**Expression of Interest**

**Section 1**:

|  |  |
| --- | --- |
| **Organizational Information** | |
| Name of Organization |  |
| Acronym |  |
| Year Established |  |
| Address of Main Office |  |
| Address of Provincial Office |  |
| Type of Organization |  |
| **License Detail** | |
| License Number |  |
| Date of issue |  |
| Date of Expiry |  |
| Organization of issuing |  |
| If multiple licenses are held, please provide their details and attach copies of each | |
| **Information of Focal Point** | |
| Full Name |  |
| Title of position |  |
| Telephone Number |  |
| E-mail |  |

**Work Experience in Supporting MSMEs**

Please provide brief information on how your organization has supported MSMEs, including through capacity building or grant provision. Additionally, include a list of MSME-related projects previously implemented by your organization that you believe are relevant to this project.

List of implemented related projects:

* A project
* B project
* C project

|  |  |
| --- | --- |
| Total Number of years Supporting MSMEs | |
| Capacity Building |  |
| Grant Provision / In Kind |  |
| Total years |  |
|  | |

**Independency:**

The applicant organization must be independent of any political affiliation and committed to providing humanitarian relief.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is it independent |  |  |

If the organization is independent then, please attach a signed declaration (written statement).

**Local Networks and Relationships:**

Please provide a brief overview of the organization's past engagement with government departments, community-based organizations, tribal and religious leaders, as well as mosque or village councils.

|  |  |
| --- | --- |
|  | Description |
| Name and scope of project |  |
| Province & district |  |
| Above mentioned stakeholders |  |
| Level of community engagement |  |
| Result |  |
| If there are several examples, you can copy and paste this table and fill | |

**Gender Inclusion and Women Empowerment**

Explain approach to gender inclusion and women’s empowerment, particularly within MSMEs.

**Section 2:**

**Technical Capacity of Team Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name | Position | Level & field of study | Years of experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Engagement with Women-led MSMEs**

Provide details on involvement with women-led MSMEs/list of activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organizational Skills**

Describe strengths in communication, grant management, problem-solving, teamwork, training management, networking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Engagement and Cohesion**

Describe how you engage and work with communities/past experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I hereby declare that the information provided in this questionnaire is accurate and complete to the best of my knowledge.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist of Required Documents**

☐ Valid license government   
☐ Signed declaration of political independence  
☐ Organizational profile (mission & vision, chart)  
☐ Bank account details

☐ Tax clearance

☐ Audit report  
☐ Organizational policies (Code of Conduct, gender, child protection, Compliance Mechanisms, Financial System)  
☐ Any additional supporting documents

☐ CVs of technical staff

**Supporting Documents**

Confirm submission of all required documents as per checklist:  
☐ Yes ☐ No