# PART I

## **GENERAL** **INFORMATION**

## ON THE APPLICANT ORGANISATION

|  |  |
| --- | --- |
| Full name (and acronym) of the applicant organisation  |  |
| First and last names and role of the official representative |  |
| First and last names and role of the contact person  |  |
| E-mail of contact 1 |  |
| E-mail of contact 2 |  |
| Address Line 1 |  |
| Address Line 2 (if applicable) |  |
| Postcode  |  |
| Town/City |  |
| Country |  |
| Telephone 1 (with country code) |  |
| Telephone 2 (with country code) |  |
| Website (if any) |  |
| Ministry and Directorate within which the organisation is located |  |
| Is this referent organisation officially nominated as the National Plant Protection Organisation for this country?  |  |

# PART II

## **DETAILED** **INFORMATION**

## ON THE APPLICANT ORGANISATION

## 1. Information about the organisation in relation to its activities conducted in the areas of food production, agriculture, and more specifically horticulture (Please include an organigram of the organisation)

|  |  |
| --- | --- |
| **Please list the main departments within the applicant organisation** | *
*

 *
 |
| **Department 1 (e.g. Inspection services)** | * Name and contact details of the Head of Department
* Number of technical staff in the department
* Number of administrative and other staff
 |
| **Department 2** | * Name and contact details of the Head of Department
* Number of technical staff in the department
* Number of administrative and other staff
 |
| **Department 3** | * Name and contact details of the Head of Department
* Number of technical staff in the department
* Number of administrative and other staff
 |
| **Department 4** | * Name and contact details of the Head of Department
* Number of technical staff in the department
* Number of administrative and other staff
 |
| **Please add additional rows as necessary** |  |

### 2. Information on activities and services

*The aim of this section is to provide COLEACP with details about your organisation, and the services it provides to the fruit and vegetables value chain. Giving comprehensive and accurate information here will help us to make a better analysis of your needs, and ensure that any future COLEACP support is relevant, with an appropriate and detailed action plan for its implementation.*

**Border inspection, control and phytosanitary certification services**

*Please list the sites where inspection services are located (add lines if necessary), indicating the number of inspectors in each location*

1. Example : Airport (Number of inspectors)
2. ...
3. …

**Pest Surveillance**

*Please describe very briefly any pest surveillance activities conducted over the past year (add lines if needed)*

**Pesticide Monitoring**

*Please describe very briefly any pesticide monitoring conducted over the past year (add lines if needed). This may include national residue monitoring programmes, and monitoring of the quality of plant protection products in the marketplace.*

1. …
2. ...
3. …

**Pest Risk Assessment**

*Please describe briefly any PRAs conducted over the past 5 years (add lines if needed)*

1. …
2. ...
3. …

**Notifications**

*Please list any official notifications of non-compliances received by your organisation from importing countries from 2017 to 2019 inclusive. Were these due to the presence of harmful organisms, the presence of pesticide residues, or failings in the documentation?*

|  |  |  |  |
| --- | --- | --- | --- |
| Fruit or vegetables | Harmful organisms | Documentation  | Pesticide residues |
| Example : Mango  | Fruit Fly : 10 | Missing certificates Incomplete certificates  | Name of the active ingredient / number of interceptions  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please list any regulated (quarantine) pests in your country** *(add lines if needed)*

1. ...
2. …
3. …

**Please briefly describe how you currently communicate with the private sector, for example**

* + *when there is a change in regulations or requirements concerning food safety, pesticides or plant health?*
	+ *when notifications of non-compliances are received from importing countries?*
	+ *when national pest action plans and procedures are being developed?*

**Please provide the name and contact details for nominated national EU, IPPC and WTO contact points**

* + *National contact point for the European Commission (DG Santé):*
		- *Name*
		- *Position*
		- *Email*
		- *Telephone*
	+ *National contact point for the International Plant Protection Convention (IPPC):*
		- *Name*
		- *Position*
		- *Email*
		- *Telephone*
	+ *SPS National Enquiry Point for the World Trade Organisation (WTO):*
		- *Name*
		- *Position*
		- *Email*
		- *Telephone*
	+ *SPS National notification authority for the World Trade Organisation:*
		- *Name*
		- *Position*
		- *Email*
		- *Telephone*

**Certification and accreditation**

*Please list any scopes with which your organisation is certified (for example, ISO 9000 or ISO 17025).*

|  |  |
| --- | --- |
| Scope | Date when certification was last issued |
|  |  |
|  |  |
|  |  |

### 3. Staff training and capacity building

**Please describe any training that your border control and inspection staff have received in the past 3 years** *(add lines if needed). Please specify when you received external support for this training and in which case from which organization.* ...

1. …
2. …

**Please indicate the number of staff trained in pest risk assessment, and the date of the most recent training.** *Please specify when you received external support for this training and in which case from which organization.*

**Please describe any training on pest surveillance that your staff have received in the past 3 years** *(add lines if needed). Please specify when you received external support for this training and in which case from which organization.* ...

1. …
2. …

**Please describe any training on phytosanitary certificates and export-related documentation that your staff have received in the past 3 years** (*add lines if needed). Please specify when you received external support for this training and in which case from which organization.*

1. ...
2. …
3. …

**Do you have an in-house training system for your inspectors? If yes, how frequently has each inspector received refresher training during the past 2 years?**

Yes/No ...

Frequency …

### 4. Other information

*Please add any other information that you think is relevant but not already covered above.*

*If you have any supporting documentation (such as audits and evaluations of your SPS Systems, or capacity building assessments and reports, Food and Veterinary Office (FVO) audit reports, organigram) that could help COLEACP to evaluate your request for support, please send these together with your application. As with all the information provided, any documents received will be treated in the strictest confidence.*

**Has your institution already done any evaluation of your SPS systems (e.g. Phytosanitary Capacity Evaluation, PCE) YES/NO? If yes, please specify.**

|  |  |  |
| --- | --- | --- |
| **Type of SPS evaluation** | **Year of completion**  | **Supported by**  |
|  |  |  |
|  |  |  |

*\*Add lines if necessary*

**Has your institution already received COLEACP support in the past (training, information, etc.)? YES/NO If yes, please specify.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainer/Expert name** | **Department concerned** | **Year** | **Technical support received from COLEACP** |
|  |  |  |  |
|  |  |  |  |

*\*Add lines if necessary*

**Over the past 5 years, has your organisation received support from any other national or donor programmes? YES/NO**

If yes, please specify the name of the programme and the nature of any support received

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Programme/Donor** | **Department concerned** | **Year** | **Technical/Financial Support Received** |
|  |  |  |  |
|  |  |  |  |

\**Add lines if necessary*

# PART III

## **APPLICATION** FOR SUPPORT

**Concrete problems experienced by the applicant** that this support will help to address:

1. …
2. …
3. …

**Support requested by the applicant from COLEACP:** *For each item of support requested, indicate the different types of expenditure likely to be involved (e.g. trainers’ fees, logistics)*

1. …
2. …
3. …

**Counterpart: contributions from the applicant**

*The applicant’s contribution may consist of improvements to infrastructure, capital items, equipment, human resources, logistical costs, etc.*

1. …
2. …
3. …

**Collaboration in monitoring the results of COLEACP in the context of Fit For Market programme implementation.**

I undertake to provide the necessary information to allow COLEACP to assess changes in the performance of my organisation over the course of the programme, in areas relating to the support it provides.

The aim is to contribute to the continuous improvement of COLEACP support, and to assess the impact of its activities for the benefit of its beneficiaries.