an evaluation criterion, L'Initiative encourages lead applicants to include focus on environmental and health concerns from the project development phase and throughout implementation: limiting travel responsible for greenhouse gas (GHG) emissions, such as short trips by plane or car where online interactions can be used instead; constructing / refurbishing buildings in line with improved resilience standards relating to extreme natural events, constructing / refurbishing buildings with high overall energy efficiency (including thermal) and reducing dependence on fossil fuels.

7. PROJECT SELECTION

Timeline



Selection committee

The preselection committee⁷ is composed of members of L'Initiative's Steering Committee.

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

Committee decisions are discretionary and cannot be appealed.

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

Expertise France reserves the right to exclude any project from this call for proposals if the content demonstrates any of the following:

- Strong similarities with a third-party source (study, another project, etc.), without referencing the third-party source.
- Or is similar in all respects to a third-party source (study, other project, etc.), without referencing the third-party source.

⁷ Composition of this Committee may be subject to change.

8. PROPOSALS: DOCUMENTS TO PROVIDE

The information folder and these guidelines are available in French and English on the Expertise France POPs call for proposals submission platform⁸.

Applications can be submitted in French or English by lead applicants in agreement with their partners and/or stakeholders involved in implementing the proposed project.

Documents for the first phase of the call for proposals to link to your application on the POPs platform:

1. **Letter of Intent** (Annex 1).
2. **Admin form** (Annex 2).
3. A copy of the **lead applicant's statutes** (if in a language other than French or English, a simple translation will be required).
4. **Proof of registration** of the lead applicant organization, to include their registered address (if in a language other than French or English, a simple translation will be required)
5. Proof that the lead applicant **has complied with social and tax duties** in the country of registration (e.g. latest URSSAF certificate [body responsible for the collection and distribution of social security contributions] certificate if the lead applicant is registered in France or equivalent available, last tax certificate or equivalent available).
6. **Full 2023 financial report** (income statement and balance sheet) of the main lead applicant, validated at the General Meeting or any other governance body.
7. The lead applicant organization's **latest annual activity report**.
8. The lead applicant organization's **last validated audit report** (if not available during Phase I, please note that this report will be mandatory if you are pre-selected for Phase II).
9. **Letters of support from the CCM(s)** of the relevant countries (if not available during Phase I, please note that signed letters will be mandatory if pre-selected for Phase II).

Documents for the second phase of the call for projects to link to your application on the POPs platform:

1. **Full project proposal submission form** (Annex 1)
2. **Activity timeline** (Annex 2)
3. The project **budget** (Annex 3)
4. Overview of planned **human resources** (Annex 4)
5. Lead applicant **capacity analysis** form (Annex 5)
6. **Gender mainstreaming** checklist (Annex 6)
7. **Lead applicant organization's latest validated audit report** (mandatory if not provided in Phase I).
8. **Letters of commitment from** each of the project implementing partner organizations (mandatory if not provided in Phase I).
9. **Letters of support from** CCM(s) of the relevant countries (mandatory if not provided in Phase I).

The lead applicant can attach any additional documents they deem necessary for their project to be assessed (evaluation report, learning documents, etc.).

⁸ https://pops.expertisefrance.fr/sdm/ent2/gen/ficheCsl.action?PCSLID=CSL_2024_H2ZQxdV9v

9. HOW TO SUBMIT PROPOSALS

Lead applicants will have to register (from 20 November 2024) on the POPs platform⁹ to be able to access the proposal documents.

They will be guided through the platform to fill in the necessary information online and upload the proposal documents by 21 January 2025 at 12:00 noon (UTC+1).

Two information sessions will take place (in French with simultaneous interpretation in English) to guide lead applicants on submitting their online proposal:

- 2 December 2024 at 10:00 (UTC+1)
- 7 January 2025 at 10:00 (UTC+1)

If you wish to participate, please register using the following link:

<https://expertise-france.formalto.app/fDZyljegyN>

If you encounter problems accessing the platform, lead applicants can contact the POPs platform support service:

- Calling from Outside Europe/ France: +33 (0)892 23 21 20 (0,35 euros/min)¹⁰
- Calling from Europe/ France: +33 1 73 25 21 20 (toll-free number)
- By email: support@achatpublic.com

The technical service may ask you to download the remote office application *AnyDesk*¹¹ to be able to provide you with remote support on your computer.

Or contact L'Initiative's team by sending an email to: aap.linitiative@expertisefrance.fr.

Any application documents received after 21 January 2025 at 12:00 Noon (UTC+1) or proposals that are incomplete will not be processed.

(!) We highly recommended that you start uploading proposal documents to the POPs platform as soon as possible, and not wait for the deadline (21 January 2025 at 12:00 Noon(UTC+1) to take account for the time needed to upload them, which may vary depending on the size of the documents and the quality of your internet connection.

⁹ https://pops.expertisefrance.fr/sdm/ent2/gen/ficheCsl.action?PCSLID=CSL_2024_H2ZQxdjV9v

¹⁰ If it is not possible to call this premium number, email the support service at POPs and request a call back. Make sure that 1) you are available on the number provided and 2) you share your number using this format: +country code/(0)number.

¹¹ <https://anydesk.com/en/downloads/windows>

10. QUESTIONS

All questions relating to this call for proposals must be sent via the POPs submission platform **no later than 14 January 2025 at 12:00 noon (UTC+1)**.

Answers to questions received within the allotted time will be gradually posted on the POPs platform (in the "questions/answers" section). It is the responsibility of each organization to check for responses posted on the L'Initiative website.

L'INITIATIVE

Sida, tuberculose, paludisme

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