Solar-Powered Water Pump Grant Application Form

Organization/Applicant Name
Contact Person
CONIACUT EISON
Phone Number
Email Address
Email Address
Project Location (Address)
Province to Describe the re-
Project Description
Estimated Daily Water Requirement (liters)
- 0W - D N - I
Type of Water Pump Needed ▼
Desired Solar Panel Capacity (kW)
Number of Beneficiaries
Fatimated Dudget Dequired (LICD)
Estimated Budget Required (USD)
Additional Information