**SECTION 8: PROJECT FINANCING AND BUDGET (A GUIDE FOR YOUR PRODOC)**

**8.1 GEF Project Budget Overview**

*Describe the total GEF Project and Co-financing and duration (1-2 sentences) If there are significant differences in annual budgets, provide details that explain those differences.*

*Is the budget sufficient to achieve the outcomes of the project? Are there potential risks related to the budget and the ability of the Project Management Team to achieve the project outcomes? What are the potential solutions for those risks.*

[Insert the annual budget summary by component from the detailed budget spreadsheet].

*Is the budget sufficient to achieve the outcomes of the project? Are there potential risks related to the budget and the ability of the Project Management Team to achieve the project outcomes? What are the potential solutions for those risks.*

**8.2 Project Budget Notes**

**8.2.1 Staffing**

Describe the staffing required for project execution and complete the table below:

**Table X. Project staff Add rows and components and required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** | **Summary of responsibilities** | **Average Annual % time** | **Average annual Budget** | **Total Project Budget** |
| **Project Management Costs (PMC)** | | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |  |
| **Monitoring and Evaluation** | | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |  |
| **Component 1** | | | | |
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| **Component 2** | | | | |
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| **TOTAL COMPONENT 2** | | |  |  |
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| **TOTAL COMPONENT 3** | | |  |  |

**8.2.2 Third Party Fees and Expenses**

Complete the table below:

**Table X. Project staff Add rows and components and required**

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| --- | --- | --- | --- | --- |
| **Consultant Expertise** | **Summary of responsibilities** | **Project Year/s** | **Average annual Budget** | **Total Project Budget** |
| **Project Management Costs (PMC)** | | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |  |
| **Monitoring and Evaluation** | | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |  |
| **Component 1** | | | | |
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| **COMPONET 3** | | | | |
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| **TOTAL COMPONENT 3** | | |  |  |

**8.2.3. Grants and Agreements**

*Describe the proposed partners (sub-recipients) that the executing organization will work with to achieve the outcomes of the agreement. On what was the decision based to include these organizations in the project. If total Partner budget is less that X% of the total budget, please explain why. Note that it is preferred that the project is executed with partners. If a partner is receiving more than $300,00, they will be required to provide a GEF detailed budget spreadsheet.*

*List all sub-recipients in the table below*

Table X Sub recipient summary Add rows and components as required

|  |  |
| --- | --- |
| Partner Name | Total sub-recipient Budget |
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| **Sub Total Sub Grants** |  |

The above listed partners will execute activities under the project components, as described in Table X below. The costs included in Table 9 are fully inclusive of all costs including, staff, travel and workshops.

**Table X. Grants Add rows as components and required**

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| --- | --- | --- | --- |
| **Name of Partner** | **Purpose** | **Location** | **Total** |
| **Project Management Costs (PMC)** | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |
| **Monitoring and Evaluation** | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |
| **Component 1** | | | |
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| **TOTAL COMPONENT 1** | | |  |
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| **TOTAL COMPONENT 3** | | |  |

**8.2.4. Travel**

Complete the table below:

**Table X. Travel Add rows and components as required**

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| **International or Local (state the Destination if known)** | **Purpose of Travel** | **Total number of Trips** | **Total Project Costs** |
| **Project Management Costs (PMC)** | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |
| **Monitoring and Evaluation** | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |
| **Component 1** | | | |
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| **TOTAL COMPONENT 1** | | |  |
| **Component 2** | | | |
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| **TOTAL COMPONENT 2** | | |  |
| **COMPONET 3** | | | |
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| **TOTAL COMPONENT 3** | | |  |

**8.2.5. Workshops and meeting**

Describe how the total workshop cost was calculated (ie. what is included in the total cost)

Complete the table below:

**Table X. Workshops and Meetings Add rows and components as required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Describe who will be participating and the estimated number of participants.** | **Purpose of workshop (include number of workshops planned** | **Total Project Costs** |
| **Project Management Costs (PMC)** | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |
| **Monitoring and Evaluation** | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |
| **Component 1** | | | |
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| **TOTAL COMPONENT 1** | | |  |
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| **TOTAL COMPONENT 2** | | |  |
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| **TOTAL COMPONENT 3** | | |  |

**8.2.6 Equipment**

*The definition of Equipment is anything that is motorized and anything not motorized that costs $5,000 or more (for a single unit).*

**Table X. Equipment Add rows and components as required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment**  **Budgeted** | **Project Justification for equipment** | **Location** | **Total Costs** |
| **Project Management Costs (PMC)** | | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |  |
| **Monitoring and Evaluation** | | | |
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| **TOTAL MONITORING AND EVALUATION** | | |  |
| **Component 1** | | | |
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| **TOTAL COMONENT 1** | | |  |
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| **TOTAL COMPONENT 2** | | |  |
| **COMPONET 3** | | | |
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| **TOTAL COMPONENT 3** | | |  |

**8.2.7. Other Direct Costs**

**Table X. Other Direct Costs Add rows and components as required**

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| --- | --- | --- |
| **Decription** | **Project Justification** | **Total Project Costs** |
| **Project Management Costs (PMC)** | | |
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| **TOTAL PROJECT MANAGEMENT COSTS (PMC)** | | |
| **Monitoring and Evaluation** | | |
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| **TOTAL MONITORING AND EVALUATION** | | |
| **Component 1** | | |
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| **TOTAL COMPONENT 1** | | |
| **Component 2** | | |
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| **TOTAL COMPONENT 2** | | |
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| **TOTAL COMPONENT 3** | | |

**8.3 Project Management Costs (PMC)**

*Please provide a summary line item budget and indicate the % budget is of total budget. Note that PMC cannot be more than 5% of the overall budget. Note the total below needs to match the PMC totals from the preceding tables.*

**Table X. PMC Summary Budget**

|  |  |
| --- | --- |
| ***Line item*** | **Total** |
| Salaries and Benefits |  |
| Consultants |  |
| Grants and Agreements |  |
| Travel |  |
| Workshops |  |
| Equipment |  |
| Other Direct Costs |  |
| **TOTAL M&E** |  |
| **TOTAL PROJECT BUDGET** |  |
| **% M&E OF TOTAL PROJECT BUDGET** |  |

**8.4 Monitoring and Evaluation**

*If Monitoring and Evaluation is a separate component, please provide a summary line item budget and indicate the % budget is of total budget. Note that it is preferred that M&E be 10-15% of the overall budget. Note the total below needs to match the M&E totals from the preceding tables.*

**Table X. M&E Summary Budget**

|  |  |
| --- | --- |
| ***Line item*** | **Total** |
| Salaries and Benefits |  |
| Consultants |  |
| Grants and Agreements |  |
| Travel |  |
| Workshops |  |
| Equipment |  |
| Other Direct Costs |  |
| **TOTAL M&E** |  |
| **TOTAL PROJECT BUDGET** |  |
| **% M&E OF TOTAL PROJECT BUDGET** |  |

If Monitoring and Evaluation is not a separate component please complete the table below.

**Table X. Other Direct Costs Add rows and components as required**

|  |  |  |
| --- | --- | --- |
| **Description** | **Component under which expense is budgeted** | **Total Costs**  **(M&E only)** |
| **Salaries and Benefits (Position and % of time)** | | |
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| **TOTAL SALARIES AND BENEFITS** | | |
| **Consultants (Expertise and Purpose)** | | |
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| **Consultants** | | |
| **Grants (note if it is part of a larger grant)** | | |
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| **TOTAL COMPONENT 1** | | |
| **Travel** | | |
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| **TOTAL TRAVEL** | | |
| **WORKSHOPS** | | |
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| **TOTAL WORKSHOPS** | | |
| **EQUIPMENT, OTHER DIRECT COSTS AND ADMINISTRATIVE COSTS (AUDIT)** | | |
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| **TOTAL EQUIPMENT, OTHER DIRECT COSTS AND ADMINSITRATIVE COSTS (AUDIT)** | | |
| **TOTAL M&E** | |  |
| **TOTAL PROJECT BUDGET** | |  |
| **% M&E OF OVERALL BUDGET** | |  |

8.5 Safeguards

*Have you considered all the budget requirements related to the implementation of measures related to safeguard policy? Please explain and describe how they have been included. Consider capacity needed both in-house and third party, systems required for monitoring safeguard impacts and measures related to safeguard policies.*

*8.6 IW Learn (at least 1% of the IW allocation – relevant for projects funded with IW funds).*

*Show all expenses budgeted that contribute to the IW Learn. Please indicate the component under which the expense has been budgeted.*

**Table X. Other Direct Costs Add rows and components as required**

|  |  |  |
| --- | --- | --- |
| **Description** | **Component under which expense is budgeted** | **Total Costs**  **(IW Learn only)** |
| **Salaries and Benefits (Position and % of time)** | | |
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| **TOTAL SALARIES AND BENEFITS** | | |
| **Consultants (Expertise and Purpose)** | | |
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| **Consultants** | | |
| **Grants (note if it is part of a larger grant)** | | |
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| **TOTAL COMPONENT 1** | | |
| **Travel** | | |
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| **TOTAL TRAVEL** | | |
| **WORKSHOPS** | | |
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| **TOTAL WORKSHOPS** | | |
| **EQUIPMENT, OTHER DIRECT COSTS AND ADMINISTRATIVE COSTS (AUDIT)** | | |
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| **TOTAL EQUIPMENT, OTHER DIRECT COSTS AND ADMINSITRATIVE COSTS (AUDIT)** | | |
| **TOTAL M&E** | |  |
| **TOTAL PROJECT BUDGET** | |  |
| **% M&E OF OVERALL BUDGET** | |  |