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| **MISSION CONCURRENCE REQUEST FORM** | | | |
| **INSTRUCTIONS:** Complete this form if the prospective country (or countries) of performance has/have been identified. Send this form by email to the responsible bilateral Mission (or Missions), addressed to the Program Office at [program.*[country]*@usaid.gov](file:///C:\Users\njacob\Downloads\program.%5bcountry%5d@usaid.gov) and any other relevant stakeholders. For additional guidance, see ADS 201mam. | | | |
| **PART ONE – REQUESTOR INFORMATION AND ACTIVITY DETAILS**  ***(to be completed by the requesting office)*** | | | |
| 1. Date of Request | | 1. Response Expected By (*at least 10 business days after date in Block 1)* | |
| 1. Office Symbol | 4. Contact Name | 5. USAID Email | 6. Phone No. |
| 7. Activity Name | | | |
| 8. Prospective Country *(or Countries)* of Performance | | | |
| 9. Sector(s) *(check all that apply)*  Agriculture/ Food Security  Democracy/Rights/Governance  Economic Growth/Trade  Education  Environment/Climate Change | | Gender  Global Health  Water/Sanitation  Science/Technology/Innovation/Partnership Other: | |
| 10. Activity Stage  Early Concept  Pre-Solicitation  Proposal/Application  Post-Award  Other: | | | |
| 11. Total Estimated Cost/Budget  $ | | 12. COR/AOR, if identified    or  N/A | |
| 13. Estimated Start/End Dates  Start:       End:  Additional Remarks: | | | |
| 14. Implementing Partners, if identified    or  N/A | | 15. Government Counterparts, if applicable    or  N/A | |
| 16. Activity Description | | | |
| 17. Role of Mission Envisioned, if applicable    or  N/A | | | |
| 18. Additional Remarks | | | |

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| **PART TWO – CONCURRENCE DETERMINATION**  ***(to be completed by the responsible bilateral Mission)*** | | | | | | | |
| 1. Date of Request | | | | | 1. Response Expected By | | |
| 1. Requesting Office | | | | 1. Contact Name | 1. USAID Email | | 1. Phone No. |
| 1. Activity Name | | | | | | | |
| 1. I have reviewed the information in Part 1 of this form, and any accompanying documents and have made the following determination in accordance with ADS 201mam regarding the subject activity:   Mission provides concurrence (see Block 9 below)  Mission does not provide concurrence (see Block 10 below) | | | | | | | |
| 1. *[If concurrence is provided]* Any additional detail regarding communication/collaboration desired during implementation *(e.g. quarterly reports, field monitoring, etc.)* | | | | | | | |
| 1. *[If concurrence is denied]* What is the Mission’s justification for not providing clearance (in accordance with criteria in ADS 201mam)? | | | | | | | |
| **11. CLEARANCE** | | | | | | | |
| Mission Director  (or designee) | | Name | | | | Title | |
| Country | | | | Date | |
| Signature | | | | | |
| **INSTRUCTIONS FOR COMPLETING FORM** | | | | | | |
| **PART ONE** | | | | | | |
| BLOCK 1 | | Enter the date the request is sent to the Mission (in the format MM/DD/YY). | | | | |
| BLOCK 2 | | Enter a date at least 10 USAID/Washington business days after the request date in which the requestor expects a response from the Mission (in the format MM/DD/YY). | | | | |
| BLOCK 3 | | Enter the USAID symbol for the office that initiates the form. | | | | |
| BLOCK 4 | | Enter the name of the individual with whom the Mission should communicate while processing the concurrence request. This individual will often be the person who designed the activity, or is or expected to become the COR/AOR. | | | | |
| BLOCKS 5 & 6 | | Self-explanatory. | | | | |
| BLOCK 7 | | Provide a short title for the activity. | | | | |
| BLOCK 8 | | Enter the prospective country where the activity is to be implemented. If the activity is to be implemented in multiple countries, all countries may be listed in this field; however, the form should then be sent to multiple Missions for concurrence. | | | | |
| BLOCK 9 | | Self-explanatory. | | | | |
| BLOCK 10 | | Indicate the stage of activity design and implementation in which this request is being made. Per ADS 201mam, concurrence should be obtained as early as possible, ideally during activity design. See Section 4 ofADS 201mam for additional guidance. | | | | |
| BLOCK 11 | | Provide the total estimated cost or budget estimate for the subject activity. If the activity is to be implemented in multiple countries, this field should indicated the estimated figure for each country, if feasible. | | | | |
| BLOCK 12 | | Provide the name of the COR/AOR, if identified. | | | | |
| BLOCK 13 | | Indicate the estimated start and end date for the activit(ies). This may be expressed as MM/YY or YYYY. If multiple activities are being awarded on different timeframes in different countries, provide additional detail in Additional Remarks or in Block 18. | | | | |
| BLOCK 14 | | If the activity has already been awarded, name the key implementing partner(s) that will carry out the activity agreement. | | | | |
| BLOCK 15 | | If the activity anticipates working with host country government counterparts, identify the relevant institutions. | | | | |
| BLOCK 16 | | Provide a brief activity description (typically 1–2 paragraphs), which should include the activity purpose and other key outcomes to be achieved. | | | | |
| BLOCK 17 | | If applicable, provide any information regarding the level of support that may be requested of the Mission during implementation. | | | | |
| BLOCK 18 | | If applicable, provide any additional remarks or background to assist the Mission in processing the concurrence request. | | | | |
| **PART TWO** | | | | | | |
| BLOCK 1 | | This cell should auto-populate data from Block 1 in Part One. | | | | |
| BLOCK 2 | | This cell should auto-populate data from Block 2 in Part One. | | | | |
| BLOCK 3 | | This cell should auto-populate data from Block 3 in Part One. | | | | |
| BLOCK 4 | | This cell should auto-populate data from Block 4 in Part One. | | | | |
| BLOCK 5 | | This cell should auto-populate data from Block 5 in Part One. | | | | |
| BLOCK 6 | | This cell should auto-populate data from Block 6 in Part One. | | | | |
| BLOCK 7 | | This cell should auto-populate data from Block 7 in Part One. | | | | |
| BLOCK 8 | | The Mission Director or designee must make a determination on the concurrence request in accordance with ADS 201mam and check the appropriate box. After making this determination, the Mission Director must print her/his name where indicated, sign where indicated, print title/country and the date where indicated. | | | | |
| BLOCK 9 | | If the Mission Director opts to provide concurrence, s/he may provide any additional detail on the level of communication and collaboration desired during implementation. For example, some Missions may opt to assign an Activity Manager to monitor progress, while others may request that the COR/AOR provide regular updates or a copy of quarterly or annual reports. | | | | |
| BLOCK 10 | | If the Mission Director opts to deny the concurrence request, s/he must provide a justification in accordance with at least one of the following criteria:   * Reputational Risk – The activity could damage the image or credibility of USAID in the country. * Security Risk – The activity may pose physical risks for USAID staff, partner staff, or beneficiaries. * Political Risk – The activity’s actions or decisions could undermine the Mission’s authority or alter the ability of the Mission to achieve its objectives. * Legislated Funding Cap -- The cost of the activity exceeds, or puts at risk, a legislated funding cap for the country. * Undue Burden on the Mission – The activity would place an excessive burden on the Mission because it necessitates logistical support or that the Mission designates an Activity Manager to provide on-the-ground oversight. | | | | |
| BLOCK 11 | | The Mission Director or their designee should sign the form with her/his name, title, Mission and signature. The form should be signed and sent back to the contact in the requesting office by the response date listed in Block 2 above. | | | | |