**Cover Letter (to be printed on Applicant organization’s Letter Head)**

To, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Grants and Compliance

Aawaz II - The British Council

Pakistan

Subject**: EOI for** Aawaz II **– British Council for Resource Partner for Programme Implementation**

Dear Sir,

1. The undersigned, being duly authorized to represent and act on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby applies to be considered for the project cited above and encloses original of application form along with all the required documents, and declares & agrees the following:

(a) I have examined and have no reservation to the EOI document.

(b) I understand that the Aawaz II - British Council may cancel the EOI process at any time and that the Aawaz II Programme - British Council is not bound either to accept any application that it may receive or to invite the considered applicants for further in-depth assessment and contacts for this EOI, without incurring any liability to the applicants.

(c) Applications against this EOI by shortlisted applicants will be subject to verification of all information submitted along with the application form.

(d) The Aawaz II Programme - British Council reserves the right to amend the scope and value of any partnership under this project in consultation with the applicant.

(e) The applicant and any of its senior management including Board of Directors (BOD) are not blacklisted by government or any donor agency or financial institution.

(f) We understand and declare that not as a whole or part of, our organisation or staff have any Conflict of Interest (COI) with the execution of this project.

1. The Aawaz II - British Council and its authorized representative(s) may contact the following person(s) for further information, if needed:

Person(s) to be contacted: Email Id: Telephone No:

1. The undersigned declares that the statements and the information provided in the attached application form and supporting document(s) are complete, true and correct in every aspect.

Signed:

Name:

Designation:

Date:

**Aawaz II – Resource Partner for Programme Implementation**

**Application Form**

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| **Section 1: Basic Information of Applicant Organisation** | |
| Name of Applicant Organization: |  |
| Registered Office Address: |  |
| District & Tehsil: |  |
| Year of Establishment: |  |
| Legal Status: |  |
| Registration Details (Type of registering authority, number, year): |  |
| Registration with EAD (Yes/No) if yes mention registration/certificate number |  |
| Key contact person(s) details: *(Name, Designation, CNIC Number, Contact Number office and cell, Email ID)* |  |
| Official website Address: |  |
| Mission/Purpose of Organisation |  |
| NTN and STRN Number: |  |
| Key Management Details: | *(kindly attach the list of all key staff members including BOD i.e. Name, Designation, Contact Number, Email ID)* |
| Key Donor Details ( covering at minimum past 5 years) |  |
| Proven experience of working and capacity building with local communities in KP and/or Punjab *(state number of years of experience)* | *Experience in KP Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Y  N  N  Y  *Experience in Punjab Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Proven experience of working and capacity building with Aawaz II target groups and audiences including women, youth, religious minorities, persons with disabilities and transgender persons *(state number of years of experience and also attach evidence to back up this experience)* | 1. ***Key target groups***   *1. Women Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2. Youth Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3.Religious Minorities Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *4. Persons with disabilities Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *5Transgender Persons Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 1. ***Other groups*** *(please add more lines as needed)*   *1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Proven experience of working and capacity building on social issues such as intolerance, exclusion and exploitation of vulnerable groups in communities *(state number of years of experience and also attach evidence to back up this experience)* | *1.Gender based violence Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2. Child marriage Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3. Intolerance Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *4.Social cohesion Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *5. Exclusion & Exploitation*  *of vulnerable groups Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Demonstrated capacity in grant implementation, training, community mobilisation, mentoring, awareness raising and advocacy *(if yes, attach relevant documents)* | *1. Grant implementation Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2. Training/capacity building Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3. Community Mobilisation Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *4. Mentoring Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *5. Awareness Raising Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Organization’s values and principles are clearly established through policies on gender equality, equal opportunity and inclusion, child and adult safeguarding *(attach organisational policies)* | *Does the organisation possess policies on the following?*  N  Y  Y  Y  *Gender Equality*  N  *Equal Opportunity & Inclusion*  N  *Child & adult safeguarding*  *Comments (if any): ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| Previous Funding from National / International Donors: (Y/N) *-* (*If Yes provide details of current funding* within Past 3 Years)  *(Note: add rows if needed)* | | | | |
| **Project Title** | **Project Implemented District** | **Total Project Cost [PKR]** | **Name of the Donor** | **Dates [From-To]** |
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| **Section 2: Description of the Project** *(Maximum 3 Pages)* |
| Objective of Proposed partnership with Aawaz II- British Council: |
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| Problem Statement:  Please share your understanding of exclusion issues (particularly early/forced marriage, gender based violence and social exclusion and intolerance) that affect capacity building, advocacy and research   1. What are the community needs for capacity building in the districts of KP and Punjab relating to the thematic areas identified in the EOI? 2. Prevalence of issues identified above and any unique circumstances/ contextual considerations for the districts of KP and Punjab? 3. What would capacity building for behaviour change in the thematic areas include. Please specify according to audience level (low literacy, educated, urban, rural) and resource settings (basic resources, technology/ internet connected locations)? |
|  |
| Please share organisation’s experience of engaging young people from diverse vulnerable groups (particularly women, religious minorities, Persons with Disabilities, transgenders etc.) |
|  |
| Please share details of your organisation’s experience of design, material development, and delivery of capacity building on one or more of the following thematic areas:  i) Women rights ii) Gender based violence iii) Child marriage iv) interfaith harmony v) conflict pre-emption vi) social cohesion  Mention at least two recent/on-going projects that focus on the thematic areas you’ve identified and list organisational strengths that enable you to work on these issues. |
|  |
| What challenges has your organisation faced during the implementation of similar projects? |
|  |
| Expected Project Results of partnering with Aawaz II - British Council: |
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| Describe your proposed methodology (implementation plan) to implement Aawaz II capacity building and advocacy in the districts of KP and Punjab (please refer to the EOI document for specific outputs) |
|  |
| Please explain your Monitoring and Evaluation (including impact assessment) plan for this project? |
|  |
| Are Organizational systems clearly established (financial management, compliance, control checks, human resource management, monitoring and evaluation, procurement)- List all relevant policies/ units/ teams in place within your organization. |
|  |
| Attach an organization chart, audited financial statements with management letter for last two recent years. |
|  |
| Mention and provide complete details of similar projects: (*Project Location, Objective, Value and Present Status*) please share any of the following available as annex:  Project Completion Report  Internal Evaluation Report  External Evaluation Report |
|  |
| Three references including complete contact information: (*Existing or previous donors*) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Contact Person** | **Designation** | **Name of Donor** | **Email** | **Contact Number** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**Section 3: Proposed Partnership Scope**

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| Proposed Training  (*Please mention if organisation has existing human and technical resources for this)* |  | Proposed number of community beneficiaries to be engaged in each training  (gender disaggregated numbers) |  | Proposed number of facilitators (gender disaggregated numbers) |  |
| Proposed number of advocacy initiatives with district partners on Aawaz II thematic areas and priority groups |  | Proposed impact assessment of capacity building for behaviour change |  | | |
| How will the organization deal in selection and management of the following? | | | | | |
| Selection of technical resources for different aspects of capacity building:  Selection and management of training facilitators:  Selection and management of participants and venue :  Follow up of training and refreshers:  Selection and management of impact assessment of capacity building: | | | | | |
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| How will the organization engage with/ involve the following groups in implementation? | | | | | |
| Community Leaders: | | | | | |
| Government Department Officials: | | | | | |
| CSOs:  Community Groups:  Media:  Service Providers:  Liaising with excluded groups and their organisations/ networks:  Technical Resource persons and facilitators: | | | | | |
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**Section 4: Bank Details**

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| Account Title: |  | | | Account Number: |  |
| Bank Name: |  | | | Branch Address: |  |
| Branch Code: |  | Phone # |  | Fax # |  |
| Name(s) of Authorised Signatories: | | | | | |

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| **Section 5: Any Other Information** |
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| **Section 6: Declaration from Applicant:** |
| By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct. |
| Submitted by (*Name and Title*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official Stamp of Applicant Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 7: Checklist of Documents Required** |
| **Particulars** | **Attached**  (Y/N) | **Note**  (Reason for non-submission) |
| Registration.  *(Documents defining the legal status of the NGO, Extensions, renewals etc.)* |  |  |
| Governing Document.  *(Charter/Bylaws/Memorandum & Articles of Association etc.)* |  |  |
| List of Governing Body along with CNICs Copies. |  |  |
| List of Top Management along with CNICs Copies. |  |  |
| Annual Report  *(Last Two Years) where applicable* |  |  |
| Latest Audit Reports.  *(Last Two Years) where applicable* |  |  |
| NTN and STRN Certificate. |  |  |
| Certified Bank Statement.  *(Last six months)* |  |  |
| Application Form through MS Forms  *(kindly use this link to access the MS Form for online submission*  <https://forms.office.com/Pages/ResponsePage.aspx?id=wXVirt3MRkCyoWJFosyj7GhN9OiUGsxJmW_TS0-2CXNUNVZIUkhTV0QwV1I3R0paMEhRMU9ONlY1US4u> |  |  |
| Any other documents and/or reports referred in the application form *(add serial numbers if required)*   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |