

Sri Lanka Country Coordination Mechanism

Expression of Interest – Voting at the CCM Election

1. Details of the Organization :

1.1 Details of the Applicant Organization :

- Name of the Applicant Organization:
- Address :
- Organization website/Facebook (If available):
- No. of members: No. of paid staff :
- Registration number and date:
- Number of years in operation:
- Main areas of services provided:
- Main geographical area/areas:

1.2 Details of the Organization Head :

- Name of the Organization Head:
- Telephone:
- Email:

1.3 Details of the contact person:

- Name of the contact person :
- Designation:
- Telephone :
- Email :

2. Details of the voting category

- Please select the categories you wish to vote for as per table. (**Only one category could be selected per application**)
- If voting for more than one, separate applications should be submitted for each category.
- Please make sure to include a description to justify your organization's votes for each selected category

	Sector	<input type="checkbox"/>	Engagement of the Organization
1	NGO	<input type="checkbox"/>	
2	Private Sector	<input type="checkbox"/>	
3	Faith Based Organization	<input type="checkbox"/>	
4	Academia	<input type="checkbox"/>	
5	PLWD – HIV	<input type="checkbox"/>	
6	PLWD - TB	<input type="checkbox"/>	
7	Key Populations (KP)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

3. Pre-requisites

- Please tick all that apply.

• The Endorsement letter from the Head of the organization is attached	<input type="checkbox"/>
• A copy of the organization's registration document is attached	<input type="checkbox"/>
• If organization is unregistered a letter of endorsement from the Chair of the KP is attached	<input type="checkbox"/>

- The applicant organization confirms that the applicant has no conflict of interest as per the conflict of interest policy of the Sri Lanka CCM ☐
- I hear by confirm that all the information provided above is true ☐
- I understand that only the eligible and shortlisted applicants will be contacted ☐

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Signature
Name of the contact person :
Date:

.....
Signature
Name of head of the organization:
Date: