

GEF Small Grants Program – CSO Challenge Program

Full Proposal Application Template

Congratulations on being shortlisted for the GEF Small Grants Program CSO Challenge Program. Some sections are repeated from the Concept Note stage as this Full Proposal will be reviewed by a different panel. You may copy information from your Concept Note or use this opportunity to improve or update those sections. Fields marked * are mandatory.

Note: This form is for preparation purposes only. All applications must be submitted through <https://csochallenge.org>. You will need to register and create an account first. Text fields scroll and accept unlimited text.

SECTION 1. APPLICANT INFORMATION

Applicant Organization Details *

Legal Name of Organization:

Acronym:

Lead Author of Proposal *

Full Name:

Job Title:

Telephone:

Email Address:

Project Title *

SECTION 2. PROJECT DESCRIPTION

Project Overall Objective *

Describe in one sentence the overall objective of your project. Maximum 250 characters.

Theory of Change *

Provide a concise Theory of Change describing the project's logic for addressing challenges and achieving environmental and social benefits. Maximum 2000 characters.

Theory of Change Diagram *

Upload a diagram of your project's theory of change (including objective, assumptions, results, outputs and activities) via the online portal at

→ Upload via <https://csochallenge.org>. Not uploadable in this offline form.

Project Rationale *

Describe the broad socio-economic context and the environmental problem your project addresses, including drivers and how it builds on existing work. Maximum 4000 characters.

Project Components, Approach and Activities *

Describe project components, activities and key outputs, how they achieve the project goal, and which activities seek SGP CSO support. Activities must be completed within 24 months. Maximum 6000 characters.

Project Impact *

Describe anticipated changes to local, regional or global context, including global environmental benefits and indirect impacts from knowledge, awareness, and policy influencing. Maximum 4000 characters.

START and STARR Values for the Project Area *

Generate a STAR report through the Integrated Biodiversity Assessment Tool (IBAT) and attach it to your submission.

Estimated START Score:

Estimated STARR Score:

Top 10 Threats to Biodiversity and Their Relative Percentage Contributions:

Threats can be found in the START CSV file from the Estimated STAR report.

Threat	Threat Abatement %	Restoration %

Which threats identified in the STAR analysis will your project address, and how?

Include any differences from the estimated STAR report based on expert knowledge on the ground. Maximum 1000 words.

Project Impact Indicators *

Describe the specific indicators you will use to measure the impact of your project. Feel free to include the indicators you selected as part of your concept note, or describe custom indicators.

Project Innovation(s) *

Describe innovative aspects including technological, finance, business model, policy, or institutional innovations; also engagement with new/under-represented CSOs. Maximum 2000 characters.

Project Risks and Mitigation Measures *

Describe key risks (economic, environmental, social/political, organizational) and mitigation measures. Maximum 4000 characters.

Long-Term Sustainability and Replicability *

Describe the potential for further replication and scaling by other CSOs; measures to sustain or replicate results beyond project duration. Maximum 4000 characters.

Innovation in Context of Implementation *

Describe how the project's environmental solutions are innovative in the proposed context of implementation. Maximum 1000 characters.

Alignment with National Priorities / Policies *

Describe how the proposed project aligns with national or regional priorities and policies, with explicit reference to local and national plans and strategies. Maximum 2000 characters.

SECTION 3. PROJECT LOGICAL FRAMEWORK, MONITORING PLAN AND TIMELINE

Note: This section must be completed in the online application at <https://csochallenge.org>. The tables below are provided for offline reference and preparation only.

Project Overall Objective (for Logical Framework): *

Logical Framework *

Moving from right to left, test the logic: will Activities and Outputs lead to the proposed Results? Results must be SMART (see Annex 3 of the Guidelines for Applicants).

Project Results	Outputs	Activities

Monitoring Plan and Indicators *

Propose six specific and measurable indicators capturing achievement of project results. At least three must be selected from the list in Annex XY of the Guidelines for Applicants.

Result	Indicator	Baseline	Target	Frequency	Means of Verification

Project Timeline *

Q1 refers to the first quarter of project implementation after the start date, not necessarily January–March. Activities and results should be numbered consistently with the logical framework.

Result	Activity	Q1	Q2	Q3	Q4

SECTION 4. STAKEHOLDER ANALYSIS AND ENGAGEMENT

List main stakeholders, their role on the project, projected impacts that the project will have on them, engagement to date, and plan for continued engagement during project implementation. Depending on the project, comprehensive stakeholder engagement should include government agencies, private sector, local civil society, international development partners, academia, and Indigenous Peoples, Traditional Leaders, women, youth, and/or other vulnerable groups.

Name	Role and Impact on Project	Engagement Summary and Plan

Name	Role and Impact on Project	Engagement Summary and Plan

SECTION 5. PROJECT BUDGET

The budget template is generated in <https://csochallenge.org> and can be filled offline then imported, or completed directly online at <https://csochallenge.org>. Use the field below for preliminary budget notes.

Preliminary Budget Notes / Cost Category Summary:

SECTION 6. PROJECT PARTNERS

Does your project involve partner organizations?

Yes

No

If yes, complete the sections below for each partner. Submit confirmation letters from implementing partners via <https://csochallenge.org>.

Partner 1

Partner 1 Name:

Type (Implementing / Other):

Partner 1 Role in the Project:

Partner 1 Relevant Experience:

Maximum 2000 characters.

Partner 2

Partner 2 Name:

Type (Implementing / Other):

Partner 2 Role in the Project:

Partner 2 Relevant Experience:

Maximum 2000 characters.

Add additional partner details as needed in the online portal. Upload support/endorsement letters via <https://csochallenge.org>.

SECTION 6. EXPERIENCE OF APPLICANT ORGANIZATION

Applicant's Relevant Experience *

Describe why your organization is best suited to carry out this project. Provide brief descriptions of up to 3 relevant past projects. Maximum 2000 characters.

Qualifications and Experience of Key Project Staff *

Upload CVs of key project staff via <https://csochallenge.org>.

Staff 1 – Full Name:

Position in Project:

Staff 2 – Full Name:

Position in Project:

Staff 3 – Full Name:

Position in Project:

Staff 4 – Full Name:

Position in Project:

SECTION 7. ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT

Projects supported by IUCN are screened on environmental and social risks. Complete the full Environmental and Social Screening Tool via the online portal and submit it as part of your project proposal at <https://csochallenge.org>.

Additional Environmental and Social Risk Notes (optional):

SECTION 8. DUE DILIGENCE

The Due Diligence section should be completed on <https://csochallenge.org> online application. This questionnaire is provided for offline reference and preparation. All information will be treated confidentially. If your organization is a public body, ignore questions marked #.

A. Organization Information

a. Official Name of Organization:

b. Type of Organization (check all that apply):

- Not-for-profit / NGO
- For-profit
- Public/Government body
- Registered charity
- Community Network
- Partnership

Other (please specify):

c. Founding Documents:

Country of Constitution:

Title of Founding Document:

Country and document confirming ability to operate in project country(ies):

Country:

Supporting Document Title:

d. Ownership Details (For-Profit organizations only) — names and % ownership:

B. Governance #

a. Governing Body (check one):

- Board of Directors
- Executive Committee
- No governing body

Other governing body (please specify):

b. Is the Governing Body responsible for financial oversight of the organization?

Yes No

C. Legal #

Is the organization currently fully compliant with all tax, registration and social security obligations?

Yes No

If No, please provide details:

D. Financial

a. Audit — Does the organization have an annual audit by an independent external auditor (or internal auditor for public bodies)?

Yes No

If yes, provide a copy of the latest auditor's annual report and management letter via the portal. If not from the most recent financial year, explain.

If no independent annual audit — does the organization prepare annual financial statements?

Yes No

If no, please explain:

b. Financial Principles and Systems — Computerized accounting software used:

Does the accounting system separately record and track income/expenditure for each project, grant or contract?

Yes No

Does the organization have written policies for the following?

- Yes No Accounting
- Yes No Procurement
- Yes No Code of Conduct, Ethics, Bribery & Corruption (including conflict of interest)

c. Debt # – Does the organization have any of the following debts?

- Yes No Bank loans
- Yes No Bank overdraft
- Yes No Other debt

If yes, provide details:

d. Insurance # – Tick insurance policies held and level of coverage:

- | | | |
|--|----------------------------|--|
| <input type="checkbox"/> Third party liability | Coverage amount / details: | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Office building | Coverage amount / details: | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Vehicles | Coverage amount / details: | <input style="width: 95%;" type="text"/> |
| <input type="checkbox"/> Other insurance | Coverage amount / details: | <input style="width: 95%;" type="text"/> |

e. Bank Accounts and Funds Control # – Does the organization have bank accounts held in the name of individuals?

Yes No

If yes, provide details:

Are at least 2 authorized signatories required on all payments above a policy-determined value?

Yes No

Details including any alternative bank/payment controls:

Will any grant funds be kept outside a bank account?

Yes No

If yes, amount of cash and name/title of person responsible:

f. Financial Capacity – Operating budget for past two years and current year estimate:

Period	Currency	Operating Budget
This year (estimate)		
Last year		
Two years ago		

Has the organization received funding from governments or multilateral institutions in the past two years? #

Yes

No

What percentage of annual income is provided by grant funding?

0–50%

51–75%

76–95%

>95%

Main donors for the past two years (amounts and duration) #:

E. Management and Personnel

a. Financial Personnel — Financial transactions are recorded and overseen by (check all that apply):

Qualified full-time finance personnel

Qualified part-time finance personnel

Non-finance personnel

Other than staff (external)

b. Total number of full-time staff employed:

>50

6–50

1–5

0

c. Personnel Time Management — Does the organization have a staff timesheet recordkeeping system?

Yes

No

If yes, provide a copy of your timesheet form via the portal.

F. Internal Controls and Records Keeping

a. Do you have established prior approval procedures for major purchases?

Yes

No

b. Do you keep invoices and vouchers for all payments made from grant funds?

Yes

No

c. Will your organization be able to keep accounting records (invoices, vouchers, timesheets) for at least ten years after the final financial report?

Yes

No

d. Describe your organization's system for filing and keeping supporting documentation:

e. Segregation of Duties — Does the person who makes entries into the accounting system also prepare the payments?

Yes

No

Does the person who makes entries into the accounting system also approve payments and act as a bank signatory?

Yes

No

Is the person who manages a procurement process sometimes also the recipient of the goods/services?

Yes

No

If yes to any of the above, explain how your organization mitigates associated risks:

G. Relationships and Conflict of Interest

a. Is the organization a member of IUCN?

Yes

No

b. Has the organization previously worked with IUCN?

Yes

No

If yes, provide details:

c. List any significant grants, contracts, or MoUs the organization currently holds with other organizations:

d. Does the organization or any of its owners, directors, officers, management, or their family members have any business or personal associations with IUCN?

Yes

No

If yes, provide details:

e. Has the organization or any of its directors, officers, or management been directly involved in the IUCN selection process regarding this grant?

Yes

No

If yes, provide details:

DECLARATION

I/We confirm that the information provided in this Full Proposal application is accurate and complete. I/We understand that knowingly providing false information may result in disqualification from the GEF SGP CSO Challenge Program.

Authorized Representative – Full Name:

Position / Title:

Signature:

Date (DD/MM/YYYY):

Submit via: <https://csochallenge.org>