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**Mediterranean Basin Biodiversity Hotspot**

**LETTER OF INQUIRY FOR SMALL GRANTS**

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| The [Critical Ecosystem Partnership Fund](http://www.cepf.net) (CEPF) enables civil society to protect the world’s biodiversity hotspots. CEPF funding opportunities are announced via Calls for Proposals. Please refer to the [Call for Proposal](https://www.cepf.net/grants/open-calls-for-proposals) document for full details on the eligibility criteria.  The CEPF Small Grants programme in the Mediterranean Basin is facilitated by BirdLife International as the Regional Implementation Team.  This Letter of Inquiry (LOI) form is the first stage of the application process and consists of five sections. *Please complete all sections before you submit your application*. The review process will take approximately 8 weeks from the closing date. All applicants will be notified of the status of their LOI and successful applicants will be invited to stage 2.  Before applying, applicants are encouraged to discuss project ideas and eligibility with the Programme Officer for your region:   * Balkans Programme Officer, Borut Rubinič; [borut.rubinic@dopps.si](mailto:borut.rubinic@dopps.si) * Cape Verde Programme Officer, Mariana Carvalho; [mariana.carvalho@birdlife.org](mailto:mariana.carvalho@birdlife.org) * Middle East Programme Officer, Sharif Jbour; [sharif.jbour@birdlife.org](mailto:sharif.jbour@birdlife.org) * North Africa Programme Officer, Awatef Abiadh; [awatef.abiadh@lpo.fr](mailto:awatef.abiadh@lpo.fr)   **To submit your LOI, please send this completed form and any attachments, before the deadline, to:** [**CEPF-MED-RIT@birdlife.org**](mailto:CEPF-MED-RIT@birdlife.org)**.**  If you have any general queries please email [CEPF-MED-RIT@birdlife.org](mailto:CEPF-MED-RIT@birdlife.org) or visit our website: <http://www.birdlife.org/cepf-med>. |

**Section 1: Information about the Applicant Organization**

**Organisation Legal Name** *as stated in the legal registration certificate***:**

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| Click here to enter text. |

**Organisation Short Name/ Acronym, if any**:

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| Click here to enter text. |

**Project Lead Contact** - *Provide the name and contact information for the person responsible for correspondence with the RIT regarding this project*:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | **Job title:** | Click here to enter text. |
| Email Address: | Click here to enter text. | **Telephone:** | Click here to enter text. |

**Name and email address of the Organisation’s Chief Executive** - *Provide the name and contact information for the person who is authorised to sign contracts on behalf of the organisation***:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | **Job title:** | Click here to enter text. |
| Email Address: | Click here to enter text. | **Telephone:** | Click here to enter text. |

**Mailing Address (including country):**

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| Click here to enter text. |

**Physical Address (including country)** *if different from mailing address above*:

|  |
| --- |
| Click here to enter text. |

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| Website (if any) | Click here to enter text. | **Facebook (if any):** | Click here to enter text. |
| Twitter (if any): | Click here to enter text. | **Other social media:** | Click here to enter text. |

**Organisation Type** - *Local organisations should be legally registered in a country within the hotspot where the project will be implemented and have an independent governing structure*:  **Local  International**

|  |  |
| --- | --- |
| Year Organisation Established - *Provide the date of establishment* | Click here to enter text. |
| Total Permanent Staff | Click here to enter text. |

**History and Mission Statement*-*** *Provide a brief description of your organisation’s history and mission/ strategic objectives****:***

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| --- |
| Click here to enter text. |

**Relevant Projects –** *Provide a brief description of previous projects your organization has been involved in that are relevant for this application (maximum 3):*

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| Click here to enter text. |

**Section 2: Eligibility Questions**

CEPF funds may **not** be used:

* to directly fund government agency activities
* for the purchase of land
* for the involuntary resettlement of people
* for the capitalization of a trust fund
* for the alteration of any physical cultural property

If your proposed project involves any of the above ineligible activities, CEPF is not in a position to fund your proposal. Where possible, you may revise your strategy to avoid these elements. Please seek advice from the Regional Implementation Team before proceeding with your application: [CEPF-MED-RIT@birdlife.org](mailto:CEPF-MED-RIT@birdlife.org).

**Please answer the following questions:**

Do you represent, or is your organization controlled by, a government agency?

**YES**  **NO**

If yes, can you demonstrate that your organisation:

* Has a legal personality independent of any government agency or actor?  **YES**  **NO**
* Has the authority to apply for and receive private funds?  **YES**  **NO**
* May not assert a claim of sovereign immunity?  **YES**  **NO**

Do you plan to use any of the potential project funds to purchase land?

**YES**  **NO**

Does the project involve the relocation of people or any other form of involuntary resettlement?

**YES**  **NO**

Do you plan to use any of the project funds to capitalize (a) trust fund(s)?

**YES**  **NO**

Does the project involve the removal or alteration of any physical cultural property (includes movable or immovable objects, sites, structures, and natural features and landscapes that have archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance)?

**YES**  **NO**

**Section 3: Project Summary**

|  |  |
| --- | --- |
| Project Title: | Click here to enter text. |

**Project Location -** *Define the geographic location where your project activities will take place (please refer to the* [*Call for Proposals*](https://www.cepf.net/grants/open-calls-for-proposals) *document for eligible countries and sites)*

|  |  |
| --- | --- |
| Country/countries | Click here to enter text. |
| Key Biodiversity Area/s (KBA) | Click here to enter text. |
| Other area (if relevant) | Click here to enter text. |

**Protected Area**

Is the KBA(s) you will be working in a Protected Area(s)?

**YES**  **NO**  **PARTLY**  **DON’T KNOW**

**Map**

Please provide the coordinates of the exact location of your project, and if possible **attach a map.**

Click here to enter text.

**Project Duration -** *Enter the approximate period of your project in number of months***:**

|  |  |
| --- | --- |
| Duration (in months) | Click here to enter text. |
| Expected Start Date: | Click here to enter a date. |

**Strategic Direction from the CEPF Ecosystem Profile** *– Enter the Strategic Direction(s) and Investment Priority/ies this proposal aims to address. Use the exact number, such as 1, 2, etc. and wording from the Ecosystem Profile for this region found here:* [*https://www.cepf.net/resources/documents/mediterranean-basin-ecosystem-profile-2017*](https://www.cepf.net/resources/documents/mediterranean-basin-ecosystem-profile-2017)*. Please refer to the* [*Call for Proposals*](https://www.cepf.net/grants/open-calls-for-proposals) *document for eligible Strategic Directions and Investment Priorities.*

|  |  |
| --- | --- |
| Strategic Direction | Click here to enter text. |
| Explain how this project will address the Strategic Direction | Click here to enter text. |
| Investment Priority/ies | Click here to enter text. |
| Explain how this project will address the Investment Priority/ies | Click here to enter text. |

**Section 4: Project Design**

This section should provide an overview of the proposed project. Please answer each question below:

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| --- |
| I. Project Rationale  1. What is the conservation value of the area (KBA) you plan to work in? Why is it important (for biodiversity, people, other reasons)? |
| Click here to enter text. |
| 1. **What is the exact problem you will address in this project?** |
| Click here to enter text. |
| 1. **What have you done about this problem before? What relevant experience do you have to address this problem?** |
| Click here to enter text. |
| 1. **Who else is working on this problem/in the area (KBA)? What are they doing? How will your project add value to past/existing initiatives?** |
| Click here to enter text. |

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| II. Intervention strategy  1. What is/are your overall objective(s) / long-term impact(s)? |
| Click here to enter text. |
| 1. What is/are your specific objective(s) / short-term impact(s)?   *These need to be achieved within the time frame of your project.* |
| Click here to enter text. |
| 1. What are your project outputs / expected results?   *Please number them in relation to your short-term objectives/impacts.* |
| Click here to enter text. |
| 1. What are your project activities?   *Please number them in relation to your outputs/results* |
| Click here to enter text. |
| 1. Which internal and external risks have you identified, and how will you mitigate their impacts in case they occur? |
| Click here to enter text. |

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| III. Project partners and stakeholders Which partners/stakeholders have been involved in the design of this project, and would be directly involved in implementing it?  Please complete the following table: |

|  |  |  |  |
| --- | --- | --- | --- |
| Partner/ stakeholder (name) | Type of stakeholder (community group, government agency, other NGO, private sector etc.) | Involvement in project proposal development | Proposed involvement in project implementation |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

*Note: Add as many rows as needed*

**Section 5: Budget**

|  |  |  |
| --- | --- | --- |
| Please provide a breakdown of the proposed budget (USD) using the following budget lines: | | |
| **Budget lines** | **USD ($)** | **Comments** |
| Salaries and Benefits |  |  |
| Consultancies and Professional Services |  |  |
| Occupancy (Office Rent and Utilities) |  |  |
| Telecommunications |  |  |
| Postage and Delivery |  |  |
| Supplies |  |  |
| Furniture and Equipment |  |  |
| Maintenance |  |  |
| Travel and Special Events |  |  |
| Bank and Insurance Fees |  |  |
| Management Support Costs (*max 13% and only if supported by organizational policy*) |  |  |
| **Total Budget** |  |  |