|  |
| --- |
| **idc logo**    **lir cd** |

**MENTORING PROGRAM**

**Assisting CSOs in acquirement of licences for provision of social services (fulfilment of quality standards) and Mentoring in overall strategic development of the CSO in question**

**Project title:**

**IRIS NETWORKing - CSOs for protection sensitive migration management**

**Deadline for submission of applications: 15 March 2019**

**APPLICATION FORM**

Application should be sent to email address [masa.mitrovic@asb-see.org](mailto:masa.mitrovic@asb-see.org) and Cc to [iris@iris-see.eu](mailto:iris@iris-see.eu) no later than 15.03.2019. noon (12.00 a.m.), in accordance with the Guidelines.

|  |  |
| --- | --- |
| Name of the applicant: |  |
| Location(s) of the action: |  |

#### Please answer the following questions (not more than 2 page in table, font Arial 10)

|  |  |
| --- | --- |
| Duration: | < *in months*> (to be implemented to 31 December 2019) |
| List the social services/type of the services organization is providing at the moment: |  |
| Which of the providing services you are interested to licence: |  |
| Number of years providing the social services: |  |
| List the resources of your organization engaged in social service provision: | **Human resources (organizational structure, no. experts, no. administrative staff):**  **Infrastructural/Technical resources (facilities, equipment etc):**  **Institutional resources (partnerships, cooperation with relevant stakeholders including national/local governments etc.):** |
| Target group(s)/beneficiaries of your organisation: | **Description of the beneficiaries:**  **No. of beneficiaries in**  **2019 (estimated):**  **2018:**  **2017:** |
| Explain the reasons of engaging in the licensing process: |  |
| Explain the assistance your organization need in the process of licensing? Which specific problem you want to address? |  |
| Indicate specific document(s) that are a priority for your organization for the licensing process; if possible provide a projection of the cost for each document |  |
| Expected results: |  |
| Explain the long term effect of licensing on your target group: |  |
| Explain the long term effect of licensing for your organization |  |

**II APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name of the applicant:** |  |
| **Applicant’s acronym:** |  |
| **Registration number:** |  |
| **Date and place of the registration:** |  |
| **Address:** |  |
| **Name of the person in charge:** |  |
| **Telephone number:** |  |
| **Fax number:** |  |
| **Mobile phone number:** |  |
| **E-mail address:** |  |
| **Website:** |  |
| **Number of employees:** |  |
| **Number of volunteers:** |  |
| **Experience social service provision projects and actions last two years (2017-2018):[[1]](#footnote-1)** | Project title:  Duration of the project:  Budget:  Donor:  Results achieved: |
| **Experience social service provision projects and actions last two years (2017-2018):** | Project title:  Duration of the project:  Budget:  Donor:  Results achieved: |
| **Experience social service provision projects and actions last two years (2017-2018):** | Project title:  Duration of the project:  Budget:  Donor:  Results achieved: |

**Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the Contracting Authority and IRIS Network. Contracting Authority and IRIS Network will not be held responsible in the event that it cannot contact an applicant.**

Name of person in charge and date

Signature and stamp

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

**eu-flag-small**

1. Specify up to five projects relevant for the call (add the rows if necessary) [↑](#footnote-ref-1)