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

**Annex 2**

**Support to Local Self-governments in Establishment of Local Coordination Mechanism to Protect Waste Pickers` Livelihoods**

**PRO 02-2024**

**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 |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
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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* 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, especially Mobile Team for Roma Inclusion)?**

☐ Yes (*Please provide information on established mechanisms or intersectoral working bodies)*

*Text*

☐ No

***1.2 Does the applicant have knowledge of the issues to be addressed?***

☐ Yes *(Please list three or more activities or projects related to social inclusion approach towards left-behind groups)*

*Text*

☐ No

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

***2.1 Did the applicant conduct an assessment of the needs of local waste pickers in the local community?***

☐ Yes *(Please provide information on the number of conducted assessment of needs of waste pickers and findings which could be addressed with introduced intervention.)*

*Text*

☐ No

***2.2 Whether the applicant*** has already drafted/adopted a social inclusion measure or policy that addresses the needs of waste pickers***?***

***☐*** *Yes (please elaborate on drafted or adopted measures or policies that are addressing waste pickers` needs)*

*Text*

*☐ None*

***2.3 Involved local stakeholders*** *(Please* *describe the roles and responsibilities of each stakeholder/partner that will be involved in the intervention, operational modalities)*

Text

***SECTION 3: DESIGN AND FEASIBILITY OF THE INTERVENTION***

***3.1 Implementation strategy*** *(Please describe how your proposal is going to address the waste pickers need, what activities are planned, including timeline, and how these activities are going to contribute to achievement of the proposal`s objectives. All should be in line with the scope of the intervention presented in the Call)*

*Description max. 2 pages*

***Table review of activities and timeline***

|  |  |  |
| --- | --- | --- |
| ***Month*** | ***Description of Activity*** | ***Responsible person or institution*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3.2. Impacts, outcomes, outputs and indicators of success** *(Please list here what impacts, outcomes and outputs your proposal will achieve and what indicators will be used to substantiate the claims.)*

***SECTION 4: SUSTAINABILITY AND IMPACT OF THE ACTION***

**4.1.  Sustainability** (Detail: how do you plan to secure sustainability of the intervention after the implementation ends? What are possible risks which could threaten the sustainability and how do you plan to address them?)

**4.2. Impact** (*Please state information on number of informal waste pickers in your local community i.e. number of people that are expected to benefit from the established mechanism, including the priority and extended group of local waste pickers and members of their families)*

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, including from relevant local institutions, that will be directly involved in the proposal activities and will be directly responsible for its implementation [↑](#footnote-ref-2)