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| **Youth Leaders Network Implementation for USAID Ma3an Project**  **Expression of Interest**  **Application Form** | |
| **Name of the Organization** (full name):  **Address:**  **Telephone:**  **E-mail:**  **Website (if available):**  **UEI Number (if available):** | **Contact Person, Title, & Email:** |
| **Person Authorized to Sign Contracts in the Organization & Title:** |
| **Geographic Locations**  Ma3an YLN activities will be implemented across the 15 Ma3an Governorates as outlined in the Expression of interest document. Each grantee will be implementing the Youth Leaders Network (YLN) activities in 3 governorates. Please note, to ensure coverage of all 15 Ma3an governorates the final three Governorates for each grantee will be defined jointly by Ma3an and successful applicants.   1. Specify in which governorates your organization plans to operate **(please specify your 3 preferred governorates and up to 3 additional governorates which you could cover):**   Preferred governorates:      Additional governorates:      4. 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 by March 2023. *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.). 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.). 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.). 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 youth leadership, skills-building, and/or youth-focused programming in general? If your organization currently lacks this experience and capacity, please explain why your organization would be interested in implementing the activities for the Youth Leaders Network activity.  Does your organization have experience in skills building, civic engagement, economic empowerment, or inclusion-related programming? Please describe this experience.  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:** | |