**APPLICATION FORM FOR MEMBERSHIP OF THE VALUE CHAIN CAPACITY BUILDING NETWORK – VCB-N**

This form must be supplied in an electronic copy to the email address: [vcbnetwork.pcu@gmail.com](mailto:vcbnetwork.pcu@gmail.com)

1. **INFORMATION ABOUT THE INSTITUTION**

|  |  |
| --- | --- |
| **Country/ Region of registration** | ……………………………………………………………….. |
| **Name of the Institution**  **Address of main offices**  **Address of other offices (if any)** | ………………………………………………………………..  ………………………………………………………………..  ……………………………………………………………….  ………………………………………………………………  ……………………………………………………………… |
| **Type of the Institution** | Government Agency  Academic/research institute  Non-governmental/Non-profit  Consulting firm |
| **Customer base** | National  Regional (Asia Pacific)  Global |
| **Area of Expertise** | ………………………………………………………………. |
| **Number of Staff** | ……………………………………………………...……….. |
| **Name of director** | ………………………………………………………………. |
| **Contact Person** | ………………………………….........................................  ……………………………………………………………….  Job Title: ...…………………………………………………  Phone: ……………………………………………………...  Email: ……………………………………………………….  Work Address: |

1. **EXPERIENCE OF THE INSTITUTION**
   1. ***Please describe your institution's experience in providing capacity building (CB) services and/or training on (i) value chain analysis or market-system based approaches and (ii) results measurement and knowledge management- including scope of the training, target group and any measures of training’s immediate or intermediary outcomes including evidence of that trainees used new practices, changed their approach or expanded their knowledge (please indicate from the most recent ones):***

Name of training course / CB event:

Name of client:

Duration (from- till):

Description

……………………………………………………………………………………………………………………………………………….

Name of training course / CB event:

Name of client:

Duration (from- till):

Description:

……………………………………………………………………………………………………………………………………………….

*(Please add more if you need)*

* 1. ***Please describe your institution’s experience in conducting other consultancies or rendering advisory services on value chain/market system development and /or related fields (including studies, research, support the project implementation, intervention design, evaluation etc.) (please indicate from the most recent ones):***

Name of the assignment: ……………………………………………………………………

Name of client: ……………………………………………………………………………….

Duration (from- till): …………………………………………………………………………..

Description:

Name of the assignment: …………………………………………………………………..

Name of client: ………………………………………………………………………………

Duration (from- till): ………………………………………………………………………….

Description:

……………………………………………………………………………………………………………………………………………….

*(Please add more if you need)*

* 1. ***Please describe your institution’s track record in successful resource mobilization/acquisition and your experiences in implementation of international donor-funded projects where you were an implementing partner***

Name of the projects/programs/assignments: …………………………………………..

Name of donors/contractors; ……………………………………………………………….

Duration (from- till); …………………………………………………………………………..

Value of the grant/contract (in USD); ………………………………………………………

Form of acquisition (public tender/call, single sourcing, warm acquisition etc.); …………………………………………………………………………………………….

Description:

Implementing partners; ………………………………………………………………………

……………………………………………………………………………………………………………………………………………….

Name of the projects/programs / assignments:……………………………………………..

Name of donors/contractor; ………………………………………………………………..

Duration (from- till): ………………………………………………………………………..

Value of the grant/contract (in USD); ………………………………………………………

Form of acquisition (public tender/call, single sourcing, warm acquisition etc.); …………………………………………………………………………………………..

Description:

Implementing partners: ………………………………………………………………………

…………………………………………………………………………………………………...

*(Please add more if you need)*

* 1. ***Please describe other competencies of your organization other than VC&MSD in the table below***

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency area** | **Specification of competency** | **Rating**  **1-5\*** | **Comment/**  **specification** |
| **Other services in agricultural sector** | Ex: Extension, plant protection… |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Services related to climate change** | Ex: Climate change adaptation, mitigation, sensitive interventions etc. |  |  |
|  |  |  |
| **Project Management** | Ex: Project planning, implementing and evaluation |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Services in other thematical fields** | Nutrition & Nutrition sensitive agriculture |  |  |
| Food processing etc.. |  |  |
| Gender |  |  |
| Youth development |  |  |
| Farmer groups / coops: |  |  |
|  |  |  |
|  |  |  |

\*Highest rank 5 = market leader at national level, 4 = recognized expert service provider within sector; 3 = having existing client base in concerned area; 2 = having gained experience in concerned area over the past year; 1 = have initiated capacity building activities in concerned technical area.

1. **RELEVANT EXPERIENCE OF INSTITUTION’S STAFF**

***Please provide any information on personnel who have relevant experience in provision of training on value chain analysis or market-system based approaches and implementation of value chain development projects (key experts, years of experience, relevant assignment including date, clients and positions)***

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| --- |
|  |

1. **REFERENCES**

Please provide two (2) references, preferably of clients mentioned under listed experiences (heading 2), which the VCB-N may contact to inquire on past performances.

Name of the client: ………………………………………………………………………..

E mail address of client: …………………………………………………………………..

Telephone number of clients; …………………………………………………………….

Type of Service rendered to client: ………………………………………………………

Name of the client: …………………………………………………………………………

E mail address of client: …………………………………………………………………….

Telephone number of clients: ………………………………………………………………...

Type of Service rendered to client: ………………………………………………………….

1. **NETWORK AND MEMBERSHIP**

***Is your institute a member of any professional network? Please indicate all networks that your institute participates in nationally and internationally:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Name/type of network** | **When** | **Your organization’s role** |
| **National level** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **International level** |  |  |  |
|  |  |  |  |
|  |  |  |  |

I (we) the undersigned, ………………………..…………………………………..….., in my (our) capacity of ………………………………………………………….………, for the center …………………….., established in………………………………… declare that I (we) have examined and completed the VCB-N Application Form carefully and certify that all the information provided in this form is correct.

I (we) understand that the VCB-N Steering Committee reserves the right to decide whether or not to qualify our institution without disclosing the reason whatsoever.

On behalf of:

Signature:…………………………………………………………………………

Full name: …………………………………………………………………………..

Date, place: …………………………………………………………………………