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| **Solutions to Violent Extremism Process Implementation for USAID Ma3an Project**  **Expression of Interest**  **Application Form** | |
| **Name of the Organization** (full name):  **Address:**  **Telephone:**  **E-mail:**  **Website (if available):**  **DUNS Number (if available):** | **Contact Person, Title, & Email:** |
| **Person Authorized to Sign Contracts in the Organization & Title:** |
| **Geographic Locations**  Ma3an SOLVE activities will be implemented across 24 Governorates. Each grantee will be implementing the SOLVE activities in one of the zones as detailed in **Table 1** (8 Governorates per Grantee).  **Table 1.**  *Zone* *1:*   |  |  |  | | --- | --- | --- | | 1. Ariana 2. Ben Arous 3. Benzart | 1. Beja 2. Jendouba 3. Manouba | 1. Nabeul 2. Tunis |   *Zone* *2:*   |  |  |  | | --- | --- | --- | | 1. El Kef 2. Kasserine 3. Kairouan | 1. Monastir 2. Mahdia 3. Sousse | 1. Siliana 2. Zaghouan |   *Zone* 3:   |  |  |  | | --- | --- | --- | | 1. Gabes 2. Gafsa 3. Kebili | 1. Medenine 2. Sfax 3. Sidi Bouzid | 1. Tozeur 2. Tataouine |  1. Specify in which zone your organization plans to operate:  * Zone 1 * Zone 2 * Zone 3  1. Complete the table below for each governorate from the list above where your organization currently has, or previously had, operations and/or programming. To be eligible, applicants should be currently present in and/or demonstrate their ability to operate and launch activities in at least 3 governorates in one of the mentioned zones by September 2021. *Add tables for governorates as needed.*  |  |  | | --- | --- | | Governorate: |  | | Is your organization physically present in the governorate? If yes, please describe your presence (office, how long has it been established, how many staff/volunteers are linked to that office, etc.) and highlight if it is in any of the target communities. If you are not physically present in this governorate, please describe how you plan to launch and implement activities in this governorate. | | |  | | | What activities have you previously or are you currently implementing in this governorate?  As applicable, mention specific communities from the list above where these activities took place.  Include information on stakeholders – civil society, youth, government, etc. – you engaged in these activities. | | |  | |  |  |  | | --- | --- | | Governorate: |  | | Is your organization physically present in the governorate? If yes, please describe your presence (office, how long has it been established, how many staff/volunteers are linked to that office, etc.) and highlight if it is in any of the target communities. If you are not physically present in this governorate, please describe how you plan to launch and implement activities in this governorate. | | |  | | | What activities have you previously or are you currently implementing in this governorate?  As applicable, mention specific communities from the list above where these activities took place.  Include information on stakeholders – civil society, youth, government, etc. – you engaged in these activities. | | |  | |  |  |  | | --- | --- | | Governorate: |  | | Is your organization physically present in the governorate? If yes, please describe your presence (office, how long has it been established, how many staff/volunteers are linked to that office, etc.) and highlight if it is in any of the target communities. If you are not physically present in this governorate, please describe how you plan to launch and implement activities in this governorate. | | |  | | | What activities have you previously or are you currently implementing in this governorate?  As applicable, mention specific communities from the list above where these activities took place.  Include information on stakeholders – civil society, youth, government, etc. – you engaged in these activities. | | |  | |  |  |  | | --- | --- | | Governorate: |  | | Is your organization physically present in the governorate? If yes, please describe your presence (office, how long has it been established, how many staff/volunteers are linked to that office, etc.) and highlight if it is in any of the target communities. If you are not physically present in this governorate, please describe how you plan to launch and implement activities in this governorate. | | |  | | | What activities have you previously or are you currently implementing in this governorate?  As applicable, mention specific communities from the list above where these activities took place.  Include information on stakeholders – civil society, youth, government, etc. – you engaged in these activities. | | |  | | | |
| **Part 1. Description of Applicant's Qualifications:**  Briefly describe your organization and your technical and organizational experience. Respond to each of the following questions and ***use as much space as you need* to respond adequately.**   1. What is your organization’s vision? 2. What is your organization’s mission and what type of activities does your organization implement to achieve it? 3. How do you see Ma3an’s objectives relating to your organization’s mission?   What is your organization's experience, capacity, and interest in working on preventing and countering violent extremism? If your organization currently lacks this experience and capacity, please explain why your organization would be interested in implementing the activities for the Solutions to Violent Extremism (SOLVE) process.  Does your organization have experience in designing and adapting methodologies for community-level assessments and/or facilitating dialogue processes to develop community-owned solutions?  Does your organization have experience managing donor-funded projects? If you have not previously been involved in managing donor-funded projects, discuss how your organization can ensure that it has the capacity needed to manage Ma3an’s activities. | |
| **Name, Title, and Signature of the Person that is authorized to sign agreements:**  Being the person authorized to sign contractual agreements on behalf of the organization, I certify that the information in this form is complete, truthful and accurate.  **Name and Surname:**  **Position:**  **Organization:**  **Signature:**    **Date:** | |