

**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 operation  and 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 |  | | | |
| 4.3  Level 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 |  |