Solar Energy System Proposal

Partner Information, Country, Electricity Needs

I. Partner Summary Table

Purpose: To provide RREAL and the ELCA with information about its potential partners.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name |  | | | | | | | | |
| Country |  | Date Submitted |  | | | | | | |
| Type of Organization | Choose one: Bilateral/multilateral, Church, Community-based, Consultant/Contractor, International NGO, National/local NGO, Other | | | | | | | | |
| Mailing Address |  | Receiving Port or Container Yard to ship items: | | | |  | | | |
| E-mail address |  | Telephone : | |  | | | Fax: | |  |
| Chief Executive Officer’s Name |  | Chief Financial Officer’s Name | | | | |  | | |
| Position Title |  | Position Title | | | | |  | | |
| Main Contact’s Name (Can be CEO/CFO/other) |  | Name of Chairperson of Governing Board | | | | |  | | |
| Main Contact’s Position Title |  | Main Contact’s E-mail Address | | | | |  | | |
| Year Organization Founded |  | Date of government certification | | |  | | Church Affiliation (if any) |  | |
| Mission |  | | | | | | Total Annual Budget (US$) |  | |
| Have you worked with the ELCA previously? If so, when? |  | In what capacity have you worked with the ELCA previously? | | | |  | | | |
| Brief description of experience with humanitarian relief and development work |  | | | | | | | | |

II. Brief Project Summary

Purpose: To summarize key details of this project.

Please provide data regarding the number of individuals served by your institution last year:

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated number of men |  | Average family size among recipient population |  |
| Estimated number of women |  |
| Estimated number of children |  |
| **Total Estimated Number of Recipients** |  | Estimated income per family among recipient population (US dollars) | $ / day |

1. **Concise statement of need for solar energy system (2-3 sentences):**
2. **Please describe the goal of this effort. How will the request meet the unmet needs described above? (1 sentence):**
3. **Please describe the process through which your facility ensures fair and equitable service for those in need.**
4. **Describe your existing electrical generation system. Where do you get your power? What is the name and contact information of your utility?**
5. **How much does it cost each year to power your operations? Include labor, Operations & Maintenance, and other associated costs. Provide receipts from the power company, and/or for diesel fuel.**
6. **How much electricity do you consume? If you produce power from generators, provide hourly generator logs recorded over at least 2 weeks showing voltage, current for each line, and frequency.**
7. **Have you conducted, or do you plan to conduct an energy audit to reduce your energy consumption?**
8. **Describe actions you currently take to limit power consumption and promote energy efficiency:**
9. **Provide the names and qualifications of employees or other individuals who would be in charge of solar energy system operations and maintenance. Does this project include solar workforce development opportunities?**
10. **How is your institution currently funded? Please provide percentages of total funding for each funder.**
11. **What will you do with any savings realized from the solar energy system?**
12. **Please describe how you are able to assist in fundraising for this effort, and the value of any cash or in-kind contributions: Do you have community, local, and or national partnerships that will contribute to this project? How will these partners contribute to your solar-micro grid project?**
13. **Can you provide housing and food for the installation team during the system installation?**
14. **Would you purchase a solar energy system locally if this collaborative did not move forward?**

IV. Feasibility and Capacity

Purpose: To identify potential challenges and explain how participants and the partners will address them.

Please address the following questions:

1. **Describe how the material resources would be cleared through customs, transported and stored upon arrival.**
2. **Does your organization have duty-free status for this shipment? If so, please include a copy of duty-free documents with this application. If not, please describe what steps must be taken to obtain duty-free status.**
3. **Describe how your organization plans to cover any additional clearing fees at the receiving port, in-country transportation costs and/or warehousing costs. Do you have access to a crane?**

**Please estimate the costs below.**

|  |  |  |
| --- | --- | --- |
| Estimated Cost (in US dollars): | Clearing: |  |
| Transportation: |  |
| Storage: |  |
| Other (please explain): |  |
| **Total:** |  |

1. **Please describe your means of ensuring the security of the solar energy system both before and after it is installed. Wil the solar-micro grid require fencing?**
2. **Some limited extra components will be set aside in case of breakage or damage to PV modules. How will you ensure these are preserved for the next 25 years?**
3. **Batteries, or energy storage, can be great because they increase energy independence. However, there are also negative aspects of batteries. From your perspective, what are the positive and negative aspects of adding battery storage?**
4. **If you have energy storage with your solar energy system, how would you set aside needed funds for its replacement within 5-10 years?**

V. Reporting, Learning and Evaluation

1. **Please describe the type of internet access you currently have (e.g., satellite, cell phone, etc.). Also describe the make and model of the router and the bandwidth.**
2. **What are your long-term plans for internet access onsite?**
3. **We will ask for a Final Report several months after the completion of the system installation, submitted with photos. The report will be regarding the impact of the solar energy system for your institution and community. Who will be responsible for completing and submitting that final report, and what is their job title? Please provide a brief summary of their qualifications.**
4. **By completing the Application and signing the Cooperation Agreement, you agree to:**

**Complete Arrival Report and return to RREAL within two weeks of receiving any shipment.**

**Complete Final Report and return to RREAL within 6 weeks of request for final report. Participate in marketing and developing press releases areound your project.**

1. **Would you be willing to host a delegation of representatives from the ELCA for a short time to celebrate the project completion?**

Shipment Details

VI. Material Resources Order Form

Purpose: To determine what material resources are necessary and how RREAL can best ship materials efficiently. **Material resources are for the direct benefit of the recipients and are not to be sold, resold or used for commercial profit.** Please contact the program staff with any questions you may have concerning RREAL’s material resources or transportation policy.

**What organization is the consignee for this shipment?** Note: the consignee is the agency or organization receiving the shipment at the port.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency: |  |  | Contact Name: |  |
| Address: |  |  | Position: |  |
|  |  |  | Email: |  |
|  |  |  | Tel: |  |
|  |  |  | Fax: |  |

**If different than the consignee, who should be listed under the “Notify Party” section in the Bill of Lading?** Note: “Notify Party” refers to a person informed of the arrival of material resources in the port. The person may be the consignee or another member of your organization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency: |  |  | Contact name: |  |
| Address: |  |  | Title: |  |
|  |  |  | Email: |  |
|  |  |  | Tel: |  |
|  |  |  | Fax: |  |

If different than the consignee contact, who is the primary contact at your organization for this shipment? Note: this may be a person in your organization responsible for coordinating the shipment, but does not have to be the consignee or the “notify party.”

Main contact:

**Title: \_\_\_\_\_\_**

**Email: \_\_\_**

**Tel: \_\_\_**

**Fax: \_\_\_**

1. **Are there any types of materials your agency cannot import under the laws of the host government (e.g., flooded lead acid batteries)?**
2. **Please identify any additional entities that may be involved in the distribution or handling of these materials (e.g., local partner NGOs).**
3. **Please identify utilities, Health Ministries, Education, and other Governmental Departments and Agencies that will be involved.**
4. **Please list key stakeholders, their organizational affiliations, roles and responsibilities, and interests in the project and periodic updates required.**
5. **Listed below are the standard documents provided by RREAL for each shipment. Please list any other documents necessary for your organization to receive the shipment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Standard: | Bill of Lading | Others: |  |
|  | Non-Commercial Invoice |  |  |
|  | Packing List |  |  |
|  | Certificate of Donation |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Do you have special instructions for the Marks that appear on the boxes or bill of lading?**

Note: Marks are stamps or other notes that appear on the boxes, cartons and/or shipping documents. In most cases, our standard shipping marks are sufficient for customs clearance. For example, all boxes are stamped with the RREAL logo. They usually also include marks for Global Health Ministries. In addition, the shipping documents include a RREAL project identification number and your organization’s name.

1. **Do you prefer a courier other than DHL?**

Note: RREAL prefers to use DHL as a courier for documents, such as shipping documents. Please make a note if a courier other than DHL must be used.

1. **Other special shipping instructions for RREAL:**
2. **Will the items be distributed in coordination with a Global Health Ministries appeal? If so, please identify the appeal.**

NOTE: Please E-MAIL a copy of this form to RREAL.

**This application should be sent to:**

Skip the Grid Program RREAL Contact:

Rural Renewable Energy Alliance E-mail: info@rreal.org

3963 8th Street SW Phone: 218-947-3779

Backus, MN 56435 USA

Upon receipt of this complete information, RREAL will review your application and contact you regarding your request.

*Thank you for your inquiry and for your commitment to assisting those in need.*