**SUBMISSION FORM**

**CALL FOR EXPRESSION OF INTEREST**

**PIAKOS PARTNERS BASED IN KOSOVO**

**Contracting Authority:** Advocacy Training and Resource Center - ATRC

**Project funded by the:** World Bank through the International Bank for Reconstruction and Development (IBRD), acting as administrator of the State and Peace Building Multi-Donor Trust fund.

**Project Title:** Public Information and Awareness Services for Vulnerable Communities in Kosovo (PIAKOS)

**Deadline for submission of applications:** 26 February 2024, at 4 P.M.

**Reference Number:** PIAKOS 01/2024

**Reference Title:** Promote land and immovable property rights, engage communities, and foster dialogue with public authorities in Kosovo to educate women, youth, and minorities in property rights as a human right.

Please read and fill out this form carefully. This form, as well as the information it must contain, are necessary for every application. Applications that do not adhere to this format or that lack certain information, risk immediate disqualification.

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| **A. APPLICANTS BASIC DATA** | |
| Full Legal Name of Applicant:  *(As per registration certificate)* |  |
| Full address of applicant(s)  - Postal address:  - Phone:  - Email:  - Website: |  |
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| Year of Registration: |  |
| Registration Number: |  |
| Fiscal or Unique Number: |  |
| Contact Person:  - Name and Surname:  - Title:  - Phone:  - Email: |  |
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| **B. NAME OTHER PARTNER(S) IN THE APPLICATION (IF APPLICABLE)** | |
| Name of the partner organization(s) |  |
| Brief information about the partner organization(s) |  |
| Their role in this project and geographical area:  *Please indicate the grounds for cooperation and adequately describe the division of tasks* |  |

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| **C. APPLICANTS PROFILE** | | |
| Please select the LOT:  The applicant can apply in max 2 Lots. | **Lot I:** Awareness raising/Door-to-Door Campaigns | |
| **Lot II:** Capacity building/Counseling Services | |
| **Lot III**: Court monitoring and free legal aid | |
| Please select relevant options that relate to your organization:  Thematic experience (select all that relate to your experience): | Awareness Raising | |
| Community work/Door-to-Door Campaigns | |
| Capacity Building | |
| Counseling support (including coaching, professional supervision, mentoring, etc). | |
| Court Monitoring | |
| Free Legal Aid | |
| Other (Please specify): | |
| Experience with population groups as per ToR: | Ethnic Minority (Please specify): | |
| Women | |
| Youth | |
| Institutions relevant to property rights (specify when elaborating experience) | |
| Geographical experience (select all that relate to your experience): | Prishtina | Mitrovica |
| Peja | Gjakova |
| Prizren | Ferizaj |
| Gjilan | Other: |

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| **D. PROGRAM AND OPERATIONAL CAPACITY:** *(max 3 pages)* | | | | |
| **Mission and vision statements:** | | | | |
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| **Background of Organization:**  (Focus on your experience on areas of expertise that are relevant to the ToR; use numbers to elaborate experience i.e., project implemented, people trained, budgets managed, etc;) | | | | |
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| **Applicant Operational Capacity:**  Please mention how many staff members and how many volunteers (if any) are currently employed by the Organization inside the country of implementation, Possession of necessary material and technical infrastructure, including office facilities, vehicles, and communication equipment | | | | |
| Management staff:  Technical staff:  Support staff:  Volunteers:  **Technical Capacities:** | | | | |
| **Applicant Structure:** | | | | |
| Is the Organization legally registered in the Country?  (please note that you will be asked to provide evidence of registration document) | | Yes | | No |
| Type of Organization? | Association | Foundation | | Business |
| **Applicant Financial Capacity:**  What’s the overall current budget of the Organization’s activities for the last 3 financial years? | | | | |
| **Year** | **Annual Budget** | | | |
| 2021 | € | | | |
| 2022 | € | | | |
| 2023 | € | | | |
| **Applicant Management Capacity:** | | | | |
| Is there a system in place for monitoring and evaluation? (includes a system to collect feedback/recommendations from the beneficiaries) | | Yes | No | |
| Does the organization have a systematic reporting system in place? | | | | |
| Financial | | Yes | No | |
| Narrative | | Yes | No | |
| Monitoring and Evaluation | | Yes | No | |
| Are the annual financial statements audited by an external and independent company? | | Yes  (TICK YES IF THE RELATED DOCUMENT IS EXISTING | No  (TICK YES IF THE RELATED DOCUMENT IS EXISTING | |
| Is an audit report issued in such cases? | | Yes | No | |
| Does the applicant have a bank account registered in its own name? | | Yes | No | |
| Does the applicant have an accounting system that allows for the proper recording of financial transactions, including the allocation of expenditures in accordance with the budget? | | Yes | No | |
| Are internationally accepted accounting standards followed? | | Yes | No | |
| Does the Applicant have clear procurement regulations? | | Yes | No | |

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| **E. EXPERIENCE AND ALIGNMENT WITH PROGRAM IMPLEMENTATION** *(max 5 pages)* |
| **Relevance of Experience & Capability Demonstration:**  Elaborate on your organization's previous experience, specifically addressing how it aligns with the activities outlined in the Terms of Reference (ToR) for the program. (Focus on your current capabilities to implement activities as stated in the ToR; Showcase relevant skills, resources, and methodologies that position your organization as well-equipped for successful execution. Also, elaborate how that will enable you to successfully implement activities) |
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| **Alignment with ToR Activities:**  Identify and take specific activities within the ToR that resonate with your organization's background and expertise. Provide a detailed explanation of how your past engagements or projects correlate with these activities. Include elements of the approach you would take to implement those activities. |
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| **Approach to Implementation:**  Provide an overview of the approach your organization plans to adopt for implementing the specified activities. Detail the strategies, methodologies, and best practices you intend to employ to ensure effective and efficient execution. Select up to 5 activities in the ToR and elaborate how would you approach implementation. |
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| **Partnerships, Network Capability and Geographical Coverage:**  Elaborate how well-connected your organization is with other organizations especially in local level (beyond Prishtina). Mention specific cases of projects that you implemented in partnerships with other organizations. Highlight the strengths of these collaborations and how they contribute to successful outcomes. |
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| **Minority Engagement:**  Highlight instances where your organization has successfully engaged with minority communities. Specify the nature of these engagements, the challenges addressed, and the outcomes achieved. |
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| **Capacity Building:**  If applicable, describe any capacity-building initiatives your organization plans to undertake during the program to enhance the skills and capabilities of stakeholders involved in the implementation. |
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| **F. PREVIOUS EXPERIENCE IN SIMILAR PROJECTS, AREA:** | |
| Project Title: |  |
| Project Sector: |  |
| Donor: |  |
| Total Budget: |  |
| Role of the Organization in the project (leader/partner) – mention all the actors involved in the project: |  |
| Project Objective: |  |
|  | |
| Project Title: |  |
| Project Sector: |  |
| Donor: |  |
| Total Budget: |  |
| Role of the Organization in the project (leader/partner) – mention all the actors involved in the project: |  |
| Project Objective: |  |
|  | |
| Project Title: |  |
| Project Sector: |  |
| Donor: |  |
| Total Budget: |  |
| Role of the Organization in the project (leader/partner) – mention all the actors involved in the project: |  |
| Project Objective: |  |

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| **G. REFERENCES**  Please fill in at least two reference contacts details from previous partners or donor: | | |
| 1. | Name and surname: |  |
| Role within the Organization/Applicant: |  |
| Email: |  |
| Phone: |  |
| 2. | Name and surname: |  |
| Role within the Organization/Applicant: |  |
| Email: |  |
| Phone: |  |

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| **Name and Surname of Applicant:**  *(no signature required):* |  |
| **Position** |  |
| **Date:** |  |
| I hereby certify that all the information provided in this application is true and accurate to the best of my knowledge. By submitting this application, I agree to receive communications and notifications related to this form electronically. | |