**CTBN Clean Technology Needs Datasheet**

* **One Technology Needs Datasheet is made for only 1 Technology Need. If you introduce more than one technology needs, please copy this Datasheet to fill in.**
* Item titles in red are compulsory.

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| 1. **Technology Features** | | | |
| * 1. Title of the Technology Needs | *Please write the title for your technology needs that can help differentiate it from other similar ones.*  *Please avoid general technology needs title such as “Turbine for Hydropower Generation”.*  ***If you introduce more than one technology, needs please copy this Datasheet to fill in.*** | | |
| 1-2. Technology Field | (Please select only one option.) | |  |
| Solar Power  Hydro Power  Wind Power  Geothermal  Energy Efficiency | | Biomass/Biogas/Biofuel  Waste to Energy  Clean Transportation (Electric Vehicle etc.)  Smart Grid  Others (Please specify: ) |
| 1-3. Type of Technology | (Please select ALL the applicable options.) | | |
| Process  Design  Material  System or software | Facility  Device or equipment  Others (Please specify: ) | |
| 1-4. Description of your Project/Business (max 4,000 chars) | *Please describe your project or business for which you are looking for new technology to be introduced.* | | |
| 1-5. Location where the technology is required | *Please show the location of your project/business or where you need the technology.* | | |
| 1-6. Description of your Technology Needs (max 4,000 chars) | *Please describe the technical requirements of your technology needs, and pain points for which the newly introduced technology can provide any effective solutions.*   1. Technical requirements: (general specification, efficiency, assumed input, expected output, etc.) 2. Pain points expected to be recovered: | | |
| 1-7. Energy/resources to be saved | *Please put the energy / resources that are expected to be saved with newly introduced technology.* | | |
| 1-8. Image and Figure (gif, jpg, jpeg, png) | *Please insert figures in gif, jpg, jpeg, png, etc. that provide information to help Technology Providers better understanding of your project and/or technology needs.* | | |
| 1-9. Expected Effects (max 4,000 chars each) | *Please describe the expected effects of or benefits from introducing the technology that you are looking for.* | | |
| 1-10. Urgency | *Please show the urgency of your technology needs or limited period of time within which you have to look for the new technology, if any.* | | |

\*Please attach any PDF documents that help understand your technology needs more precisely, if any.

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| 1. **Business Partnership Model** | | |
| 2-1. Expected Business Partnership Model | (Please select ALL the applicable options.)  Purchase and introduction of technology and equipment  OEM Production of technology and equipment  Distributers/Importers (Import or distribution of technology and equipment)  Licensing of technology  Purchase of patent  Others (Please specify: ) | |
| 2-2. Business Partnership Model considered / planned | (Please select ALL the applicable options.)  Purchase at a fixed price  Royalties or License payment  Joint Venture/Shareholding/Equity Participation by Technology Providers  Profit Sharing  Others (Please specify: ) | |
| 2-3. Description of Business Partnership Model (max 1000 chars) | *Please describe your business partnership model elaborating on the selected options in section 2-2.* | |
| 2-4. Required Technology Assistance | (Please select ALL the applicable options.) | |
| Technical Evaluation  Feasibility Study  Operation  Maintenance | Training of staff  Personnel from Technology Providers  Materials and Parts  Others (Please specify: ) |

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| 1. **Company Profile (for secretariat use only)** | | | |
| Company Name |  | | |
| Business | (Please select ALL the options that apply.)  Project Developers  Engineering Companies  Distributers/Importers  Research Institutions  Service Providers  Others (Please specify: ) | | |
| Company Overview |  | | |
| Address |  | | |
| City |  | Province/State |  |
| Zip Code |  | Country |  |
| Company Phone Number |  | | |
| Company WEB Site |  | | |
| Contact Person |  | | |
| Position Title |  | | |
| Affiliation |  | | |
| Phone Number of Contact Person |  | | |
| E-mail of Contact Person |  | | |
| Project Record |  | | |
| Experience with Overseas Technologies | Yes (Country (please specify): )  No | | |