

FOREST CONSERVATION FUND

CALL FOR CONCEPT NOTES

Grant Application Form

FOR FCF USE ONLY

Date Rec'd.: _____

Project ID #: _____

Screening: Eligible Ineligible

Instructions to Applicants: Please review the **Application Guidelines** before proceeding to complete this application form. Please complete **ALL** sections of this form and attach Project Description. Indicate Not Applicable (N/A) where necessary. All forms **must** be signed. Please ensure that the Concept Note including the Project Description does not exceed **five (5) pages**.

PART A – APPLICANT SUMMARY

1. Name of Organisation:

2. Type of Organisation: CBO NGO Other

3. Purpose of Organisation:

4. Address :

5. Mailing Address (If different from above):

6. Contact Person(s):

Position/Title:

7. Phone Number(s):

(office)

(cell)

(fax)

8. Email:

Website:

9. How long has your organisation been in existence?

10. Is the organization registered? Yes No

11. How many projects has the organisation implemented in the last five years?

12. Please list below the projects, donors and project budgets that have been implemented in the last five (5) years.

Project Name	Duration		Donor(s)	Project Budgets
	From	To		

PART B – PROJECT SUMMARY

13. Project Title: _____

14. (a) Estimated duration of project: Short Term (3 years or less) Long Term (over 3 years)

(b) Where possible, indicate specific time-frame :

15. What is the thematic focus of the project?

- Management of Forest Ecosystems Alternative Livelihoods
 Hillside/Slope Stability Other

16. Will the project take place within a FCF Priority Area? Yes No

If so, which priority site (see Application Guidelines for the list of Priority Areas)? _____

17. Give a description of the proposed Project, outlining:

(a) The geographic area where the Project will take place: _____

(b) The issue(s) which the Project will address: _____

(c) The main Goal / Objectives (2 - 3 objectives) of the Project:

Goal: _____

Objectives: 1. _____

2. _____

3. _____

(d) The expected outcomes of the project: _____

18. Please indicate below the key stakeholders and potential partners.

Stakeholders	Potential Partners

19. (a) Please indicate an estimate of how much money is being requested from the Fund:

(b) Estimated cost for each line item (Please add rows as necessary, or submit on a separate sheet):

Line Item	Estimated Cost
TOTAL	

20. Is there secured in-kind / matching financing / cost sharing arrangement for this project ?

Yes No

And if so please indicate the amounts and the source(s) of the Funds:

- In-kind \$ _____ Source of funds _____
- Matching financing \$ _____ Source of funds _____
- Cost sharing \$ _____ Source of funds _____

21. If other sources of funding have not yet been secured have you or are you planning to approach other donor(s) for funding for this project or any phase of the project?

Yes No

Please indicate the donor(s) _____

Name of Signatory: _____

Authorised Signature : _____

Position: _____

Date: _____

