Standardized Crediting Framework (SCF) Rwanda:

Completeness check for request for issuance

*This form is used for REMA (the SCF Administrator) to conduct the completeness check during request for issuance. Guidance on how to complete this form is provided in the Annex. Once the completeness check has been conducted, the Annex should be deleted.*

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| **Form version** | 1.0 | **Date approved** | XX/XX/2023 |

**I. GENERAL ACTIVITY[[1]](#footnote-2) INFORMATION**

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|  |  |  |
| 1 | Activity title: |  |
| 2 | National Activity lead institution: |  |
| 3 | Activity ID# |  |
| 4 | SCF methodology and version |  |
| 5 | Activity contact: Name |  |
| 6 | Activity contact: Email |  |
| 7 | Activity contact: Phone |  |
| 8 | Activity start date (DD/MM/YYY) |  |
| 9 | Monitoring period start date (DD/MM/YYYY) |  |
| 10 | Monitoring period end date (DD/MM/YYYY) |  |
| 11 | Date of submission of this document (DD/MM/YYY) |  |
| 12 | Date of listing (DD/MM/YYYY) |  |
| 13 | Date that completeness check was finished (DD/MM/YYYY) |  |

II. ASSESSMENT OF REQUEST

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|  |  | Check only one option | | Ref No |
| 14 | Has the activity participant used the latest (valid) version of the requesting issuance form? | Yes | No |  |
| 15 | Has the activity already been successfully Listed? | Yes | No |  |
| 16 | Is the DOE/verifier/auditor on the list of currently accredited DOEs/verifiers/auditors for [CDM](http://cdm.unfccc.int/DOE/list/index.html), [VCS](https://globalgoals.goldstandard.org/verification-validation-bodies/), [GS](https://verra.org/validation-verification/), as specified in Program Protocol? | CDM  VCS  GS | No |  |
| 17 | Does the DOE/verifier/auditor use currently applicable form for the verification report for activity type? | Yes | No |  |
| 18 | Does the Verification Report use the current version of the methodology (i.e., the version that was valid at the time of listing) in its evaluation of the Monitoring Report? | Yes | No |  |
| 19 | Does Verification Report include unqualified positive verification opinion? | Yes, unqualified positive opinion  Yes, unqualified negative opinion | No |  |
| 20 | Does Verification Report specify number and vintage of SCF ERs verified? | Yes | No |  |
| 21 | Does the request for issuance match the Verification Report in terms of number and vintage of SCF ERs? If not, is an explanation provided? | Yes | No |  |
| 22 | Does the start of the crediting period follow the SCF rules? | Yes | No |  |
| 23 | Does the request specific the registry account number(s) into which SCF ERs will be issued? | Yes | No |  |

III. REFERENCES/DOCUMENTATION

List of documentation provided (as PDF attachments) to justify each of the responses above. Add extra lines as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ref No | Supporting documentation |  | Date | Version |
| 1 | Requesting for issuance | Yes |  |  |
| 2 | Listing notification | Yes |  |  |
| 3 | SCF program protocol | Yes |  |  |
| 4 | Verification Report | Yes |  |  |
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**ANNEX: GUIDELINES FOR ISSUANCE COMPLETENESS CHECK**

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| **Form version** | This information is pre-filled by REMA according to the latest version of this form |
| **Date approved** | This information is pre-filled by REMA according to the date of approval of the latest version of this form |

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|  | **Question** | **Instructions** |
| 1 | Activity title | Copy from issuance request |
| 2 | National activity lead institution | Copy from issuance request |
| 3 | Activity ID# | Copy from issuance request |
| 4 | SCF methodology and version | Copy from issuance request |
| 5 | Activity contact: Name | Copy from issuance request |
| 6 | Activity contact: Email | Copy from issuance request |
| 7 | Activity contact: Phone | Copy from issuance request |
| 8 | Activity start date (DD/MM/YYY) | Copy from issuance request |
| 9 | Crediting period start date (DD/MM/YYYY) | Copy from issuance request |
| 10 | Crediting period end date (DD/MM/YYYY) | Copy from issuance request |
| 12 | Date of listing (DD/MM/YYYY) | Copy from listing notification |
| 13 | Date that completeness check was finished (DD/MM/YYYY) | Copy from listing notification |

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|  | **Question** | **Instructions** | **Ref No** |
| 14 | Has the activity participant used the valid version of the requesting issuance form? | Check against current version on SCF website.  Make sure to tick only one of the two options |  |
| 15 | Has the activity already been successfully Listed? | Check “yes” if the activity is listed under the SCF and registered in the registry.  Make sure to tick only one of the two options |  |
| 16 | Is the DOE/verifier/auditor on the list of currently accredited DOE//verifier/auditor for CDM, VCS, GS, as specified in Program Protocol? | Make sure to tick only one of the options.  If the DOE/verifier/auditor is included in the list of accredited DOE/verifier/auditor for CDM, VCS, GS for the specific sectoral scope of the activity tick only one of the options on the list (CDM, VCS or GS).  Check the full list of accredited DOE/verifier/auditor here:  <http://cdm.unfccc.int/DOE/list/index.html>  [https://globalgoals.goldstandard.org/verification-validation-bodies/#](https://globalgoals.goldstandard.org/verification-validation-bodies/)  <https://verra.org/validation-verification/> |  |
| 17 | Does the Verification Report use currently applicable form for activity type? | Check against current version on SCF website.  Make sure to tick only one of the two options |  |
| 18 | Does the Verification Report use the current version of the methodology (i.e., the version that was valid at the time of listing) in its evaluation of the Monitoring Report? | Check against the relevant form version for the time of listing on the SCF website.  Make sure to tick only one of the two options |  |
| 19 | Does Verification Report include unqualified positive verification opinion? | Check “yes, unqualified positive opinion” if this is the case.  Check “yes, unqualified negative opinion” if this is the case.  Check “no” if this is the case  Make sure to tick only one of the three options |  |
| 20 | Does Verification Report specify number and vintage of SCF ERs verified? | Check “yes” if this is the case.  Make sure to tick only one of the two options |  |
| 21 | Does the request for issuance match the Verification Report in terms of number and vintage of SCF ERs? | Check “yes” if this is the case.  Make sure to tick only one of the two options |  |
| 22 | Does the start of the crediting period follow the SCF rules? | Check that the crediting period follows the rules defined in the SCF program protocol. (i.e. January 2021 or later, as applicable).  Make sure to tick only one of the two options. |  |
| 23 | Does the request specific the registry account number(s) into which SCF ERs will be issued? | Check that the request for issuance has provided valid registry account numbers that can accept SCF ERs.  Make sure to tick only one of the two options. |  |

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| Ref No | Supporting documentation |  | Date | Version |
| 1 | Requesting for issuance | Yes | Provide the information requested from 1 to 4 as an annex, checking the Yes box and include the date of approval and the version approved of the document. | |
| 2 | Listing notification | Yes |
| 3 | SCF program protocol | Yes |
| 4 | Verification Report | Yes |
| 5 | Provide the name of additional supporting documentation and a brief description, including date and version, if applicable | | | |
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| Ref no | Description of documentation |
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**Form Version history**

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| --- | --- | --- |
| Version | Date | Contents revised |
| 1.0 | DD/MM/YYYY | Initial adoption |
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1. Activity refers to both project and program. [↑](#footnote-ref-2)