

**CONTRACT INFORMATION MANAGEMENT SYSTEM (CIMS)**

**DIRECT ACTION DATA FORM**

(For awards to U.S. individuals and Third Country Nationals (not FSNs) with a TEC less than or equal to \$25,000, only the shaded items on pages 1-5 of this form need to be completed.)

**SECTION 1: GENERAL AWARD INFORMATION (All Actions)**

1a. Basic Award Number <b>524-0312-G-00-1173-00</b>	1b. Basic Mod Number	1c. Order Number	1d. Order Mod Number
--	----------------------	------------------	----------------------

**AWARD NUMBER COMPONENTS [Items 2-6] NOTE: For modifications and orders — these items refer to the Basic Award.**

2. Country/Office (Award Prefix) <b>524</b>	3. Project Number <b>0312</b>
--	----------------------------------

4. Procurement Instrument: Report one of the following codes to identify the type of action. For a work order or a modification to a contract or work order, indicate the category of the basic contract.

<input type="checkbox"/> A - Cooperative Agreement	<input type="checkbox"/> N - Other Federal Schedule Order
<input type="checkbox"/> B - Basic Ordering Agreement (BOA)	<input type="checkbox"/> O - Purchase Order (PO)
<input type="checkbox"/> C - Contract (Other than BOA, DQC, IQC, PO, RC, PSC)	<input type="checkbox"/> P - Participating Agency Service Agreement (PASA)
<input type="checkbox"/> D - Definite Quantity Contract (DQC)	<input type="checkbox"/> Q - Requirements Contract (RC)
<input type="checkbox"/> E - Blanket Purchase Agreement (BPA)	<input type="checkbox"/> R - Resources Support Services Agreement (RSSA)
<input checked="" type="checkbox"/> G - Grant	<input type="checkbox"/> S - Personal Services Contract (PSC)
<input type="checkbox"/> I - Indefinite Quantity Contract (IQC)	<input type="checkbox"/> X - Ribbon PASA
<input type="checkbox"/> M - GSA Schedule Order	<input type="checkbox"/> Z - Ribbon Contract (Buy-In)

5. Participating Agency (PASA/RSSA only)	6. FY of Award <b>91</b>
--	-----------------------------

7. Award Description  
**TO expand and strengthen the delivery OF FAMILY PLANNING SERVICES IN NICARAGUA.**

8. Principal Place of Performance a. A.I.D. Country Code or Name <b>524</b>	U.S. ONLY <input type="checkbox"/>	b. City	c. State	d. Zip Code
---	------------------------------------	---------	----------	-------------

9. Benefiting Country (A.I.D. Country Code or Name)  
**524**

**OCT 30 1991**  
520

10. Project Officer Cntry Code/Org. Symbol or A.I.D./W Org. Symbol <b>524/600</b>	Last Name <b>AYALDE</b>	First <b>LILIANA</b>	MI
---	----------------------------	-------------------------	----

11. Requirement Received by Procuring Office (MMIDYY) <b>05/10/91</b>	12. Date Award Signed by A.I.D. (MMIDYY) <b>06/14/91</b>	13. Effective Date of Award (MMIDYY) <b>06/14/91</b>	14. Estimated Completion Date (MMIDYY) <b>08/31/96</b>
--	---	---	---

**BASIC AWARDS ONLY**

15a. SIC Code	15b. Is This Vendor a Small Business for the SIC of Award? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Product/Service Code
---------------	--	--------------------------

**BASIC AWARDS AND ORDERS ONLY**

17. Procurement Type

<input type="checkbox"/> A - Technical Services To A.I.D.	<input type="checkbox"/> F - Participant Training
<input checked="" type="checkbox"/> B - Technical Services to Host Country	<input type="checkbox"/> G - Procurement Service Agent (PSA)
<input type="checkbox"/> C - Commodities	<input type="checkbox"/> H - Research
<input type="checkbox"/> D - Training Services to A.I.D.	<input type="checkbox"/> I - Architect and Engineering Services
<input type="checkbox"/> E - Training Services to Host Country	<input type="checkbox"/> J - Construction

18. Negotiator (Last, First, MI) <b>Corky</b>	Country Code & Org. Symbol or A.I.D./W Org. Symbol	Signature
--	--	-----------

19. Contract Officer (Last, First, MI) <b>Corky J.E</b>	Country Code & Org. Symbol or A.I.D./W Org. Symbol <b>524/Cmts</b>	Signature 
--	---	---------------

# CONTRACT INFORMATION MANAGEMENT SYSTEM (CIMS) DIRECT ACTION DATA FORM

## GENERAL INSTRUCTIONS

Use this data form for reporting all contracts, DQCs, RCs, GSA and other Federal Schedule Orders, POs, PSCs and Ribbon Contracts with a total estimated cost (TEC) greater than \$25,000. Use this form to report all BOAs, BPAs, IQCs, Cooperative Agreements, Grants, PASAs, RSSAs, and Ribbon PASAs, regardless of dollar amount. Use this form to report all awards to U.S. individuals and Third Country Nationals (not FSNs), including PSCs and POs, regardless of the dollar amount. It should also be used to report any orders or modifications to all of the above awards, regardless of the dollar amount of the modification or order. Complete the appropriately labeled sections for different types of awards.

For awards to U.S. individuals and Third Country Nationals (not FSNs) with a TEC less than or equal to \$25,000, only the shaded items on pages 1-5 of the form need to be completed. If the TEC is greater than \$25,000, all of the items pertaining to awards must be completed.

When all parts of this form have been completed send one copy, along with the requirement document(s) and the award to:

CIMS Section  
MS/OP/PS/SUP  
Room 1472, SA-14  
Agency For International Development  
Washington, DC 20523-1418

For detailed instructions, consult the Contract Information Management System (CIMS) Data Form Instruction Manual.

FORM 8 130

## SECTION 1 - INSTRUCTIONS

1a. **Basic Award Number:** Enter the award number of the award. For a modification, report the basic award number in block 1a. and the modification number in block 1b. For actions such as IQC delivery orders, report the award number of the basic contract in block 1a. and the order number in block 1c. For a modification to an order, report the basic award number in block 1a., the order number in block 1c. and the order modification number in block 1d.

For item numbers 2 through 6, see the latest version of the Contract Information Bulletin (CIB) on the Uniform Numbering System for A.I.D.-Direct Procurement Documents, for instructions and a list of codes. A list of codes is also provided in the CIMS Data Form Instruction Manual. **NOTE:** For modifications or orders these items refer to the basic award.

2. **Country/Office (Award Prefix):** Report the Country or A.I.D./W Procurement Office Code as specified in the CIB.

3. **Project Number:** Enter the last four digits of the seven-digit project number funding the award. For awards funded by operating expense money or money other than project funds, enter "0000" (zeros).

5. **Participating Agency (PASA/RSSA only):** For PASA/RSSA type actions, report the code of the participating U.S. Government Agency providing services under the agreement. A list of codes is provided in the CIMS Data Form Instruction Manual and in the CIB on Uniform Numbering Systems.

7. **Award Description:** The award description shall consist of a brief one-sentence description of the products or services being procured. The sentence shall start with the phrase "Contractor/Grantee/Recipient shall provide/assist/support..." Fill in the Award Description for all basic Awards, Orders, and modifications to PASA/RSSA awards.

8. **Principal Place of Performance (Country):** Report the A.I.D. country code, if available, or the name of the area where the work for this award will be primarily performed. For products, report the code for the country where the product is manufactured. If the place of performance cannot be determined, report the vendor's billing location.

9. **Benefiting Country:** Report the A.I.D. Country Code, if available, or the name of the country receiving technical assistance from this award.

12. **Date award signed by A.I.D.:** Enter the date on which this action (basic award, order or modification) was signed by A.I.D.

15a. **SIC Code:** Enter the Standard Industrial Classification (SIC) code that best describes the product or service acquired in this basic award. See FAR 19.102 for codes. A short list containing the codes most often used in A.I.D. is also provided in the CIMS Data Form Instruction Manual.

15b. **Small Business (Y/N)?** Check "Yes" if the vendor is classified as "small" for the SIC of the award.

16. **Product or Service Code:** Enter the Principal Product or Service code that best describes the product or service acquired in the basic award. A short list containing the codes most often used in A.I.D. is provided in the CIMS Data Form Instruction Manual. See the FPDS Product and Service Codes Manual for a complete listing, if necessary.

17. **Procurement Type:** Check the box next to the code which best describes the category of service or commodity being procured under this award.

**SECTION 2: DATA REQUIRED FOR SPECIFIC TYPES OF ACTIONS**

**GRANTS AND COOPERATIVE AGREEMENTS ONLY**

20. Grant/Agreement Type

- |   |  |
|---|--|
| <input type="checkbox"/> A - Disaster Assistance                          | <input type="checkbox"/> C - Other Specific Support Programs     |
| <input type="checkbox"/> B - American Schools and Hospitals Abroad (ASHA) | <input type="checkbox"/> D - Title XII Authority                 |
|   | <input checked="" type="checkbox"/> E - Other than A, B, C, or D |

21. Total Amount of Non-Federal Funds pledged to this Grant/Agreement

\$ 2,700,000

**GSA & OTHER FEDERAL SCHEDULE ORDERS**

22. Schedule Contract Number

23. Name of Federal Agency Awarding Schedule

**IQC BASIC ONLY**

24. IQC Service Area

25. Minimum

26. Maximum (life of contract)

\$

\$

**ORDERS AND CONTRACTS ONLY**

27. Advisory & Assistance Services?

Yes

No

**BASIC CONTRACTS ONLY**

28a. Contract Type

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A - Cost-Plus (Fixed Fee) | <input type="checkbox"/> F - Cost (No Fee)               | <input type="checkbox"/> K - Fixed Price with Economic Price Adjustment |
| <input type="checkbox"/> B - Firm Fixed Price      | <input type="checkbox"/> G - Cost-Plus (Award Fee)       |   |
| <input type="checkbox"/> C - Time and Materials    | <input type="checkbox"/> H - Cost-Plus (Incentive Fee)   |   |
| <input type="checkbox"/> D - Labor Hour            | <input type="checkbox"/> I - Fixed-Price Incentive       |   |
| <input type="checkbox"/> E - Cost Sharing          | <input type="checkbox"/> J - Fixed-Price Redetermination |   |

28b. If Cost-type Contract, is this a level of effort (term) contract?

Yes  No

29a. Is this a Letter Contract?

Yes

No

29b. Is this a Definitization of a Letter Contract?

Yes

No

30. Preference Program

- |  |   |
|--|---|
| <input type="checkbox"/> A - No Preference Program or Not Listed | <input type="checkbox"/> E - Tie-bid Preference                 |
| <input type="checkbox"/> B - 8(a) Program                        | <input type="checkbox"/> F - Labor Surplus Area (LSA) Set-aside |
| <input type="checkbox"/> C - Small Business (SB) Set-aside       | <input type="checkbox"/> G - Combined LSA/SB Set-aside          |
| <input type="checkbox"/> D - Sheltered Workshop                  |   |

31. Subject To Labor Statute

- A - Walsh-Healey Act, Manufacturer
- B - Walsh-Healey Act, Regular Dealer
- C - Service Contract Act
- D - Davis-Bacon Act
- E - Not Subject to the Above (Include PSCs)

32. Country of Manufacture/Origin of Services (A.I.D. Country Code or Name)

33. Subcontract Plan Required?

Yes  No

34. Date Solicitation Notice Published in CBD (MM/DD/YY)

35. Date Solicitation issued (MM/DD/YY)

## SECTION 2 - INSTRUCTIONS

20. **Grant/Agreement Type:** For Grants and Cooperative Agreements, check the box next to the code which best describes the award. Code C- "Other Specific Support Programs" refers to Chapters 4 and 6 of Handbook 13. Use Code E- "Other than A, B, C, or D." for unusual types which are not covered in codes A, B, C or D.
21. **Total Amount of Non-Federal Funds pledged to this Grant/Agreement:** Enter the total amount of matching (non-federal) funds pledged to this Grant or Cooperative Agreement.
22. **Schedule Contract No:** Enter the schedule contract number assigned by GSA or other Federal Agency which awarded the basic schedule contract. Do not use dashes in the schedule contract number.
23. **Name of Federal Agency Awarding Schedule:** Enter the name of the Federal Agency which awarded the basic schedule contract.
24. **IQC Service Area:** For IQC basic awards, enter the code which best describes the services rendered by the vendor. See listing provided in the CIMS Data Form Instruction Manual.
27. **Advisory & Assistance Services? (Y/N):** Check "Yes" if the award is for advisory and assistance services. See FAR 37.2 for definitions and examples.
- 28a. **Contract Type:** Check the box next to the code for the type of contract. Use code C- "Time and materials" for IQCs. Most PSCs are usually code C or D.
- 28b. **If Cost-Type Contract, is this a level of effort (term) contract? (Y/N):** If this is a Cost-Type Contract, check the box to indicate whether the award is a level of effort or completion. (See FAR 16.306)  
Y - Yes, Level of effort (term)  
N - No, Completion
30. **Preference Program:** Check the box next to the code which best describes the preference program used in making this award. Check A if no preference program.
31. **Subject to Labor Statute:** Select the Labor Statute which applies to this award by checking the appropriate box. Most A.I.D. contracts, including PSCs, are code E.
32. **Country of Manufacture/Origin of Services (Country Code or Name):** Enter the A.I.D. country code, if available, or the name of the country where the product is manufactured. For services, report the code for the nationality of the vendor. If there are multiple sources, enter the code of the country that supplies the greatest portion.
33. **Subcontract Plan required (Y/N)?:** Check "Yes" if the vendor for this award is required to submit a plan for using small business concerns and small disadvantaged business concerns as subcontractors. (See FAR 19.702(a)).
34. **Date Solicitation Notice Published in CBD:** If applicable, enter the date that a synopsis of the solicitation appeared in the Commerce Business Daily (CBD).

**SECTION 3: VENDOR INFORMATION (All Actions)**

45. Prime Vendor: (Full Name and Address) <p align="center" style="font-size: 1.2em;"><i>ASOCIACION PRO-BIENESTAR de LA FAMILIA NICARAGUENSE (Profamilia) MANAGUA, NICARAGUA</i></p>	46. DUNS or CEC Number  47. Taxpayer ID No. (TIN)
---	---

**BASIC AWARDS AND NOVIATIONS ONLY**

48. Economic Sector

<input checked="" type="checkbox"/> A - Private	<input type="checkbox"/> C - Federal Government
<input type="checkbox"/> B - International Public Sector	<input type="checkbox"/> D - State/Local Government

49. Business Organization Type

<input type="checkbox"/> A - Corporation	<input checked="" type="checkbox"/> H - Voluntary Organization
<input type="checkbox"/> B - Individual	<input type="checkbox"/> I - Foundation
<input type="checkbox"/> C - University or College	<input type="checkbox"/> J - Hospital
<input type="checkbox"/> D - Historically Black College or University	<input type="checkbox"/> K - Partnership
<input type="checkbox"/> E - Educational Organization other than University or College	<input type="checkbox"/> L - Proprietorship
<input type="checkbox"/> F - International Center	<input type="checkbox"/> M - Sheltered Workshop
<input type="checkbox"/> G - Research Organization other than International Center	<input type="checkbox"/> Z - Other

50. For Profit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51. U.S. Nationality? (If U.S. Nationality, then answer Items 52-53) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

52. Ownership Type (Complete only if Item No. 51 = Yes) <input type="checkbox"/> A - Asian-Indian American <input type="checkbox"/> B - Asian-Pacific American <input type="checkbox"/> C - Black American <input type="checkbox"/> D - Hispanic American	<input type="checkbox"/> E - Native American <input type="checkbox"/> F - Other Minority <input type="checkbox"/> Z - Non-Minority	53. Woman/Woman-Owned? (Complete only if Item No. 51 = Yes) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

54. If the Vendor is an individual who is not a U.S. Citizen, is he/she a Green Card holder?  
 Yes       No

55. If U.S. University, Host Country Counterpart Institution:

56a. Common Parent Organization (tax purposes) <input type="checkbox"/> Yes <input type="checkbox"/> No	56c. DUNS or CEC Number
--	-------------------------

56b. Parent Vendor (Full Name)	56d. Taxpayer ID No. (TIN)
--------------------------------	----------------------------

57a. Joint Venture?  
 Yes       No

57b. Participant Vendor (Full Name)	57c. DUNS or CEC No.	57d. Taxpayer ID No. (TIN)
-------------------------------------	----------------------	----------------------------


### SECTION 3 - INSTRUCTIONS

45. **Prime Vendor:** Record the vendor's full name and address in the space provided. For U.S. Universities include participating School/Center/Institute. For PASA/RSSAs include participating Agency and Department. For individuals, record the name as last, first and middle initial.
46. **DUNS or CEC No.:** Enter the 9-digit Dun & Bradstreet number or Contractor Establishment Code for the vendor of this action.
47. **Taxpayer ID No. (TIN):** Enter the 9-digit Taxpayer Identification Number used by the IRS for the vendor of this action. (Note: for individuals, the TIN is the individual's Social Security Number.) Foreign vendors which do not do business in the U.S. do not have a TIN. See FAR 4.9.
48. **Economic Sector:** Check the box next to the code which best applies to the sector in which the vendor of this action participates.
49. **Business Organization Type:** Check the box next to the code which best describes the vendor of this action.
50. **For Profit (Y/N)?:** Check "Yes" if the vendor is a profit organization. Check "No" if the vendor is a non-profit organization. ( Even if a non-profit organization charges a fee, it is still considered to be non-profit).
51. **U.S. Nationality (Y/N)?:** Check "Yes" if the vendor is a U.S. citizen; is a corporation or partnership organized under the laws of the U.S.; is a U.S.- controlled foreign corporation (per 957 et seq. of the U.S. Internal Revenue Service Code); or is a joint venture consisting entirely of individuals, corporations, or partnerships falling into one of the three foregoing categories.
52. **Ownership Type:** Complete only if Item No. 51 is equal to "Yes". If the vendor is a firm or individual of U.S. Nationality, check the box next to the code which best describes the ownership type of the vendor of this action.
53. **Woman/Woman-Owned (Y/N)?:** Complete only if Item No. 51 is equal to "Yes". If the vendor is a firm or individual of U.S. Nationality, indicate whether or not the vendor is a woman or woman-owned. A woman-owned business is a business that is at least 51% owned, controlled, and operated by women who are U.S. citizens.
54. If the Vendor is an individual who is not a U.S. Citizen, is he/she a Green Card holder? (Y/N): Answer "Yes" if the individual has a green card, even if they are not currently residing in the U.S.
55. **Host Country Counterpart Institution:** If the vendor is a U.S. University, enter the name of the host-country institution receiving technical assistance.
- 56a. **Common Parent Organization (Tax Purposes):** Answer "Yes" if the firm is a member of an affiliated group of corporations that files Federal Income Tax returns on a consolidated basis. If "Yes", complete Items 56b. - 56d. related to the parent firm.
- 56c. **Common Parent DUNS or CEC No.:** Enter the 9-digit Dun & Bradstreet number or Contractor Establishment Code for the common parent (tax filing) organization.
- 56d. **Common Parent Taxpayer ID Number (TIN):** Enter the 9-digit Taxpayer Identification Number used by the IRS for the common parent organization. See FAR 4.9.
- 57a. **Joint Venture?:** Answer "Yes" if the awardee is a joint venture. If "yes", complete Items 57b, 57c and 57d for each participant in the joint venture.
- 57c. **Participant DUNS or CEC No.:** Enter the 9-digit Dun & Bradstreet number or Contractor Establishment Code for each joint venture participant.
- 57d. **Participant Taxpayer ID Number (TIN):** Enter the 9-digit Taxpayer Identification Number used by the IRS for each joint venture participant.

**SECTION 4: FINANCIAL INFORMATION (All Actions)**

**58. Total Estimated Cost (TEC)**

a. Previous TEC

\$ 0

b. (Increase/Decrease) This Action

\$ 4,100,000

c. Current TEC

\$ 4,100,000

**OBLIGATION DATA**

59.

a. Budget Plan Code

b. Project Number

c. Amount Obligated/Deobligated  
(This Action)

d. Funds Type\*

LES1-91-25524-113

524-0301

\$ ~~715,000~~ 315 727

USD

LDHA-91-25524/1613

524-0301

\$ ~~715,000~~ 399 273

USD

e. TOTAL



\$ 715,000

\* Funds Type Codes

USD: U.S. Dollars

USL: U.S. Owned Local Currency

**60. Paying Office: Identify the Office responsible for paying vendor invoices.**

For Mission Payments, enter:

USAID/ (country)

For A.I.D./W Payments, check either:

PFM/FM/A/OE

PFM/FM/CMPD/DCB

**61a. Incrementally Funded?**

YES

NO

**61b. If Incrementally Funded;**

Date Funded through: (MMDDYY)

\_\_\_\_\_

## SECTION 4 - INSTRUCTIONS

**NOTE:** All financial information must be in U.S. dollars or U.S. dollar equivalents. All local currency amounts must be converted to the U.S. dollar equivalent. "U.S. dollar equivalent" is the dollar value of the local currency at the time of the action signature.

**58a. Previous Total Estimated Cost (TEC):** Enter the total estimated cost to be incurred during the expected life of this award, as of the previous action.

**58b. Total Estimated Cost (TEC): (Increase/Decrease) This Action:** Enter the amount of change in the total estimated cost as a result of this action. Use a minus sign to indicate a decrease. If there is no change, enter "0".

**58c. Current Total Estimated Cost (TEC):** Enter the current total estimated cost to be incurred during the expected life of this award.

**59a. Budget Plan Code (BPC):** Enter each Budget Plan Code associated with this action.

**59b. Project Number:** Enter the Project Number associated with each BPC.

**59c. Amount Obligated/Deobligated (This Action):** Enter the obligation amount associated with each BPC. Use a minus sign to indicate a deobligation.

**59d. Funds Type:** Enter the Funds Type Code associated with each BPC. "USD" = U.S. Dollars. "USL" = U.S. Owned Local Currency.

**59e. TOTAL Obligation/Deobligation:** Enter the sum of all BPC amounts found in Item 59.c. Use a minus sign to indicate a deobligation.

**61a. Incrementally Funded (Y/N)?:** An award which is not fully funded but will be funded in increments. The award states the amount presently available for payment by the government and allotted to the award, and the period of performance it is estimated the allotted amount will cover.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
USAID/ Managua  
APO Miami 34021-3240



AGENCIA INTERNACIONAL PARA EL DESARROLLO  
Pista Sub Urbana  
Apartado Postal C-167, Managua  
ZP 13

JUN 14 1991

Lic. Guillermo Arostegui  
Presidente, Junta Directiva  
Asociacion Pro-Bienestar  
de la Familia Nicaraguense  
Managua, Nicaragua

Subject: Grant No. 524-0312-G-00-1173-00

Dear Lic. Arostegui:

Pursuant to the authority contained in 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 Asociacion Pro-Bienestar de la Familia Nicaraguense (hereby referred to as "Profamilia" or "Grantee"), the sum of \$4,100,000. A.I.D. hereby obligates the amount of \$715,000 to provide support for a program to expand and strengthen the delivery of family planning services in Nicaragua as described in the Schedule of this Grant and Attachment II, entitled "Program Description."

This grant is effective and obligation is made as of the date of this letter and shall apply to program expenditures made by the Grantee in furtherance of program objectives during the estimated period beginning with the effective date and ending August 31, 1992.

The estimated completion date of this grant is March 31, 1996. Additional funds up to the total amount of the grant may be obligated by A.I.D. from time to time subject to the availability of funds, program priorities, the mutual agreement of the parties to proceed, and the requirements of the Standard Provision of the grant entitled "Revision to the Grant Budget."

This grant is made to Profamilia on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment I, "Schedule," Attachment II, "Program Description," and Attachment III "Standard Provisions," all of which have been agreed to by your organization.

(2)

Please acknowledge receipt and acceptance of the grant by signing all copies of this cover letter, retaining one copy for your files, and returning the original and one copy to James E. Corley, Grant Officer.

Sincerely,



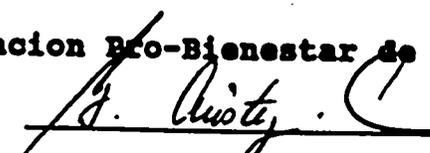
Janet C. Ballantyne  
Director

**Attachments:**

- I. Schedule
- II. Program Description
- III. Standard Provisions
- IV. Profamilia Proposal (by Reference)

**ACKNOWLEDGED:**

Asociacion Pro-Bienestar de la Familia Nicaraguense

BY: 

Name/Title: Lic. Guillermo Arostegui, Presidente

Date: \_\_\_\_\_

**FISCAL DATA**

Appropriation:	72-111/21037	72-1111021.8
Budget Plan Code:	LES1-91-25524-KG13	LDHA-91-25524-KG13
PIO/T No.:	524-0312-3-10055	Project No.: 524-0312
Total Estimated Amount:	\$4,100,000	Funding Sources:
Obligated This Action:	\$ 715,000	Health \$315,727
Total Obligated Amount:	\$ 715,000	ESF \$399,273

**ATTACHMENT I****SCHEDULE****A. Purpose of the Grant**

The purpose of this Grant is to expand and strengthen the delivery of family planning services in Nicaragua, as more specifically described in Attachment II to this Agreement entitled "Program Description."

**B. Period of Grant**

1. This Grant is effective as of the date on the Grant cover letter, and the estimated completion date is March 31, 1996.
2. Funds obligated hereunder are available for program expenditures for the estimated period from the effective date to August 31, 1992.

**C. Amount of Grant and Payment**

1. The total estimated amount of this Grant for the period shown in B.1 above is \$4,100,000.
2. A.I.D. hereby obligates the amount of \$715,000 for program expenditures during the period set forth in B.2 above and as shown in the Financial Plan, Annex A.
3. Additional funds up to the total amount of the grant shown in C.1 above may be obligated by A.I.D. from time to time subject to the availability of funds, program priorities, the mutual agreement of the parties to proceed, and the requirement of the Standard Provision of the Grant entitled "Revision of Grant Budget."
4. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment III entitled Required as Applicable Standard Provision No. 2 "Payment - Periodic Advance."
5. Funds dispersed by A.I.D. but uncommitted by the Grantee at expiration of the grant period shall be refunded to A.I.D.

6. Documentation required by the payment provision noted above shall be submitted to:

**OFFICE OF FINANCE  
USAID/NICARAGUA  
MANAGUA, NICARAGUA**

(2)

**D. Financial Plan**

The Financial Plan for this grant is attached as Annex A to this Schedule. Adjustments among budget line items in the Financial Plan in an amount up to, but not exceeding, ten percent (10%) of any line item may be made by Profamilia. The A.I.D. Grant Officer should be immediately notified in writing of any such budget change. Any adjustment exceeding ten percent (10%) or any other revision to this Plan must be made in accordance with Mandatory Standard Provision No. 4 entitled "Revision of Grant Budget," found in Attachment III.

The International Planned Parenthood Federation (IPPF) is expected to contribute the equivalent of \$2,295,000 over the life of project in the form of salaries, contraceptives and local costs. \$1,150,000 of this contribution will come from IPPF's own funds while \$1,145,000 will come from U.S. Government funds made available to IPPF from other sources. The Association for Voluntary Surgical Contraception (AVSC) will contribute the equivalent of \$81,300 over the life of this grant in the form of salaries. Local contributions from Profamilia equalling \$672,000 will be used in support of local costs over the life of project.

**E. Reporting and Evaluation**

The fiscal and technical reporting requirements and evaluation criteria and schedules are set forth in Attachment II entitled "Program Description."

**F. Special Provisions****1. PRIOR TO DISBURSEMENT**

- The International Planned Parenthood Federation will provide a letter to USAID/Nicaragua guaranteeing the following:

a. Profamilia will revise its personnel manual to define the authority and responsibility levels and duties for all staff responsible for project execution.

b. Profamilia will develop a financial accounting manual which details the application and management of project accounts and A.I.D. funds.

c. Profamilia will develop an administrative procedures manual that includes procedures for the control and management of inventories, cash receipts, and imprest funds.

(3)

- The Profamilia Board of Directors will provide a letter to USAID/Nicaragua stating that A.I.D. Handbook 13 procedures will be incorporated into its administrative procedures and personnel manuals, and implemented throughout the duration of the project.

- Profamilia will provide to USAID/Nicaragua the basis and-criteria underlying proposed costs against indicated line items in the Financial Plan, Annex A, page 3, and the Grant Officer will determine whether sufficient basis is provided for approval.

2. Attachment II of this Agreement, "Program Description," is derived from the contents of Profamilia's unsolicited proposal. Attachment II "Program Description," however, is the controlling document.

3. The twenty-five percent (25%) contribution to program funding required of Private Voluntary Organizations has been waived by the Mission Director based upon criteria set forth in 87 State 331065 one of which states "The PVO is a new or small non-profit institution without significant independent or external sources of funds...." While Profamilia has existed for over 20 years, it remains a relatively small organization dependent on outside donor assistance to continue its operations. Profamilia will demonstrate its commitment to this project, and assure a level of long-term sustainability, by making a substantial real contribution of its own. Profamilia's contribution will account for 16.39% of the total 23.65% of non-USG funding to the total project costs. This fulfills the intent of the 25% contribution which is to assure a level of commitment by the recipient and long-term sustainability of the activity.

#### **F. Title to Property.**

Title to and use of property shall be in accordance with Attachment III, the Required As Applicable Standard Provision No. 18 entitled "Title to and Use of Property (Grantee Title)."

#### **G. Indirect Cost Rate.**

The overhead rate for this grant will be established by audit during the effective period of the grant.

(4)

**H. Authorized Geographic Code.**

The authorized geographic code for procurement of goods and services under this grant is the United States (AID Geographic Code 000), Nicaragua and the order of precedence as indicated in Required As Applicable Standard Provision No. 6 entitled "AID Eligibility Rules for Goods and Services."

**I. Closeout Procedures**

This section prescribes uniform closeout procedures for this grant.

1. The following definitions shall apply for the purposes 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.

(5)

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.

**J. Order of Precedence**

Any inconsistency in this Agreement shall be resolved by giving precedence in the following order:

1. Attachment I -- Schedule
2. Attachment III -- Standard Provisions
3. Attachment II -- Program Description
4. Attachment IV -- Profamilia Proposal

## ATTACHMENT II: PROGRAM DESCRIPTION

### FAMILY PLANNING EXPANSION AND REGIONALIZATION PROJECT

(FPER, 524-0312)

The following Program Description is based upon PROFAMILIA's proposal to USAID/Nicaragua of March 1990 for the Family Planning Expansion and Regionalization Project (FPER). The purpose of this description is to summarize and clarify for all parties the activities PROFAMILIA will be expected to undertake, and the objectives it will seek to achieve, with funds from this grant. In the event of conflict between PROFAMILIA's proposal and this Program Description, this Program Description will control.

#### 1. Project Goal and Purpose.

The goal of the FPER Project is to harmonize Nicaragua's population growth rate with its level of socioeconomic development. Its purpose is to expand and strengthen the delivery of family planning services in Nicaragua, as measured by an increase from 62,000 to 168,000 in total Couple Years of Protection (CYP) provided annually by PROFAMILIA. Implementation is scheduled to begin early in CY 1991; the Project Assistance Completion Date is March 31, 1996.

#### 2. Planned Inputs and Activities

Towards these ends, PROFAMILIA is to use funds from this grant to provide the following types of inputs:

- a. Expansion and regionalization of PROFAMILIA's family planning service delivery infrastructure to encompass a network of 400 Community Based Distribution (CBD) posts served by four regional and two satellite centers in five of Nicaragua's six regions.
- b. Provide regular and low-dose oral contraceptives, condoms and spermicides.
- c. Creation of a social communication unit within PROFAMILIA, responsible for: design, testing and publication of family life and sex education materials; design, testing and publication of CBD materials; mass media campaigns; and other promotional activities.

- d. Training 370 volunteer CBD distributors; 90 physicians and 180 nurses from the Ministry of Public Health; 250 social workers; and 1,250 community leaders.
- e. Institutionalization of an Evaluation and Research unit within PROFAMILIA, to support program planning and monitoring and, specifically, the design and implementation of a Contraceptive Prevalence Survey in collaboration with the U.S. Public Health Service's Centers for Disease Control (CDC).
- f. Development of a program strategy that encourages the development of alternative family planning service delivery systems.

3. Work Plan and Completion Date.

Implementation of the activities is to begin at the time of project authorization, scheduled for early June, 1991. The planned completion date is March 31, 1996. Annual workplans for subsequent years will be included in the semiannual report submitted by PROFAMILIA to USAID/Nicaragua (see Section 4 below, "Reporting and Evaluation.")

4. Reporting, Monitoring and Evaluation.

a. Activity Reports.

Semiannual activity reports will be submitted by PROFAMILIA to the S/GDO, USAID/Nicaragua, in February and August of each year. The format of these reports will be determined jointly by PROFAMILIA and the S/GDO no later than July 30, 1991, and will be confirmed by an exchange of letters between PROFAMILIA and the Project Officer.

b. Monthly Financial Reports.

Monthly financial reports will be submitted to USAID/Nicaragua showing cumulative expenditures against the major grant budget categories listed in Annex V "Cost Estimate and Expenditure Projections", to PROFAMILIA's final grant proposal.

c. Monitoring.

PROFAMILIA will collect baseline and time series data on progress toward the project purpose as described in Section E.3., page 26 of the final Profamilia Proposal of March 1991.

d. Evaluations.

PROFAMILIA and USAID/Nicaragua will collaborate in carrying out two evaluations during the life of this grant. The first, a mid-term evaluation to be conducted during the third year of project implementation will focus on progress made toward achievement of output and purpose level indicators, and will examine critically Profamilia's performance in overseeing new regional activities. USAID/Nicaragua will work with PROFAMILIA to draw up a detailed Scope of Work for this mid-term evaluation. The second, a final evaluation, will take place in the fifth project year. The timing and Scope of Work for this final evaluation will be mutually agreed upon by PROFAMILIA and USAID/Nicaragua during the fourth project year.

The primary purpose of both project evaluations will be to assess progress toward the project's purpose. The results of the mid-term evaluation will be used as the basis for any mid-course modifications in the implementation plan or project activities and procedures requested by USAID/Nicaragua. In addition to providing a comprehensive assessment of project activities, the final evaluation will devote special attention to assessing progress made in identifying and laying the groundwork for alternative contraceptive distribution systems.

Finally, a Non-Federal concurrent financial audit will be contracted for with funds provided under the Contingency line item set forth in Annex V, "Cost Estimate and Expenditure Projections", and/or with AID funds from outside this project, to ensure the adequacy of PROFAMILIA's accounting for and utilization of funds provided under this Agreement. All audit activities under this project will be implemented under the direct supervision and control of the Regional Inspector General in Tegucigalpa, Honduras (RIG/A/T).

## DISTRIBUTION OF FUNDS OVER LIFE OF PROJECT

<u>Project Element (1)</u>	<u>U.S. \$</u>	<u>Local Currency (\$ Equiv.) (2)</u>	<u>Total (\$ Equivalent)</u>
Community Based Distribution	0	225,646	225,646
Regional Centers	347,051	1,262,891	1,609,942
Information and Education	188,000	275,383	463,383
National Training Center	0	338,748	338,748
Evaluation and Investigation	413,000	237,323	650,323
Administration and General Services	0	190,633	190,633
Contingencies and Audit	50,000	568,985	618,985
<b>TOTAL:</b>	<b>998,051</b>	<b>3,099,609</b>	<b>4,097,660</b>

Notes: (1) The above table does not include the estimated \$647,890 life of project cost of contraceptives. All A.I.D.-funded purchases of contraceptives under this Project will be made in U.S. dollars through A.I.D.'s Central Contraceptive Procurement Project. The contraceptives will then be provided to PROFAMILIA on an in-kind basis. No funds will be granted or otherwise provided to PROFAMILIA for the purchase of contraceptives.

(2) All local currency costs of the project will be paid in local currency. Local currency costs expressed in this budget should be read to mean the dollar equivalent of those local currency costs.

## DISTRIBUTION OF FUNDS, FY 1991 OBLIGATION

<u>Project Element (1)</u>	<u>U.S. \$</u>	<u>Local Currency (\$ Equiv.) (2)</u>	<u>Total (\$ Equivalent)</u>	<u>ESP</u>	<u>Health</u>
Community Based Distribution	0	50,000	50,000	0	50,000
Regional Centers	40,000	160,000	200,000	200,000	0
Information and Education	40,000	60,000	100,000	0	100,000
National Training Center	0	90,000	90,000	24,273	65,727
Evaluation and Investigation	63,000	37,000	100,000	0	100,000
Administration and General Services	0	40,000	40,000	40,000	0
Contingencies and Audit	20,000	115,000	135,000	135,000	0
<b>TOTAL:</b>	<b>163,000</b>	<b>552,000</b>	<b>715,000</b>	<b>399,273</b>	<b>315,727</b>

Notes: (1) The above table does not include the estimated \$647,890 life of project cost of contraceptives. All A.I.D.-funded purchases of contraceptives under this Project will be made in U.S. dollars through A.I.D.'s Central Contraceptive Procurement Project. The contraceptives will then be provided to PROFAMILIA on an in-kind basis. No funds will be granted or otherwise provided to PROFAMILIA for the purchase of contraceptives.

(2) All local currency costs of the project will be paid in local currency. Local currency costs expressed in this budget should be read to mean the dollar equivalent of those local currency amounts.

Budget Line Item categories for which PROFAMILIA must provide the basis and criteria used to calculate the line item total, prior to disbursement against the line item, follow:

1.	<u>Development of Regional Centers</u>	
	.1 Technical Assistance	US\$ 42,400
2.	<u>Information and Public Education</u>	
	.1 Observation Visits	US\$ 26,000
	.2 Technical Assistance	US\$ 62,000
	.3 Publishing Supplies	US\$ 100,000
3.	<u>National Training Center</u>	
	.1 Conference Costs	US\$ 33,500
4.	<u>Studies and Evaluation</u>	
	.1 Surveys and Evaluation	US\$ 310,000
	.2 Technical Assistance	US\$ 38,000
	.3 Evaluation Supplies	<u>US\$ 65,000</u>
	<b>TOTAL</b>	<b>US\$ 676,900</b>