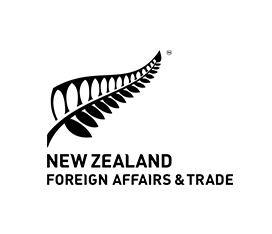
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# Part 5: SUBMISSION FORMS

## ANNEX 1 : Application Form





The Sustainable Coastal Fisheries and Aquaculture for Pacific Livelihoods, Food and Economic Security (SCoFA) project looks to strengthen food security, livelihoods and economic and environmental resilience in Pacific island countries and territories through improved and diversified aquaculture practices, and adherence to aquatic biosecurity standards of 22 participating Pacific Island States. Applications from enterprises registered in the following countries will be accepted: American Samoa, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, the French Polynesia, Wallis and Futuna, and New Caledonia.

Applicants are required to complete the application form in totality.

***By completing this proposal, you understand and agree to the way in which SPC and its partners and third-party service providers collect and manage your personal information. Information provided in this form may be used for purposes of research on a de-identified basis. For further information on SPC’s Privacy Policy and SPC’s Guidelines for handling personal information of bidders and grant applicants go to***[***https://www.spc.int/grants***](https://www.spc.int/grants)***.***

**SECTION 1: BUSINESS DETAILS**

1. **Please indicate which commodity/commodities, industry/industries your enterprise is engaged in**

**.**

1. **Please indicate whether you are:**

Private aquaculture farmer Community base aquaculture farmer Farmer cluster association Processor Exporter NGO Other: Please specify .

1. **Pacific Island Country or Territory**

*Indicate the Pacific Island country or territory where the applicant is legally registered.*

|  |  |  |
| --- | --- | --- |
| Cook Islands  Federated States of Micronesia  Fiji  Kiribati  Marshall Islands  Tokelau  Wallis and Futuna | Nauru  Niue  Palau  Papua New Guinea  Samoa  Guam  French Polynesia  New Caledonia | Solomon Islands  American Samoa  Tonga  Tuvalu  Vanuatu  Northern Mariana Islands |

1. **Registered Name of Applicant:**

|  |
| --- |
|  |
| *In the case of community-based farmers or farmer cluster association applications, members will be required to nominate a member of the consortium to complete the application forms on behalf of the consortium. The nominated consortium member will enter their details under “Registered Name of Applicant” above and will add the names of all other consortium members below and attach any relevant supporting documentation.* |
|  |

1. **Trading Name of the Applicant: (if different from above)**

|  |
| --- |
|  |

**Please provide a valid copy of the Applicant’s business registration certificate and business license (refer to section 4.1 - if a business license cannot be provided, please justify reasons in the ‘Other comments’ below)**

**Other comments**

|  |
| --- |
|  |

1. **Annual Turnover & Currency, and Employee numbers**

|  |  |  |
| --- | --- | --- |
| Sales Turnover:  **$** [insert currency**]** | Male |  |
| Female |  |
| Other |  |
| Disadvantaged |  |

#### **Authorised persons contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| The authorised person is the person who is authorised by the applicant to sign a Grant agreement (representative of the applicant) | | | |
| Name: | *[insert name of representative]* | Title: | *[insert title of representative]* |
| Phone number: | *[Phone number]* | Email: | *[email address]* |

#### **Applicant Profile**

|  |  |  |
| --- | --- | --- |
| *[Please provide a brief overview (maximum 1 page) of your organisation, including its date of establishment, its main activity, a brief description of its business structure and its financial management system or processes.]* | | |
| ***Supporting documents: presentation document of the organisation, governance document, organigram, etc.*** | | |
| Financial management | | |
| Is your organisation willing and able to provide annual financial records, accounts for verification by SPC? | Yes | No |
| Is your organization willing and able to provide audited annual financial reports for verification by SPC? | Yes | No |
| Does your organisation have the financial management structure/system to manage the grants and assets? | Yes | No |

1. **Applicant Address**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Postal Address: | *[insert name of representative]* | Website: | *[insert title of representative]* |
| Phone number: | *[Phone number]* | Physical address: | *[email address]* |

1. **Independent Certification:**

Please list any third-party certification the business holds (e.g., organics, ISO 22000, HACCP etc.)

|  |  |  |
| --- | --- | --- |
| Certificate | Issued by | Valid to (date) |
|  |  |  |

1. **Please list any certifications that the enterprise is currently processing**

|  |  |
| --- | --- |
| Certification being processed | Rationale |

**SECTION 2: Evaluation Criteria**

**Criteria 1: Capacity of the enterprise to implement the proposal (50%)**

* 1. **Organisation and management (1/2-page max)**

Clear description of the key personnel involved in the day-to-day operation of the business, including their experience and area/s of expertise, and any gaps that may exist in your current organizational structure.

|  |
| --- |
|  |

* 1. **Provide a brief description of your business and products including the businesses’ ability to implement your proposal (2 pages max)**

Applicants must demonstrate that sound managerial and financial capability/systems are in place. The applicant can implement the proposed activities and demonstrate commercial viability of its proposed plans within 3-5 years. Furthermore, elaborate on the mitigation of associated risks both, internally and externally to the business.

|  |
| --- |
| Business description and products: |
| Operational management capacity: |
| Financial management capacity: |
| Business sustainability: |
| Business viability: |
| Succession planning: |
| Risk mitigation: |
| Scope for growth of business: |

**Criteria 2: Relevance to SCoFA and FAME objectives (10%) (Refer to Section 3.3)**

* + - * 1. **Objective of the proposal and outputs/target to be achieved (1 page max)**

The proposal is aligned with SCoFA’s objectives (refer to 3.3). Please support this section with a business plan if available.

|  |
| --- |
|  |

1. **Description of main activities to be implemented with this proposal (3 pages max)**

Clear identification of the proposed activities, implementation schedules, and how these actions contribute to achieving not only the outputs/targets and objectives of the project but of the business as well.

|  |
| --- |
|  |

**Criteria 3: Social impact, social inclusion, and gender equity (15%)**

**Involvement and Social Impact (2 pages max)**

Explain in detail how youraquaculture enterprise contributes to improving food security, increased knowledge (crop production, certification, and standards etc.), income, gender equality, and opportunities for women and youth?

|  |
| --- |
| How does your business affect or improve food security? |
| How does your business contribute to increased knowledge and participation? |
| How will your business contribute to improved livelihood generation and income? |
| How does your business address gender equality and social inclusion? |
| What are the opportunities for women and youth? |

**Criteria 4: Environmental Impact (15%)**

**a. Environmental practices including, emissions reduction and energy saving technology (1 page max)**

Please describe in detail how your business supports primary production systems to reduce environmental impacts. What mitigation strategies has your business put in place to minimize harmful impacts to the environment including supportive/innovative measures to protect the environment (e.g., CO2 reduction, circular economy, reforestation, etc.). Applicants must ensure efficient use of resources (such as water, energy, and land), adapt to, or build resilience against climate change through awareness building, and innovative services, and products.

|  |
| --- |
|  |

**Criteria 5: Effectiveness of the proposed budget (10%)**

1. How necessary are the expenditures for the proposed project?

|  |
| --- |
|  |

1. How does this translate to the best value for the money to be spent?

|  |
| --- |
|  |

1. Please indicate in detail how your business plans to meet the 40% contribution requirements for any proposed support. For financial contributions, please indicate the source of the funding. For non-financial contributions, please indicate the contribution, the value of the contribution, and how you have arrived at the value for the contribution. Please note that you can propose a financial or a non-financial contribution or a combination of both. To give your proposal the best chance of success, we encourage you to propose up to 3 different specific types of financial and/or non-financial contribution, and to make the order in which you would like each proposed contribution considered by SPC clear.

i. Financial Contribution

|  |
| --- |
|  |

ii. Non-financial Contribution

|  |
| --- |
|  |

**\*** Please fill in Annex 2 “Budget Form” containing budget for the proposed activities. Provide necessary documents such as quotations to support your budget and to evidence your financial and/or non-financial contribution.

**SECTION 3: SUPPORT REQUESTED AND CONTRIBUTION:**

**Description of support requested:**

Please indicate the kind(s) of assistance or support requested from the SCoFA Project:

Certification

Product development

Technical support in feed, seed and broodstock management

Business mentoring

Capacity building through training and workshops

Equipment

**SECTION 4: DECLARATION**

I hereby certify that I have the authority to submit this proposal on behalf of the applicant and I certify that the above and attached information is true and accurate.

.............................................

Signature of CEO/ Managing Director/General Manager/Manager

Date: ....................................

**Checklist**

|  |  |  |
| --- | --- | --- |
| **Documents** | **Description** | **Check** |
| Application form and attachments | Completed application form and all required attachments |  |
| Financials reports (2021 – 2022 will be accepted) | Copy of financial report |  |
| Business registration | Copy of certificate of registration |  |
| Business license | Copy of business license (refer to section 4.1) |  |
| Business Plan (if available) | Copy of the enterprises business plan, if available. |  |

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## ANNEX 2: Budget Form

|  |  |  |  |
| --- | --- | --- | --- |
| BUDGET – GRANT APPLICATION  The budget must be presented in your local currency. Where possible, supporting documents such as quotations to support the amount being proposed must be included. Applicants must, as part of the grant application, be able to show that they will be in a position to make a financial and/or non-financial contribution of 40% of the value of the total grant awarded. Progress reports will be required to include both SPC and the grantee’s contribution. | | | |
| Title of the action: | *[mention the title of the action]* | | |
| **Item of expenditure** | **(A)** | **(B)** | **(A+B)** |
| **SPC Funding Request** | **Applicant contribution** | **Total Costs** |
| Activity 1 - [name of Activity 1] - Project costs | | | |
| *[Describe precisely the costs required to implement Activity 1. For example, detail the equipment that you would like to propose for purchasing or the certification or product development that you would like to propose.]* |  |  |  |
| *[Describe the costs required to implement Activity 1]* |  |  |  |
| *[Describe the costs required to implement Activity 1]* |  |  |  |
| *[Provide details on every cost]* |  |  |  |
| ***Sub-Total Activity 1 Project costs*** |  |  |  |
|  | | | |
| *[Describe the costs required to implement Activity 2]* |  |  |  |
| *[Describe the costs required to implement Activity 2]* |  |  |  |
| *[Describe the costs required to implement Activity 2]* |  |  |  |
| *[Provide details on every costs]* |  |  |  |
| ***Sub-Total Activity 2 Project costs*** |  |  |  |
|  | | | |
| *[Describe the costs required to implement Activity 3]* |  |  |  |
| *[Describe the costs required to implement Activity 3]* |  |  |  |
| *[Provide details on every costs]* |  |  |  |
| ***Sub-Total Activity 3 Project costs*** |  |  |  |
| ***Grand total of the Action (Activity 1+ 2+3)*** |  |  |  |

|  |
| --- |
| Other (open section for the applicant) |
| *[Insert any other detail related to the budget]* |

|  |
| --- |
| **For the Applicant:** *[insert name of the organisation]* |
| Signature:  Name of the applicant’s representative: *[insert name of the representative]*  Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |

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## ANNEX 3: Social and Environmental Responsibility (SER) Screening Questionnaire

|  |  |  |
| --- | --- | --- |
| SER SCREENING QUESTIONNAIRE – GRANT APPLICATION | | |
| Labour and Working conditions | | |
| 1.1 Will the project present unsafe, indecent or unhealthy working conditions for stakeholders involved? | Yes | No |
| 1.2 Is there potential for the project to apply adverse discriminatory practices based on religious, racial, gender, disability or political considerations? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Climate change | | |
| 2.1 Could the project adversely contribute to climate change by generating greenhouse gas emissions, including through deforestation or forest degradation? | Yes | No |
| 2.2 Could the project negatively affect the resilience to climate change? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Resource Efficiency and Pollution Prevention | | |
| 3.1 Will the project generate hazardous waste? Is the project likely to lead to environmental damages due to an uncontrolled management of waste? | Yes | No |
| 3.2 Is the project likely to lead to pollutants release? Are chemicals (including pesticides) likely to be used during the project? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Human Rights | | |
| 4.1 Is the project likely to negatively impact on the human rights of the affected populations? (e.g. their rights to water, work, health, to a healthy environment, etc.)? | Yes | No |
| 4.2 Is the project likely to create less favourable treatment of, or discrimination against, any person or group? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Impacts on Affected Communities | | |
| 5.1 Is there any risk that populations perceive they did not receive enough opportunities to raise their concerns regarding the project? | Yes | No |
| 5.2 Is there a risk that the project would create or exacerbate conflicts with or within affected populations? | Yes | No |
| 5.3 Is the project likely to increase community exposure to disease (water borne, water based, water related and vector borne diseases as well as communicable diseases)? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Gender | | |
| 6.1 Is there a likelihood that the project would have adverse impacts on gender equality, and/or the situation of women and girls? | Yes | No |
| 6.2 Have community groups/leaders raised gender equality concerns regarding the project during the stakeholder engagement process? | Yes | No |
| 6.3 Would the project potentially limit women’s ability to access or use natural resources upon which they depend for a livelihood? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Resettlement | | |
| 7.1 Could the project involve the physical relocation of people? (encompassing displacement as well as planned relocation) | Yes | No |

|  |  |  |
| --- | --- | --- |
| Use of natural resources | | |
| 8.1 Could the project lead to adverse impacts on biodiversity or natural habitat? | Yes | No |
| 8.2 Is the project likely to negatively impact a protected area? | Yes | No |
| 8.3 Is the project likely to introduce invasive alien species to the project area? | Yes | No |
| 8.4 Is the project likely to restrict people’s access to natural resources and their means of livelihoods? | Yes | No |
| 8.5 Is the project likely to favour unsustainable exploitation of a renewable resource? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Peoples right and tenure | | |
| 9.1 Is the project likely to negatively affect peoples or communities rights: rights of affected populations, including procedural rights such as the right to be consulted or to have access to information, or substantive rights (real or personal) such as the right of access to natural resources or benefit-sharing related to these natural resources (carbon rights, benefits from access to genetic resources ...). | Yes | No |
| 9.2 Could the project require the relocation of peoples from their homes or lands subject to traditional ownership or customary use? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Cultural heritage | | |
| 10.1 Is the project likely to negatively affect cultural heritage? | Yes | No |
| 10.2 Is the project likely to negatively affect a legally protected cultural heritage area? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk identification table | | | |
| *If you have answered ‘yes’ to any of the above questions, please fill in the associated identification and risk assessment table and mention the question identification number.* | | | |
| **Question ID number** | **Risk Description** | **Risk assessment** | **Score the risk level** |
| 1.2 | *[Where applicable describe potential issues, specify activities causing the risk identified. Characterise the identified risk or impacts (likelihood, intensity, duration, reversibility). Indicate the risk localization (local/national/global)]* | *[Where applicable, identify the remedial actions that would mitigate the identified risk]* | *[Choose between high, medium and low]* |
| 6.3 | *[insert risk description]* | *[insert risk assessment]* | *[Choose]* |
| 8.5 | *[insert risk description]* | *[insert risk assessment]* | *[Choose]* |
| Etc. | *[insert risk description]* | *[insert risk assessment]* | *[Choose]* |

|  |
| --- |
| **For the Applicant:** *[insert name of the organisation]* |
| Signature:  Name of the applicant’s representative: *[insert name of the representative]*  Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |

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## ANNEX 4: Project Risk Identification Form

|  |  |  |  |
| --- | --- | --- | --- |
| RISK IDENTIFICATION FORM – GRANT APPLICATION | | | |
| Project Risks | | | |
| Describe and rank the four most significant risks that could negatively impact the project. Risks are potential future events that have the potential to negatively impact your ability to achieve the project results and could, for example, include financial, environmental or social risks. | | | |
| **Risk** | What is the **likelihood** (high, medium or low) that the risk will occur? | If the risk occurs, what would the **impact** (high, medium or low) on the project be? | Mitigation strategy – how will you manage the risk? |
| *[Risk 1 identified]* | *[Choose between high, medium and low]* | *[Choose between high, medium and low]* | *[Describe your mitigation strategy to reduce the likelihood of the risk occurring.]* |
| *[Risk 2 identified]* | *[Choose between high, medium and low]* | *[Choose between high, medium and low]* | *[Describe your mitigation strategy to reduce the likelihood of the risk occurring.]* |
| *[Risk 3 identified]* | *[Choose between high, medium and low]* | *[Choose between high, medium and low]* | *[Describe your mitigation strategy to reduce the likelihood of the risk occurring.]* |
| *[Risk 4 identified]* | *[Choose between high, medium and low]* | *[Choose between high, medium and low]* | *[Describe your mitigation strategy to reduce the likelihood of the risk occurring.]* |

|  |
| --- |
| **For the Applicant:** *[insert name of the organisation]* |
| Signature:  Name of the applicant’s representative: *[insert name of the representative]*  Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |

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## ANNEX 5: Applicant Declaration

The applicant, represented by the undersigned, being the authorised signatory of the applicant, in the context of the present call for grant proposals, representing any co‐ applicant(s) in the proposed action, hereby declares that:

* The applicant is eligible in accordance with the criteria set out in the Guidelines for Applicants (Part 1, Part 2, Part 3 and Part 4);
* The applicant has sufficient financial capacity to carry out the proposed action or work programme;
* The applicant certifies the legal status of the applicant and of its partners , if any, as reported in the application;
* The applicant is directly responsible for the preparation, management and implementation of the action with the co‐applicant(s), if any, and is not acting as an intermediary;
* The applicant (and any co‐applicant/s) is not, or are not, in any of the following situations that will exclude them from participating in any SPC grant process or award:

1. They are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
2. They have been convicted of an offence concerning their professional conduct by a judgment which has the force of res judicata;
3. They have been guilty of grave professional misconduct proven by any means which the applicant cannot justify;
4. They have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established, or with those of the country of the applicant, or those of the country where the grant is to be performed;
5. They have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity.

It is recognised and accepted that if the applicant and/or co‐applicant(s) (if any) participate notwithstanding being in any of these situations, they may be excluded from the grant process or any future SPC processes.

|  |
| --- |
| **For the Applicant:** *[insert name of the organisation]* |
| Signature:  Name of the applicant’s representative: *[insert name of the representative]*  Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |

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## ANNEX 6: Conflict of Interest Declaration

INSTRUCTIONS TO APPLICANTS

#### What is a conflict of interest?

A conflict of interest may arise from economic or commercial interests, political, trade union or national affinities, family, cultural or sentimental ties, or **any other type of relationship or common interest between the applicant and any person connected with SPC** (SPC staff member, consultant or any other expert or collaborator mandated by SPC).

#### Always declare a conflict

The existence of a potential or apparent conflict of interest does not necessarily prevent the applicant from taking part in a grant process. **However, the declaration of the existence of such a conflict by the persons involved is essential and allows SPC to take appropriate measures to mitigate it and prevent the associated risks.**

Applicants are therefore invited to declare any situation, fact or link which, to their knowledge, could generate a real, potential or apparent conflict of interest.

#### Declaration at any time

Conflicts of interest may arise at any time during the grant award process or the implementation of a project (e.g. new partner in the project) or as a result of a change in personal life (e.g. marriage, inheritance, financial transaction, creation of a company). If such a relationship is found and could be perceived by a reasonable person as likely to influence a decision, a declaration of the situation is necessary. In case of doubt, a conflict situation must be declared.

#### Declaration for any person involved

A declaration must be completed for each person involved in the application process (principal representative of the applicant, possible partners, etc.).

#### Failure

Failure to declare a potential conflict of interest may result in the exclusion of the applicant from the process or the non-award of a grant.

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DECLARATION

I, the undersigned, *[name of the representative of the applicant]*, acting in the name and on behalf of the organisation *[name of the entity]*, declare that:

|  |  |
| --- | --- |
|  | To my knowledge, I am not in a conflict-of-interest situation |
|  | There is a potential conflict of interest with regard to my *[Choose an item]*. relationship with *[name of the person concerned]* in his or her capacity as *[mention position/role/personal or family link with the person concerned]*, although, to the best of my knowledge, this person is not directly or indirectly involved in any stage of the grant award process |
|  | I may be in a conflict of interest with regard to my *[Choose an item]* relationship with *[name of the person concerned]* in his or her capacity as [*position/role/personal or family link with the person concerned]*, as this person is, to the best of my knowledge, directly or indirectly linked to the grant award process |
|  | To my knowledge, there is another situation that could potentially constitute a conflict of interest:  *[Describe the situation that may constitute a conflict of interest]* |

In addition, I undertake to:

* declare, without delay, to SPC any situation that constitutes a potential conflict of interest or is likely to lead to a conflict-of-interest;
* not to grant, seek, obtain or accept any advantage, whether financial or in kind, to or from any person where such advantage constitutes an unfair practice or an attempt at fraud or corruption, directly or indirectly, or constitutes a gratuity or reward related to the award of the contract;
* to provide accurate, truthful and complete information to SPC in connection with this procurement process.

I acknowledge that I and/or my organisation and/or partners who are jointly and severally applying for a grant, may be subject to sanctions, if it is established that false statements have been made or false information has been provided.

|  |
| --- |
| **For the Applicant:** *[insert name of the organisation]* |
| Signature:  Name of the applicant’s representative: *[insert name of the representative]*  Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |