Call for Interest

Interact “Capitalisation tailored support”

Expression of Interest

Programme Capitalisation Support Request\*

\*Please note that it is mandatory submit your Programme’s expression of interest via email at capitalisation.support@interact-eu.net **by 20th March 2022 at 12PM (CET).**

**Expressions of interest can only be submitted by the approved/proposed Managing Authority of ALL Interreg Programmes 2021-2027.**

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| 1. **Your Programme details**
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| **Your Programme (2021-2027)** | Official name of the Programme |  |
| Website link |  |
| **Managing Authority** | Name of the organisation |  |
| Representative |  |
| Email  |  |
| **Contact person**  | Name |  |
| Position |  |
| Email address |  |
| Phone number |  |

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| 1. **Your motivation**

*Motivation(s) for capitalisation, objectives and rationale as envisaged/proposed/approved by the Programme (Task Force or Committee) for 2021-2027**If any document is already available, please attach it to the expression of interest.* |
| **Motivation** | Max 2000 characters |
| **Objectives** | Max 1000 characters |
| **Capitalisation documents or texts approved or insight of the discussions within the Task Force or Committee** |  |

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| 1. **Current capitalisation experience(s) or assets**

*Please specify your current capitalisation experience or actions, describe the state of progress of your capitalisation process, the first actions planned for 2021-2027 and the programming period targeted for valorisation (2014-2020 projects or exclusively 2021-2027)* |
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| 1. **Possible resources to be allocated under the 2021-2027 Programme’s budget**

*Please specify the resources your Programme intends to dedicate to capitalisation (human and financial) and the estimated amount, depending on where capitalisation is embedded in the programme* |
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| 1. **Your challenges and main difficulties**

*Please describe the main challenges and/or difficulties: what are the main challenges you face and what difficulties do you encounter with regard to the implementation of capitalisation approaches?* |
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| 1. **Your capitalisation objectives and priorities in 2022**

*Please describe the main capitalisation objectives that you would like to achieve by the end of 2022* |
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| 1. **Your need for support**

*Please specify the type of support most suitable for your Programme to start/enhance the capitalisation approach. Please select the most appropriate type of support as described hereinafter (indicative list). Multiple choices are allowed.* |
| Y/N | Support in the definition, revision of a capitalisation strategy or the drafting of a capitalisation plan |
| Y/N | Support in raising awareness and mobilising the actors of your ETC programme on the issues of capitalisation |
| Y/N | Support in identifying achievements/results to be capitalised  |
| Y/N | Support in identifying possible targets that may be interested in re-using CTE project outputs/results |
| Y/N | Support in the creation and animation of thematic communities  |
| Y/N | Support in the preparation and organisation of capitalisation events |
| Y/N | Support in the development of actions to improve the capitalisation process: calls for capitalisation projects, integration of a "capitalisation" module in projects, mentoring, etc.  |
| Y/N | Other needs (please specify):  |

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| 1. **Signature by Managing Authority’s Representative**
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| As representative of the Programme’s Managing Authority, I hereby engage to:1. formally pursue and acknowledge the capitalisation approach developed under the Interact “Tailored Capitalisation Support” activity, in relevant programme documents established and identified for this purpose, (i.e., specific capitalisation plan, specific integration within the communication plan, etc.)
2. formally establish and define dedicated resources (human and financial) to be allocated under the Programme’s Budget for the implementation of the capitalisation approach developed under the Interact “Tailored Capitalisation Support” activity,
3. formally request the approval of the capitalisation approach supported by Interact within the two first meetings of the Programme’s Monitoring Committee
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| **Managing Authority** | Name of the organisation |  |
| Name and Surname of the Representative |  |
| Place and Date |  |
| Signature |  |