

 **EXPRESSION OF INTEREST**

 **Design and Implementation of IT Education Programs at COAF SMART Center in Lori Region**

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| Section 1. Candidate information  |
| 1.1 Organization information | Organization Name |  |
| Acronym |  |
| Postal Address |  |
| Telephone (fixed and mobile)  |  |
| Website |  |
| 1.2 Head of Organisation | Name, Surname |  |
| Position |  |
| E-mail |  |
| Telephone number: (fixed and mobile)  |  |
| 1.3 Contact person (if different from 1.2) | Name, Surname |  |
| Function |  |
| Email |  |
| Telephone number  |  |

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| Section 2. Expertise and experience in the sector area |
| 2.1 Company or organization field of operationand presence in the regions (if any) |  |
| 2.2 Number of specialists involved  |  |
| 2.3 Key programs implemented in the relevant field  |  |
| 2.4 Ongoing programmes in the relevant field |  |

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| Section 4. Program Outline |
| 4.1 Program  | Key components and outcomes |  |
| Main activities and methodology  |  |
| Required equipment and specifications  |  |
| 4.2 Co-funding  |  |
| 4.3Level of interest in cofounding the program  | Low  | Average | High |
| 4.4 Other program-related information |  |

I declare, as an official representative of the above-named organization, that the information provided in this declaration and Expression of Interest is complete and accurate, and I understand that it is subject to verification by COAF. Information provided will be used to review and evaluate the submissions.

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| Signature |  |
| Name and title of the duly authorized partner representative  |  |
| Name of the partner organization |  |
| Date |  |