

**Request for assistance in complying with the Fund’s Environmental and Social Policy and Gender Policy**

Submission Date:

Adaptation Fund Grant ID:

Country:

Implementing Entity:

**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 the compliance of the NIE with the Fund’s Environmental and Social policy and Gender policy

|  |  |  |  |
| --- | --- | --- | --- |
| Types of Support Activities | Support requested (please provide short description) | Type/name of provider for the requested support[[1]](#footnote-1) | Requested budget (USD) |
| Development of procedures/manuals/guidelines for screening projects for environmental and social risks as well as gender-related risks |  |  |  |
| Development of procedures manual/guidelines for undertaking project environmental and social risk assessment, gender assessment, and for formulating risk management plans that are gender responsive |  |  |  |
| Development of a policy/avenues for public disclosure and gender-responsive consultation |  |  |  |
| Development of transparent, accessible, fair and effective mechanisms for receiving and addressing complaints about environmental or social harms and complaints related to gender inequalities and other adverse gender impacts caused by projects/programmes during implementation |  |  |  |
| Training of select entity staff to carry out the relevant tasks related to the implementation of the Fund’s Environmental and Social Policy and the Gender Policy |  |  |  |
| Other type of support requested (please describe) |  |  |  |
| Total Project/Programme Cost |  |
| Project/Programme Cycle Management Fee charged by the Implementing Entity, if any. (Maximum of 8.5%) |  |
| **Total Grant Requested (USD)** |  |

**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)* |

1. Specify if it is an institution, consulting firm or individual consultant. When possible, provide the name of the institution, firm or individual identified or selected. [↑](#footnote-ref-1)