**IMPACT ASSESSMENT QUESTIONNAIRE (DFC-007)**

**OMB 3015-0009**

**Expiration Date: [ ]**

**United States International Development Finance Corporation**

1100 New York Avenue, NW Washington, DC 20527-0001

An Agency of the United States Government

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 I have read and agree to the terms and conditions listed above.

1. **PROJECT DESCRIPTION AND OWNERSHIP PROFILE**

**The questions in this section will ask for background and descriptive information about the Project and the company managing the Project (i.e., the DFC client company).**

**"Project" refers to the Project or portion of your business that would be supported through DFC financing. For Project finance loans, "Project" refers to the specific Project being financed with DFC funds. For corporate finance loans, “Project” may refer to a specific DFC-supported portfolio or, if the support is provided for the business as a whole, may refer to the entire business. For cases of DFC support for a specific project or portfolio of financial services (e.g. loans, equity investments, etc.) please enter data ONLY for that portfolio, fund, or business line (and not for the whole business). For cases of corporate finance loans in which the DFC is supporting the specific use of the financing, enter data for that specific support, or in case of business as whole, please enter data for the entire business.**

**Q101** Applicant Name:

**Q102** Project Name:

**The information in this section will ask for background and descriptive information about the Project. Questions will cover Project ownership, leadership, and profile of the target market.**

**Q103** Will the Project provide financial services (loans, equity investments, etc.)? (SELECT ONE: Yes / No)

**Q104** Please select any additional sectors in which the Project will operate:

A. Agriculture

B. Education

C. Energy

D. Financial Services

E. Healthcare

F. Housing

G. Information and Communications Technology

H. Transportation

I. Waste, Water, and Sanitation

J. Other

**Q105** Is the Project, or the company that manages the Project (i.e. the DFC client company) overseen by a Board of Directors? (SELECT ONE: Yes / No)

* [IF Q105=YES, ASK]: Q105A What is the total number of Board of Directors members? (NUMBER)
* [IF Q105=YES, ASK]: Q105B How many Board of Directors members are women? (NUMBER)

Q106 Does the Project, or the company that manages the Project (i.e. the DFC client company), have an Investment Committee?(SELECT ONE: Yes / No)

* [IF Q106 = YES, ASK] Q106A What is the total number of Investment Committee members? (NUMBER)
* [IF Q106 = YES, ASK] Q106B How many Investment Committee members are women? (NUMBER)

**Q107** Was the Project or the company managing the Project (i.e. the DFC client company) founded by a woman? (SELECT ONE: Yes / No)

1. **PROJECT HUMAN RESOURCES MANAGEMENT AND JOB QUALITY**

**The information in this section will ask about human resource policies, labor standards, and employee benefits.**

**Q201** Does the Project or company managing the Project offer employees any of the following family friendly benefits that go beyond what is legally required by the country or countries of operations? If the Project does not yet have employees, please leave blank. Please check all that apply:

1. Flexible work schedules
2. Extended paid maternity leave
3. Paid paternity leave
4. Access to childcare or childcare stipends through the Project
5. Family healthcare
6. Other (please describe):

**Q202** Will the project include any initiatives to advance women in their workforce beyond what is legally required by the country or countries of operations? If the Project does not yet have employees, please leave blank. (SELECT ONE: Yes / No)

1. **PROJECT BENEFITS TO THE ENVIRONMENT AND THE COMMUNITY**

**This section will ask about the Project’s efforts to help the environment and local communities.**

**Q301** Will the Project or the company managing the Project, help restore or preserve the environment? (Do NOT include actions required by law or permit in the host country)? (SELECT ONE: Yes / No). If applicable, please describe.

**Q302** Will the Project, or the company managing the Project, support any charitable activities to benefit the local community in which the Project operates? (Do NOT include the goods and/services the Project will produce for customers in the local community.) (SELECT ONE: Yes / No). If applicable, please describe.

1. **BUSINESS INNOVATION AND TECHNICAL ASSISTANCE**

**The information in this section will ask about the Project’s support for innovation and provision of technical assistance.**

**Q401** Will the Project introduce or disseminate an innovative product or service (including innovative financial services and financing structures)? (SELECT ONE: Yes / No). If applicable, please describe.

**Q402** Will the Project provide advisory services (such as training or advice designed to improve business performance; this is also known as technical assistance) to customers, suppliers, or investees? (SELECT ONE: Yes / No). If applicable, please describe.

1. **PROJECT EMPLOYMENT**

*Note: This section will only appear for respondents not providing financial services*

**Q501** Please complete the table below for all current employees of the Project. If the Project does not yet have any employees, please enter “0”.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Time Local\* Employees | Part-Time Local\* Employees | Temporary/Seasonal Local\* Workers |
| Total |  |  |  |
| Women |  |  |  |
| Young adults |  |  |  |
| Other disadvantaged groups |  |  |  |

\*Local employees are nationals of the country or countries of Project operations or investments

**Q502** Please complete the table below for the projected number of employees of the Project in five years.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Time Local Employees | Part-Time Local Employees | Temporary/Seasonal Local Workers |
| Total Projected Employees |  |  |  |

**6. PROJECT FUNDING**

**Q601** Please complete the table with currently available estimates, where applicable, for anticipated Project funding. Table should be completed in U.S. Dollars.



**7. U.S. PROCUREMENT**

**Q701** Please complete the table below, if applicable, with expectations for the purchase of goods or services from U.S. companies.

|  |
| --- |
| Table: U.S. Procurement |
|  |
| Construction/Initial Development |
| Company | Product | Cost ($ millions) | City | State | New or Used (N or U) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
|  |  |  |  |  |  |
| Operations |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

\*If additional space needed, please include a separate spreadsheet.

**8. TAXES, PROCUREMENT, AND EXPORTS**

*Note: This section will only appear for respondents not providing financial services*

**This section will ask about different ways that the Project is expected to have an impact on the economy.**

**Q801** Please complete the table below with currently available estimates.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table: Local Taxes and Procurement (U.S. Dollars) |  |  |  |  |  |  |
|  | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Taxes to Government of Country/Countries of Operation | (USD) | (USD) | (USD) | (USD) | (USD) | (USD) |
| Procurement in Country/Countries of Operations | (USD) | (USD) | (USD) | (USD) | (USD) | (USD) |

**Q802** Will the Project procure goods or services from businesses representing any of the following groups? Select all that apply, or if not applicable, leave blank.

1. Women-owned or -led enterprises
2. Microenterprises
3. Small and Medium Enterprises (SMEs)
4. Smallholder farmers
5. Other disadvantaged groups

**9. CUSTOMERS**

*Note: This section will only appear for projects not providing financial services*

**Q901** How many customers, on average, does the Project anticipate reaching on an annual basis over the next five years of operations? (NUMBER)

**Q902** Will the Project specifically target customers from any of the following groups? Check all that apply.

1. Women-owned/women-led enterprises
2. Small and Medium Enterprises (SMEs)
3. Microenterprises
4. Women
5. Young Adults
6. Rural populations
7. Smallholder farmers
8. Low-income populations
9. Other disadvantaged groups (not included above): (Write in)

**10. CURRENT PORTFOLIO AND CLIENTS**

*Note: This section only for projects that will provide financial services*

**Please complete the following tables representing the current portfolio that will be supported by the Project, as per the Client company’s last fiscal year or other annual reporting period.**

**Q1001** Please complete the following table representing the types of loans in the portfolio that will be supported by the Project.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of Clients | Outstanding Number of Loans/Investments | Outstanding Portfolio Value (USD) |
| Microenterprise loans |  |  |  |
| SME loans |  |  |  |
| Consumer loans |  |  |  |
| Other loans  |  |  |  |
| Equity investments |  |  |  |
| Other financial offerings |  |  |  |

* [IF MICROENTERPRISE LOANS > 0, ASK] **Q1002** How does the Project define microenterprises (in terms of revenue, assets, employees, loan size, etc.)? (OPEN-ENDED)
* [IF SME LOANS > 0, ASK] **Q1003** How does the Project define SMEs (in terms of revenue, assets, employees, loan size, etc.)? (OPEN-ENDED)

**Q1004** Please complete the following table representing the inclusion of the following groups as clients in the portfolio that will be supported by the Project.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of Clients | Outstanding Number of Loans/Investments | Outstanding Portfolio Value (USD) |
| Women or women-owned/led enterprise clients |  |  |  |
| Rural clients |  |  |  |
| Smallholder farmer clients |  |  |  |
| Low-income clients |  |  |  |
| Clients from other disadvantaged groups |  |  |  |

**Representative Certification**

|  |
| --- |
| **I hereby represent the information provided in this document is complete and accurate to the best of my knowledge.** |
| Name: | Date: | Telephone:       |
| Title:       | Email address:       |