|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.):* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2) Stateside or Major Support Agency | | | |
| Name | Email | *Phone* | Website and/or Mailing Address |
|  |  |  |  |

|  |  |
| --- | --- |
| 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: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | |

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

**Additional Comments:**