

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 the form need to be completed.)

SECTION 1: GENERAL AWARD INFORMATION (All Actions)

1a. Basic Award Number 631-0091-A-00-1035-00	1b. Basic Mod Number	1c. Order Number	1d. Order Mod Number
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AWARD NUMBER COMPONENTS [items 2-6] NOTE: For modifications and orders — these items refer to the Basic Award.

2. Country/Office (Award Prefix) 631	3. Project Number 0091
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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 checked="" 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 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 1991
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7. Award Description **Recipient shall assist the Government of Cameroon to strengthen its health institutions to introduce and sustain Ivermectin distribution to high risk populations.**

8. Principal Place of Performance a. A.I.D. Country Code or Name 631	U.S. ONLY <input type="checkbox"/>	b. City ENTERED	c. State	d. Zip Code
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9. Benefiting Country (A.I.D. Country Code or Name)
631 JUN 30 1992

10. Project Officer
Entry Code/Org. Symbol or A.I.D./W Org. Symbol: **631/ANP** Last Name: **Greene** First: **Richard** MI

11. Requirement Received by Procuring Office (MM/DD/YY) 09/10/91	12. Date Award Signed by A.I.D. (MM/DD/YY) 09/16/91	13. Effective Date of Award (MM/DD/YY) 09/16/91	14. Estimated Completion Date (MM/DD/YY) 09/15/94
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BASIC AWARDS ONLY

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

17. Procurement Type

<input checked="" type="checkbox"/> B - Technical Services to Host Country	<input type="checkbox"/> F - Participant Training
<input type="checkbox"/> A - Technical Services To A.I.D.	<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)	Country Code & Org. Symbol or A.I.D./W Org. Symbol	Signature
19. Contract Officer (Last, First, MI) JOHNSON, Jay P.	Country Code & Org. Symbol or A.I.D./W Org. Symbol 631	Signature <i>CMB for J.P. Johnson</i>

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.

SECTION 1 - INSTRUCTIONS

1. **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 checked="" 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 type="checkbox"/> E - Other than A, B, C, or D |

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

\$ 118,532

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 Definization of a Letter Contract?

Yes

No

30. Preference Program

- | | |
|---|---|
| <input checked="" 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)

N/A

33. Subcontract Plan Required?

Yes No

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

N/A

35. Date Solicitation Issued (MM/II/YY)

N/A

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).

BASIC CONTRACTS AND NON-COMPETITIVE CONTRACT MODIFICATIONS ONLY

36. CICA Applicability

A - CICA Applicable (Include 8(a))
 B - Small Purchase Procedure

C - Subject to a Statute other than CICA (use for FAA)
 D - Pre-CICA

37. Extent Competed

A - Competed Action (Include Small Business set-aside)
 B - Not Available for Competition (use for sole-source 8(a))

C - Follow-on to Competed Action
 D - Not Competed

38. Solicitation Procedure

A - Full and Open Competition (Sealed Bid)
 B - Full and Open Competition (Competitive Proposal)
 C - Full and Open Competition (Combination)
 D - Architect - Engineer
 E - Basic Research
 F - Multiple Award Schedule

G - Alternate Source (Reduced Cost)
 H - Alternate Source (Mobilization)
 J - Alternate Source (Engineering/R&D)
 K - Set Aside (Include competitive 8(a))
 L - Other Than Full & Open Competition (Include sole-source 8(a), FAA.)

39. Authority — Other than Full & Open Competition (Complete Only if No. 38 = L)

A - Unique Source
 B - Follow-on Contract
 C - Unsolicited Research Proposal
 D - Patent/Data Rights
 E - Utilities
 F - Standardization
 G - Only One Source - Other than A-F above
 H - Urgency

J - Mobilization
 K - Essential R&D Capability
 L - International Agreement
 M - Authorized by Statute (inc. sole-source 8(a), FAA.)
 N - Authorized Resale
 P - National Security
 Q - Public Interest

40. A.I.D. Special Authorities — Other than Full & Open Competition (Complete only if No.39 = M)

A - Impairment of Foreign Aid Programs: All Personal Services Contracts (PSCs). (See AIDAR 706.302-70)
 B - Impairment of Foreign Aid Programs: Award of \$100,000 or less by an overseas contracting activity. (See AIDAR 706.302-70)
 C - Impairment of Foreign Aid Programs: Written Determination by Assistant Administrator or Administrator. (see AIDAR 706.302-70)
 D - Impairment of Foreign Aid Programs: Title XII Selection Procedure-General. (See AIDAR 706.302-70)

E - Impairment of Foreign Aid Programs: Title XII Selection Procedure-Collaborative Assistance. (See AIDAR 706.302-70)
 F - Disaster Relief (See Handbook 8, Chapter 2)
 G - None of the Above Special Authorities

41. Synopsis of Procurement

A - Synopsized prior to award
 B - Not synopsized due to urgency (use only if No. 39 = H)
 C - Not synopsized for other reason

42. No. of Offers

43. No. of Offers of Non-U.S. Item(s)

MODIFICATIONS ONLY

44. Modification purpose (Mark all that apply)

Incremental Funding
 Administrative Change
 Extension of Term
 New/Revised Scope of Work
 Increase in TEC
 Decrease in TEC
 Overhead Rate Adjustment

Exercise of Option
 Transfer Administrative Responsibility
 Novation Agreement
 Termination for Convenience
 Termination for Default
 Other: _____

5X

SECTION 2 - INSTRUCTIONS

For a modification which was non-competitive (i.e., which required a non-competitive justification and was outside of the scope of work of the original contract) complete items 36 thru 43. See FAR 6.302 and 6.303.

36. CICA Applicability: Check the box next to the code which describes the applicability of CICA or other statutes to this award. Select code B - "Small Purchase Procedure" if this action is a small purchase pursuant to the procedures in FAR Part 13. Select Code C - "Subject to a Statute other than CICA" if this action is pursuant to the procurement procedures authorized under the Foreign Assistance Act (FAA) for Impairment of Foreign Aid Programs, Title XII Selection Procedures, or Disaster Relief. Select code A - "CICA Applicable" for all other procurement actions resulting from a solicitation issued on or after April 1, 1985 and codes B or C do not apply. 8(a) awards are coded as A. Non-competitive modifications are coded as A. Select code D - "Pre-CICA" for new procurements resulting from a solicitation issued prior to April 1, 1985.

37. Extent Competed: Check the box next to the code which describes the extent to which this award was competed. Select code A - "Competed Action" for Small Business set-asides and competitive 8(a) awards. Competed actions also include procurements authorized under the Foreign Assistance Act (FAA) for Impairment of Foreign Aid Programs, Title XII Selection Procedures, or Disaster Relief, where more than one offer was received. Select Code B - "Not Available for Competition" for sole-source 8(a) awards. Select Code B for procurements authorized under the Foreign Assistance Act (FAA), where only one offer was received.

38. Solicitation Procedure: Check the box next to the code which describes the method by which this award was competed. (See FAR Part 6.) Select Code K - "Set-Aside" for small business set-asides and competitive 8(a) awards. Code L - "Other Than Full & Open Competition" includes sole-source 8(a) awards and procurements authorized under the Foreign Assistance Act (FAA) for Impairment of

Foreign Aid Programs, Title XII Selection Procedures, or Disaster Relief.

39. Authority - Other Than Full & Open Competition: Complete only if Item No. 38 is equal to "L". For awards exercising other than full and open competition, check the box next to the code which describes the authority by which the award was not fully competed. (See FAR Part 6.) Code M - "Authorized by Statute" includes sole-source 8(a) awards and procurements authorized under the Foreign Assistance Act (FAA) for Impairment of Foreign Aid Programs, Title XII Selection Procedures, or Disaster Relief.

40. A.I.D. Special Authorities - Other Than Full & Open Competition: Complete only if Item No. 39 is equal to "M". For those awards authorized by the Foreign Assistance Act (FAA) for other than full and open competition, check the box next to the code which describes the authority. Select Code G - "None of the Above Special Authorities" for sole-source 8(a) awards.

41. Synopsis of Procurement: Check the box next to the appropriate code based on the Commerce Business Daily synopsis requirements of FAR 5.2. Code B - "Not synopsisized due to urgency" may be used only if item 39 is equal to "H".

43. No. of Offers of Non-U.S. Item(s): Enter the number of bidders offering non-U.S. foreign end items worth 51% or more of the contract value. If the contract is exclusively for services, enter "0".

44. Modification Purpose (Mark all that apply): If this action is a Modification to a Basic Award or a Modification to an Order, check all of the Modification Purposes that apply to this action. If the purpose is other than those listed on the form, check "Other" and provide a brief description.

SECTION 3: VENDOR INFORMATION (All Actions)

45. Prime Vendor: (Full Name and Address)

*Ms. Victoria Sheffield, Executive Director
The International Eye Foundation
7801 Norfolk Ave., Bethesda, MD. 20814*

46. DUNS or CEC Number

08-234-3377

47. Taxpayer ID No. (TIN)

52-0742301

BASIC AWARDS AND NOVIATIONS ONLY

48. Economic Sector

A
 B

A - Private
B - International Public Sector

C
 D

C - Federal Government
D - State/Local Government

49. Business Organization Type

A
 B
 C
 D
 E
 F
 G

A - Corporation
B - Individual
C - University or College
D - Historically Black College or University
E - Educational Organization other than University or College
F - International Center
G - Research Organization other than International Center

H
 I
 J
 K
 L
 M
 Z

H - Voluntary Organization
I - Foundation
J - Hospital
K - Partnership
L - Proprietorship
M - Sheltered Workshop
Z - Other

50. For Profit?

Yes

Yes

No

No

51. U.S. Nationality? (If U.S. Nationality, then answer items 52-53)

Yes

Yes

No

No

52. Ownership Type (Complete only if Item No. 51 = Yes)

A
 B
 C
 D
 Z

A - Asian-Indian American
B - Asian-Pacific American
C - Black American
D - Hispanic American

E
 F
 Z

E - Native American
F - Other Minority
Z - Non-Minority

53. Woman/Woman-Owned?
(Complete only if Item No. 51 = Yes)

Yes

Yes

No

No

54. If the Vendor is an individual who is not a U.S. Citizen, is he/she a Green Card holder?

Yes

Yes

No

No

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

56a. Common Parent Organization (tax purposes)

Yes

Yes

No

No

56c. DUNS or CEC Number

56b. Parent Vendor (Full Name)

56d. Taxpayer ID No. (TIN)

57a. Joint Venture?

Yes

Yes

No

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

\$ ~~423,414~~ - 0 -

b. (Increase/Decrease) This Action

\$ ~~0~~ 423,414

c. Current TEC

\$ 423,414

OBLIGATION DATA

59.

a. Budget Plan Code

b. Project Number

c. Amount Obligated/Deobligated
(This Action)

d. Funds Type*

GDHA-91-21631-1G13

0091

\$ 423,414

USD

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

e. TOTAL 

\$ 423,414

* 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) CAMEROON

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.

Ms. Victoria Sheffield
Executive Director
The International Eye Foundation
7801 Norfolk Ave.
Bethesda, MD. 20814

Subject: Cooperative Agreement No. 631-0091-A-00-1035-00

Dear Ms. Sheffield:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and the Federal Grant and Cooperative Agreement Act of 1982, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to The International Eye Foundation (hereinafter referred to as "IEF" or "Recipient") the sum of \$423,414 in support of activities under the Pilot Project for the Control of Onchocerciasis in the Division of Dja et Lobo, South Province, as more fully described in Attachment 2, entitled "Program Description".

This Cooperative Agreement is in effect an obligation and is made as of the date of signature of this agreement and shall apply to commitments made by the Recipient in furtherance of program objectives through the estimated completion date of September 15, 1994. Funds disbursed by A.I.D. but uncommitted by the Recipient at the expiration of this period shall be refunded to A.I.D.

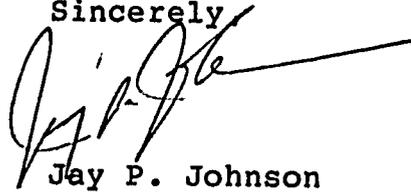
The total estimated amount of the agreement is \$423,414. Of the total estimated amount, the same \$423,414 is hereby obligated. A.I.D. shall not be liable for reimbursing the Recipient for any costs in excess of the total obligated amount.

This Cooperative Agreement is made to the Recipient on condition that the funds shall be administered in accordance with the terms and conditions as set forth in the Cover Letter; Attachment 1, entitled "Schedule" wherein paragraph K indicates the need for a sub-agreement with the Ministry of Public Health prior to commencing field activities; Attachment 2, entitled "Program Description"; Attachment 3, entitled "Mandatory Standard Provisions"; and Attachment 4, entitled "Optional Standard Provisions."

To facilitate a timely start-up of this activity, USAID authorizes the expenditure of funds by the Recipient prior to the awarding of the grant for the conducting of a preliminary site visit to Cameroon and for administrative costs related to project initiation.

To execute this Cooperative Agreement, please sign the original and five (5) copies of this letter to acknowledge your acceptance of the grant, and return the original and four (4) copies to the undersigned.

Sincerely



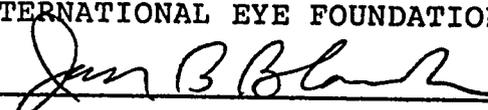
Jay P. Johnson
Mission Director
USAID/Cameroon

Attachments:

1. Schedule
2. Program Description
3. Mandatory Standard Provisions
4. Optional Standard Provisions

ACKNOWLEDGED:

THE INTERNATIONAL EYE FOUNDATION

BY: 

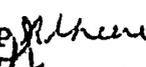
TYPED OR PRINTED NAME: JACK B. BLANKS

TITLE: DIRECTOR OF PROGRAMS

DATE: September 16, 1991

FISCAL DATA

PIO/T NO.	: 631-0091-3-10023
APPROPRIATION NO.	: 72-1111021
BUDGET PLAN CODE	: GDHA-91-21631-IG13
ALLOTMENT NO.	:
PROJECT NO.	: 631-0091
AMOUNT OBLIGATED	: \$423,414
FUNDING SOURCE	: USAID/Cameroon
CUMULATIVE OBLIGATION	: \$423,414
TOTAL ESTIMATED AMOUNT	: \$423,414
COGNIZANT TECHNICAL OFFICE	: Mr. Dennis Carroll, S&T/H
DUNS NO.	: 08-234-3377
TIN	: 52-0742301

Drafted: RGreene: EHRD/HNE 
Cleared: PGuild: A/RCO: 
RJacobs: CONT: 

SCHEDULE

A. PURPOSE OF COOPERATIVE AGREEMENT

The purpose of the Cooperative Agreement is to strengthen the capacity of Cameroonian health institutions to introduce and sustain ivermectin distribution to high risk populations.

B. PERIOD OF COOPERATIVE AGREEMENT

The effective date of this Cooperative Agreement is its date of signature. The estimated completion date is exactly three years from the date of initial obligation.

C. AMOUNT OF GRANT AND PAYMENT

1. A.I.D hereby obligates the amount of \$ 423,414 for program expenditures during the period set forth in B above and as shown in the Financial Plan below.

2. Payment shall be made to the Recipient in accordance with procedures set forth in the Optional Standard Provisions of the Cooperative Agreement entitled "Payment of Letter of Credit," as shown in Attachment 4.

D. SUBSTANTIAL INVOLVEMENT UNDERSTANDINGS

It is understood and agreed that A.I.D. will be substantially involved during performance of this Cooperative Agreement as follows:

1. The A.I.D. Cognizant Technical Officer (CTO) and the USAID/Cameroon Project Officer will collaborate with IEF in the development of annual work plans which describe the specific activities to be carried out under the Agreement.

2. The A.I.D. CTO and the USAID/Cameroon Project Officer will review and approve major activities to be carried out under this Agreement as proposed in the annual work plans including subcontracts/subagreements, consultancies, and international travel.

3. The A.I.D. CTO will closely monitor and evaluate the program on a continuing basis. Annual management reviews will be conducted by S&T/H to monitor program progress, issues, and identify needed corrective actions. For example, the management review would consider the efficiency with which program actions occur: whether program staff is in place and well qualified; whether the program headquarters operates smoothly; whether implementation of project activities take place on

schedule; whether IEC is responsive to Mission and host country needs and requests; whether the overall project workplans and implementation plans are realistic; and whether IEF provides A.I.D. with necessary reports in a timely manner.

4. The CTO and USAID/Cameroon will review and approve subcontracts/subagreements in excess of \$25,000.

E. REPORTING REQUIREMENTS

Workplans:

The Recipient shall prepare annual workplans beginning with the first year of the Agreement. The workplans shall outline the specific plan of work under the Agreement for the subject year and shall be updated semi-annually. The workplans shall include, at a minimum, the following:

1. A listing and description of major project activities and intended outcomes.
2. A display of level of effort of expatriate personnel by title and by person-months to be expended during the period of the workplan.
3. A procurement plan for equipment and commodities to be procured.
4. A budget presented in summary form according to the cost categories of the Agreement. The budget summary for the workplan year sets forth the estimates for reimbursement of dollar costs for individual line items.
5. A description of the training workshops to be carried out during the period of the workplan.

Required Reports:

1. A semi-annual financial report will be provided to the USAID/Cameroon Project Officer and to the AID/W CTO. The report shall specify expenditures to date and remaining funds by Agreement budget line item. Budget details will be provided for the prime grantee and the subgrantee by line item.
2. A semi-annual implementation report shall be submitted to the USAID/Cameroon Project Officer and to the AID/W CTO. The report will include the following: activities of the reporting period; updated procurement plan status report; comparison of accomplishments to project objectives; reasons objectives were or were not met; recommended changes; and related information/analysis.

F. EVALUATION

1. AID's Office of S&T/H will conduct the mid-term evaluation with participation by IEF/TSPH.
2. In year three of the program, S&T/H will arrange external experts to conduct a final evaluation of the project.

G. NEGOTIATED OVERHEAD RATES

Pursuant to the Standard Provision of this Agreement entitled, "Negotiated Indirect Cost Rates - Provisional" a rate or rates shall be established for each of the Recipient's accounting periods which apply to this Agreement. Pending establishment of revised predetermined, provisional or final indirect cost rates for each of the Recipient's accounting periods which apply to this Agreement, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rates applied to the bases which are set forth below.

IEF:

Negotiated Indirect Cost Rate

<u>Type</u>	<u>From</u>	<u>Through</u>	<u>Indirect Cost Rate (%)</u>
Provisional	7/1/90	Until Amended	24.41

Base of Application:

Total direct cost but excluding non-expendable project equipment.

Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TSPH:

Negotiated Indirect Cost Rates:

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE</u>	<u>LOCATION</u>	<u>APPLICABLE</u>
Predetermined	7/1/90	6/30/92	54.0%	On Campus	Research
Predetermined	7/1/90	6/30/92	32.0%	Off Campus	Research
Predetermined	7/1/90	6/30/92	48.0%	On Campus	Instructions and training
Provisional	7/1/92	6/30/93	54.0%	On Campus	Research
Provisional	7/1/92	6/30/93	32.0%	Off Campus	Research
Provisional	7/1/92	6/30/93	48.0%	On Campus	Instructions and training

Base of Application:

Modified Total Direct Costs (MTDC). Total direct costs less items of equipment in excess of \$500, alterations and renovations, cost in excess of \$25,000 on each subgrant/subcontract, patient care, stipends and tuition payments.

Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

H. FINANCIAL PLAN

CATEGORY	Year 1		Year 2		Year 3		Total	
	AID \$	IEF \$	AID \$	IEF \$	AID \$	IEF \$	AID \$	IEF \$
Procurement	11,500	54,050	15,650	1,300	17,750	1,300	44,950	56,650
Evaluation	100	0	100	0	10,900	0	11,100	0
Salary & Fringe	51,125	12,000	55,125	12,000	57,862	12,000	164,112	36,000
Other Direct Costs	35,325	3,500	32,558	3,500	34,100	3,500	101,983	10,500
Indirect/G & A	<u>30,894</u>	<u>8,372</u>	<u>32,899</u>	<u>3,505</u>	<u>37,476</u>	<u>3,505</u>	<u>101,269</u>	<u>15,382</u>
TOTAL	\$128,994	\$77,922	\$136,332	\$20,305	\$158,088	\$20,305	\$423,414	\$118,532

I. PROCUREMENT AND CONTRACTING

The authorized geographic code for procurement of goods and services under this Cooperative Agreement is 935 and the Cooperating Country.

J. RELATIONSHIP TO HOST COUNTRY

1. The Recipient will work under the general technical oversight of the Directorate of Preventive Medicine and Rural Health of the Ministry of Public Health (MOPH), or his designee.

2. All field activities conducted in Dja et Lobo Division, South Province will be under the administrative and technical supervision of the Chief of Service of Public Health of Dja et Lobo Division.

3. The Recipient will coordinate all activities at the level of the subdivision with the Subdivisional Chief Medical Officer.

4. The Recipient will coordinate all activities and share annual workplans and project implementation reports with the USAID Maternal Child Health/Child Survival Project which is implementing an integrated primary health care intervention in Dja et Lobo Division.

K. SUB-AGREEMENT FOR PROJECT ACTIVITIES BETWEEN IEF AND THE MOPH

IEF shall negotiate and sign with the MOPH a sub-agreement for project activities prior to commencing any field activities in Dja et Lobo Division, South Province. This sub-agreement shall be submitted to USAID/Cameroon for advance approval prior to signature.

PROGRAM DESCRIPTION

Summary: The International Eye Foundation and the Tulane School of Public Health (IEF/TSPH) will undertake a three year pilot project designed to introduce and integrate ivermectin distribution into the existing public and private sector health care infrastructure in Dja et Lobo Division, South Province, Cameroon.

The project will be implemented in Dja et Lobo Division in a zone where data from the Ministry of Public Health indicate hyperendemic transmission of onchocerciasis. In implementing the project, IEF/TSPH will work closely with MOPH personnel in Dja et Lobo Division, in South Province, and at the national level. In addition, IEF/TSPH will coordinate its efforts with the USAID-funded Maternal Child Health/Child Survival Project which is implementing a community co-financed and co-managed primary health care (PHC) program throughout South province.

A. Goal: The goal of the project is to diminish the adverse effects of onchocerciasis, including blindness, in Dja et Lobo Division, South Province.

B. Purpose: The purpose of the project is to strength the capacity of indigenous health institutions to introduce and sustain ivermectin distribution in high risk populations. A secondary purpose is to enhance the effectiveness of PHC services in Dja et Lobo Division.

C. End of Project Status (EOPS) Objectives: The project EOPS are as follows:

1. The prevalence of onchocerciasis infection mapped in Dja et Lobo Division using traditional (skin-snip) and other rapid assessment approaches to diagnose onchocerciasis.
2. Public health and non-governmental sector personnel at the divisional, sub-divisional, and health facility level trained to distribute ivermectin, including program record keeping.
3. A knowledge, attitudes, and practices (KAP) survey and other behavioral studies conducted.
4. Community demand for ivermectin established by community sensitization and education efforts.
5. Adverse reactions to ivermectin monitored and documented.

6. The impact of ivermectin distribution on onchocerciasis morbidity monitored.
7. The impact of ivermectin distribution on community utilization of health facilities monitored.
8. Ivermectin distribution activities fully integrated into the MOPH's community co-financed and co-managed PHC program in Dja et Lobo Division.

D. Project Outputs

The project will achieve the following major outputs:

1. A sub-agreement between IEF/TSPH and the MOPH will be negotiated and signed covering project activities.
2. An epidemiologic survey will be conducted to determine the prevalence and intensity of onchocerciasis infection in Dja et Lobo Division.
3. Public sector and non-governmental health personnel will be trained at the divisional, subdivisinal, and health facility levels to distribute ivermectin, including program record-keeping.
4. A KAP survey and other behavioral studies will be conducted to determine the best method to educate and motivate target communities to participate in the program.
5. A series of health education and community sensitization programs will be implemented based on the findings of behavioral studies.
6. A descriptive census will be conducted of the population, including elaboration of a profile of the localities, identification of both governmental and non-governmental health resources, and identification of community leaders. (Census information collected under the USAID MCH/CS Project will provide much of the baseline data).
7. Volunteers will be identified and trained to assist with distribution of ivermectin at the community level.
8. Ivermectin will be distributed to 90% of the eligible population using fixed health centers, mobile outreach activities, and community-based distributors.
9. Program information will be collected, analyzed and disseminated.

10. The safety and cost effectiveness of various methods of ivermectin distribution including mobile outreach and community-based distribution will be evaluated. The marginal costs of introducing ivermectin distribution into the PHC program of Dja et Lobo Division will be determined.

E. Integration of Project Activities into PHC

The project will undertake the following additional project outputs to assure the integration of ivermectin distribution activities into the PHC program in Dja et Lobo Division:

1. Ivermectin distribution activities will be included in the annual health plans of the three subdivisions in the targeted area.
2. Ivermectin will be made available as an essential drug to be distributed by all community pharmacies operating in the project area.
3. The PHC cost recovery program will be expanded to include a global fee for onchocerciasis treatment which includes the provision of ivermectin.
4. A long-term ivermectin distribution strategy will be developed which concentrates on existing or planned PHC structures including community health committees, functioning health centers and health posts, outreach programs, and subdivisional hospitals.
5. Ivermectin information and supervision guidelines will be integrated into the supervision and health information systems established under the community co-financed and co-managed PHC program.
6. Ivermectin training materials and training programs will be adapted to the overall integrated training strategy of the community co-financed and co-managed PHC program.

F. Project Inputs

1. Home Office Based Technical Personnel:
 - Onchocerciasis Coordinator (20% time) (AID financed)
 - TSPH Project Director (12.5% time) (AID)
 - IEF Project Director (8.3% time) (AID)
2. Home Office Based Support Personnel:
 - Secretary (10% time) (AID)
 - Administrative Assistant (10% time) (AID)

3. Field Office Personnel:
 - Project Director (MOPH financed)
 - Administrative Assistant (AID)
 - Watchman (AID)
 - Chauffeur (AID)
4. Consultants:
 - Project Planning Consultant (AID)
 - Management Information Consultant (AID)
 - KAP Survey Consultant (AID)
 - Epidemiologist Consultant (AID)
 - Local Consultant (AID)
 - Survey Enumerators (AID)
5. Equipment and Vehicles:
 - 1 4-Wheel Drive Vehicle (IEF financed)
 - 1 Motorcycle (IEF)
 - 1 Computer, Printer, and Accessories (IEF)
 - Office Furniture (IEF)
6. Materials and Supplies:
 - Medical Equipment (IEF)
 - Paper/Printing (IEF)
 - Training Materials (IEF)
 - Ivermectin (Merck, Sharp, & Dohme financed)
 - General Office Supplies (AID and IEF)
 - Computer Software (AID)
7. Operation and Travel:
 - Office Operations (AID and IEF)
 - International Travel (AID)
 - Incountry Travel and Per Diem (AID)
 - Fuel, Maintenance, & Miscellaneous for Vehicle (AID)
 - Overhead (AID)
8. In-country Training (IEF)
9. Evaluation:
 - Consultants (AID)
 - Admin/Report Costs (AID)