

Off-grid Health Clinic Solar Funding Request

1. Executive Summary

2. Organization Background

3. Project Description

Clinic Location & Needs

Objectives

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4. Solar Power Solution Overview

Proposed System Components

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5. Budget & Funding Request

| Item | Cost | Description |
|-------|------|-------------|
| | | |
| | | |
| Total | | |

6. Impact & Sustainability

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7. Contact Information