**Call for interest dedicated to Marine Protected Areas in the Mediterranean**

# **Phase 2 : Application submission**

# **Before July 13, 2025 (midnight CET)**

**APPLICATION FORM (to be completed)**

**INTRODUCTION AND SUMMARY OF APPLICATION**

**Date of application:**

|  |  |
| --- | --- |
| COUNTRY: |  |
| NAME OF MPA: |  |

**IDENTITY OF CANDIDATES - MPA MANAGERS**

|  |  |  |
| --- | --- | --- |
|  | MPA manager | Co-manager |
| Organisation |  |  |
| Status of the organisation (national authority, agency, parc, NGO etc.) |  |  |
| Name of the legal representative |  |  |
| Technical point of contact (name + email) |  |  |

The MedFund encourages co-management arrangements involving local NGOs and national agencies/institutions in charge of MPA management. In the case of co-management, the application will be submitted jointly by the NGO and the National Authority.

**DESCRIPTION OF THE MPA**

|  |  |
| --- | --- |
| Legal status of the MPA |  |
| MPA creation date: | Date: …..  in progress  not officially created |
| Total surface area of the MPA (effective or planned) | …. km² |
| Area of the highly or fully protected area (effective or planned) |  |
| Management plan | YES (date: …… )  NO |

|  |
| --- |
| Brief description of the MPA *Attach the zoning plan of the MPA as an appendix* |
|  |

**MANAGEMENT ACTIVITIES CARRIED OUT/IN PROGRESS**

|  |
| --- |
|  |
| Existence of an operational management committee?  YES  NO  If yes, specify the composition of the management committee : |

**MAIN THREATS AND PRESSURES ON THE MPA**

|  |
| --- |
| Summary of the main threats and pressures within the MPA and description of the proposed management activities to address them. |
|  |

|  |  |  |
| --- | --- | --- |
| List 3 priority conservation targets (species or habitats) for the MPA | | |
|  |  |  |

|  |
| --- |
| Main needs (human, material, financial) for the efficient management of the MPA |
|  |

**Name of the board members of the recipient NGO**

|  |
| --- |
|  |

**Number of men and women on the Board of Directors of the recipient NGO**

|  |
| --- |
|  |

**Number of men and women on the MPA management committee**

|  |
| --- |
|  |

**ADDITIONAL INFORMATION**

|  |
| --- |
|  |

Date: … / … / …….

Signature and stamp of the candidate(s)

|  |
| --- |
|  |

Documents to be attached to this application.

* A map and zoning plan of the MPA
* Legal status of MPA (if applicable)
* The updated management document or management plan
* Letter of commitment or support signed by the national authority in charge of MPAs. Any application submitted by an NGO without the letter of approval or support will be considered incomplete and will not be reviewed by the MedFund Grant Award Committee.
* A photo of the MPA with associated photo credits
* The legal registration documents of the beneficiary NGO (statutes, certificates...)
* Copy of the passport of the President and/or Director of the managing organisation
* Latest financial report of the beneficiary NGO
* Latest activity report of the beneficiary NGO
* List of board members of the beneficiary NGO