**Project Preparation for Funding**

**Screening Template**

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| **Company details** | | | |
| 1 | Date: |  | |
| 2 | Company Name: |  | |
| 3 | Representative Name & Title: |  | |
| 4 | Address: |  | |
| 5 | Phone: |  | |
| 6 | Email: |  | |
| **Project Parameters** | | | |
| 7 | Name/Title: |  | |
| 8 | Location/Country: |  | |
| 9 | Technology: |  | |
| 10 | Size/Output Capacity (if applicable): |  | |
| 11 | Proximity to market (in KM if applicable): |  | |
| 12 | Project Estimated Costs: |  | |
| 13 | Project Estimated Development Costs: |  | |
| 14 | Funding Request in USD *(please indicate what the requested funds will be used for):* |  | |
| 15 | Brief description of the project (s): *(no more than 100 words)* |  | |
| 16 | Brief description of the company and track record with examples of similar projects: *(no more than 150 words*) |  | |
| **Status to date**  ***Indicate the progress achieved to date in the following activities, providing very brief details where appropriate*** | | | |
| 17 | * Development of a business plan | | No  In process  Completed |
| 18 | * Acquisition of land and Site Survey | | No  In process  Completed |
| 19 | * Pre-Feasibility Studies | | No  In process  Completed |
| 20 | * Licenses and Permits. Please specify if applicable | | No  In process  Completed |
| 21 | * Negotiation/Agreement with Off-taker/Client | | No  In process  Completed |
| 22 | * Detailed Project Design | | No  In process  Completed |
| 23 | * Selection of Technology Provider/Partner. Please specify if applicable | | No  In process  Completed |
| 24 | * Procurement of EPC (Engineering Procurement & Construction) Contractor | | No  In process  Completed |
| 25 | * Environmental and Social Impact Assessments | | No  In process  Completed |
| 26 | * What are the financial commitments made to date by your company in the development of the project? Provide amount in USD | | Amount: |
| 27 | Have you submitted requests for funding from other sources? If yes, please provide details: | | Nature: Debt  Equity  Grant  Amount:  Provider: |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_