









OPPORTUNITY: MED4WASTE Project

Social Entrepreneurship Programme for Integrated Waste Management

Technical proposal

1. Identification Form:

	1. General Information:
Company Name:	
Address:	
Phone Number:	
Email Address:	
Website:	
	2. Company Details:
Year of Establishment:	
Legal Form:	
Registration Number:	
Country of Origin:	
Main Business Area:	
General Description of the	
Company:	

2. Technical proposal (Maximum 2 pages):

Explanatory Note on the Understanding of the Terms of Reference (ToR) and Reasons for the Application:

[Provide a clear and concise explanation of your understanding of the Terms of Reference and why your organization is applying for the project. Highlight relevant expertise, capabilities, and resources that align with the objectives and requirements outlined in the ToR.]

Presentation of the Methodological Approach and Organization of the Proposed Mission:

- a) Challenge: [State the main challenge that you have chosen.]
- b) **Methodology:** [Describe the approach, methods, and techniques that will be employed to achieve the objectives. Provide an overview of the step-by-step process and key activities.]
- c) **Timeline:** [Outline the proposed timeline for the mission, including start and end dates, major milestones, and key deliverables.]
- d) **Resources:** [Highlight the resources, both human and material, that will be dedicated to the project. Include information on the team composition, expertise, and any necessary equipment or facilities.]

3. Experience of the firm:

Please fill in the table below to summarise the main projects related to this contract carried out over the last years by the legal entity or entities submitting this request to participate. The number of references to be provided must not exceed 15 for the entire request to participate.

Ref no (maximum 15)	Proje	ct title						
Name of legal entity	Country	Overall contract value (EUR) ⁱ	Proportio n carried out by legal entity (%)ii	No of personn el provided	Name of client	Origin of funding	Dates (start/end) ⁱⁱⁱ	Name of consortium members, if any
	Detail	led descript	ion of projec	et		Type	and scope of	services provided ^{iv}

Ref no (maximum 15)	Proje	Project title						
Name of legal entity	Country	Overall contract value (EUR) ^v	Proportio n carried out by legal entity (%)vi	No of personn el provided	Name of client	Origin of funding	Dates (start/end) ^{vii}	Name of consortium members, if any
	Detail	ed descript	ion of projec	t		Туре	and scope of	services provided ^{viii}

	4.	CVs	including	Relevant	Experience
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CURRICULUM VITAE (CV)

Job Title	
Name of expert :	
Date of Birth :	
Nationality / Country of residence	

Studies:

Professional experience relevant to the mission:

Period	Employer's name, professional title / position held Contact information References	Country / City	Summary of activities , in relation to this mission
Profession	al experience required for the project Mana	iger	
Missions r	elated to consulting for public and private s	tructures	
Membersh	ip of professional associations	1	

Languages spoken (Indicate only the languages in which you can work)
Contact:
- Email:
- Tel:
[Add additional sections as necessary to include CVs of other team members]