

PDFCH 318

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

APR 20 1990

Dr. James Garrett, Ph.D.
Executive Vice President
World Rehabilitation Fund, Inc.
400 East 34th St.
New York, NY 10016

Subject: Grant No.: LAC-0302-G-00-0011-00

Dear Dr. Garrett:

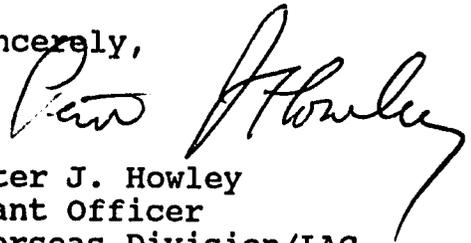
Pursuant to the authority of the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to the World Rehabilitation Fund, Inc., (hereinafter referred to as "WRF" or "Grantee") the sum of \$1,000,000 to provide support to WRF's development program as described in the Schedule of this grant and in Attachment 2 entitled "Program Description."

This grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives for the estimated period April 25, 1990 to April 25, 1991. Funds dispensed by A.I.D., but uncommitted by the Grantee at the expiration of this period shall be refunded to A.I.D.

This grant is made to WRF on condition that the funds will be administered in accordance with the terms and conditions set forth in Attachment 1, entitled the "Schedule," Attachment 2, entitled "Program Description," and Attachment 3, entitled "Index of Mandatory Standard Provisions and Optional Standard Provisions," which have been agreed to by your organization.

Please acknowledge receipt and acceptance of the grant by signing all copies of this cover letter, retain one copy for your files, and return the remaining copies to this office, being sure to return all copies marked "Funds Available."

Sincerely,



Peter J. Howley
Grant Officer
Overseas Division/LAC
Office of Procurement

ACKNOWLEDGED:

THE WORLD REHABILITATION FUND, INC.

By: Howard A. Rusk, Jr.

Typed Name: Howard A. Rusk, Jr.

Title: President

Date: 4/23/90

FUNDS AVAILABLE

Initials: H. Rusk

4-19-90

PFM/FM/A/PNP

Fiscal Data OFFICE OF FINANCIAL MANAGEMENT

PIO/T No:	524-0302-3-0653600
Appropriation Symbol:	72-11X1038
Allotment Symbol:	808-65-524-00-69-01
Budget Plan Code:	LRRX90-35524-KG15
Project No.:	524-0302
Obligated Amount:	\$1,000,000
Cumulative Obligation:	\$1,000,000
Total Estimated Cost:	\$1,000,000
DUNS No.:	033-015-132
E.I. No:	52-6054268
Project Office:	LAC/DR/HPN

Attachments:

1. Schedule
2. Program Description
3. Index of Mandatory Standard Provisions and Optional Standard Provisions

b. Favorable developments or events that enable time schedules to be met sooner than anticipated or more work activities to be performed than originally projected.

D. One copy of the final report shall be sent to the Grant Officer whose address appears on the grant cover letter.

2. Site Monitoring:

From time-to-time A.I.D. officers and/or their representatives will, with prior notification to the recipient, visit selected project sites.

3. Financial reporting requirements shall be in accordance with the Standard Provision of this grant entitled "Payment-Letter of Credit." The original and 2 copies of all such reports shall be submitted to: Program Accounting and Financial Division (FM/PAFD), Office of Financial Management, A.I.D., Washington, D.C. 20523.

4. Audits

An end of project financial audit is required in order to assure proper expenditures in accordance with the grant agreement.

5. Activities Initiation

USAID expects WRF to initiate program activities in Nicaragua within 30 days or less of the execution of the grant. The On-Site Coordinator will be recruited and in-country within 2 weeks of grant execution.

F. Overhead Rate

Pursuant to the Standard Provision of this grant entitled "Negotiated Indirect Cost Rates - Provisional," the following overhead rate is established:

<u>Rate</u>	<u>Base</u>	<u>Period</u>
17.37%	(a)	7/1/88 until amended

(a) Total direct cost but excluding equipment items and alterations and renovations.

G. Title to Property

Title to property procured under this grant will vest in the grantee in accordance with Optional Standard Provision 20 of this grant.

H. Authorized Geographic Code

The authorized geographic code for procurement of goods and services under this grant is "935," Special Free World. This is any area or country in the Free World including the cooperating country itself.

I. Closeout Procedures

This section prescribes uniform closeout procedures for this grant.

1. The following definitions shall apply for the purpose of this section:
 - a. Closeout. The closeout of a grant is the process by which A.I.D. determines that all applicable administrative actions and all required work of the grant have been completed by the grantee and A.I.D.
 - b. Date of Completion. The date of completion is the date on which the work under the grant is completed or the date on the award document, or any supplement or amendment thereto, on which A.I.D. sponsorship ends.
 - c. Disallowed Costs. Disallowed costs are those charges to a grant that A.I.D. or its representative determines to be unallowable in accordance with the applicable Federal cost principles or other conditions contained in the grant.
2. A.I.D. closeout procedures include the following requirements:
 - a. Upon request, A.I.D. shall make prompt payments to a grantee for allowable reimbursable costs under the grant being closed out.
 - b. The grantee shall immediately refund any balance or unobligated (Unencumbered) cash that A.I.D. has advanced or paid and that is not authorized to be retained by the grantee for use in other grants or agreements.

- c. A.I.D. shall obtain from the grantee within 90 calendar days after the grant expires all financial, performance, and other reports required as a condition of the grant. A.I.D. may grant extensions when requested by the grantee.
- d. The grantee shall account for any property acquired with A.I.D. funds or received from the Government in accordance with Attachment N of OMB Circular A-110 entitled "Property Management Standards."
- e. In the event a final audit has not been performed prior to the closeout of the grant, A.I.D. shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

Attachment 1

Schedule

A. Purpose of Grant

The purpose of this grant is to provide partial support to the grantee's development program as described in Attachment 2 to this grant, entitled "Program Description."

B. Period of Grant

1. The effective date of this grant is indicated on the Cover Letter. The estimated expiration date of this grant is April 25, 1991.
2. Funds obligated hereunder are available for program expenditures for the estimated period April 25, 1990 to April 25, 1991.

C. Amount of Grant and Payment

1. The total amount of this grant for the period shown in B.2., above, is \$1,000,000.
2. A.I.D. hereby obligates the amount of \$1,000,000 for U.S. Dollar program expenditures during the period set forth in B.2., above, and as shown in the Financial Plan below. None of this assistance may be provided to or through the Government of Nicaragua.
3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Optional Standard Provision No. 1 entitled "Payment - Letter of Credit."
4. Documentation required by the payment provision noted above shall be submitted to:

Agency for International Development
PFM/FM/CMPD
Room 700, SA-2
Washington, D.C. 20523

D. Financial Plan

The following is the financial plan for this grant, including local cost financing items, if authorized. Revisions to this Plan shall be made in accordance with the Standard Provision of this grant entitled "Revision of Grant Budget." A more detailed breakdown of individual line items is included in the Grantee's proposal dated April 2, 1990, which is incorporated herein by reference.

<u>Cost Element</u>	<u>Total</u> (4/25/90 - 4/25/91)
1. Program Direct Costs	U.S. \$ 695,249
2. Procurement	158,758
3. Indirect Costs	<u>147,993</u>
GRAND TOTAL	\$1,000,000

E. Reporting and Evaluation

1. Reporting/Monitoring:

- A. Monthly/Quarterly Reports: Reports on project implementation are due monthly for the first three months of program activity and quarterly thereafter. Ten copies of the "Monthly/Quarterly Report on Program Implementation" should be submitted to the A.I.D. Project Officer, LAC/DR/HPN, AID/W, not later than five working days after the last day of the month on which they are due.
- B. Final Report: A final, end-of-project report will be required via a format to be provided to the recipient at a later date.
- C. Interim Reports: Prior to the required final performance reporting date, events may occur that have significant impact upon the project. In such instances, the recipient shall inform the Grant and Project Officers as soon as the following types of conditions become known:
 - a. Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work activities by the established time period. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any assistance needed to resolve the situation.

Program Description:

A. Definition and Scope:

To develop a program to provide prosthetic/orthotic devices and other rehabilitation services in Nicaragua to persons who are victims of civil strife.

B. Purpose:

WRF proposes to develop a rehabilitation program to provide services for Nicaraguan non-combatants including case finding and diagnosis, fabrication and fitting assistance of artificial limbs and braces, physical training and assistance in ambulation, and personal and family training for patients and relatives.

C. Project Design/Principal Activities:

- 1) Up to 750 patients treated: All potential patients would be evaluated by the WRF rehabilitation team at a rate of 75 per month, once the start up phase of the project has been completed.

In the absence of hard data on the numbers of disabled persons, the type and severity of injury, the procedures which have been performed, this number is an estimate of treatment services required (and is consistent with services provided by WRF in Honduras).

- 2) Up to 250 of these patients served under prosthetic/orthotic component: approximately 150 fitted below-knee prostheses, 50 with above-knee prostheses, and 50 with orthoses (braces). Provide each patient with ambulation/gait training, personal adjustment counseling and training, and self-care services as may be required. Whenever possible, the relatives of the patient would receive training in support of the patient.

- 3) Required prosthetic parts will be fabricated in the Component Parts Factory in Tegucigalpa, Honduras.
- 4) Patients would be identified and located by WRF's on-site office and rehabilitation team in Nicaragua, and through associates such as PADF, Partners of the Americas, Adventist Development and Relief Agency International, Catholic Relief Service, CARE, and other private and international organizations. In addition, a public awareness program will be conducted.
- 5) Cooperate and coordinate with the Pan American Development Foundation to provide needed surgical and related care.

D. Project Implementation Plan:

The combination of WRF and the Pan American Development Fund (PADF) provides an opportunity for quick surgical/medical action and the delivery of high quality services; good sense of process and order.

E. Program Management:

Dr. James Garrett, Executive Vice President, World Rehabilitation Fund, will be principally responsible for the overall management and implementation of the project.

On-site coordinator, Mary Joe Dudley, has been identified; WRF will provide the services of Honduras on-site coordinator, Michael Magee to assist with timely start-up in Nicaragua.

Capacity to effectively deliver proposed programs in required timeframe:

The demonstrated experience of WRF in Honduras gives A.I.D. the confidence that they can complete their Mission in Nicaragua in a timely and efficient manner.

Target Areas in Nicaragua:

The Center will be established in Managua near to Diriamba (location of the PADF surgical/medical hospital).

AID 1350-1 (3-87) *PIO/T	AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1. Cooperating Country NICARAGUA	Page 1 of Pages
		2. PIO/T No. 524-0302-3-0653600	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
		4. Project/Activity No. and Title Survival Assistance for Civilian Victims of the Civil Strife in Central America (CASA) World Rehabilitation Fund, Inc. (WRF) 524-0302	

DISTRIBUTION Date Posted: <u>4-17-90</u> Initials: <u>R. Anderson</u> P.O. # <u>101-101-101</u> FUNDS RESERVED BY:	5. Appropriation Symbol 72-11X1038 808-65-524-00-69-01	6. Budget Plan Code LRR90-35524-KG15
	7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document	8. Project Assistance Completion Date (Mo., Day, Yr.) N/A
	9. Authorized Agent MS/OP/OS	10. This PIO/T is in full conformance with PRO/AG No. _____ Date N/A
	11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (HB 13) <input type="checkbox"/> PASA RSSA (HB 12) <input type="checkbox"/> Other	11b. Contract/Grant Cooperative Agreement/PASA/RSSA Reference Number (if this is an Amendment) N/A

12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No. <u>2</u>)					
Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
			\$1,000,000		\$1,000,000
	B. U.S.-Owned Local Currency				

13. Mission References Invitation for Application (IA) No. OS-90-003 Auth. Memo Brown/Schieck dtd. 4/11/90	14A. Instructions to Authorized Agent MS/OP/OS is requested to execute a grant with the World Rehabilitation Fund, Inc. (WRF) to carry out approved activities under the Survival Assistance for Civilian Victims of the Civil Strife in Central America (CASA) Program as outlined in the Program Description, Attachment 1.
	14B. Address of Voucher Paying Office AID/FM/PAFD - Room 700 SA-2

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate. LAC/DR/HPN: <u>J. Crummett</u> LAC/DR/HPN: <u>T. Park</u>	Phone No. Date <u>4/13/90</u>	B. The statement of work or program description lies within the purview of the initiating office and approved agency programs. LAC/DP: <u>J. Francis</u> LAC/DP: <u>C. Williams</u> CW	Date <u>4/13/90</u>
C. LAC/DR: <u>L. Odle</u> L Odle GC/LAC: <u>K. Hansen</u> KH LAC/DR: <u>E. Brineman</u> E.B.	Date <u>4/13/90</u> Date <u>4/14/90</u> <u>4/16/90</u>	D. Funds for the services requested are available FM	Date

16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to Signature _____ Date _____ Title _____	17. For the Agency for International Development Signature <u>Terrence J. Brown</u> Date <u>4/17/90</u> Title <u>Director, LAC/DR</u>
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*See HB 3, Sup. A, App. C, Att B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

OFFICE OF FINANCIAL MANAGEMENT