**Expression of Interest (EOI): Partnership with ForAfrika**

This completed form should **not exceed Ten (10) pages** (font – Times New Roman 11 Justified Text) when filled – before submission applicant must remove instructions/guidelines given herein and under each section of this template. Please don’t alter this template or any of the section below.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Contact information** | | | | | | | | |
| **Organization Name** | | | | As per the registration certificate/letter | | | | |
| **Contact details- Head of organization** | | | | * Head of organization name: * Head of organization email and phone number: | | | | |
| **Point of contact details** | | | | If the head of the office and point of contact is not the same person   * Point of contact name: * Point of contact email and phone number: | | | | |
| **Office address:** | | | | * Established main/head office complete address: * Field office(s) if any: * Phone number: | | | | |
| **Section 2: Organizational background** **Maximum 500 words** | | | | | | | | |
| Provide a brief background of the organization, including which year it was established, under which legal regulation, when (month/year) started the first humanitarian program/project, key sectoral expertise/focus of work, annual funding profile (in USD), key donors, and geographical areas of operations/presence/programs. The information provided here will be validated during the due-diligence exercise visit once shortlisted. | | | | | | | | |
| **Section 3: Detail of staff currently working in your organization Maximum Half Pg.** | | | | | | | | |
| Explain the organization’s existing human resources, how many staff working in your organization, and how many are female staff.  Provide detail of the organization’s five core staff /positions in the following table. | | | | | | | | |
| S.No | Name | Designation/Title | | | Brief profile (200 words) | | | |
| 1 |  |  | | | Qualifications, year of experience, sector of experience, the organization worked with. | | | |
| 2 |  |  | | | Qualifications, year of experience, sector of experience and the organization worked with. | | | |
| 3 |  |  | | | Qualifications, year of experience, sector of experience and organization worked with. | | | |
| 4 |  |  | | | Qualifications, year of experience, sector of experience and organization worked with. | | | |
| 5 |  |  | | | Qualifications, year of experience, sector of experience and organization worked with. | | | |
| **Section 4: Geographic coverage -Maximum 400 words** | | | | | | | | |
| Please provide the name of the county(and s), and state(s) your organization implemented project(s) during the past 5 years. | | | | | | | | |
| **Section 5: Organization sectoral competencies Maximum 500 words** | | | | | | | | |
| Briefly explain your organization’s previous and existing sector(s) specific capacities/competencies, in which sector(s) your organization implemented major projects, and which sector(s) is the core competency/focus of the organization. For Example; few organizations have WASH sector focused, few have core competence in the nutrition sector etc. | | | | | | | | |
| **Section 6: Justifications for your interest in partnership/value addition Maximum 500 words** | | | | | | | | |
| * Why your organization is interested in partnering with ForAfrika? * Why ForAfrika should select your organization for partnership? | | | | | | | | |
| **Section 7: What are the key strengths, areas of improvement, and opportunities of your organization in term of humanitarian and development programs in South Sudan? Maximum 500 words** | | | | | | | | |
| * Please explain three key strengths of your organization in terms of humanitarian response/development programs in South Sudan * What are the key opportunities that you foresee by partnering with ForAfrika? | | | | | | | | |
| **Section 8: Areas of Interest/Programme - Maximum 300 words** | | | | | | | | |
| **State/Counties** | | | | | | **Sectors** | | |
| Please provide a list of State (s) and Counties(s) your organization is interested to implement the programme/or partnering with ForAfrika. This should be based on your organizational strengths, previous experiences and current presence. | | | | | | Please provide a list of sector (s) your organization is interested to implement programme/or partnering with ForAfrika. This should be based on your proven organizational strengths, previous, and current sectoral experiences. | | |
| **Section 9: Management of Risk - Maximum 300 words** | | | | | | | | |
| Considering the operating challenges present in South Sudan, explain your Organizations experience with, and approaches to, managing the risk of implementation in the Country. Please give details of your Organizations approach to duty of care in terms of the children, educators, administrators, and communities that you seek to reach. | | | | | | | | |
| **Section 10: Consortium experience - Maximum 200 words** | | | | | | | | |
| Describe your Organization’s experience leading and/or participating in consortium/consortia. | | | | | | | | |
| **Section 11: Details of five latest projects**  Details of last/latest completed and ongoing program/projects in South Sudan (maximum 5 projects in number- preferably the details of projects supported by institutional donors for humanitarian response). Provide the following information for each project starting with the most recent.  *If reporting less than five projects, remove the remaining sections given below.* | | | | | | | | |
| **Project 1** | | | | | | | | |
| **Name of project/title** | | | Title of project | | | | | |
| **Project duration** | | | Start date | | | | End date | Total duration in months |
| **Project sector** | | | Name of sector | | | | **Target area** | Name of county and state |
| **Target beneficiaries (direct) – individuals** | | | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries | | | | **Total budget US$** | Project budget in project agreement currency |
| **Key activities with total target** | | | Mention key activities of the project and quantify such (in bullets maximum of 400 words)  The number of hand pumps  The number of NFI kits etc. | | | | | |
| **Donor name /Project funded by** | | | Name of donor | | | | **Contact Person (Donor)** | Contact person in donor organization. |
| **Donor contact email** | | | Email address of donor/organization who supported this project (provide official email address). | | | | | |
| **Project 2** | | | | | | | | |
| **Name of project/title** | | | Title of project | | | | | |
| **Project duration** | | | Start date | | | | **Project duration** | Start date |
| **Project sector** | | | Name of sector | | | | **Project sector** | Name of sector |
| **Target beneficiaries (direct) – individuals** | | | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries | | | | **Target beneficiaries (direct) – individuals** | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries |
| **Key activities with total target** | | | Mention key activities of the project and quantify such (in bullets maximum of 400 words)  The number of hand pumps  The number of NFI kits etc. | | | | | |
| **Donor name /Project funded by** | | | Name of donor | | | | **Donor name /Project funded by** | Name of donor |
| **Donor contact email** | | | Email address of donor/organization who supported this project (provide official email address). | | | | | |
| **Project 3** | | | | | | | | |
| **Name of project/title** | | | Title of project | | | | | |
| **Project duration** | | | Start date | | | | **Project duration** | Start date |
| **Project sector** | | | Name of sector | | | | **Project sector** | Name of sector |
| **Target beneficiaries (direct) – individuals** | | | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries | | | | **Target beneficiaries (direct) – individuals** | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries |
| **Key activities with total target** | | | Mention key activities of the project and quantify such (in bullets maximum of 400 words)  The number of hand pumps  The number of NFI kits etc. | | | | | |
| **Donor name /Project funded by** | | | Name of donor | | | | **Donor name /Project funded by** | Name of donor |
| **Donor contact email** | | | Email address of donor/organization who supported this project (provide official email address). | | | | | |
| **Project 4** | | | | | | | | |
| **Name of project/title** | | | Title of project | | | | | |
| **Project duration** | | | Start date | | | | **Project duration** | Start date |
| **Project sector** | | | Name of sector | | | | **Project sector** | Name of sector |
| **Target beneficiaries (direct) – individuals** | | | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries | | | | **Target beneficiaries (direct) – individuals** | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries |
| **Key activities with total target** | | | Mention key activities of the project and quantify such (in bullets maximum of 400 words)  The number of hand pumps  The number of NFI kits etc. | | | | | |
| **Donor name /Project funded by** | | | Name of donor | | | | **Donor name /Project funded by** | Name of donor |
| **Donor contact email** | | | Email address of donor/organization who supported this project (provide official email address). | | | | | |
| **Project 5** | | | | | | | | |
| **Name of project/title** | | | Title of project | | | | | |
| **Project duration** | | | Start date | | | | **Project duration** | Start date |
| **Project sector** | | | Name of sector | | | | **Project sector** | Name of sector |
| **Target beneficiaries (direct) – individuals** | | | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries | | | | **Target beneficiaries (direct) – individuals** | Beneficiaries reached (individuals) – if ongoing mention target beneficiaries |
| **Key activities with total target** | | | Mention key activities of the project and quantify such (in bullets maximum of 400 words)  The number of hand pumps  The number of NFI kits etc. | | | | | |
| **Donor name /Project funded by** | | | Name of donor | | | | **Donor name /Project funded by** | Name of donor |
| **Donor contact email** | | | Email address of donor/organization who supported this project (provide official email address). | | | | | |
| **Name of project/title** | | | Title of project | | | | | |

**References**

Please provide the contact details of two previous experiences/projects for reference checks. For reference, ForAfrika may also contact the donor listed above for completed and ongoing projects. The two references listed below should be from different organizations/donors.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name of referee** | **Organization Name** | **Contact email** |
| 1 |  |  | Provide an official email address currently in use. |
| 2 |  |  | Provide an official email address currently in use. |
| 3 |  |  | Provide an official email address currently in use. |
| 4 |  |  | Provide an official email address currently in use. |

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| --- | --- |
| **Prepared by:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

Annexes: Valid registration documents.