**Application form**

**By filling in the data in the Application form, we express our interest for conducting of social mapping methodology for planning and decision-making processes on a local level**

|  |  |
| --- | --- |
| Name of the municipality  |  |
| Contact person |  |
| Phone number |  |
| E – mail  |  |

1. **Does the Municipality have organizational structure on social protection in place?**

**Yes/No**

Please provide the name of the unit/department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of civil servants responsible for social protection?**
2. 1 – 3
3. 4 – 6
4. more than six
5. **Has the Municipality adopted a Social Protection Strategies/Social Protection Improvement Programs for 2019 and 2020 with a specific budget? Please provide the Strategies and Programs and the relevant Reports as Annexes to the Application form (or provide links to access the relevant documents).**

**Yes/No**

Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does the Municipality have a current Program support for social mapping?**

**Yes/No**

Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Experience in implementing projects in the social protection area, supported by international organizations?**

**Yes/No**

Please provide the name and period of implementation of the projects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Indicate which activities in the area of social prevention (educational and awareness related activities) have been implemented or supported by the Municipality in the period 2019/2020[[1]](#footnote-1)?**

*(1500 characters with spaces)*

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1. **Indicate what services for vulnerable citizens (day care centers, shelters, counseling centers,** **home care, child personal attendat, etc.) have been provided or supported by the Municipality in 2019/2020[[2]](#footnote-2)?**

*(1500 characters with spaces)*

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1. **Briefly indicate what kind of other measures in the area of social protection (financial assistance to people at risk, free transport for people with disabilities, scholarships for children from vulnerable groups, etc.) has the municipality provided to socially vulnerable categories of people?**

*(1500 characters with spaces)*

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1. **Indicate whether and what kind of partnerships the municipality has established with the CSOs, private sector and experts for the purpose of social prevention in the community, support of vulnerable categories of citizens and/or provision of services:**

 *(1500 characters with spaces)*

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1. **Please describe how the social mapping will contribute to the further improvement of the social protection policy of the municipality?**

 *(1500 characters with spaces)*

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1. **Nominations for the Training for social mapping:**

The Municipality needs to preferably nominate one person responsible for social protection to participate in Training for social mapping. The Training is consisted of 6 Modules (each Module lasting three hours) and will consecutively be delivered in the course of March 2021. The training will be conducted in English and delivered by GIZ.

|  |  |  |
| --- | --- | --- |
|  | Nominated person |  |
|  | First name and last name  |  |
|  | Position |  |
|  | Replacement person |  |
|  | First name and last name of the  |  |
|  | Position |  |

**\* *A completed Application form should not exceed more than five pages.***

1. The municipality can directly implement social prevention measures, or it can provide different types of support to civil society organizations that implement social prevention in the community. [↑](#footnote-ref-1)
2. The municipality can directly provide services, or it can provide different types of support to civil society organizations to deliver services. [↑](#footnote-ref-2)