



**Component project activity prior consideration form
(Version 01.0)**

This form is to be used by the coordinating/managing entity, a component project activity (CPA) implementer, project participant or any other entity that wishes to develop a CPA to notify the commencement of the CPA and the intention to be included in a registered programme of activities (PoA).¹

SECTION 1: CPA DETAILS

A. Title of the planned CPA

B. Location of the planned CPA *(host Party, region/state/province, city/town/community, street name and number, and if necessary, other information allowing for the unique identification of the proposed component project activity (e.g. geographic coordinates))*

C. Technologies/measures under consideration

D. Brief description of the planned CPA

SECTION 2: PoA DETAILS

A. Title and UNFCCC reference number of the PoA into which the planned CPA will be included *(If the PoA is not yet registered or not known, indicate so. If the PoA to be included is changed, submit this form revising this section.)*

¹ Send the completed form to the **UNFCCC secretariat** by email <cdmregistration@unfccc.int>. If, after the submission of this form, the submitter changes the intention to have the planned component project activity to be registered as a standalone CDM project activity, immediately notify the **host Party DNA** (find DNA contacts at <<https://cdm.unfccc.int/DNA/index.html>> and the **UNFCCC secretariat** of the intention in accordance with the "CDM project cycle procedure for project activities". In doing so, also inform the UNFCCC secretariat of the change of intention referring to this form submitted. The secretariat will replace the notification accordingly while keeping the record of the notification of this form as an evidence of the original date of consideration of the CDM.

SECTION 3: CONTACT INFORMATION	
Name of the submitter (<i>legal entity name</i>)	
Role of the submitter in the planned component project activity	<input type="checkbox"/> Coordinating/managing entity of the PoA to which the CPA will be included <input type="checkbox"/> Implementer of the planned CPA (CPA implementer) <input type="checkbox"/> Project participant <input type="checkbox"/> Other (<i>specify:</i> _____)
Country	
Address	
Telephone	
Fax	
E-mail	
Website	
Contact person	
Date:	

Document information

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