The Application Form

**Call for Expression of Interest for Policy Support Facility services in Research & Innovation for African, Caribbean and Pacific countries**

*All sections in this application form are mandatory and must be completed. The application form should be completed by the requesting authority (the ‘Applicant’) using a font size 11. Keep the use of acronyms to a minimum and only use acronyms where a term is mentioned frequently throughout the application.*

**Please note that each national or regional public authority can submit only one application and can only request one service.**

Regarding the Mutual Learning Exercises, a single application form presenting information for all participating countries can be submitted. In this case the application should be submitted by the country representing the interested group of countries.

Any questions or concerns should be directed to the PSF Helpdesk at: **[psf@oacps-ri.eu](mailto:psf@oacps-ri.eu)**

Please complete this form electronically and send it to: psf@oacps-ri.eu

**Checklist for the applicant**

To make sure that your proposal is eligible for this Call, please check that you meet the following criteria before starting to complete this application form.

|  |  |
| --- | --- |
| Are you a public national or regional authority from an ACP country? |  |
| Are you a national public authority with legal personality in charge of R&I or Higher Education (e.g., ministries of science, technology and innovation; national committees and councils of R&I) or a regional public authority based in an ACP country dealing with R&I? |  |
| Is the subject of the requested service consistent with one or more of the objectives of this Call? |  |
| Is this application form signed by the person authorised to enter into commitments on behalf of the applicant? |  |

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| --- | --- |
| **1. General** **Information about the requested service** | |
| * 1. Name of the requesting authority (the ‘Applicant’) |  |
| * 1. Country (of the ‘Applicant’) |  |
| * 1. Contact person for this application (the ‘focal point’) | |  |  | | --- | --- | | Name, Last Name |  | | Job title |  | | Phone  (e.g.,+32-12345678) |  | | Email |  | |

|  |  |
| --- | --- |
| **2. Information about the requested service** | |
| * 1. Type of policy support service requested | |  |  | | --- | --- | | Peer Review Service |  | | Reform Implementation Support |  | | Mutual Learning Exercise |  | | *Ad hoc* service |  | |
| 2.2 Country(ies) of focus |  |
| 2.3 Service implementation period |  |

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| --- | --- |
| **3. Objectives and expected results of the service** | |
| **3.1 Rationale and objectives** | ***Max 500 words*** |
|  | |
| **3.2 Priority of the national R&I innovation system(s)** | ***Max 250 words*** |
|  | |
| **3.3 Linkage with ongoing/upcoming national efforts and the national policy cycle** | ***Max 250 words*** |
|  | |
| **3.4 Expected results** | ***Max 500 words*** |
|  | |

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| **4. Implementation features** | |
| **4.1 Inclusiveness** | ***Max 250 words*** |
|  | |
| **4.2 Potential risks** | ***Max 250 words*** |
|  | |
| **4.3 Involvement of national / regional stakeholders *Max 500 words*** | |
|  | |

***Signature of a high-level legal representative of the requesting authority***

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| Done at (place)……………………………… on (date)…………………………  Name and surname:  Job title:  Signature: |