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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOE annual activity report form**  **(version 04.0)**  T:\Logos\UNFCCC logo (2011)\NEW Logo Pool\logo-pool\01_logo\1c-b\03_jpg\03_high resolution\unfccc-l-1c-b-12.5.jpg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1. INTRODUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. DOE name** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **B. Period covered by the report** | | | | | | | | | | | | | | | | | | | | | | | *DD/MM/YYYY to DD/MM/YYYY* | | | | | | | | | | | | | | | | | | | |
| **SECTION 2. ORGANIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Major changes in organizational structure and personnel**  Please complete the table:  List the major changes[[1]](#footnote-1) that took place within the DOE during the reporting period.  Use the following types: (a) Legal, commercial or organizational status, e.g. ownership, partnerships;(b) Key professional staff; (c) Management system; (d) Conformity to the CDM accreditation requirements; (e) Allocation of CDM functions to other offices or outsourced, entities including establishment of new offices or outsourced entities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | | | **Type** | | **Summary of change** | | | | | | | | | | **Date of change** | | | | | | | | | | | | | | **Notification to the CDM-AP** | | | | | | | | **Date of notification** | | |
| 1 | | | | | |  | |  | | | | | | | | | | *DD/MM/YYYY* | | | | | | | | | | | | | | *Yes* *No* | | | | | | | | *DD/MM/YYYY* | | |
| **…** | | | | | |  | |  | | | | | | | | | | *DD/MM/YYYY* | | | | | | | | | | | | | | *Yes* *No* | | | | | | | | *DD/MM/YYYY* | | |
| **B. List of declared outsourced entities or other offices, other than the DOE’s central office (as of 30 June).**  Note: the entity is reminded to refer to the relevant paragraphs of the CDM accreditation standard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | **Type** | | | | | | | | **Location** | | | | **Name of the legal entity at the location** | | | | | | | | | | | | | **Relationship with the central office** | | | | | | | | | | | | | | **Information up-to date in your CDM-DOO-FORM?** | | |
| **1** | *Outsourced entity or other office* | | | | | | | | *(city & country)* | | | |  | | | | | | | | | | | | | *(e.g. subsidiary company, group company, branch, etc.)* | | | | | | | | | | | | | | *Yes*  *No* | | |
| **…** |  | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| **C. Entity’s management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of top management:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. Use of external individuals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total number of external individuals:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualified as:** | | | | | | | Validator | | | | Verifier | | | | | | Technical expert | | | | | | | | | | | | | | | | Team leader | | | | | | Technical reviewer | | | |
| **Number:** | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **E. Management systems**  **Internal audits carried out**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | **Date (start)** | | | | | | | | | | | | **Location** | | | | | | | | | | | | | | | | | | **Focus** | | | | | | | | |
| 1. | | | | *DD/MM/YYYY* | | | | | | | | | | | | *(country, city)* | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| ... | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Management reviews carried out** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | **Date (start)** | | | | | | | | | | | | **Location** | | | | | | | | | | | | | | | | | | **Focus** | | | | | | | | |
| 1. | | | | *DD/MM/YYYY* | | | | | | | | | | | | *(country, city)* | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| ... | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Complaints, disputes and appeals on CDM-related activities**  List any complaints, disputes and appeals regarding the entity’s function as a DOE as formally received during the reporting period. The type of the complaint, dispute or appeal shall be classified according to the following:   * 1. Complaints:      1. Type 1 - Delays;      2. Type 2 - Communication issues;      3. Type 3 - Termination of contract;      4. Type 4 - Other (please specify);   2. Dispute;   3. Appeal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | **Date complaint received** | | | | | | | | | | **Type** | | | | | | | | | | **Outcome** | | | | | | | | | | **Complainant** | | | | | | | | | | | |
| 1. | *DD/MM/YYYY* | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | *(project participant or stakeholder)* | | | | | | | | | | | |
| … |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| **F. CDM-related training undertaken**  List the main CDM-related trainings undertaken during the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | | **Date (first day)** | | | | | **Title** | | | | **Period**  **(hours)** | | | | | | **No. of**  **participants** | | | | | | | | | | **Internal/**  **external** | | | | | **Location** | | | | | | | **Provider** |
| 1. | | | | | *DD/MM/YYYY* | | | | |  | | | |  | | | | | |  | | | | | | | | | |  | | | | | (country, city) | | | | | | |  |
| … | | | | |  | | | | |  | | | |  | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | |  |
| **Section 3. CDM validation and verification/certification activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Status of CDM validation, verification and certification activities**  Provide the following information on all project activities and programme of activities (PoAs) your entity worked on during the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity** | | | | | | | | | | | | | | | | | | | | **No. of validation activities** | | | | | | | | | | | | | | | | **No. of verification activities** | | | | | | |
| Contract signed | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| Contract terminated | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| Validations/verifications on-going and not yet submitted to the UNFCCC, as of final date of the reporting period | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| Negative opinion provided | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| **B. List of project activities and PoAs declined, if any, including the reasons for doing so**  Include all project activities and PoAs for which your entity declined to perform validation or verification/certification in the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | **Location** | | | | | | | | | | | | **Reason for declining** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | *(country)* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| … | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Workload per qualified auditor**  Provide the number of project activities/PoAs worked on per qualified individual, over the whole reporting period, as of 30 June. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No. of validation and verification/ certification activities** | | | | | | | | | | | | **Validators** | | | | | | | **Verifiers** | | | | | | | | | | **Technical expert** | | | | | | | | **Team Lead** | | | | **Technical reviewer** | |
| 0 | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |  | |
| 1-10 | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |  | |
| 11-20 | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |  | |
| 21-30 | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |  | |
| 30+ | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |  | |
| **D. Timeframes for DOE services**  The average timeframe should be based on the entity’s experience during the reporting period. Timeframe is defined as the period from signing the contract to the first submission of the request (project activity and PoA) to the secretariat. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity Type** | | | | | | | | | | | | | | | | | | | | | | | | | **Average timeframe (months)** | | | | | | | | | | | | | | | | | |
| Validation | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Verification (first verification) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Verification (subsequent) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| For the following attributes apply a time adjustment factor to the average timeframe above. Time adjustment of 1.0 would mean no change, 0.9 would be 90% of the standard timeframe and conversely 1.1 would mean 110% of the average timeframe.  For example, one would expect “Eastern Europe” to have an adjustment of ≥1.0 whereas “Asia-Pacific” would have an adjustment of ≤1.0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location by UN regional group** | | | | | | | | | | | | | | | | | | | | | | | | | **Time adjustment factor** | | | | | | | | | | | | | | | | | |
| Africa | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Asia-Pacific | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Eastern Europe | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Latin America and the Caribbean | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **E.** **Costs of DOE service**  The average fee should be based on the entity’s experience during the reporting period, in US dollars. The average fee should be net of taxes and include all personnel costs for assessment, technical review, apportioned accreditation costs and administrative cost as well as average travel expenses. They should be based on the costs incurred for the latest versions of the VVS, PCP, PS, the accreditation standard and the accreditation procedure. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity Type** | | | | | | | | | | | | | | | | | | | | | | | | **Average cost of DOE service** | | | | | | | | | | | | | | | | | | |
| Validation | | | | | | | | | | | | | | | | | | | | | | | | *(USD)* | | | | | | | | | | | | | | | | | | |
| Verification (first) | | | | | | | | | | | | | | | | | | | | | | | | *(USD)* | | | | | | | | | | | | | | | | | | |
| Verification (subsequent) | | | | | | | | | | | | | | | | | | | | | | | | *(USD)* | | | | | | | | | | | | | | | | | | |
| For the following attributes apply a price adjustment factor to the average cost entered above. Price adjustment of 1.0 would mean no change. 0.9 would be 90% of the standard fee and conversely 1.1 would mean 110% of the standard fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location by UN regional group** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Price adjustment factor** | | | | | | | | | | | | | | | |
| Africa | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Asia-Pacific | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Eastern Europe | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Latin America and Caribbean | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Price adjustment factor** | | | | | | | | | | | | | | | |
| Large scale project activity | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Small scale project activity | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Programme of activities | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **SECTION 4. IMPARTIALITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Report of the impartiality committee**  Provide the date(s) of the impartiality committee meetings:  Attach the annual synthesis report of the activities of the impartiality committee, as per the CDM accreditation standard, to this form. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **B. Other impartiality issues**  Add any further relevant comments with regards to impartiality issues experienced during the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **SECTION 5. INTERACTIONS WITH INTERESTED PARTIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe formal interactions that your entity has had with interested parties during the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Interactions with the CDM Executive Board** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **B. Interactions with other designated operational and/or applicant entities** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **C. Interactions with other interested parties** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **SECTION 6. FINANCIAL STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Annual income and expenditure relating to CDM related activities**  Include the annual income and expenditure of the entity regarding its validation and verification/certification activities in USD for the reporting period. | | | | | | | | | | | | | | | | | | | | | | **Annual income (USD)** | | | | | | | | | | | | | | | |  | | | | |
| **Annual expenditure (USD)** | | | | | | | | | | | | | | | |  | | | | |
| **SECTION 7. Challenges** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Challenges and lessons learnt**  Add any further relevant comments with regards to challenges and lessons learnt during the reporting period. | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **SECTION 8. OTHER BUSINESS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other GHG business activities that involve validation or verification of greenhouse gas assertions in other schemes other than the CDM.**  List the name of other schemes for which you operate as validator or verifier. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | **Name of the scheme** | | | | | | | | | | **Since (MM/YYYY)** | | | | | | | | | | | | | | | | **Briefly describe your services in these other GHG business activities, its synergy/relation with the CDM and how it benefits due to your status as DOE under the CDM** | | | | | | | | | | | | | | |
| 1 | |  | | | | | | | | | | MM/YYYY | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| … | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **SECTION 9. AUTHORISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of CEO** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Name of CEO** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

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Document information

| Version | Date | Description |
| --- | --- | --- |
|  | | |
| 04.0 | 25 August 2016 | Additional field for the DOE to report on other business activities. |
| 03.0 | 25 August 2015 | Revision to:   * Timeframe and fee question updated to be based on an average level and adjustment factors applied to the average. * Question on the number of management personnel added. * Questions where information is available from other sources were removed. |
| 02.1 | 16 September 2014 | Editorial improvement to table in item timeframe (H) and fees (I). |
| 02.0 | 30 April 2014 | Revision to:   * Align and improve according to version 11.0 of *CDM accreditation procedure*; * Change the title from *DOE annual activity report to the Board form* (*F-CDM-AAR)* to *DOE annual activity report form  (CDM-AAR-FORM).* |
| 01.1 | 1 June 2012 | Editorial changes to include new logo and other improvements. |
| 01.0 | 3 June 2011 | EB 61, Annex 2  Initial publication. |
| 1. Decision Class: Regulatory Document Type: Form Business Function: Accreditation Keywords: DOE, annual activity report | | |

1. This report does not substitute the procedure for notifications of changes or the as a declaration of other or outsourced entities. The DOE shall continue to inform the CDM-AP separately of changes in accordance with the CDM accreditation procedure*.* [↑](#footnote-ref-1)