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| 1) Client/Ministry Information |
| Client/Ministry Name: |  | *Name of Point of Contact (POC):* |  |
| *Installation address (Village, municipality, area, country, including GPS coordinates if available):* |  | *POC Mailing Address:* |  |
| Office Phone: |  | E-mail: |  | *POC Email Address:* |  |
| Mobile Phone: |  | Website: |  | *Request Date:* |  |
| Project Type (School, Orphanage, Medical Clinic etc.): |  | *Estimated number of people impacted (please include demographic info, if available – number of children/adults, boys/girls, etc.):* |  |

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| 2) Stateside or Major Support Agency |
| Name | Email | *Phone* | Website and/or Mailing Address |
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| 3) Current Energy Costs *(quantify costs in a specific currency)* |
| Equipment Expense (ex. generator and related equipment): |  |
| Grid Fees: |  |
| Maintenance: |  |
| Monthly Fuel: |  |
| Other (ex. cost/impact associated with not having electricity): |  |
| TOTAL: |  |

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| 4) Project Details / Electrical Load Analysis  |
| What would you like to operate with solar power? Specify quantity (Qty) of each. | **Other(s) (Fill-in)** |
| Lights | Refrigerators | Fans | Laptops | *Microscopes* | Centrifuges |
| Qty: | Qty: | Qty: | Qty: | Qty: | Qty: |
| Autoclaves |  |  |  |  |  |
| Qty: | Qty: | Qty: | Qty: | Qty: | Qty: |
|  |  |  |  |  |  |
| Qty: | Qty: | Qty: | Qty: | Qty: | Qty: |
| Additional Details |
| Existing Electrical Grid Power | Is grid available? | Grid availability per day | Grid quality: Are Volts and/or Hz consistent? |
| Y/N | # Hours/Day: | Y/N; Describe: |
| Roof Type (please provide photos) | Concrete Flat | Pitched Wood | Pitched Metal | Other |
| Y/N | Y/N | Y/N |  |
|  |  |  |  |  |
| Water Pumping (if applicable) |
| Depth of well: |  |
| Height of water tank above ground: |  |
| Gallons of water used/needed per day: |  |

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| 5) Method of Funding |
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| 6) Proposed Project Timeline *(please describe under relevant box)* |
| Ready to Install | *Funding is necessary* | *Future Planning* |
|  |  |  |

**Additional Comments:**