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| **DOE ANNUAL ACTIVITY REPORT FORM**  **(Version 01.0)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1: INTRODUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOE name:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Period covered by the report:**  (DD/MM/YYYY to DD/MM/YYYY) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **SECTION 2: ORGANIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List of declared outsourced entities or other offices, other than the DOE’s central office**  **(as of 30 June)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No** | | | **Type** (e.g. outsourced entity or other office**)** | | | | **Address** | | | **Name of the legal entity at the location** | | | | | | | | | | | **Relationship with the central office** (e.g. subsidiary company, group company, branch, etc.) | | | | | | | | | | | **Is information up-to-date in your A6.4-FORM-ACCR-002?** | | |
| 1 | | |  | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | YesNo | | |
| **…** | | |  | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | YesNo | | |
| **Use of individuals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total number of internal individuals:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Qualified as:** | | | | | | Validator | | | Verifier | | | | Technical expert | | | | | | | | | | | | Team leader | | | | Technical reviewer | | | | | |
| **Number:** | | | | | |  | | |  | | | |  | | | | | | | | | | | |  | | | |  | | | | | |
| **Total number of external individuals:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Qualified as:** | | | | | | Validator | | | Verifier | | | | Technical expert | | | | | | | | | | | | Team leader | | | | Technical reviewer | | | | | |
| **Number:** | | | | | |  | | |  | | | |  | | | | | | | | | | | |  | | | |  | | | | | |
| **Complaints, disputes and appeals on A6.4 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** (e.g. activity participant or stakeholder) | | | | | | | | | | |
| 1. |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| … |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| **A6.4-related training undertaken**  List the main A6.4-related trainings undertaken during the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | | **Date** | | | **Title** | | | **Period**  **(hours)** | | | | **No. of**  **participants** | | | | | | | | **Internal/**  **external** | | | **Location** (e.g. country, city) | | | | | | | | **Provider** |
| 1. | | | | |  | | |  | | |  | | | |  | | | | | | | |  | | |  | | | | | | | |  |
| … | | | | |  | | |  | | |  | | | |  | | | | | | | |  | | |  | | | | | | | |  |
| **Section 3: A6.4 validation and verification/certification activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status of A6.4 validation, verification and certification activities**  Provide the following information on all A6.4 projects 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 | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **List of A6.4 projects and PoAs declined, if any, including the reasons for doing so**  Include all A6.4 projects and PoAs for which your entity declined to perform validation or verification/certification in the reporting period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | **Location** (e.g. Country) | | | | | | | | **Reason for declining** | | | | | | | | | | | | | | | | | | | | | | |
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| **Workload per qualified auditor**  Provide the number of A6.4 projects and 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+ | | | | | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | |  | |
| **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 (A6.4 project and PoA) to the secretariat. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average timeframe**  **(in months)** | | | | | | | | | **Validation** | | | | | | | | | | | **Verification (first)** | | | | | | | | **Verification (subsequent)** | | | | | | |
| Africa | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Asia-Pacific | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Eastern Europe | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Latin America and Caribbean | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| **Fee 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 Article 6.4 activity standard for projects and PoAs, Article 6.4 validation and verification standard for projects and PoAs and Article 6.4 activity cycle procedure for projects and PoAs, the A6.4 mechanism accreditation standard and the A6.4 mechanism accreditation procedure. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average fee of DOE service** (USD) | | | | | | | | | **Validation** | | | | | | | | | | **First verification** | | | | | | | | | | | | **Subsequent verification** | | | |
| **Location by UN regional group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Africa | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| Asia-Pacific | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| Eastern Europe | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| Latin America and Caribbean | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large scale project activity | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| Small scale project activity | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| Programme of activities | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | |
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| **SECTION 4: FINANCIAL STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cash flow of A6.4 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 5: Challenges and lessons learnt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Challenges and lessons learnt**  Add any further relevant comments with regards to challenges and lessons learnt during the reporting period. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **SECTION 6: OTHER BUSINESS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other GHG business activities that involve validation or verification of greenhouse gas assertions in schemes other than the A6.4.**  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 A6.4 and how it benefits due to your status as DOE under the A6.4** | | | | | | | | | | | | | | | |
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| **SECTION 7: AUTHORIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of CEO:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of CEO:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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Document information

| Version | Date | Description |
| --- | --- | --- |
|  | | |
| 01.0 | 28 May 2024 | Initial publication. |
| 1. Decision Class: Regulatory Document Type: Form Business Function: Accreditation Keywords: DOE, A6.4 mechanism, annual activity report | | |