

# TUVALU SURVIVAL FUND

## CLIMATE CHANGE ADAPTATION GRANT

### APPLICATION FORM

#### SECTION A: APPLICANT CONTACT INFORMATION

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Facebook/Web address \_\_\_\_\_

Applicant Category (tick box)

- Tuvaluan Student
- Tuvaluan Youth
- Academic or educational institution
- For profit organization
- Not-for-profit organization
- Kaupule
- Other (specify).....

#### SECTION B: PROJECT INFORMATION

Project Title: \_\_\_\_\_

Eligible Activities (tick one box only):

- Water security
- Agriculture and Food security
- Coastal Management
- Alternative Technology

Project location (tick one or more)

- Nuilakita
- Nukulaelae
- Funafuti
- Nukufetau
- Vaitupu

- Nui
- Nanumaga
- Nuitao
- Nanumea

Proposed start date: \_\_\_\_\_

Proposed end date: \_\_\_\_\_

Beneficiaries: Which groups does this project support (tick one or more):

- Students
- Youth
- Womens
- Community group(s)
- Other (specify).....

Does the project support the Island Strategic Plan? (tick one box)

Yes

No

Don't know

**Project description**

Provide a concise description of the overall objective of your project and the problems that it will address. Describe how your project will support climate action and increase awareness on climate change. List the key activities of your project and what it aims to achieve. Describe who are the targeted beneficiaries, numbers, gender, age groups, geographic locations, etc.

(1000 words or less) (if insufficient space attach a separate page)

**SECTION C : PROJECT MANAGEMENT**

Project team experience and responsibilities.

Identify and provide details of the key personnel who will work on the project;

NAME AND TITLE	ROLE	QUALIFICATIONS/EXPERIENCE	KEY RESPONSIBILITIES

**SECTION D: PROJECT WORKPLAN**

Provide details of the project’s key activities, milestones, associated cost and who in your organization will be responsible to complete each activity

Timeline	KEY ACTIVITY	MILESTONE(S)	ASSOCIATED COST	PERSON(S) RESPONSIBLE
YEAR 1				
Q1				
Q2				
Q3				
Q4				
YEAR 2 (if applicable)				
Q1				
Q2				
Q3				
Q4				

**SECTION E: PROJECT COSTS (AUD)**

FUNDING REQUESTED FROM TSF/CCA (this application)	
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CO-FUNDING FROM OTHER SOURCES, IF APPLICABLE	
IN-KIND CONTRIBUTIONS FROM YOUR ORGANISATION, IF APPLICABLE)	
<b>Total Project Costs</b>	

If the project is to be co-financed with another source(s) list all sources in the box below and state the level of funding from each source and for what activities.

Co-financing (max 300 words)

**Identify all cost elements for which funding is being sought from the TSF/CCA**

(See section 3 of the Application guidelines for eligible and ineligible costs)

Costs must be reasonable and necessary and based on sound assumptions

Cost Element	YR 1	YR 2		<b>Justification</b> (demonstrate how costs were derived)
	AUD	AUD	Total Project Costs	
Salaries				
Professional fees/ contracted services				
Labour				
Project Materials (including transport costs)				
Training (materials and venue hire)				
Equipment Hire				
Travel (including accommodation and meals)				
Office materials				
Communication materials/publishing				

OTHER Costs (specify) ..... ..... ..... ..... ..... .....				
Overhead costs (15% maximum)				
TOTAL FUNDING REQUESTED FROM TSF/CCA				

## Applicant Declaration

- I have carefully read and understand the eligibility criteria for this programme as described in the Call for Proposals Applications Guide
- I confirm that the statements in this application are true and complete
- I have retained a copy of the completed application for my records
- I accept the conditions of this programme and agreed to accept the final decision of the TSF
- I understand that funding may be issued as a contribution or as a grant and is subject to the signing of a funding agreement
- I agree to provide TSF information to demonstrate the achievement of milestones identified in this application
- I understand that payments may only be issued upon satisfactory completion of the identified project milestones or upon project completion and verification of incurred costs and receipts.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Application ID number:..... Date Received..... Administrative check date..... File complete Date..... Date forwarded to TAP..... TAP Approval YES/NO Reasons for TAP rejection..... ..... ..... Committee Approval Date..... Board Endorsement Date.....
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Grant Agreement

Number.....Date.....

