

#

# CEPF Letter Of Interest (LOI) Template for Small Grants

**Cerrado Biodiversity Hotspot**

##  Section 1: Project Summary

|  |  |
| --- | --- |
| **1.1 Project Title:** |  |
| **1.2 Applicant organization:** |  |
| **1.3 Strategic Direction:** |  |
| **1.4 Investment Priority:** |  |
| **1.5 CEPF Target:** |  |
| **1.6 Summary:** |  |
| **1.7 Beneficiaries:** |  |
| **1.8 Location:**  |  |
| **1.9 Duration (months):** |  |
| **1.10 Start in:** |  |
| **1.11 Ending in:** |  |
| **1.12 Amount requested from CEPF (R$):** |  |
| **1.13 Total Project amount (R$):**  |  |

## Section 2: Project Location

|  |  |
| --- | --- |
| **2.1 Biodiversity Hostspot*:*** |  |
| **2.2 Country(ies):** |  |
| **2.3 Biodiversity Corridor(s):** |  |
| **2.4 KBA(s):** |  |
| **2.5 State or Province:** |  |
| **2.6 Municipalities:** |  |
| **2.7 Protected areas:** |  |
| **2.8 Location link:** |  |

**2.9 Map:**

***Insert map in the system (PDF or JPG format)***

##

## Section 3: Project Details

**Technical Representative**

|  |  |
| --- | --- |
| **3.1 Full name:** |  |
| **3.2 E-mail:** |  |
| **3.3 Telephone:** |  |

**3.4 Executive Summary:**

***Write here***

**3.5 Project Justification:**

***Write here***

**3.6 Relevance of Project location:**

***Write here***

**3.7 Link to CEPF Strategic Direction**

***Write here***

**3.8 Link to CEPF Investment Priority:**

***Write here***

**3.9 Methodological Approach:**

***Write here***

**3.10 Desired Impacts**

***Write here***

**3.11 Contribution to the Logical Framework**

***Write here***

**3.12 Policy Advocacy and Influence on Public Policy**

***Write here***

**3.13 Potencial Risks**

***Write here***

**3.14 Long term sustainability:**

***Write here***

**3.15 Project partners. *List all OTHER organizations also involved in Project execution.***

|  |
| --- |
|  |
| **Name** | **E-mail/Telephone** | **Summary of Role on Project** |
|  |  |  |
|  |  |  |
|  |  |  |

**3.16 Other Stakeholders. List all OTHER actors (individuals, groups/organizations) that benefit from or influence project outcomes.**

|  |
| --- |
|  |
| **Name** | **E-mail/Telephone** | **Summary of Role on Project** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Section 4: Applicant Organization

|  |  |
| --- | --- |
| **4.1 Organization Legal Name:** |  |
| **4.2 Short Name/Acronym:** |  |
| **4.3 Mission Statement:** |  |
| **4.4 Organization Type:** ***Choose one option.*** | **Local** |
| **International**  |
| **4.5 Organization category:*****Choose one option.*** | **Community group****Non governmental organization****Private enterprise****University****Research Institution****Government institution****Other civil society organization** |
| **4.6 Organization status:*****Choose one option.***  | **Legally constituted****Not legally constituted** |
| **4.7 Year organization established:** |  |
| **4.8 Total permanent staff:** |  |
| **4.9 Telephone:** |  |
| **4.10 Telephone country code:** |  |
| **4.11 Fax:** |  |
| **4.12 Website:** |  |
| **4.13 Official E-mail:** |  |

|  |  |
| --- | --- |
| **4.14 Title of Chief Executive:** |  |
| **4.15 Name of Chief Executive:** |  |
| **4.16 Last name:** |  |
| **4.17 Country:**  |  |
| **4.18 Telephone:** |  |
| **4.19 Telephone country code:** |  |
| **4.20 E-mail:** |  |

|  |  |
| --- | --- |
| **4.21 Physical address:** |  |
| **4.22 City:** |  |
| **4.23 State or Province:** |  |
| **4.24 Country:** |  |
| **4.25 Postal Code:** |  |

|  |  |
| --- | --- |
| **4.26 Mailling address:** ***If different from the physical address*** |  |
| **4.27 City:** |  |
| **4.28 State or Province:** |  |
| **4.29 Country:** |  |
| **4.30 Postal Code:** |  |

**4.31 Brief Organizational History**

 ***Write here.***

**4.32 Organizational Strenghs:**

***Write here.***

## Section 5: Eligibility

#### *Answer YES or NO to the question below and then justify the POSITIVE answers.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Justification** |
| **5.1 Do you represent, or is your organization controlled by, a government agency?** |  |  |  |
| **5.2 If your organization is a government-owned enterprise or institution, can it clearly establish that the enterprise or institution has a legal personality independent of any government agency or actor?** |  |  |  |
| **5.3 If your organization is a government-owned enterprise or institution, can it clearly establish that the enterprise or institution has the authority to apply for and receive private funds?** |  |  |  |
| **5.4 If your organization is a government-owned enterprise or institution, can it clearly establish that the enterprise or institution may not assert a claim of sovereign immunity?** |  |  |  |

#### Section 6 - Safegards

#### *Answer YES or NO to the question below and then justify the POSITIVE answers.*

#### Environmental Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Justification** |
| **6.1 Will the proposed project involve activities that are likely to have adverse impacts on the environment?** |  |  |  |
| **6.2 Will the proposed project support any physical construction or rehabilitation?**  |  |  |  |
| **6.3 Will the proposed project support any building of trails?** |  |  |  |
| **6.4 Will the proposed project require you or your team to interact with live animals?** |  |  |  |
| **6.5 Will the proposed project support any forestry activities?** |  |  |  |

#### Social Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Justification** |
| **6.6 Will the proposed project support activities in an area used or inhabited by Indigenous Peoples?** |  |  |  |
| **6.7 Will any proposed impact from the grant negatively affect the livelihoods of Indigenous Peoples either in the area or somewhere else?** |  |  |  |
| **6.8 Will the proposed project involve activities that are likely to have adverse impacts on the local community?** |  |  |  |
| **6.9 Will the proposed project result in the strengthened management of a protected area?** |  |  |  |
| **6.10 Will the proposed project result in reduced or restricted access to the resources in a protected area?** |  |  |  |
| **6.11 Will the proposed project result in removal or eviction of anyone from a protected area?** |  |  |  |

#### Pest Management

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No**  | **Justification** |
| **6.12 Will the project involve use of herbicides, pesticides, insecticides or any other poison?** |  |  |  |
| **6.13 Will the proposed project pay for the manufacture, acquisition, transport, application, storage, or disposal of pesticides, including the costs of materials, equipment, and labor?** |  |  |  |
| **6.14 Will the proposed project pay for the planning, management, or supervision of work which involves the general use of pesticides or animal control as described in the points above?** |  |  |  |

#### Health and Safety

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No**  | **Justification** |
| **6.15 Will the proposed project have any activities that might impact the *health* of project staff or any other people associated with the project in any way?** |  |  |  |
| **6.16 Will the proposed project have any activities that might affect the *safety* of project staff or any other people associated with the project in any way?** |  |  |  |

#### Physical Cultural Resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No**  | **Justification** |
| **6.17 Will the project involve the removal or alteration of any physical cultural resources (defined as movable or immovable objects, sites, structures, and natural features and landscapes that have archeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance)?** |  |  |  |

## Section 7: Budget Summary

***The budget summary spread sheet should be filled out in Excel format. The document is available in CEPF Cerrado website, http://cepfcerrado.iieb.org.br/apoio/editais***