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PEER/Liberia: U.S. Partnership - Request for Applications

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I. BACKGROUND

Partnerships for Enhanced Engagement in Research (PEER) is a USAID-sponsored program implemented by the U.S. National Academies of Sciences, Engineering, and Medicine (hereafter referred to as the National Academies). Since its inception in 2011, PEER has supported more than 250 research projects on multiple topics led by developing country investigators in USAID priority countries. The umbrella program is designed to support research capacity building and partnerships between developing country investigators and U.S. researchers. Nine U.S. federal governmental science agencies currently participate in PEER, including the National Institutes of Health, which serves as a founding partner. More information can be found online at the [PEER program website](#).

In September 2016, the U.S. Congress authorized funds designated to the PEER program to increase Liberia's clinical research capacity and support training of Liberian specialty and subspecialty physicians, particularly those charged with addressing the health care needs of Ebola survivors. The goal of PEER/Liberia is to improve clinical care for survivors and the broader population by supporting the development of graduate and post-graduate medical training programs at A.M. Dogliotti College of Medicine (AMD) and the Liberia College of Physicians and Surgeons (LCPS). In alignment with the Liberia Health Workforce Program Strategy to improve the quality of training programs and recruit qualified educators to deliver high-caliber training and the National Academies of Sciences, Engineering, and Medicine (2017) report [Integrating Clinical Research into Epidemic Response: The Ebola Experience](#), the PEER/Liberia program has three primary objectives:

- (1) Strengthen medical training and build subspecialty medical capacity in Liberia;
- (2) Improve the ability of Liberia to conduct clinical research; and,
- (3) Increase access to specialty care for Ebola survivors and the broader population.

In addition to funds for LCPS and AMD, PEER funds have been specifically set aside for U.S. medical schools and universities to partner with LCPS and AMD. The role of the partnering U.S. institutions is to help ensure sustainability of the medical school and post-graduate medical training programs through long-term partnership, improved curriculum, staff exchange, clinical research, and mentorship. It is anticipated that training programs will produce young faculty with the clinical, professional, research, and teaching skills to take leadership positions within the medical school, potentially in a new department of Clinical Research and Post-graduate medical education that will both strengthen the medical school, residency, and fellowship programs. It is expected that relationships between supported U.S. and Liberian partners would continue beyond the lifetime of the award.

Inherent to the PEER/Liberia objectives is the expectation that funds will help support AMD and LCPS to develop accredited, sustainable, and strong medical training programs. In this regard, we are looking for U.S. partnership proposals that go beyond traditional training and exchange models to truly build human and institutional capacity. For additional reference, we encourage U.S applicants to review: [USAID Human and Institutional Capacity Handbook](#).

Under the PEER/Liberia program, the National Academies will make subawards to LCPS, AMD, and selected U.S partner(s). Sub-awardees will be responsible for implementing and delivering on proposed activities within the approved budget. The National Academies will be responsible for administrative management of the PEER/Liberia program.

To help achieve Objective 2, PEER/Liberia will leverage ongoing work with the Partnership for Research on Ebola Virus in Liberia (PREVAIL) program, a NIH funded Liberia-US Joint Clinical Research Program. Additional information on PREVAIL can be found as a [Supplement](#) to this RFA. Supported activities should also complement the USAID Ebola Transmission Prevention & Survivor Services (ETP&SS) programming already approved and currently implemented by John Snow, Inc. (JSI). More information on the ETP&SS program, 'Advancing Partners and Communities' can be found [here](#). Additionally, activities supported by the PEER/Liberia program are expected to be fully coordinated with other relevant donor efforts in the country targeting strengthening the medical school and post graduate medical education. Other donor efforts may include, but not limited to, the World Health Organization, Health Resources and Services Administration (HRSA), and the World Bank.

II. TIMELINE AND APPLICATION PROCESS

The timeline of PEER/Liberia spans three phases as outlined below.

- In Phase I, AMD/LCPS were identified as the key partners by USAID. The National Academies were directed by USAID to provide a portion of the funds under the PEER/Liberia program as a subaward to LCPS and AMD. AMD/LCPS was asked to submit a joint Concept Note that outlines institutional needs, partnership, and training priorities for medical education. A full copy of the submitted Concept Note can be found [here](#).
- In Phase II, an independent review panel will review U.S. partner proposals. Details provided in the AMD/LCPS Concept Note were used to create a PEER/Liberia U.S. Partnership Request for Applications (RFA). Proposals from U.S. institutions submitted in response to the PEER/Liberia U.S. Partnership RFA will be evaluated by an independent review panel convened by The National Academies. Selected U.S. partners are expected to be publicly announced in early October 2017.
- Program implementation will begin under Phase III. Implementation will begin with a partnership kick-off meeting to be scheduled sometime in the late fall of 2017. At this meeting both U.S. and Liberian partners will be asked to finalize a joint work plan and budget for the program. As the program proceeds, annual meetings will be coordinated by the National Academies and held in Monrovia to allow an annual review of annual work plans and project updates to key stakeholders.

	Date	Action
Phase I LCPS/AMD Concept Note submission	March 31, 2017	National Academies releases Instructions for Concept Note Submission to LCPS/AMD
	May 10, 2017	A single joint proposal was submitted by LCPS/AMD to National Academies.

Phase II U.S. Partnership Solicitation & Review	June 23, 2017	National Academies releases Partnership RFA for full and open competition among potential U.S. partners (<i>U.S. applicants only</i>).
	August 25, 2017	Partnership proposals from U.S. institutions are due to National Academies via online submission platform
	End of September	National Academies convenes independent technical merit review of proposals and provides a rank-ordered list to USAID for review. Final selection decision made by USAID in consult with LCPS/AMD and other stakeholders.
Phase III Program Implementation	October 2017	U.S. partner awards are announced by National Academies.
	November/ December 2017	Kick-off meeting in Monrovia (Finalization of program work plans and budgets for both U.S. and Liberian subawardees).

III. AVAILABLE FUNDING SUPPORT

USAID has budgeted a total of U.S. \$4.0 million for subawards under the PEER/Liberia program for a period of up to 3.5 years. Of this total, U.S. \$2.0 million is intended for subawards from the National Academies to LCPS and AMD for collaboration with the US PEER recipients. The remaining \$2.0 million is expected to be competitively awarded by the National Academies to one or more U.S. partner institutions. Unless otherwise notified, all PEER/Liberia activities are expected to be completed by April 30, 2021, so that the subawards may be closed out before the end of USAID’s Cooperative Agreement with the National Academies on July 23, 2021.

Budget proposals submitted by U.S. institutions should only account for activities to be managed by the U.S. institution (up to a total of \$2.0 million for all U.S partners combined). More information on allowable and unallowable costs can be found in Section VIII (Budget Form and Justification). While U.S.-based training for Liberian faculty/students is allowable, it is anticipated that the majority of program activities would take place in Liberia. Final budgets for Liberian and U.S. partners will be developed as part of a work-planning process to commence in the fall of 2017. The National Academies will approve the final budget for all sub-awardees. Allocation of funds to all recipients (including Liberian and U.S. partners) is contingent upon meeting required standards to receive and properly manage U.S. Government funds.

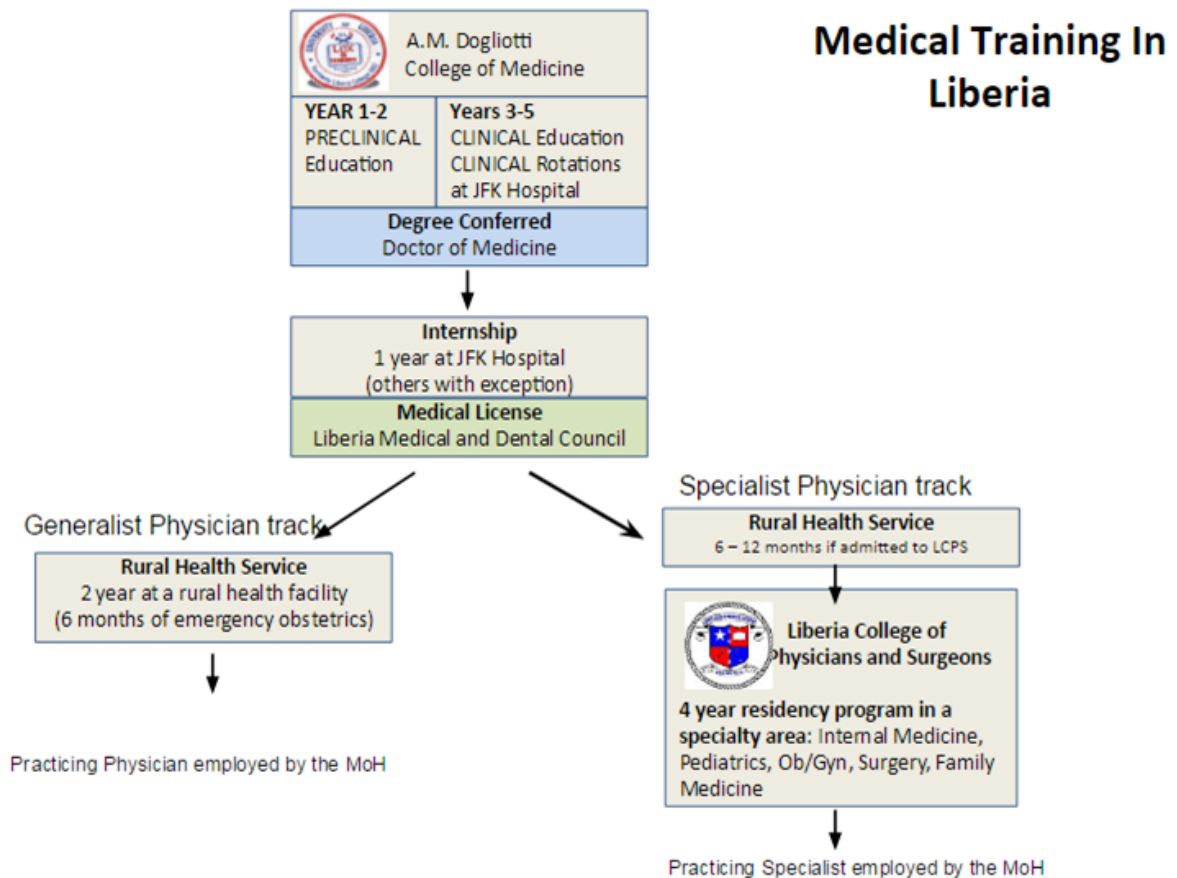
IV. ELIGIBILITY

Only U.S. medical schools and universities are eligible to apply as prime sub-awardees. Consortia proposals, involving one or more eligible institutions, are also allowed. NGOs,

hospitals, and independent research institutions are eligible to participate only as consortia partners.

V. BACKGROUND ON AMD & LCPS INSTITUTIONS

This section outlines the current graduate and post-graduate medical education structure in Liberia. For additional context on training gaps and needs, U.S. applicants are encouraged to consult the full [Concept Note](#) submitted jointly by AMD/LCPS in Phase I.



A.M. Dogliotti College of Medicine (AMD) is the sole public medical school in Liberia founded in 1968 and is part of the University of Liberia. Nationally, the medical college is accredited by the National Council of Higher Education of Liberia and is an accredited program under the University of Liberia. AMD is included in the WHO World Directory of Medical Schools. Regionally, medical colleges are accredited by the West African Health Organization (WAHO) following ECOWAS guidelines. Currently, AMD is not accredited by WAHO. The administrative structure of the College of Medicine includes the Dean and Associate Dean, who also serves as Chief Medical Officer at John F. Kennedy (JFK) Medical Center Hospital. AMD has 7 pre-clinical departments and 5 clinical departments offering 36 courses. Currently, AMD has 3 full-time and

9 part-time faculty covering the following pre-clinical courses: Anatomy, Biochemistry, Embryology, Histology, Laboratory Medicine, Pharmacology, Physiology, Neurophysiology, Neuroanatomy, and Ethics. The medical curriculum consists of two components: pre-clinical during the first two years, and clinical for the remaining three years. Students seeking a medical degree at AMD must complete all 36 courses within five years of study. Additional information on the AMD curricula can be found as a [supplement](#) to this RFA.

There are currently 201 students enrolled at AMD and approximately 40 students graduate per year. The school year starts at the end of September, but due to low staffing levels for courses, the start date is typically delayed. Student attrition is a major issue with approximately 50% of enrolled students electing to withdraw from the program within the first two years. A Ministry of Health assessment conducted in 2014 identified several reasons for this high attrition rate including: inconsistent funding for the medical school, insufficient availability of faculty, minimal access to supervised clinical training, and dilapidated education and residential infrastructure.

The Liberia College of Physicians and Surgeons (LCPS) is the sole post-graduate residency training program in Liberia and is an independent institution from AMD and the University of Liberia. Founded by the Government of Liberia in 2013 to respond to the shortage of trained physicians in Liberia, LCPS provides training in the clinical disciplines of Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery. A fifth discipline, Family Medicine, is in development and will be available in the 2017-2018 academic year. Nine full-time faculty, the majority of which are supported by donor programs, currently oversee residency training at 6 teaching hospitals located throughout Liberia. Teaching hospitals include JFK Medical Center, Redemption Hospital, and ELWA Hospital in Monrovia, Phebe Hospital in Bong County, Jackson F. Doe Regional Referral Hospital in Nimba County, and JJ Dossen Hospital in Maryland County. Since 2013, LCPS has enrolled an average of 19 residents per year, with the exception of 2014 when enrollment was halted during the Ebola epidemic. There are currently 47 total residents enrolled at LCPS. The first class of 10 residents will graduate in June of 2017.

Administratively, LCPS is managed by the LCPS Secretariat, which is headed by the Secretary General of LCPS. Policy and training oversight is coordinated by a five member Executive Committee, and the ultimate decision making body is the 19 member Post-graduate Medical Council which includes the Dean of AMD. Two regional governing bodies, the West African College of Physicians (WACP) and the West African College of Surgeons (WACS), provide accreditation of programs at LCPS. Currently, only the Internal Medicine program at LCPS is accredited by WACP. The Pediatrics program is partially accredited by WACP and the General Surgery and Ob/Gyn programs will be evaluated in August of 2017.

Liberia's healthcare challenges are considerable, including high ratios of infant and maternal mortality, a number of infectious diseases, poor infrastructure, and with 14 doctors per 1 million people, Liberia has the lowest ratio of doctors to population in the world. Compounding these issues, the 2014- 2016 Ebola outbreak has added additional burdens to Liberia's already stressed health care system. Liberia currently has more than 1,500 registered Ebola survivors, but based on incidence of infection and mortality reports there may be as many as 5,000 survivors. Though declared Ebola free, these survivors present unique healthcare challenges that cannot be currently met by the Liberian healthcare system. According to a PREVAIL longitudinal study following 1,500 survivors and 6,000 household contacts, survivors suffer neurologic, rheumatologic, ophthalmologic, and psychological sequelae at statistically significantly higher rates than their household contacts. However, there are no neurologists or infectious disease specialists in Liberia, only one psychiatrist, and an insufficient amount ophthalmologists to address Liberia's needs. Though efforts such as PREVAIL and others are

providing limited care in these areas, there is a need to develop sustainable programs that can train Liberian specialists.

Various gaps exist at both AMD and LCPS that impact the ability of Liberia to produce the number and quality of trained physicians and specialists needed to address Liberia's healthcare needs. At AMD, a lack of qualified full-time instructors at the preclinical and clinical level, and the academic pipeline to produce them, has made educating and graduating medical students in 5 years extremely difficult. Additionally, faculty sustainability and continuing education in areas such as teaching methodology and research are also lacking. At LCPS low enrollment numbers due to poorly prepared applicants and lack of interest in specialty training among working physicians is impacting the number of specialists LCPS can train. A lack of specialists capable of practicing family medicine in rural settings, and a lack of specialty training programs in areas such as infectious disease, ophthalmology, and clinical research weaken the ability of LCPS to produce specialists that can address Liberia's existing and Ebola-related healthcare needs.

VI. PEER/LIBERIA OBJECTIVES, THEMATIC PRIORITIES, AND APPROACHES

Objectives:

PEER/Liberia objectives were described in Section I.

Thematic Priorities:

While PEER/Liberia recognizes there are significant gaps across the board in Liberian medical education; we are looking to focus resources in three thematic areas: Family Medicine, Infectious Disease, and Ophthalmology. These areas were chosen based on gaps identified in the Concept Note, consultation with PREVAIL and other stakeholders, and requirements to abide by the congressional mandate for use of these funds.

In the Concept Note stage, LCPS identified their newly initiated Family Medicine Residency program as a clear gap for U.S. Partnership support. The Infectious Disease fellowship program was also identified as a priority and a gap for addressing Ebola survivors' needs. WACP curricula for [Infectious Disease & Tropical Medicine](#) and [Family Medicine](#) can be found as supplements to this RFA. LCPS is reviewing these curricula to determine how to incorporate into their existing programs. Ophthalmology was not identified as a gap by LCPS or AMD, but it is a clear need for Ebola survivors. Resources for training in this area can also be leveraged through coordination with PREVAIL, which has a survivor eye clinic and two ophthalmologists on site at JFK Medical Center. Lastly, training in clinical research for medical students, residents, and faculty has been identified as a cross-cutting gap across all three thematic areas. Clinical Research capacity is also one of the explicit Objectives of the PEER/Liberia program.

Approaches:

In addition to the stated objectives and thematic areas, PEER/Liberia is also seeking U.S partners who embody a new approach to partnership and medical education and training. First, we are looking for partners who consider the "continuum of medical education". For example, under the thematic area of Infectious Disease, we are looking for curricular and rotational

activities at the pre-clinical and clinical stages that would prepare students for specialization in an Infectious Disease Residency or fellowship. Pre-clinical training is a clear gap in the Liberian medical education continuum and strongly encouraged as a partnership activity.

We are also looking for “integration”; proposals that go beyond three silo-ed thematic programs to leverage and build synergies between the thematic areas as well as between Liberian and U.S. partners. “Integration” also covers the need to coordinate proposed activities with other relevant donor-funded efforts in the country. Lastly, all proposed U.S. activities should help strengthen AMD and LCPS to become accredited, sustainable, and strong local institutions. In this regard, we are looking for U.S. partnership proposals that go beyond traditional training and exchange models to truly build human and institutional capacity. At the institutional level this means an ability to compete and receive international research funding. At a ‘human’ level this means faculty and staff who have the resources to train the next generation of medical specialists beyond the lifetime of the PEER/Liberia funding. For additional reference, we encourage applicants to review: [USAID Human and Institutional Capacity Handbook](#).

Objectives

- (1) Strengthen medical training and build subspecialty medical capacity in Liberia;
- (2) Improve the ability of Liberia to conduct clinical research
- (3) Increase access to specialty care for Ebola survivors and the broader population.

Thematic Priorities

- (1) Infectious Disease
- (2) Family Medicine
- (3) Ophthalmology

Approaches

- (1) Continuum of medical education
- (2) Integration
- (3) Sustainability / Institutional Strengthening

VII. U.S. PARTNER PROGRAM DESCRIPTION

In this section, U.S. applicants should describe how U.S. institutional strengths could be leveraged to meet PEER/Liberia Objectives in the identified thematic priority areas.

Below is a (non-exhaustive) list of identified activities at AMD and LCPS that are acceptable for PEER support. U.S. applicants do not need to address every gap listed but are required to submit proposals that address all three of the thematic areas (Infectious Disease, Ophthalmology, and Family Medicine). Applicants are strongly encouraged to propose activities that incorporate Approaches outlined in Section VI. Consortia proposals, involving one or more eligible institutions, are also allowed.

List of activities at AMD and LCPS eligible for PEER/Liberia support:

AMD	LCPS
<ul style="list-style-type: none"> ● Preclinical curricula development ● Preclinical faculty development ● Clinical curricula development ● Clinical rotations and training for medical students ● Clinical faculty development ● Research training for medical students ● Administrative and financial institutional strengthening 	<ul style="list-style-type: none"> ● Faculty development ● Clinical rotations and training for residents ● Clinical research methods ● Mentored research projects for residents ● Subspecialty fellowship training ● Mentored research projects for fellows ● Administrative and financial institutional strengthening

1. Background and Experience

In this section please describe the background and experience your institution brings to international medical education, particularly in the three thematic priorities areas. Please describe experiences your institution has working in low-resource domestic or international contexts. Highlight any previous and ongoing partnerships that your institution has with international universities or institutions.

2. Activities to strengthen medical training and building subspecialty medical capacity in Liberia

Objective 1 of the PEER/Liberia program includes strengthening Liberia's subspecialty and specialty medical training programs. Drawing from the above table, please propose partnership activities in each of the three thematic areas that would help strengthen medical education capacity at AMD and LCPS. For each thematic priority (Infectious Disease, Ophthalmology, and Family Medicine), please describe activities needed at each stage of medical education, including preclinical, clinical, and post-graduate stages. Proposed activities should also aim to help AMD and LCPS operationalize new programs and seek accreditation. Please describe special resources/expertise that can be leveraged from the applying U.S. institution to support proposed medical training and education activities.

- 2.a. Subsection: Infectious Disease
- 2.b. Subsection: Family Medicine
- 2.c. Subsection: Ophthalmology

3. Activities to improve clinical research capacity

Objective 2 of the PEER/Liberia program includes improving Liberia's ability to conduct clinical research. Sub-objectives include (1) increasing research capacity of students, residents, and faculty at AMD and LCPS and (2) increasing the capacity of AMD and LCPS to successfully compete for and manage international research funding. To achieve Objective 2, U.S. Partners are encouraged to propose ways they could leverage ongoing work with the Liberia-US Joint Clinical Research Program, PREVAIL. Details involving collaboration between NIH/PREVAIL and PEER/Liberia recipients will be coordinated in depth during the work-planning phase of the project (Phase III). Additional information on PREVAIL is attached as a [supplement](#) to this RFA.

In this section, please propose U.S. partner activities that would help strengthen the capacity of AMD and LCPS to train students, residents, and faculty in the skills necessary to conduct high quality clinical research relevant to Liberia's health needs and to identify and compete for international research opportunities. Activities should also aim to strengthen existing training programs as well as institutional capacity to manage international awards. Describe potential joint research studies relevant to each thematic area that could be conducted and mentorship roles of the U.S. institution.

Activities proposed under this section should be applicable to LCPS and AMD program beyond the three highlighted thematic priorities. For example, courses in research skills or grant writing should not be limited to students, residents, and faculty in Infectious Disease, Family Medicine, or Ophthalmology.

4. Activities to increase access to specialty care for Ebola survivors and the broader Liberian population

Objective 3 of the PEER/Liberia program involves increasing access to specialty care for Ebola survivors and the broader population. In this section, describe training/expertise your institution brings in rural health services, community medicine, and/or work with displaced/marginalized populations. Please propose activities to prepare faculty and students at AMD and LCPS for work with Ebola survivors networks and support groups, or the survivor care clinic at JFK Medical Center.

In addition to appropriate training, a functional national referral system is essential to ensuring that all patients, particularly Ebola survivors in rural areas, have access to relevant specialty clinical care. Implementation research activities to examine bottlenecks in the national referral system or barriers for survivors seeking care are strongly encouraged. Activities should not be limited to the three thematic areas of Infectious Disease, Family Medicine, or Ophthalmology.

5. Activities to promote institutional and administrative capacity building

In this section please describe Partnership activities to support institutional and administrative capacity of AMD and/or LCPS that are not otherwise described in the sections above. U.S. activities should help strengthen AMD and LCPS to become accredited, sustainable, and strong local institutions. In this regard, we are looking for U.S. partnership proposals that go beyond traditional training and exchange models to truly build human and institutional capacity. For additional reference, we encourage applicants to review: [USAID Human and Institutional Capacity Handbook](#).

VIII. DRAFT BUDGET FORM AND JUSTIFICATION

Using the [budget form](#) provided, please submit an itemized draft budget in U.S. dollars that cannot be greater than U.S. \$2.0 million for PEER/Liberia activities outlined in Section VIII. All project activities must be completed by May 1, 2021. In general, U.S. partner budgets can be used to support U.S. personnel, U.S. travel, and U.S. indirect costs. Liberian budgets can be used to support Liberian personnel, Liberian travel, and Liberian indirect costs. Equipment and other direct costs (curriculum and teaching supplies) may be supported by either U.S. or Liberian budgets as needed. At this stage, U.S. applicants are asked to submit a draft budget relevant to proposed U.S. activities. Liberian-supported activities may also be included in the budget table but should be denoted with a \$0. Final budgets for Liberian and U.S. partners will be developed as part of a work-planning process in the fall of 2017. The National Academies will approve the final budget for all sub-awardees.

The draft budget table should list estimated annual costs by year. The following budget requests are not allowed:

- Costs for the construction of new buildings or the repair, renovation, or refurbishment of existing buildings
- Contingency costs
- Customs duties, as normally awards supported with USAID funds are exempt from duties in countries receiving U.S. assistance. If the items to be bought will not be exempt from such duties, funds to pay these charges must come from other non-PEER sources

Draft budget request justification: In addition to the budget request form, provide an explanation and justification for support requested in the following categories:

1. **Labor.** Applicants requesting salary coverage in their project budgets must include a list of positions to be supported, an explanation of their roles, and the percentage of their time that would be devoted to the project. For salaries of U.S. faculty members, it is expected that their home institution would participate in cost sharing. Please make sure to document the cost sharing amounts in the budget form under “Other Contributions”.
2. **Equipment.** Purchase of equipment required for *research and training* is allowed. Where possible, projects should leverage existing durable equipment. Requests for new durable equipment (items with an individual cost of U.S. \$5,000 or more) should be justified in terms of importance to successful implementation of the proposed program. Please also include plans for maintenance of the equipment during and beyond the project period.
3. **Travel costs.** Provide the number, duration, location, and purpose for any project-related trips for which funds are requested, along with the titles or positions of the travelers. International air travel must be by U.S. air carriers to the maximum extent such service is available as required under the [Fly America Act](#), <http://www.gsa.gov/portal/content/103191>), so applicants should estimate their air travel budgets accordingly. First class or business class travel is not permitted.

4. **Other direct costs.** Explain any costs for materials and supplies (including smaller pieces of equipment costing less than U.S. \$5,000), Internet or telephone services, publications, the organization of workshops or conferences, or other direct costs that have been included in this section of the budget form.
5. **Indirect costs.** If requested, indirect costs (costs supporting overall institutional operations and management) should be kept to a minimum and must be fully explained and justified in the budget justification section of the full proposal, with details provided on what specific institutional infrastructure elements or support services are covered. If your institution has an official Negotiated Indirect Costs Rate Agreement (NICRA) with a U.S. federal agency, that rate can be used, and documentation of that NICRA will need to be uploaded in the application.

IX. KEY PERSONNEL

Please attach CVs for all members of the leadership team who will be involved in managing the proposed activities at the applicant's institution. Project Coordinator positions are strongly encouraged. Each CV should be no more than three pages in length.

X. LETTERS OF SUPPORT

Please attach a separate letter of support from an official at the applicant's institution who is legally authorized to make commitments on the institution's behalf. These letters must be signed and written on official institutional letterhead and must include the following elements:

- Confirmation that the institution supports the participation of its staff in the proposed project and would be willing to receive and administer any grant funds awarded;
- A brief description of the institution's structures and practices for project management and financial oversight; and
- A brief description of resources that the institution would be making available (if any) to facilitate the project, whether in cash or in kind, for example, by paying the salary of any staff members involved for the time they work on the program, providing substitute instructors to cover their other duties so they are free to work on the program, or providing laboratory or office space, access to equipment, or office support staff.

Additional letters of support for the proposed program are encouraged but not required.

XI. SUBMISSION INSTRUCTIONS

Proposals must be submitted through the [online system](#) **5:00 PM U.S. Eastern Daylight Time on August 25, 2017.**

U.S. applicants should **not** reach out to AMD or LCPS directly during the RFA process, as this would be in violation of USAID's procurement rules. U.S. applicants should direct all questions or comments on the PEER/Liberia program or RFA to the U.S. National Academies (peer@nas.edu).

The following supplemental materials are provided below to help with completing your PEER/Liberia application:

- [Concept Note from AMD and LCPS](#)
- [Description of other donor projects at AMD and LCPS](#)
- [AMD Curricula](#)
- [Proposed LCPS Family Medicine Curricula \(WACP\)](#)
- [Proposed LCPS Infectious Disease Curricula \(WACP\)](#)
- [PREVAIL Summary and June 2017 Update](#)
- [PREVAIL April 2017 Update](#)

XII. REVIEW CRITERIA

U.S. Partnership proposals will be evaluated by an external review panel organized by the National Academies. Proposals will be evaluated based on:

Factor 1: Technical Merit

- Degree to which proposed activities will help achieve PEER/Liberia Objectives;
- Degree to which proposed activities fill needed institutional gaps in three thematic areas: Infectious Disease, Ophthalmology, and Family Medicine; and,
- Degree to which proposed activities include approaches involving the continuum of medical education, integration, and institutional strengthening/ sustainability.

Factor 2: Personnel

- Expertise of key personnel
- Team composition

Factor 3: Organizational Capability

- Non-PEER resources and expertise leveraged from the U.S. medical schools and/or universities;
- Experience of U.S. applicant in international medical education;
- Experience of U.S. applicant in capacity strengthening activities, particularly in international and low-resource settings; and,
- Ability to coordinate with other international partners.

Factor 4: Budget

- Appropriateness of draft budget for carrying out proposed activities.