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| **Ma3an Project****National Annual Program Statement****Concept NoteConcept Note** |
| **Concept proposed Title:** |
| **Name of the Organization** (full name):**Address:****Telephone:****E-mail:** **Website (if applicable):** **DUNS number (if applicable):**  | **Contact Person, Title, & Email:** |
| **Person Authorized to Sign Contracts in the Organization & Title:** |
| **Geographic locations:**1. Please list below the governorates you have proven experience implementing activities in.

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2.1 For **For-profit organizations (companies),** please detail any past experiences working with international NGOs and/or CSOs in the governorates you mentioned above.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. Please list below the governorates where you intend to implement the proposed initiative. Applicants should mention at least 5 governorates.

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| **Organizational Description and qualifications:**Briefly describe your organization. Respond to each of the following questions and *use as much space as you need* to adequately respond.* When and why was your organization created?
* What are the vision, mission and values of your organization?
* Please list below three most relevant current or past projects (include name of donor, amount of funding, type of project, and length of project, communities where the project was implemented)?

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| Activity  | Type of Project  | Amount of Funding  | Length of Project  | Donor & Point of Contact (if applicable)  |
|   |   |   |   | Donor: Name: Position: Phone #: Email:   |
|   |   |   |   | Donor: Name: Position: Phone #: Email:  |
|  |  |  |  | Donor: Name: Position: Phone #: Email:  |

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| **Concept Description:**   Respond to each of the following questions using between 300 and 350 words per question to adequately respond:1. Please specify which of the six grant activity areas stated in the APS that your concept will address. Applicants may propose one or more grant activity areas.
2. What is the problem or need that the proposed concept will address? Describe the problem(s) or need(s) that your initiative will address. Explain why it is a priority for the proposed governorates, and/or national-level.
3. What are the main objectives of your concept note? State the main objectives (up to three) that would directly address the defined problem (in bullet format). The objectives should be achievable given the scope of the project, and the objectives must directly address the problem(s) or need(s) identified in question 1 (above) and be supported by the activities. NOTE: Do not confuse objectives and activities. Objectives are what the project seeks to achieve activities are what project implementers do to achieve the objectives.
4. What activities will you implement to achieve the objectives? Activities are the vehicle for attaining the initiative objectives and for measuring the initiative’s impact. There should be a clear link between the objectives and the activities and the grant activity areas chosen on the first question.

 1. Please describe how your proposed activities integrate the guiding principles described in the APS: Context-informed and Tunisian-owned activities and Inclusive and promoting sustainable collaboration activities.
2. What are the anticipated obstacles/challenges that you might face when implementing the proposed activities? Specify and discuss any anticipated obstacles or challenges that might occur during implementation and how you plan to overcome them, if possible.
3. Describe the main gender and inclusion challenges that affect the proposed initiative and how will you overcome these challenges and disparities while implementing the initiative.
4. Please state the overall implementation duration of the proposed activity?
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| **Name, Title, and Signature of the Person that is authorized to sign agreements:****Being the authorized to sign 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 and Signature**Date**:** |