|  |  |
| --- | --- |
| Ref. Number |  |
| (PRO Programme only) | |

**Annex 2**

**Provision of Technical Assistance to LGs for Inter-municipal Cooperation in Social Protection**

**PRO 03-2023**

**INTERVENTION APPLICATION FORM**

***Please, fill in electronically only.* *Please expand the boxes as per need.***

|  |  |  |  |
| --- | --- | --- | --- |
| **BASIC INFORMATION ON THE APPLICANT** | | | |
| Local self-government (LG) |  | | |
| Level of Development[[1]](#footnote-1) |  | | |
| Contact information | Address: | | |
| Telephone: | | |
| Email address: | | |
| Name of the legal representative (the person authorised to sign the contract) | Name: | | |
| Email address: | | |
| **HUMAN RESOURCES THAT WILL BE ENGAGED IN IMPLEMENTATION OF PROPOSED ACTIVITIES[[2]](#footnote-2)** | | | |
| Name | | Expertise | Responsible for |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

The following questions should provide inputs for eligibility and quality assessment of the Application. Please answer truthfully and provide sufficient information for evaluation of the Application in line with Selection criteria stated in the Call.

***SECTION 1: OPERATIONAL CAPACITY***

***1.1 Does the applicant have experience in project management?***

☐ Yes (*Please provide information on the number of projects implemented by your LG and refer specifically to projects who include activities that relate to projects involving social protection services or international donors. Provide data on successful implementation of three or more implemented projects.)*

*Text*

☐ No

***1.2 Did the applicant have some institutional mechanisms for implementing social protection policy (such as Social Policy/Protection Council, Council for Improvement Roma Status and Council for Improvement Status of Persons with Disabilities) or to support coordinated service provision (intersectoral working bodies/teams)?***

☐ Yes *(Please provide information on established mechanisms, if any)*

*Text*

☐ No

***SECTION 2: RELEVANCE OF THE INTERVENTION:***

***2.1 Did the applicant conduct an assessment of the needs of particular LB groups in local communities in need for IMC in service delivery and on designing solutions to those needs to be introduced?***

***☐*** *Yes (Please provide information on the number of conducted assessment of needs of particular LB groups by your LG and refer specifically to rationale for selection of target vulnerable groups and findings which could be addressed with introduced social protection service jointly delivered through IMC)*

*Text*

*☐ No*

***2.2. Whether IMC in social protection service delivery has already been considered with potential partner LG or even a negotiation process has been initiated?***

*☐ Yes (Please describe the level of consideration or the level of initiation of the negotiation process)*

*Text*

*☐ Neither of mentioned above*

***2.3. In case of IMC service(s) provision in the local communities, how many beneficiary groups would be covered?***

*☐ Yes (Please state the exact number of LB groups and which type of service would be most suitable for their needs in terms of potential IMC)*

*Text*

***2.4 Is there a need for the establishment of IMC in order to join forces due to only geographical reasons or as well as to strengthen service delivery through cooperation between two LGs of different levels of development?***

☐ Yes (Please describe the exact reasons and benefits in case of establishment of IMC)

*Text*



Please list all annexes you are providing in support to this Application Form:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In accordance with the Law on Regional Development [↑](#footnote-ref-1)
2. The table should include all municipal/city staff that will be directly involved in the TA activities and will be directly responsible for sharing knowledge with LG`s management aiming to realise planned activities. [↑](#footnote-ref-2)