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

**Cerrado Biodiversity Hotspot**

## Section 1 - Project Summary

|  |  |
| --- | --- |
| **1.1 Project Title** |  |
| **1.2 Type of grant** |  |
| **1.3 Applicant organization** |  |
| **1.4 Strategic Direction** |  |
| **1.5 Investment Priority** |  |
| **1.6 CEPF Target(s)** |  |
| **1.7 General Objective** |  |
| **1.8 Beneficiaries** |  |
| **1.9 Location** |  |
| **1.10 Duration period (monts)** |  |
| **1.11 Start in** |  |
| **1.12 Ending in** |  |
| **1.13 Amount requested from CEPF (R$)** |  |
| **1.14 Total Project Amount (R$)** |  |

## Section 2 - Project Location

***In every region of investment, CEPF’s grant making is guided by an Ecosystem Profile that defines conservation priorities at corridor and Key Biodiversity Areas (KBA) scales.***

***Answer the following questions providing detailed information about your project.***

|  |  |
| --- | --- |
| **2.1 Biodiversity Hotspot** |  |
| **2.2 Country** |  |
| **2.3 Biodiversity Corridors** |  |
| **2.4 Other Corridors** |  |
| **2.5 KBA(s)** |  |
| **2.6 State or Province** |  |
| **2.7 Municipalities** |  |
| **2.8 UC(s), TI(s), APA(s)** |  |
| **2.9 Location Link** |  |
| **2.10 Project Map** |  |

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## Section 3 - Project Details

**Project Manager**

|  |  |
| --- | --- |
| **3.1 Full Name** |  |
| **3.2 E-mail** |  |
| **3.3 Telephone** |  |

**3.4 Project Executive Summary**

***Write here.***

**3.5 Project Justification**

***Write here.***

**3.6 Relevance of Project Location**

***Write here.***

**3.7 Link to Strategic Direction and Invesment Priority**

***Write here.***

**3.8 Methodological Approach**

***Write here.***

**3.9 Desired Impacts**

***Write here.***

**3.10 Contribution to CEPF Logical Framework**

***Write here.***

**3.11 Policy Advocacy and Influence on Public Policy**: **As a direct result, the project aims to create, revise, influence or implement public policies in the Cerrado?**

***YES or NO***

**3.12 Policy Advocacy and Influence on Public Policy:** **If you checked YES for the previous question, inform which policy/policies and explain how the project will create, revise, influence or implement this/these public policy/policies for the conservation of the Cerrado. If you checked NO, answer N/A.**

***Write here.***

**3.13 Potential Risks**

***Write here.***

**3.14 Long Term Sustainability:**

***Write here.***

**3.15 Project Partners**

***List all OTHER organizations that will also be involved in project execution. Maximum of 2190 characters***

|  |  |  |
| --- | --- | --- |
|  | | |
| **Partner name** | **E-mail/Telephone** | **Role in the Project** |
|  |  |  |
|  |  |  |
|  |  |  |

**3.16 Other Stakeholders**

**List all OTHER Stakeholders (individuals, groups and/or organizations) who will benefit from / or could influence project results. Maximum of 2190 characters.**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Name of stakeholder** | **E-mail/Telephone** | **Benefits/Influences** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Section 4 - Applicant Organization

**The applicant organization is the one which will sign the grant agreement with IEB/CEPF, will receive funds approved, thus being responsible for grant management.**

|  |  |
| --- | --- |
| **4.1 Organization legal name** |  |
| **4.2 Short name or acronym** |  |
| **4.3 Mission Statement** |  |
| **4.4 Organization Type** |  |
| **4.5 Organization category** | * **Community Group** * **Non-governmental organization** * **Private enterprise** * **University Foundation** * **Research institution** * **Other civil society organization** |
| **4.6 Organization Status** |  |
| **4.7 Year organization established** |  |
| **4.8 Total permanent staff** |  |
| **4.9 Telephone number** |  |
| **4.10 Country code** |  |
| **4.11 Website** |  |
| **4.12 Official E-mail** |  |

|  |  |
| --- | --- |
| **4.13 Title of Chief Executive Officer** |  |
| **4.14 Full name of Chief Executive Officer** |  |
| **4.15 Country** |  |
| **4.16 Telephone** |  |
| **4.17 Country code** |  |
| **4.18 E-mail of CEO** |  |
| **4.19 Physical Address** |  |
| **4.20 City** |  |
| **4.21 State or Province** |  |
| **4.22 Country** |  |
| **4.23 Postal code** |  |

|  |  |
| --- | --- |
| **4.24 Mailing address** |  |
| **4.25 City** |  |
| **4.26 State or Province** |  |
| **4.27 Country** |  |
| **4.28 Postal code** |  |

**4.29 Brief Organizational History**

***Write here.***

**4.30 Organizational Strenghs**

***Write here.***

## Section 5 - Eligibility

#### *Are ELIGIBLE to CEPF:*

#### *1) Civil society - Community groups and associations, non-governmental organizations, research institutes and other civil society organizations ARE ELIGIBLE (both local and international civil society organizations).*

#### *CEPF welcomes applications from local and grassroots organizations (eg. indigenous and traditional peoples' organizations, women's and youth associations, and non-profit organizations).*

#### *2) Private companies - Private enterprises ompanies are eligible;*

#### *3) Individuals - ARE ELIGIBLE only if associated with a proposing organization that should manage funds;*

#### *4) Government - Government agencies, and organizations controlled by government agencies, ARE NOT eligible to receive CEPF funds. Government-owned enterprises or institutions are eligible only if they can establish the following:*

#### *I. They have an independent legal personality of any government agency or actor. (In the case of universities, they may be eligible through a foundation or a research institute);*

#### *II. They have a permission to request and receive private funds; and*

#### *III. They can not rely on their right of sovereign immunity.*

#### *The organization receiving the CEPF resources must have its own bank account and must be authorized, under the relevant national legislation, to receive charitable contributions.*

#### *Answer YES or NO to the questions below and then justify all 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 - Safeguards

#### *All CEPF resource recipients (small or large projects) must fully comply with Environmental and Social Safeguards requirements. CEPF has an obligation to evaluate all proposals to determine whether safeguards need to be triggered and, if so, whether appropriate mitigation measures need to be included in project design and implementation.*

#### *The CEPF Safeguards Policy has the following objectives: 1) To inform decision makers about the nature of the environmental and social risks and opportunities that the projects present; 2) Ensure that projects are environmentally and socially safe: i) avoid / mitigate negative impacts and ii) promote positive impacts; and 3) increase transparency and stakeholder participation in decision-making processes.*

#### *In this stage of completing the Letter of Inquiry (LOI) form, an initial information gathering exercise is carried out, which will define whether or not the safeguards need to be activated, should the project be selected.*

#### *Answer YES or NO to the questions below and then justify all 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 Security

|  |  |  |  |
| --- | --- | --- | --- |
| **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 – Project Budget

***The budget summary spread sheet should be filled out in Excel format. The document is available in the Supplementary Material Section in this call.***

***It should be sent with the proposal to the email: cepfcerrado@iieb.org.br***