**HSS & TCA Extension Request Narrative Template**

**Extension Request Narrative Template for costed extension of HSS and/or TCA grants.**

Please read the attached guidelines before completing this application form.

## Application process

This template includes questions related to both TA and HSS activity extensions.

This narrative template must be completed to provide details and justifications for the proposed extension of activities included in this extension request.

This completed extension request narrative must include the signature of the Minister of Health (or delegated authority) and should be submitted to the [proposals@gavi.org](mailto:proposals@gavi.org) inbox e-mail address, with the Gavi Senior Country Manager and (Senior) Programme Manager in copy.

The **deadline for submission** of this extension request is **19 September 2025.** \***Countries requiring an HSS extension after April 2026, will have the opportunity to apply in Q1 2026 (date to be confirmed).**

Mandatory requirements for this request:

* An updated HSS budget using the existing budget format, limited to activities proposed for extension
* A completed TCA plan using the Gavi TCA Extension Costed Workplan (Annex C) limited to activities proposed for extension, indicating partners currently providing key TA functions
* Extension requests must be endorsed by the Minister of Health (or their designate).

Extension Request Narrative:

Please answer the following questions (1 to 2 pages) concerning the extension of priority TA activities:

## Priority TCA activities programmed in the extension

1. Why were the proposed activities selected and how will they help to ensure the continuity of essential immunisation programming during this period?

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2. How do the proposed activities align with other Gavi supported grants (e.g. Equity Accelerator Fund programming, campaigns, foundational technical assistance)?

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3. Does the country foresee significant risks from discontinuation or pausing of other activities?

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## Priority HSS activities programmed in the extension

4. Why were the proposed activities selected and how will they help to ensure the continuity of essential immunisation programming during this period?

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5. How do the proposed activities align with other Gavi supported grants (e.g. Equity Accelerator Fund programming, campaigns, technical assistance)?

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6. Does the country foresee significant risks from discontinuation or pausing of other activities?

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## Country Endorsement:

**Signature of EPI *(or delegated authority).***

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| **EPI Signature (or delegated authority)** |
| Name: |
| Date: |
| Signature: |

***Signature of the Minister of Health (or delegated authority).***

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| **MoH Signature (or delegated authority)** |
| Name: |
| Date: |
| Signature: |

Cc:

* Gavi SCM & (S)PM