**In-country support mechanism – Application Form**

**For Bosnia and Herzegovina**

Valid from 1st May 2019

1. **The title of the requested action**

1. **Type of activity**

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

*Please enter the type of the proposed activity here (development of the analytical paper[[1]](#footnote-1), training, seminar, conference, etc.)*

1. **INFORMATION ABOUT THE APPLICANT**

|  |
| --- |
| **1. Contact information** |
| **Name of the institution/PA body nominated to implement the proposed event** *(insert below):* |
|  |
| **Address** *(insert below)* | **Postal code** *(insert below)* | **City** *(insert below)* |  |
|  |  |  |  |
| **Tel.** *(insert below)* | **Fax** *(insert below)* | **Email** *(insert below)* | **Website** *(insert below)* |
|  |  |  |  |
| **Contact person** *(Insert name and surname)* | **Email** *(insert below if different from above)* | **Tel./Mobile** *(insert below)* |
|  |  |  |
| **2. About the institution(s)** *(insert below brief description of the implementing institution(s) and its/their field of work)* |
|  |

1. **INFORMATION ABOUT THE EVENT**

**4.1 Description of specific need(s) of the Bosnia and Herzegovina as ReSPA Member**

* *State clearly the specific situation in Bosnia and Hercegovina as ReSPA Member and provide thorough justification of the problem(s) to be addressed.*
* *Describe clearly the type of the event the assistance (i.e. requested expertise) pertains to, present the proposed methodology for delivery of the required expertise and explain why you believe that this is the best way to address the particular problem*
* *Refer briefly to relevant priorities and strategic documents at national level and other relevant levels and describe how the event relates to such priorities/documents.*
* *Refer briefly to:*
	+ *relevant segments of action document for the implementation of PAR Strategy, or*
	+ *relevant conclusion form PAR Special Group meeting related to the initiative, or*
	+ *relevant recommendation from ReSPA studies or analytical paper.*

**4.2 Relevance to ReSPA Programme of Work**

* *Describe and justify relevance of the required assistance to the ReSPA Programme of Work 2019-2020 and the Programme's outcomes.*
* *Explain briefly sustainability of the activity including its potential for replication at the regional level (Western Balkans context).*

**4.3 Expected result(s)**

* *Describe the expected result(s) of the event (the best-case scenario).*

**4.4 The expertise**

* *Use the table below to provide a detailed description of expected tasks and deliverables (of the required expertise/Expert) for each day of the proposed engagement:*

|  |
| --- |
|  |
| **Expert Day** | **Tasks** | **Deliverables/outputs** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **…** |  |  |
| **…** |  |  |
| **Last[[2]](#footnote-2)** |  | Final report |

***The implementation of the In-country support mechanism which can be covered by ReSPA includes the honoraria for the selected Expert.***

* *Use the table below to recommend at least three (3) Experts who you deem have competencies to deliver the required assistance (i.e. to deliver presented tasks and deliverables)[[3]](#footnote-3).*
* *Provide a description of required education profile, the level of skills, capacities and expertise (of a required Expert) for carrying out the proposed event including the minimum required general (subject area/s) and specific (particular topic) experience (number of years). Attach CVs of the proposed Experts, making sure that CVs contain Experts' contact information.*
* *ReSPA acknoledge the aplication form as procurment of services and reserves the right to award the contract to the best selected candidate in accordance with the enacted procurement rules and regulations.*

|  |  |  |
| --- | --- | --- |
|  | **Name and Surname** | **Field of Expertise** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

**4.5 Duration (dates) of the activity[[4]](#footnote-4)**

The duration of the engagement will be ……… <*insert number of days* >.

**4.6 Indicative budget of the Action (in Euro)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Description** | **Unit** | **No. of Units** | **Unit value** | **Cost** |
| 1 | Expert for seminar, workshop, conference, training, policy paper, etc. | Expert fee | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
| 2 | Round trips for participants at the activity/ies of the Action | Per travel | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
| 3 | Per diems, (covering costs for accommodation and meals) for participants who attend workshops and/or trainings organized in the frame of the action | Per diem | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
| 4 | Other costs (to be specified by the applicants. Such as: rent of a conference room, production of visibility materials related to the action, etc.) | *To be filled by the applicant* | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
|  | **TOTAL** |  |

*(any additional information on the budget of the action and specific budget lines can be explained here)*

**4.7 Other responsibilities and requirements**

*Each applicant assumes the responsibility to provide facilities and/or necessary logistics for organizing the envisaged event, while ReSPA, will engage the expert in line with ReSPA rules and procedures and adopted budget applicable for this program segment.*

*Describe the responsibilities that will be assumed by the applicant in order to enable and facilitate implementation of the requested assistance (e.g. provision of facilities and other necessary logistics).*

**5. DATE AND CONFIRMATION**

We confirm that this Application form is jointly proposed to ReSPA Secretariat.

|  |  |  |  |
| --- | --- | --- | --- |
| Liaison Officers | Name and surname | Signature | Date |
| Liaison Officer BIH |  |  |  |
| Liaison Officer FBIH |  |  |  |
| Liaison Officer RS |  |  |  |

I confirm that the information contained in this Application Form is correct to the best of my knowledge.

|  |  |
| --- | --- |
| Place and date: | Member of the Governing Board of ReSPAName / Position / Signature |
|  |  |

1. Guidelines, methodology, study, policy recommendation, etc. [↑](#footnote-ref-1)
2. ReSPA can allocate one additional day to the total number of the requested man days in order to allow the Expert to consolidate the pre-approved evaluation form(s) and report on the outcomes. [↑](#footnote-ref-2)
3. The applicant can recommend and/or propose at least three (3) Experts for delivery of the requested assistance. The ReSPA Secretariat, however, will select the expert(s) in accordance with its institutional procedures. [↑](#footnote-ref-3)
4. Please take into consideration all relevant factors that may affect the implementation timeline when planning duration of the activity (i.e. duration of the required assistance). [↑](#footnote-ref-4)