FORM C - LETTER OF TRANSMITTAL

Specific International Programme of the Minamata Convention on Mercury

Third Round of Applications: 2020 - 2021

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| *This application must be signed by the Applicant Government Official, the Minamata Convention National Focal Point and the GEF Operational Focal Point. Please email the signed form in PDF format to the Secretariat for the application to be considered complete. Do not modify the form’s format. Modified forms will not be accepted.* | | | | | | | | |
| **Applicant Government Official signature** | | | | | | | | |
| I hereby certify that the information provided in this application, including all enclosures, is accurate and relevant to national priorities to implement the obligations under the Minamata Convention, in line with the mandate of the Specific International Programme. I confirm that should this project be approved, project management arrangements should be concluded between the United Nations Environment Programme, as trustee, and the designated project delivery institution. I also note that should this project be approved, the official Project Focal Point will be identified by the Government to complete the finalization of the project documents for implementation. | | | | | | | | |
| **Mr.** | **Ms.** | **First name:** | | ……………………… | | | **Last name:** | …………………………… |
| **Functional title:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Institution/ Department/ Section:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Organization:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Telephone:** | ……………………… | | | | **E-mail: dress:** | ……………………………………………………………………… | | |
| **Signature and date:** | | | ..…………………………………………………………………………………..… | | | | | |

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| *This application must be signed by the Minamata Convention National Focal Point and the GEF Operational Focal Point to confirm both have been consulted in the development of the project application.* | | | | | | | | |
| **Minamata COnvention NATIONAL FOCAL POINT signature** | | | | | | | | |
| **Mr.** | **Ms.** | **First name:** | | ……………………… | | | **Last name:** | …………………………… |
| **Functional title:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Institution/ Department/ Section:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Organization:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Telephone:** | ……………………… | | | | **E-mail: dress:** | ……………………………………………………………………… | | |
| **Signature and date**  ……………………………………………………………………………………..………………... | | | .…………………………………………………………………………………..… | | | | | |
| **GEF Operational Focal Point signature** | | | | | | | | |
| **Mr.** | **Ms.** | **First name:** | | ……………………… | | | **Last name:** | …………………………… |
| **Functional title:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Institution/ Department/ Section:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Organization:** | | | | …………………………………………………………………………………………………………………………… | | | | |
| **Telephone:** | ……………………… | | | | **E-mail: dress:** | ……………………………………………………………………… | | |
| **Signature and date**  ……………………………………………………………………………………..………………... | | | .……………………………………………………………………………………..… | | | | | |