**THE EUROPEAN UNION SUPPORT**

**TO SOCIAL HOUSING AND ACTIVE INCLUSION**



**ANNEX 2**

**Provision of Technical Assistance to LSGs**

**in Development or Revision of Local Housing Strategies**

**APPLICATION FORM**

Publication Reference: CfP SHAI 02-2021

Deadline for submission of applications: 10 February 2022

|  |  |
| --- | --- |
| Ref. Number |  |
| (EU SHAI only) | |

***Please, fill in the Application electronically only. Please expand the boxes as per need.***

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| |  |  |  | | --- | --- | --- | | **BASIC INFORMATION ON THE APPLICANT** | | | | Name of the local self-government (LSG) |  | | | Contact details  of the Applicant | Address |  | | Telephone  (country code + code + number) |  | | Fax  (country code + code + number) |  | | Email address |  | | Website |  | | Legal representative  of the Applicant  *(the person authorised to sign the MoU)* | Name |  | | Telephone  (country code + code + number) |  | | Email address |  | | Contact person  for this action | Name |  | | Telephone  (country code + code + number) |  | | Email address |  |   *Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the Contracting Authority. The Contracting Authority will not be held responsible in case it cannot contact an applicant.*  The following questions should provide inputs for eligibility and quality assessment of the Application. Please answer truthfully and provide sufficient information for evaluation of the Application in line with Selection criteria stated in the Call.  **SECTION 1 - LSG readiness for cooperation and active participation in the Programme**  ***1.1 Did the applicant LSG pass the Decision to develop/revise a local housing strategy?***   |  |  | | --- | --- | |  | Yes (Please provide a copy of the signed, stamped and dated Decision) | |  | No |   ***1.2 Did the applicant LSG allocate funds in the budget for the activities related to the development/revision of the local housing strategy?***   |  |  | | --- | --- | |  | Yes (Please provide a copy of the extract from municipal budget with marked exact budget line which will be used) | |  | No |   **SECTION 2 - OPERATIONAL CAPACITIES**  ***2.1 Has the Working Group (WG) for development/revision of the local housing strategy been established by the applicant LSG by way of decision?***   |  |  | | --- | --- | |  | Yes (Please provide a copy of the signed, stamped and dated Decision on the establishment of the WG) | |  | No |   ***2.2 Has the Coordinator of the WG, with sufficient expertise to cooperate the development/revision of the local housing strategy and shape the final document into a coherent whole, been appointed by the applicant LSG?***   |  |  | | --- | --- | |  | Yes (Please provide the Coordinator’s CV - *max. 2 pages*) | |  | No |   ***2.3 Please use the table below to provide required information for each of the WG members. You should make as many copies of this table as necessary to create entries for each of the WG members.***   |  |  |  | | --- | --- | --- | | ***Member no. 1 of the Working Group*** | | | | Name and surname |  | | | Gender |  | Male | |  | Female | | Affiliation (check and fill in all that apply) |  | LSG representative   * Current position within the LSG: | |  | Local institution representative   * Name of the local institution: * Current position within the local institution: | |  | Public utility company representative   * Name of the public utility company: * Current position within the public utility company: | |  | CSO representative   * Name of the CSO: * Current position within the CSO: | |  | Private sector representative   * Name of the private company: * Current position within the private company: | |  | Vulnerable groups representative   * Specify: | |  | External expert   * Specify: | | Area of Expertise |  | | | Years of Experience |  | | | How is this member expected to contribute to the process of development/revision of the local housing strategy? |  | |   ***2.4 Has the engagement of Working Group members been formalised through an official document, containing detailed information about the roles and responsibilities of each member, signed, stamped and dated by all parties?***   |  |  | | --- | --- | |  | Yes(Please provide a copy of the signed, stamped and dated document) | |  | No |   **SECTION 3 - Institutional and strategic framework for housing support**  ***3.1 According to the current state in regard to the local housing strategy, what type of technical assistance is required by the applicant LSG?***   |  |  | | --- | --- | |  | The local housing strategy does not exist. Technical assistance is required for its development. | |  | The local housing strategy expired prior to 10 February 2019. Technical assistance is required for the development of a new local housing strategy.  (Please submit the expired local housing strategy as a separate document) | |  | The local housing strategy expired after 10 February 2019. Technical assistance is required for the revision of the local housing strategy.  (Please submit the expired local housing strategy as a separate document) | |  | The local housing strategy exists and is still valid. Technical assistance is required for the revision of the existing local housing strategy.  (Please submit the valid local housing strategy as a separate document) | |  | Technical assistance is not required for the development/revision of the local housing strategy, but for a different purpose. |   ***3.2 Please use the table below to provide information on the adopted local strategic documents relevant for the field of housing and/or support to local vulnerable populations (eg. Strategic Development Plan, Strategy of Sustainable Development, Strategy of Local Economic Development, Strategy of social protection, Relevant Action plans and alike). You should make as many copies of this table as necessary to create entries for each of the documents.***   |  |  | | --- | --- | | Name of the document |  | | Date and No. of the Official Gazette of the Republic of Serbia it was published in |  | | Hyperlink to the document |  |   ***3.3 Does the applicant LSG have an institutionalised agency/department/legal entity that is***  ***primarily responsible for housing support?***   |  |  | | --- | --- | |  | The applicant LSG has set up a Housing Agency with at least three full time employees:   1. (Add name of the employee and his/her position) 2. (Add name of the employee and his/her position) 3. (Add name of the employee and his/her position) 4. (Add as many as necessary) | |  | There is no Housing Agency set up by the applicant LSG, but there is another registered legal entity at the territory of the applicant LSG in the capacity of a non-profit housing organisation with at least three full time employees:   1. (Add name of the employee and his/her position) 2. (Add name of the employee and his/her position) 3. (Add name of the employee and his/her position) 4. (Add as many as necessary) | |  | The applicant LSG has set up a Housing Agency or there is another registered legal entity at the territory of the applicant LSG in the capacity of a non-profit housing organisation with at least one full time employee:   1. (Add name of the employee and his/her position) 2. (Add name of the employee and his/her position) | |  | There is neither a Housing Agency or a non-profit housing organization, but there is at least one employee within the LSG administration that is primarily responsible for housing support   1. (Add name of the employee and his/her position) | |  | There is neither a Housing Agency, nor a non-profit housing organisation, nor an employee within the LSG administration primarily responsible for the housing support |   **SECTION 4 - Housing support programmes/projects**  ***4.1 Please provide a brief description of the ongoing programmes/projects directly related to housing support, managed by the applicant LSG. You should make as many copies of this table as necessary to create entries for each of the programmes/projects.***   |  |  |  | | --- | --- | --- | | Title |  | | | Start and End Date (dd/mm/yy) |  | | | Objectives and results (max. 200 words) |  | | | Is the programme/project directly focused on the social housing of vulnerable groups? |  | Yes  Specify (max 50 words): | |  | No |   ***4.1 Please provide a brief description of the programmes/projects directly related to housing support, implemented in the past two years, managed by the applicant LSG. You should make as many copies of this table as necessary to create entries for each of the programmes/projects.***   |  |  |  | | --- | --- | --- | | Title |  | | | Start and End Date (dd/mm/yy) |  | | | Objectives and results (max. 200 words) |  | | | Is the programme/project directly focused on the social housing of vulnerable groups? |  | Yes  Specify (max 50 words): | |  | No | |

On behalf of the Applicant:

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*Full name of the Applicant's authorised person*

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*Signature*

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