# CAPACITY ENHANCEMENT SUPPORT PROGRAMME 2019Concept Note Template

# Please refer to the [2019 call for proposals](https://www.gbif.org/news/4ykyVMLHA4A8UEK8W4okMu/2019-capacity-enhancement-support-programme-call-opens-for-proposals) when completing this template. Concept notes not exceeding two (2) pages excluding contact information must be emailed to CESP@gbif.org by 24 February 2019, 11:00pm UTC.

# Submission checklist

*Mandatory requirement:*

Please confirm the following by checking one of the boxes provided:

☐ I am a Node Manager or Head of Delegation leading this project proposal.

or

☐ This concept note has been endorsed by the Node Manager or Head of Delegation of the GBIF Participant, and the statement of endorsement is from the provided as an email attachment.

# Project title

[Insert your text here...]

#  Project period

|  |  |  |
| --- | --- | --- |
| **Project implementation period**Remember that projects may be implemented between 01 June 2019 and 31 May 2020 | **Start date (dd/mm/yy)** | **End date (dd/mm/yy)** |
|  |  |

# Contact information

## 3.1. Main contact person for the project

Only one main contact person is allowed per project.

|  |  |
| --- | --- |
| **Name of contact person** |  |
| **GBIF Participant represented** |  |
| **Institution** |  |
| **Physical address**  |  |
| **City and country** |  |
| **E-mail** |  |
| **Full international telephone number** |  |
| **Role(s) in this project**  |  |
| **Rationale** (only if not located in the country where the majority of the project’s activities takes place) |  |

## 3.2. Project partners from other GBIF Participants

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the representative** | **GBIF Participant represented** | **Role(s) in the project** | **Confirmed participation?****(Yes / No)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Brief description of the project

Clearly describe the project in a few paragraphs and give an indication of plans to measure the impact of the activities. (max. 200 words)

[Insert your text here...]

# Capacity needs identified

*State which capacity needs have been identified by the Participant(s) as barriers to the implementation of their GBIF-relevant activities and how the project plans to tackle them (max. 200 words)*

[Insert your text here...]

# General calendar of activities and expected deliverables

Include a summary of all the relevant dates for the project. Activities should not start before 1 June 2019 and end no later than 31 May 2020. Add rows as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Activity** | **Expected deliverable and/or impact** | **Reporting criteria and sources of verification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# How much funding will be required?

Provide details on the approximate cost of the activities and purchases planned by including budget lines associated to the types of actions that you have selected to include in your project. Indicate an estimate of co-funds to be contributed to the project, either directly or in terms of staff time or resources allocated to the project on an in-kind basis. All costs should be expressed in Euros. Maximum funding for a project involving three or more GBIF Participants: €25,000. Maximum funding for a project involving one or two GBIF Participants: €15,000. Note that overheads and IT services or purchases may not be charged to CESP. Add rows as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget line** | **Co-funding (EUR)** | **Source of co-funding** | **Requested funds (EUR)** |
| **Mentoring activities (indicative limit of €15,000 requested funds per project)** |
|  |  |  |  |
|  |  |  |  |
| **Support for regional events and training workshops (indicative limit of €15,000 requested funds per project)** |
|  |  |  |  |
|  |  |  |  |
| **GBIF advocacy actions (indicative limit of €5,000 requested funds per project)** |
|  |  |  |  |
|  |  |  |  |
| **Documentation (indicative limit of €5,000 requested funds per project)** |
|  |  |  |  |
|  |  |  |  |
| **Promotion of data use (indicative limit of €15,000 requested funds per project)** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL (up to €15,000 requested funds per project involving one or two GBIF Participants / up to €25,000 requested funds per project involving three or more GBIF Participants** |
|  |  |  |  |
| **IF ANY OF THE BUDGET LINES ABOVE EXCEED THE INDICATIVE LIMITS FOR EACH ACTION TYPE, PROVIDE A BRIEF JUSTIFICATION BELOW** |
|  |