

**Request for assistance to design and develop scaling up pathways for Adaptation Fund projects/programmes**

Submission Date:

Adaptation Fund Grant ID:

Country:

Implementing Entity:

Title of Adaptation Fund project/programme to be scaled up:

**A. Timeframe of Activity**

|  |  |
| --- | --- |
| Expected start date of activity |  |
| Completion date of activity |  |

**B. Type of support requested**

Describe the activities to be undertaken to support planning, assessment, capacity enhancement (individual, organization and institutional) for designing and developing scaling up pathways for the proposed project/programme.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Types of Activities | Description of proposed activities (please provide short description) | Expected outputs | Tentative timeline (completion date) | Requested budget summary per output**\***  (USD) |
| Assessment of project/programme scalability |  |  |  |  |
| Development and implementation of a scaling-up strategy/proposal |  |  |  |  |
| Consultation with public and private stakeholders for project/programme scale up |  |  |  |  |
| Enhancing individual, organization and/or institutional capacity for scaling up |  |  |  |  |
| Other type of support requested (please describe) |  |  |  |  |
| Implementing entity management fee requested**\*\*** |  |  |  |  |
| Executing entity costs requested**\*\*\*** |  |  |  |  |
| **Total Grant Requested (USD)** | | | |  |

**\*Please also provide a detailed budget with budget notes, indicating the break-down of costs at the output level. Where an Implementing Entity management fee is requested, the budget must include a budget with budget notes of the Implementing Entity management fee use.**

**\*\*The Implementing Entity Management Fee requested should be at or below 8.5 per cent of the total project/programme budget before the fee.**

**\*\*\*The Project Execution Costs requested should be at or below 1.5 per cent of the total project/programme budget (including the fee).**

**C. Implementing Entity**

This request has been prepared in accordance with the Adaptation Fund Board’s procedures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Head of Implementing Entity | Signature | Date (Month, day, year) | Implementing Entity Contact Person | Telephone | Email Address |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Record of endorsement on behalf of the government**

Provide the name and position of the government official, Designated Authority (DA) of the Adaptation Fund, and indicate date of endorsement. The DA endorsement letter must be attached as an annex to the request.

|  |  |
| --- | --- |
| *(Enter Name, Position, Ministry)* | Date*: (Month, day, year)* |