| **Application Form** | |
| --- | --- |
| To apply to be part of the PAHO CS Consultation Group for Health Emergency Risk Management, please complete the following application form.  Completed application forms, along with all required supporting documentation, must be submitted via email to [emergenciesinfo@paho.org](mailto:emergenciesinfo@paho.org) by **December 15, 2024.**  Each submitted application will go through an assessment to verify that applying organizations conform to the eligibility criteria for member organizations of the PAHO CS Consultation Group for Health Emergency Risk Management. Eligible applications will be evaluated using a scoring methodology to ensure geographical, cultural and ethnic representativeness and diversity as well as inclusion and gender balance, among other criteria.  The listed contact focal points in each application will receive an email informing them of the outcome of the assessment round and selected applicants will be invited to confirm their interest and commitment in joining the Consultation Group. | |
| 1. **Name of Organization** |  |
| 1. **Acronym (if applicable)** |  |
| 1. **Website (if applicable)** |  |
| 1. **City/Town/Country where organization is located** |  |
| 1. **Full address** |  |
| 1. **Name & email of main focal point** |  |
| 1. **Name & email of secondary**   **focal point** |  |

|  |  |
| --- | --- |
| **Application Form** | |
| 1. **Language of operations** |  |
| 1. **Population group representation/ constituents** |  |
| 1. **Level of work (local, national, regional, international)** |  |

1. **In the space below, please write your expression of interest (maximum 3 pages). Be sure to address the following topics/questions:**

* Describe the mission and values of your organization.
* Why is this Consultation Group important to you and your organization?
* What are your expectations from participating in this Group?
* Describe the relevant expertise of your organization for this Consultation Group, including how your organization aligns with PAHO’s work in health emergencies.
* Describe your previous experience partnering with PAHO and/or other UN agencies.

|  |
| --- |
| *[Complete expression of interest here – max. 3 pages]* |

1. **One of the eligibility criteria for member organizations is that they must be considered a nongovernmental organization according to PAHO’s Framework of Engagement with Non-State Actors (FENSA) and have completed the due diligence and risk assessment process performed under FENSA.**

**Please complete the FENSA information request form below and include the requested supporting documentation in your full application submission.**

# Information Requested from Non-State Actors for Engagement with PAHO/WHO

You are being asked for certain information to assist the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (hereinafter “PAHO” or “PAHO/WHO”) in its review under the Framework of Engagement with Non-State Actors (FENSA), which was adopted by PAHO Governing Bodies by Resolution CD55.R3 (September 2016). Thank you for your assistance.

Please provide the following:

1. Full name, address, and website of the entity:
2. The entity’s mission statement and/or charter:
3. Governance structure and bylaws and composition of governance/decision making body (e.g., Board, Council, Assembly, etc.) (please attach when responding):
4. Latest financial statement showing funding sources (e.g. audited financial statement) (please attach when responding).
5. List of funding partners and sources.
6. If applicable, a copy of the entity’s registration certificate.
7. Does the entity you represent have any formal association, affiliation or links with the following industry sectors?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | Details |
| Alcohol |  |  |  |
| Chemical |  |  |  |
| Food and  beverages |  |  |  |
| Health care |  |  |  |
| Pharmaceutical |  |  |  |

PAHO/WHO reserves the right to request additional information from the entity you represent relevant to its proposed engagement with PAHO/WHO.

In addition to the above, you are asked to sign the attached Tobacco/Arms Related Disclosure Statement for Non-State Actors.

# Tobacco /Arms Related Disclosure Statement for Non-State Actors[1](#_bookmark0)

Pursuant the Framework of Engagement with Non-State Actors (FENSA), the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (hereinafter “PAHO” or “PAHO/WHO”) does not engage with the tobacco industry or non- State actors that work to further the interests of the tobacco industry. PAHO/WHO also does not engage with the arms industry.

For the purposes of this statement:

* tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity; and
* arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.

This disclosure statement needs to be provided by any nongovernmental organization, private sector entity, philanthropic foundation and/or academic institution prior to engaging with PAHO/WHO.

In view of the foregoing, please answer the following questions:

* 1. Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)?

| | Yes | | No Unable to answer | |

* 1. To the best of your entity’s knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

| | Yes | | No Unable to answer | |

* 1. To the best of your entity’s knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above). This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

| | Yes | | No Unable to answer | |

1 Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

* 1. If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.

*Please note that PAHO/WHO reserves the right to request additional information from your entity in this regard.*

*By providing this statement, your entity commits to promptly inform PAHO/WHO of any change to the above information and to complete a new statement that describes the changes.*

*Signature: (duly authorized representative)*

*Name and Title of duly authorized representative:*

Name of *entity: Date:*