



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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Attachment 1

POLICY ON ELIGIBILITY CRITERIA, COUNTERPART FINANCING REQUIREMENTS, AND PRIORITIZATION OF PROPOSALS FOR FUNDING FROM THE GLOBAL FUND

PURPOSE:

This attachment provides the full text of the new integrated policy on Eligibility, Counterpart Financing and Prioritization for discussion and approval by the Board.

POLICY ON ELIGIBILITY CRITERIA, COUNTERPART FINANCING REQUIREMENTS, AND PRIORITIZATION OF PROPOSALS FOR FUNDING FROM THE GLOBAL FUND

PART 1: OVERVIEW

1. As outlined in the Framework Document¹, the Global Fund's criteria for eligibility for funding should take into account a number of factors such as disease burden, political commitment, the involvement of an inclusive Country Coordinating Mechanism and the poverty situation² of the country³ in which activities will be implemented.
2. This document sets out an integrated Eligibility, Counterpart Financing⁴ and Prioritization policy (the "Policy"). It is designed to ensure that available resources are allocated to countries and regions with the highest disease burden and least ability to bring financial resources to address these health problems, while giving due priority to communities and subpopulations at high risk of disease.
3. This Policy is intended to apply to all Rounds-based and National Strategy Application Funding Channels as well as any other Funding Channels as the Board shall determine. The Policy will apply when the Board has approved the launch of such funding channels, having given due consideration to the resources that are expected to be available to meet demand.

PART 2: GENERAL FUNDING POOL AND TARGETED FUNDING POOL

4. Recognizing the diversity of country situations, the Global Fund will allow funding applications through two distinct funding pools, the General Funding Pool and the Targeted Funding Pool. The choice of pool to which an applicant may apply will be at the discretion of the applicant, however an upper middle income country with a disease burden designated as "high" may only apply for eligible diseases to the Targeted Funding Pool. An applicant may not apply for funding for the same disease to both pools at any given time. The proportion of the resources available to fund proposals within a Call for Proposals which shall be allocated to the General Funding Pool and those allocated to the Targeted Funding Pool is defined in Annex A of this Policy.
5. The *General Funding Pool*: Individual applications to the General Funding Pool shall not be required to restrict the maximum amount of grant funds requested through their proposal. Applications from lower middle income countries and upper middle income countries must comply with requirements relating to focus of proposals (as described in Paragraphs 16-19 of this Policy).
6. The *Targeted Funding Pool*: The Targeted Funding Pool is intended to provide funding for eligible proposals which must comply with the requirements relating to focus of proposals (as described in Paragraphs 16 -18 of this Policy). Proposals for cross-cutting Health Systems Strengthening ("Cross-cutting HSS") shall not be eligible for funding under the Targeted Funding Pool.

¹ The Framework Document of the Global Fund (January 2002)

² Income level measured by appropriate economic indicators, such as the World Bank, Atlas Method.

³ References in this document to "country" refer to "economy" as classified by the World Bank.

⁴ Formerly referred to as 'cost-sharing' criteria in previous Board decisions.

PART 3: ELIGIBILITY

7. Eligibility criteria are established to identify which countries may qualify to apply for funding from the Global Fund, and under which conditions. Eligibility determinations will be based on compliance with Country Coordinating Mechanism (CCM) minimum eligibility requirements and such other eligibility requirements as described in this Policy. Applications must also demonstrate compliance with Counterpart Financing requirements (Part 4 of this Policy).
8. **CCM Minimum Eligibility Requirements:** All applicants must comply with the CCM minimum eligibility requirements approved by the Board and as amended from time to time⁵.
9. **Income Level:** The income level eligibility of a country submitting a proposal shall be based on a country's income classification as determined by the Global Fund. The Secretariat will make the determination of income classification following the publication of the World Bank (Atlas Method) Income Classifications in July of each year (or following the month of publication if different from July), and in conjunction with the disease burden data provided by key partners⁶. These determinations will be effective for new applications to the Global Fund from 1 January to 31 December of the following calendar year. The income classification groups shall be determined by five distinct categories as follows:
 - a. Low income countries (LICs) shall be eligible without specific restriction.
 - b. Lower middle income countries (LMICs) shall be split into two income groups using as a cut-off the midpoint⁷ of the range of GNI per capita for LMICs as reported by the World Bank. Countries at the midpoint or below the midpoint shall, for the purposes of this Policy, be described as "Lower LMICs" and those above the midpoint as "Upper LMICs". All LMICs must comply with requirements regarding the focus of proposals (see Paragraph 17 of this Policy).
 - c. Upper middle income countries (UMICs) will be evaluated for eligibility based upon their respective disease burden (see Paragraph 14 of this Policy). In addition, all UMICs must comply with the requirements regarding the focus of proposals (see Paragraph 18 of this Policy).
 - d. High income countries (HICs) shall be ineligible to apply for funding through a single country application.
10. In cases where a country moves up from one income level to the next⁸, a one-year grace period will apply such that for the purpose of applications submitted in the next calendar year, the determination of income level eligibility will be based on the income level classification of the previous year. For applications within that year the earlier income level classification will apply. The one-year grace period shall not apply to countries moving from UMIC to HIC.

⁵ GF/B16/DP19

⁶ Disease burden data is the official data provided by the headquarters of the following key partners per disease: HIV and AIDS: UNAIDS and WHO; Tuberculosis: WHO; Malaria: WHO.

⁷ The 'midpoint' is defined as the average between the lower and the upper bound GNI per capita of the LMIC category.

⁸ Referred to as 'transitioning'

11. UMICs not listed on the OECD's DAC list of ODA recipients⁹ are ineligible to apply for funding for HIV and AIDS proposals except if the application is submitted by a non-governmental organization (NGO) within the country in which activities would be implemented, and for which the government of such country shall not receive any funding. This could be in the form of a non-CCM application or other valid application. Such funding requests¹⁰ shall demonstrate that they target key services, as supported by evidence and the country's epidemiology. Confirmation shall also be provided by applicants that the targeted services are not being provided due to political barriers.
12. A Regional Proposal shall only be eligible for funding where the majority of countries included in the proposal would be eligible to submit their own request for funding for that same disease through a single-country application.
13. Further, a Regional Proposal shall only be eligible to request funding under the General Funding Pool if the majority of countries included in the proposal would be eligible to submit their own request for funding under the General Funding Pool for that same disease through a single-country application.
14. **Disease Burden:** Regardless of disease burden, all LICs and LMICs shall be eligible to apply for funding for HIV and AIDS, tuberculosis, malaria, and/or Cross-cutting Health Systems Strengthening. UMICs shall only be eligible to apply for funding for the disease(s) in which their reported disease burden¹¹ is measured as 'High', 'Severe' or 'Extreme' as reported in the matrix included in Annex D to this Policy, and as may be amended from time to time. However, UMICs with a 'High' disease burden may only apply to the Targeted Funding Pool. UMICs which are eligible to apply for funding on account of having a 'Severe' or 'Extreme' disease burden, but not those with 'High' disease burden, shall be eligible to apply for Cross-cutting HSS funding from the General Funding Pool.
15. Proposals from UMICs designated under the 'small island economy' exception to the International Development Association lending eligibility requirements¹², are eligible to apply for funding from the Global Fund regardless of national disease burden. Those UMICs designated under the 'small island economy' exception and which have an 'Extreme' or 'Severe' disease burden may apply to either the General Funding Pool or the Targeted Funding Pool, while those with a 'High', 'Medium', or 'Low' or unreported disease burden may only apply to the Targeted Funding Pool.
16. **Proposal Focus:** All LICs may submit proposals for HIV and AIDS, tuberculosis, malaria and/or Cross-cutting HSS deemed appropriate to the populations being served, without restriction on the scope of the proposal, but subject to Technical Review Panel (TRP) review.

⁹ The Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development publishes a list of countries eligible for Official Development Assistance (ODA)

¹⁰ These extraordinary funding requests will, in the same manner as other funding requests, be reviewed for technical soundness by the TRP and approved by the Board.

¹¹ As reported by official data provided by the headquarters of the following partners: UNAIDS and WHO for HIV and AIDS, and WHO for tuberculosis and malaria.

¹² As found at the [International Development Association website](#).

17. All Lower and Upper LMICs may submit proposals for HIV and AIDS, tuberculosis, malaria and/or Cross-cutting HSS but must focus at least 50 percent of the proposal's budget on Special Groups and/or Interventions¹³ for applications to the General Funding Pool and 100 percent on Special Groups and/or Interventions for applications to the Targeted Funding Pool. Compliance with this criterion will be determined at the time of the TRP review.
18. If eligible, according to disease burden as set out in Paragraph 14 above, UMICs must focus 100 percent of the proposal's budget on Special Groups and/or Interventions, regardless of whether the application is to the General Funding Pool or the Targeted Funding Pool. Compliance with this criterion will be determined at the time of the TRP review.
19. **Recent Funding:** Irrespective of which income classification group an application falls within, an applicant shall be ineligible to apply for funding for HIV and AIDS, tuberculosis, malaria, and/or Cross-cutting HSS if the applicant has received Board-approved funding¹⁴ for the same component (HIV and AIDS, tuberculosis, malaria and/or Cross-cutting HSS) and has completed less than 12 months of implementation of that funding (the "Implementation Window"). The Implementation Window shall apply from the program start date or Implementation Period starting date (as applicable and as set out in the grant agreement with the Principal Recipient) to the closing date for submission of proposals.
20. Exceptions to the Implementation Window shall be limited to instances where (i) the proposal includes geographic coverage different from the most recent proposal approved by the Board; or where (ii) the proposal intends to implement new technical guidance requiring significant investment.
21. Prior to submitting a proposal, an applicant with a history of Recent Funding (as set out in Paragraph 19 above) must demonstrate all of the following:
 - a. The proposal corresponds to one of the specific circumstances described in Paragraph 20 of this Policy;
 - b. The need addressed in the proposal cannot be addressed through reprogramming of existing funding; and
 - c. There is adequate absorptive capacity and ability to roll-out the proposed new interventions.
22. Applicants with a history of Recent Funding intending to submit an application must present a brief summary of the planned scope of the proposal prior to full proposal development (a "Proposal Concept"). The TRP, with support from the Secretariat, will determine whether or not the Proposal Concept meets the exceptions described and the additional requirements described in Paragraphs 19-21 of this Policy. The results of the review will be communicated to the applicant in a timely manner. Should the Proposal Concept be determined to meet the exceptions noted above, the application will be accepted as receivable. However, final determination of compliance with the exceptions described above will be made by the TRP at the time of proposal review.

¹³ Special Groups and/or Interventions are 'underserved and most-at-risk populations' and/or 'highest impact interventions within a defined epidemiological context' as further defined in Annex B.

¹⁴ Reference to 'Board-approved funding' shall include those instances from Rounds 8, 9 and 10 where an applicant received funding for Cross-cutting HSS via section 4B/5B of the disease proposal form, irrespective of whether this funding was signed into a separate and new grant agreement with the Principal Recipient or consolidated into an existing grant agreement.

PART4: COUNTERPART FINANCING

23. Counterpart Financing requirements will apply to all countries applying for funding to the Global Fund.
24. Regional and non-CCM proposals are not required to meet the Counterpart Financing requirements described in this Policy.
25. **Minimum Threshold:** Applicants must demonstrate compliance of the national government of the country which is the subject of a proposal with the minimum threshold for Counterpart Financing. Counterpart Financing threshold is defined as the minimum level of the government's contribution¹⁵ to the national disease program, as a share of total government and Global Fund financing¹⁶ for that disease. To comply with this requirement, the applicant must either demonstrate that its respective national government has met the minimum threshold at the proposal stage, or, if the country's share is below the minimum threshold for Counterpart Financing, it must provide a justification and present an action plan as to how it intends to move towards it as part of the proposal submission (see Paragraph 30 of this Policy).
26. The minimum threshold for Counterpart Financing shall be 5 percent for LICs, 20 percent for Lower LMICs, 40 percent for Upper LMICs, and 60 percent for UMICs¹⁷. UMICs will be encouraged to increase their Counterpart Financing contribution to above 90 percent during the duration of proposal implementation to facilitate graduation out of Global Fund financing.
27. **Increased Government Contribution:** Over the course of implementation of grants funded by the Global Fund within any given country, the government of that country must increase the absolute value of their contribution to the national disease program and health sector each year. In monitoring compliance (see Paragraphs 30-33 of this Policy), extenuating circumstances can be submitted by the applicant for consideration along with clear action plans to meet Counterpart Financing requirements.
28. **Expenditure Data:** Applicants will be required to report government expenditure to key partners¹⁸ using existing measurement mechanisms each year. The numbers, once validated, will be used to assess progress.
29. An applicant should include provision for up to US\$ 50,000 (per disease) to support costing studies if needed and/or requested by the TRP. The Global Fund will invest through partners on an annual basis¹⁹ using existing measurement mechanisms to make the health and disease expenditure data publicly available for proposal development.

¹⁵ The measure for a government's contribution is the annual average of that government's spending in the past two years (for example, in Round 11: 2009 and 2010) and current government budget (for example, in Round 11: 2011) for the relevant disease program. Government expenditure is ideally measured as all government spending on the disease program, excluding external assistance other than loans.

¹⁶ The measure for Global Fund financing is the annual average of financing requested and other existing Global Fund grants for that disease, for the first implementation period of the new proposal.

¹⁷ The minimum Counterpart Financing threshold for Cross-cutting HSS proposals shall be set at the same levels as for disease proposals and is measured in the same way. Counterpart Financing in the context of Cross-cutting HSS proposals is the total of the government's contribution to all national disease programs (HIV and AIDS, tuberculosis and/or malaria as applicable to a country) which either have existing Global Fund support or a funding request under consideration. Global Fund financing is the total of existing and requested funding for the applicable diseases and HSS.

¹⁸ Key partners include WHO and UNAIDS, among others.

¹⁹ Amount should be based on an annual estimate from partners for the provision of disease and health expenditure data.

30. **Compliance:** At the time of proposal submission, applicants will be required to report on Counterpart Financing percentages and trends of their respective national governments. A justification and action plan must be provided for review by the TRP if Counterpart Financing is below the minimum threshold (see Paragraph 25 of this Policy).
31. The TRP will review compliance with Counterpart Financing requirements as a material part of their overall review of the proposal. In doing so, the TRP can make one of three decisions:
- a. Accept the Counterpart Financing arrangements as stated by the applicant in their proposal;
 - b. Insert conditionality to acceptance of the Counterpart Financing arrangements as stated by the applicant in their proposal; or
 - c. Reject the Counterpart Financing arrangements as stated by the applicant in their proposal.
32. If data is unclear, or the justification for non-compliance with the minimum thresholds is found unsatisfactory, the TRP may request further information.
33. Review of the state of compliance with Counterpart Financing requirements will also be a material part of the Periodic Review.
34. **Transitions in Income Category:** If a country transitions from one income category to another during a grant period, its minimum threshold will not be reassessed until it applies for funding again.
35. Countries nearing income level category transition will be encouraged to increase their Counterpart Financing contribution with the aim of reaching the next Counterpart Financing threshold in time for their next application for funding.
36. An Early Warning system will be developed and implemented by the Secretariat to identify countries likely to be transitioning to another income level category in the next three years.

PART 5: PRIORITIZATION

37. Prioritization criteria shall apply to all applications in the event that sufficient resources are not immediately available to approve all TRP-recommended proposals by the Global Fund Board. The criteria applied for prioritization of applications shall be dependent on whether a particular application is to the General Funding Pool or the Targeted Funding Pool.
38. **General Funding Pool:** Proposals within the General Funding Pool shall be prioritized based on a three-part Composite Index comprised of income level, disease burden and TRP recommendation category. The Secretariat is responsible for assigning scores to proposals and to present the Board with these scores at the time of the Board's consideration of the TRP's recommendation for funding.
39. Disease Burden indicators as set out in Annex D of this Policy shall apply to all proposals within the General Funding Pool except where they are revised by the Global Fund Board from time to time. An indicator for Cross-cutting HSS proposals shall be used in place of a disease burden indicator and shall be comprised of an average of the respective disease burden scores for the diseases benefiting from the Cross-cutting HSS proposal.

40. Proposals under the General Funding Pool shall be assigned a score in accordance with the table in Annex E of this Policy and shall be funded in accordance with this scoring in descending order, with the highest scoring proposals receiving priority over lower scored proposals.
41. If there are insufficient resources to fully fund all proposals in a particular score, the proposals shall be sub-prioritized by the Secretariat according to their GNI per capita, whereby the proposals with the lowest GNI per capita will receive priority over those proposals from countries with a higher GNI per capita.
42. **Targeted Funding Pool:** All proposals will be subject to a budget ceiling, and the maximum size of the Targeted Funding Pool will be pre-set as defined in Annex A of this Policy. Proposals within the Targeted Funding Pool shall be prioritized based on the agreed methodology for ranking developed by the TRP.
43. The TRP shall prioritize proposals recommended for funding in the Targeted Funding Pool via a two-step process. First, the TRP shall review the proposals to determine whether they should be recommended for funding. As with other proposals, they will be assigned a recommendation category (1, 2, 2B, 3, or 4). Second, all proposals recommended for funding (1, 2, or 2B) will then be assigned an additional score, based on an agreed methodology, to enable prioritization. The TRP review process will incorporate measures to ensure consistency of approach.
44. **Surplus of assets in either the General Funding Pool or Targeted Funding Pool:** In the event that available funding for either the General Funding Pool or the Targeted Funding Pool exceeds TRP-recommended demand in that pool, then any surplus assets would be available to meet unmet demand, if any, in the other pool.
45. **Regional Proposals:** The prioritization model for regional proposals shall reflect which pool the application is submitted to. If submitted to the General Funding Pool, the income level and disease burden scores shall be derived, respectively, from an average of the individual scores of each country included in the regional proposal.
46. **UMIC Allocation:** Funding for UMICs in the General Funding Pool shall not exceed 10 percent of the proposal value (lifetime incremental) of the particular funding window. However, such 10 percent limit in funding shall not apply to funds allocated to UMICs in the Targeted Funding Pool.

Resource Allocations for the General Funding Pool and Targeted Funding Pool

The *General Funding Pool*: A majority of Global Fund resources available to fund proposals will be assigned to applications made to the General Funding Pool. The proportion of funds available shall be set at a minimum of 90 percent of the total resources available within a particular funding window. Individual applications to this pool are not subjected to limits as to the maximum proposal amount.

The *Targeted Funding Pool*: The proportion of Global Fund resources available for the Targeted Funding Pool shall be 10 percent of available financial resources for a particular funding window or a maximum of US\$ 150 million for the first two years of grant life (and a maximum of US\$ 350 million over five years). An application to the Targeted Funding Pool must have a pre-defined budget ceiling of not more than US\$ 5 million for the first two years and not more than US\$12.5 million for a five year proposal, both ceilings relating to incremental funding in the case of a consolidated proposal.

Surplus of assets in either the General Funding Pool or Targeted Funding Pool: In the event that available funding for either the General Funding Pool or the Targeted Funding Pool exceeds TRP-recommended demand in that pool, then any surplus assets would be available to meet unmet demand, if any, in the other pool.

Definitions of ‘Underserved and Most-At-Risk Populations’ and ‘Highest-Impact Interventions within a Defined Epidemiological Context’

Underserved and most-at-risk populations:

Subpopulations, within a defined and recognized epidemiological context:

- 1) That have significantly higher levels of risk, mortality and/or morbidity;
- 2) Whose access to or uptake of relevant services is significantly lower than the rest of the population.

Note: HIV, TB and malaria proposals may include embedded HSS elements. The above definition is intended to capture HSS interventions that benefit ‘underserved and most-at-risk populations’.

Highest impact interventions within a defined epidemiological context:

Evidence-based interventions that:

- 1) Address emerging threats to the broader disease response; and/or
- 2) Lift barriers to the broader disease response and/or create conditions for improved service delivery; and/or
- 3) Enable roll-out of new technologies that represent global best practice; AND
- 4) Are not funded adequately

Note: HIV, TB and malaria proposals may include embedded HSS elements. The above definition is intended to capture ‘highest impact HSS interventions’ that may be part of a disease proposal.

Cross-cutting HSS interventions addressing needs of underserved populations:

Health systems and community systems strengthening interventions that, within the country context, improve program outcomes for underserved populations in two or more of the diseases by:

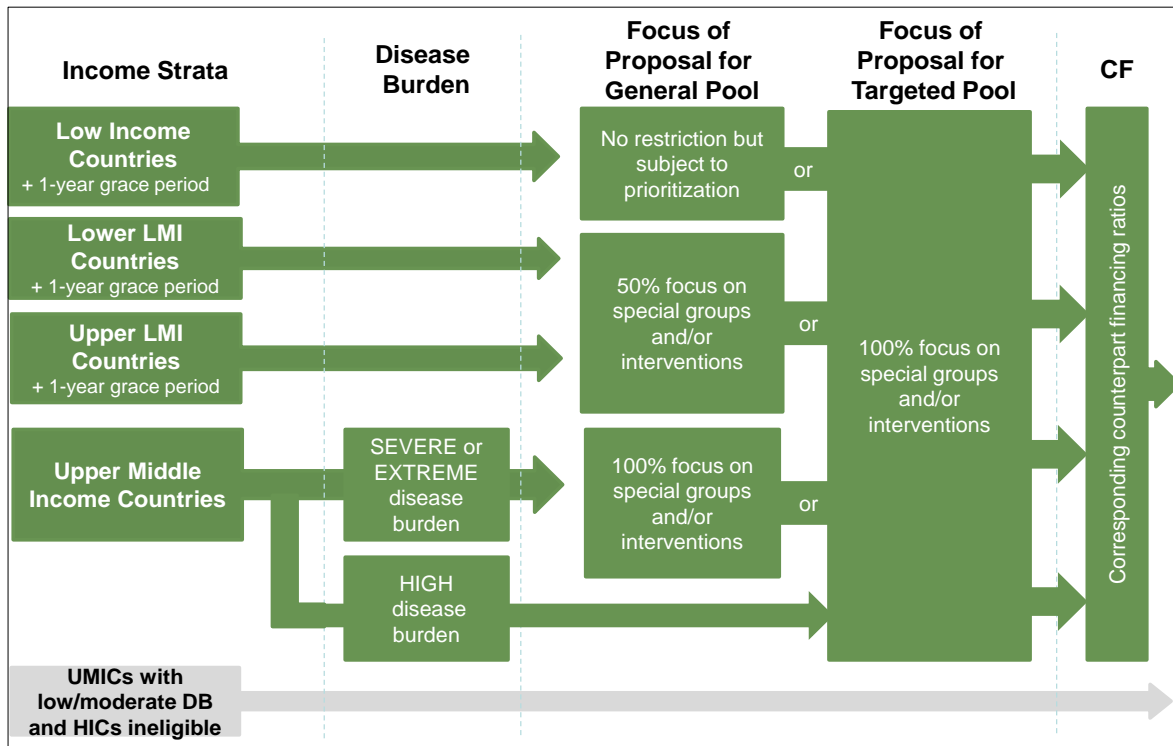
- 1) Improving equitable coverage and uptake addressing any, and preferably all, of:
 - Availability of services
 - Access to services
 - Utilization of services
 - Quality of services

AND

- 2) Are not funded adequately

Note: This definition only applies to the General Funding Pool and to LICs, LMICs and severe/extreme burden UMICs. Disease-specific HSS will usually be embedded in the disease proposal.

Flow chart showing the Eligibility Criteria and required Focus of Proposals for the General and Targeted Funding Pools



* CF refers to Counterpart Financing

Disease Burden Indicators and Scores

	HIV*	TB*	MALARIA* ‡
Category and Score	<i>HIV prevalence in population and/or at-risk populations</i>	<i>Combination of TB notification rate per 100,000 population (all forms including relapses); and add WHO list of high burden countries (TB, TB/HIV or MDR-TB burden)</i>	<i>Combination of mortality per 1000 at risk of malaria; morbidity rate per 1000 at risk; and contribution to global deaths attributable to malaria.</i>
Extreme = 8	HIV national prevalence $\geq 10\%$	TB notification rate per 100,000 ≥ 300 and high TB, TB/HIV or MDR-TB burden country	Mortality rate ≥ 2 OR Contribution to global deaths $\geq 2.5\%$
Severe = 6	HIV national prevalence $\geq 2\%$ and $< 10\%$	TB notification rate per 100,000 of $\geq 100^{\S}$ OR TB notification rate ≥ 50 and < 100 and high TB, TB/HIV or MDR-TB burden country	Mortality rate $\geq 0.75^{\S}$ and morbidity rate ≥ 10 OR Contribution to global deaths $\geq 1\%^{\S}$ OR country with documented artemisinin resistance
High = 4	HIV national prevalence $\geq 1\%$ and $< 2\%$ OR MARP† prevalence $\geq 5\%$	TB notification rate per 100,000 of ≥ 50 and < 100 OR TB notification rate per 100,000 ≥ 20 and < 50 and high TB, TB/HIV or MDR-TB burden country	Mortality rate ≥ 0.75 and morbidity rate < 10 OR mortality rate ≥ 0.1 and < 0.75 regardless of morbidity rate OR contribution to global deaths $\geq 0.25\%$ and $< 1\%$
Moderate = 2	HIV national prevalence $\geq 0.5\%$ and $< 1\%$ OR MARP prevalence $\geq 2.5\%$ and $< 5\%$	TB notification rate per 100,000 of ≥ 20 and < 50 OR TB notification rate per 100,000 < 20 and high TB, TB/HIV or MDR-TB burden country	Mortality rate < 0.1 and morbidity rate ≥ 1 OR contribution to global deaths $\geq 0.01\%$ and $< 0.25\%$
Low = 1	HIV national prevalence $< 0.5\%$ and MARP prevalence $< 2.5\%$ OR no data	TB notification rate per 100,000 of < 20 OR no data	Mortality rate < 0.1 and morbidity rate < 1 OR contribution $< 0.01\%$ OR no data

* Data sources: HIV and AIDS: UNAIDS and WHO. If data are available for most-at-risk populations (MARPs), the highest prevalence will be taken into account. Tuberculosis: WHO. Malaria: WHO

† MARP: Most-at-risk population

‡ The Secretariat will use malaria data for earlier years (2000) as recommended by WHO. In the case that a proposal is submitted from a sub-national applicant it will be scored according to incidence and mortality rates for those specific areas (and the contribution of those areas to the global burden).

§ And not covered by the criteria for the Extreme category.

General Funding Pool Composite Index for Prioritization

Countries with the greatest need (by reference to disease burden and income) will typically access the General Pool. The prioritization model in the General Pool builds on a three-part Composite Index for Prioritization comprising: country income level, disease burden as follows:

- i. Income Tiers/Scores: use of the four-tiered income stratification, described in Paragraph 9 of the Policy, and narrowing the score differential between LIC and UMIC categories (see table below);
- ii. Disease Burden: application of a weight (score) to “Extreme” disease burden = 8, “Severe” = 6, “High” = 4, “Moderate” = 2, “Low” = 1. For Cross-cutting HSS applications (including through the Health Systems Funding Platform): use of the average of the respective disease burden indicators based on the diseases benefiting from the HSS proposal (see table below); and
- ii. TRP Recommendation Category: scored and reflected in the Composite Index as in the Round 10 model.²⁰

Proposal Score based on Income Level and Disease Burden*

<i>Disease burden score</i>	<i>Income level score</i>			
	Lower income = 4	Lower LMIC = 3	Upper LMIC = 2	UMIC = 1
Extreme = 8	12	11	10	9
Severe = 6	10	9	8	7
High = 4	8	7	6	Not eligible**
Moderate = 2	6	5	4	Not eligible
Low = 1	5	4	3	Not eligible

* Shaded cells reflect the combined score for a proposal

** Not eligible for the General Pool; eligible for the Targeted Pool

²⁰ Category 1—Recommended for funding with no or only minor clarifications; Category 2 and 2B—Recommended for funding provided that adjustments and clarifications are met within a limited timeframe. Score of 4 for Category 1 and 2. Score of 3 for Category 2B.