# Request for Funds Application

**FORM A: Cash Window Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | |
| 1. Date of submission: | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| 2. Requestor: | | | | Government of | | | | | | | | | |
| Name, title and designation of authorized representative: | | | |  | | | | | | | | | |
| Contact details: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 3. Details of the disease outbreak | | | | | | | | | | | | | |
| Filovirus: Ebola \_\_ Marburg \_\_ Other (specify): \_\_ | | | | | | | | | | | | | |
| Coronavirus: MERS \_\_ SARS \_\_ Other (specify): \_\_ | | | | | | | | | | | | | |
| Lassa Fever \_\_ | Rift Valley Fever \_\_ | | | | | | | Crimean Congo Hemorrhagic Fever \_\_ | | | | | |
| Nipah Virus \_\_ | Chikungunya\_\_ | | | | | | | Zika\_\_ | | | Smallpox \_\_ | | |
| Equine encephalitis virus \_\_ | | | | | | Hanta virus \_\_ | | | West Nile virus \_\_ | | | | Monkeypox \_\_ |
| Other (specify): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Outbreak start date: | | | |  | | | | | | | | | |
| Outbreak size (as of submission date) | | | Number of laboratory-confirmed cases: \_\_\_\_\_ | | | | | | | | | | |
| Number of clinically suspected cases: \_\_\_\_\_ | | | | | | | | | | |
| Number of confirmed deaths (if any): \_\_\_\_\_ | | | | | | | | | | |
| Record of laboratory-confirmed and clinically suspected weekly case numbers for a minimum of 4 weeks prior to the date of application (attach and specify a link (url) to publicly-available source of this information): | | | | | | | | | | | |  | |
| Evidence for human-to-human transmission, if available (attach and if relevant specify link(s) (url) to source(s) of this information): | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| 4. Amount requested (US$):  (Inclusive of all RA Agency Fees) | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |
| 5. Outbreak Response Plan[[1]](#footnote-1) (please attach – check if complete): \_\_ | | | | | | | | | | | | | |
| Is the outbreak response plan approved by WHO? | | | | | | | | | Yes/No \_\_ | | | | |
|  | | | | | | | | | | | | | |
| 6. Expected implementation timeline: | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
| 7. Designated Responding Agency/CIM (name of MDB) that will supervise implementation of activities led by the country under the Country Implementation Modality: | | | | | | | | | | | | | |
| World Bank:[[2]](#footnote-2) | | \_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 8. If the country wishes to designate a portion of its Cash Window allocation to a Responding Agency, please indicate: | | | | | | | | | | | | | | |
| Name(s): | | | | |  | | | | | | | | | |
| Percentage of allocation: | | | | |  | | | | | | | | | |
| Evidence of agreement with the designated Responding Agency (attach): \_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 9. Risk Assessment appended (prepared or endorsed by WHO): | | | | | | | | | | Yes/No \_\_ | | | |

Last updated on May 6, 2019

1. The Outbreak Response Plan does not have to be for the PEF-funded activities alone; PEF funds may be used to finance all or part of a national/regional response plan. [↑](#footnote-ref-1)
2. At present the World Bank is the only accredited MDB able to receive and transfer PEF funds to countries under the Country Implementation Modality. As other MDBs become accredited and sign financial procedures agreements, the request for funds application will be updated accordingly [↑](#footnote-ref-2)