**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, however only a subset of countries are eligible for a TA & HSS extension. Please refer to the ‘Gavi Transition Guidance for HSS & TCA’ to determine the type of extension request your country is eligible for.

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 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 format, limited to activities proposed for extension (this is not required if the country is only applying for a TCA extension).
* An updated TCA plan using the existing format, limited to activities proposed for extension, indicating partners currently providing key TA functions
* Ministry of Health Signature (or delegated authority)

Extension Request Narrative:

**For Countries Eligible for TCA extensions**

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?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**For Countries Eligible for TCA + HSS extensions:**

*Please answer the following questions (1-2 pages) only if you are eligible for extension of HSS activities.*

*For countries only eligible for TCA extensions, this section can remain blank.*

## 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?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

## Country Endorsement:

**For TCA (only) extension requests: Signature of EPI *(or delegated authority).***

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

***For HSS & TCA extension requests: Signature of the Minister of Health (or delegated authority).***

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

Cc:

* Gavi SCM & (S)PM