**Notification of**

**Confirmation Activities and Conflict of Interest Assessment (NOCA/COI) Form**

|  |
| --- |
| **SUBMISSION INSTRUCTIONS**: |
| 1. To obtain an approval for confirmation activities to proceed, the confirmation body must submit this *Notification of Confirmation Activities and Conflict of Interest* (NOCA/COI) form for every project it proposes to confirm under the Climate Action Reserve (Reserve) Climate Forward program (Climate Forward). This form details the specifics of their situation and the scope and plan for confirmation activities. Based on the information disclosed on this form, the Reserve will determine the risk for COI and if confirmation activities may proceed. This form must be submitted for every confirmation.
 |
| 1. Before completing this form, please review the Climate Forward Program Manual for detailed information regarding conflict of interest.
 |
| 1. This form is a protected Word document; use the tab button to move from field to field or use your cursor to select a specific field. If you need to add more space to any section of the form, please contact the Reserve staff for assistance.
 |
| 1. Please respond fully and in detail to all the following questions. It is required that you answer every question. If you have no prior relationship with your potential client, you may answer “No,” or, if the information does not apply, you may answer “N/A.” If you are a Team Lead using subcontractors to complete the proposed confirmation, you must also provide information for all subcontractors. Note: Only subcontractors already trained will be allowed to act as a Team Lead or a Senior Internal Reviewer.
 |
| 1. The term “Greenhouse Gas Business Management Unit” (GHG Business Unit) is used throughout this document. GHG Business Unit in this context refers to the staff and offices offering climate change and greenhouse gas services (validation, verification, confirmation, consulting, etc.). Other offices, staff, or units that offer services primarily for other non-GHG or climate change services are not included in this definition.
 |
| 1. All Climate Action Reserve approved confirmation bodies must complete this form prior to finalizing contract negotiations for confirmation services and beginning confirmation activities. Upon finding that all necessary information is complete, the Reserve will provide a determination of the potential for COI by email to the Team Lead no later than 10 business days from the date of receipt.
 |
| 1. All information disclosed on this form will be kept confidential and only used by the Reserve to determine the risk of conflict of interest.
 |
| 1. The Reserve shall be notified of any changes to the proposed confirmation team prior to proceeding with confirmation activities.
 |
| ***Please note that confirmation activities under the Reserve may not proceed until a confirmation body receives a determination from the Reserve in writing. Confirmation bodies must allow sufficient turnaround time for processing, and allow additional time for situations where there may be a conflict of interest.*** |

**Part A. Project Confirmation Summary**

|  |  |
| --- | --- |
| **Date (mm/dd/yy)** |       |
| **Confirmation Body** |       |
| **Team Lead** |       |
| **Title** |       |
| **Telephone** |       |
| **Email** |       |
| **Reserve Account Holder (Project Proponent)** |       |
| **Project ID Number & Name** |       |
| **Project Site Location** |       |
| **Project Crediting Period Dates** |       |
| **Forecast Methodology**  |       |

**Part B. Parties Involved with the Project**

|  |
| --- |
| **Project Proponent Contact:**  |
| Title |       |
| Telephone |       |
| Email |       |
| Mailing address |       |
| **Facility Owner (if applicable):**  |
| Title |       |
| Telephone |       |
| Email |       |
| Mailing address  |       |
| **Technical Consultant to the Project Proponent (if applicable):** ***Please fill out Appendix A.*** |
| Title |       |
| Telephone |       |
| Email |       |
| Mailing address |       |
| **Other Parties with a Material Interest to the Project (if applicable):*****Please fill out Appendix B.*** |
| Title |       |
| Telephone |       |
| Email |       |
| Mailing address |       |

**Part C. Schedule and Planning of Confirmation Activities**

1. Provide specific dates for each planned confirmation activity:

*Please note that the NOCA/COI form MUST be submitted 10 business days prior to the kick-off call.*

|  |  |
| --- | --- |
| **First planned meeting/kick-off call (mm/dd/yy)** |       |
| **Site visit date(s) (mm/dd/yy)** |       |
| **Expected completion date of confirmation activities (mm/dd/yy)** |       |

1. Please list all locations to be visited (expand table if necessary).

|  |  |
| --- | --- |
| **Name of Facility or Site** |       |
| Address |       |
| **Name of Facility or Site** |       |
| Address |       |
| **Name of Facility or Site** |       |
| Address |       |

4. Will other project sites owned/managed by the same project proponent be visited on this trip?

[ ]  Yes [ ]  No

If so, please list other relevant project names/IDs:

5. Will the accrediting entity be performing a witness assessment/ audit in conjunction with the confirmation activities?

[ ]  Yes [ ]  No

6. Provide a brief description of planned confirmation activities specific to this project. Your response should provide a general overview of the scope and breadth of confirmation activities. This may include, but should not be limited to, plans to interview which staff, types of records, forecasted emissions reductions that will be reviewed, etc.:

|  |
| --- |
|       |

**Part D. Evaluation of Potential for Conflict of Interest**

1. Has the confirmation body or any staff member to be assigned to the proposed confirmation (including while employed with another organization) ever provided any GHG validation/verification services for this project proponent *outside* of Climate Action Reserve programs (i.e., for another GHG program)?

[ ]  Yes [ ]  No

If yes, please complete the table below.

|  |  |
| --- | --- |
| **Dates of Service** (mm/yy – mm/yy) | **Description of Services** (project name, project type, registry/program, staff) |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. Please answer each of the following questions:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Question** |
| [ ]  | [ ]  | Have you, or any staff working at your organization at any time, consulted on or prepared any part of this project for the project proponent? |
| [ ]  | [ ]  | Has your organization – either in the past or currently– provided any services or engaged in any relationship with the proposed client that are included on the list of potential COI services as identified in the Appendix D.? |
| [ ]  | [ ]  | Do you and the project proponent share any formal affiliation or management? |
| [ ]  | [ ]  | Are you and the project proponent currently engaged in any joint ventures or partnerships? |
| [ ]  | [ ]  | Has your organization or any staff member to be assigned to the proposed confirmation ever purchased, sold, traded or retired emissions reductions from this project or project proponent? |
| [ ]  | [ ]  | Are there any other services provided by or associated with your GHG Business Unit[[1]](#footnote-2)\* – either in the past or currently – that are not captured above? |
| [ ]  | [ ]  | Are there any other relationships between the organization and the project proponent that are not captured above? |

1. If you answered “yes” to any of the questions above in Part D.2, please describe the reason for your answer using the table below. When describing the activity or relationship, please clearly define how it relates to your company’s GHG Business Unit[[2]](#footnote-3)\* that performs confirmation services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Service / Relationship** | **Relevant Dates** (mm/yy - mm/yy) | **Department or Relevant Individual** | **Project Proponent Department or Relevant Individual** | **Description** |
| **Name** | **Location** | **Name** | **Location** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

1. List staff members to be assigned to the confirmation, identifying any previous work these individuals have conducted for the project proponent and/or including while in the employment of other organizations. Please fill out this information for the Team Lead, Senior Internal Reviewer, and additional confirmation team staff below.

**Team Lead:**

|  |  |
| --- | --- |
| **Name** |       |
| **Telephone number** |       |
| **Email address** |       |
| **Business location** (city, state, country) |       |
| **Previous work/services provided for project proponent** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Senior Internal Reviewer:**

|  |  |
| --- | --- |
| **Name** |       |
| **Telephone number** |       |
| **Email address** |       |
| **Business location** (city, state, country) |       |
| **Previous work/services provided for project proponent** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Telephone number** |       |
| **Email Address** |       |
| **Business location** (city, state, country) |       |
| **Previous work/services provided for project proponent** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Telephone number** |       |
| **Email Address** |       |
| **Business location** (city, state, country) |       |
| **Previous work/services provided for project proponent** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Telephone number** |       |
| **Email Address** |       |
| **Business location** (city, state, country) |       |
| **Previous work/services provided for project proponent** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

1. Please answer the following questions about the financial magnitude of services provided to the project proponent. Please convert all fees to USD values.

|  |  |
| --- | --- |
| 1. **What is the value of the proposed confirmation under consideration?**

*Please provide a specific US dollar value; this information will be treated confidentially.* |       |
| 1. **What is the total value of previous services provided by your GHG Business Unit[[3]](#footnote-4)\* for this project proponent?**
 |       |
| 1. **What is the value of all services you have performed for the project proponent in the last five calendar years?**
 |       |
| 1. **What percentage of your GHG Business Unit’s\* total revenue has come from this project proponent, in total, over the past five years (including confirmation and all other services)?**
 |       |
| 1. **What is the value of services that have been proposed or bid on for the project proponent in the next three years?**
 |       |

1. Please complete each of the tables below. Enter “N/A” if not applicable. If more lines are needed, please attach an additional document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services for Project Proponent** | **Dates of Service** (mm/yy - mm/yy) | **Value of Other Services for Project Proponent** (specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Services for Project Proponent** | **Year(s) Expected** | **Value of Anticipated Services for Project Proponent** (specific dollar value) | **% of Your Total expected GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**Part E. Written Attestation Regarding Conflict of Interest**

Based on the information provided, and our organization’s internal conflict of interest review process, we believe that our risk of COI is:

[ ]  High [ ]  Medium [ ]  Low

If high or medium, complete the attached Mitigation Plan (Appendix C).

The undersigned, on behalf of,       (the “Confirmation Body”), represents and warrants to the Climate Action Reserve that information provided herein are true and correct, to the best of my knowledge, and that I have complied with the Climate Action Reserve’s policy for determining the potential for COI between project proponents and confirmation bodies outlined in the Climate Forward Program Manual.

I understand and acknowledge that if any of the above representations made are amended, including personnel changes, I will notify the Climate Action Reserve via email of such changes.

**TEAM LEAD**

Authorized Signature:

Name:

Title:

Date **(mm/dd/yy)**:

**Appendix A. Technical Consultants**

**If there is no technical consultant, check here and do not complete the appendix** [ ] **N/A**

1. Has the confirmation body or any staff member to be assigned to the proposed confirmation (including while employed with another organization) ever provided any GHG validation/verification services for this technical consultant *outside* of Climate Action Reserve programs (i.e., for another GHG program)?

[ ]  Yes [ ]  No

If yes, please complete the table below.

|  |  |
| --- | --- |
| **Dates of Service** (mm/yy – mm/yy) | **Description of Services** (project name, project type, registry/program, staff) |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. Please answer each of the following questions:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Question** |
| [ ]  | [ ]  | Have you, or any staff working at your organization at any time, consulted on or prepared any part of this project for the technical consultant? |
| [ ]  | [ ]  | Has your organization – either in the past or currently– provided any services or engaged in any relationship with the technical consultant that are included on the list of potential COI services as identified in the Appendix D.? |
| [ ]  | [ ]  | Do you and the technical consultant share any formal affiliation or management? |
| [ ]  | [ ]  | Are you and the technical consultant currently engaged in any joint ventures or partnerships? |
| [ ]  | [ ]  | Has your organization or any staff member to be assigned to the proposed confirmation ever purchased, sold, traded or retired emissions reductions from this technical consultant? |
| [ ]  | [ ]  | Are there any other services provided by or associated with your GHG Business Unit[[4]](#footnote-5)\* – either in the past or currently – that are not captured above? |
| [ ]  | [ ]  | Are there any other relationships between the organization and the technical consultant that are not captured above? |

1. If you answered “yes” to any of the questions above in Appendix A.2, please describe the reason for your answer using the table below. When describing the activity or relationship, please clearly define how it relates to your company’s GHG Business Unit[[5]](#footnote-6)\* that performs confirmation services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Service / Relationship** | **Relevant Dates** (mm/yy - mm/yy) | **Department or Relevant Individual** | **Project Proponent Department or Relevant Individual** | **Description** |
| **Name** | **Location** | **Name** | **Location** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |

1. List staff members to be assigned to the confirmation, identifying any previous work these individuals have conducted for the technical consultant and/or including while in the employment of other organizations. Please fill out this information for the Team Lead, Senior Internal Reviewer, and additional confirmation team staff below.

**Team Lead:**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for technical consultant** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Senior Internal Reviewer:**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for technical consultant** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for technical consultant** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for technical consultant** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for technical consultant** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

1. Please answer the following questions about the financial magnitude of services provided to the technical consultant. Please convert all fees to USD values.

|  |  |
| --- | --- |
| 1. **What is the value of the proposed confirmation under consideration?**

*Please provide a specific US dollar value; this information will be treated confidentially.* |       |
| 1. **What is the total value of previous services provided by your GHG Business Unit[[6]](#footnote-7)\* for this technical consultant?**
 |       |
| 1. **What is the value of all services you have performed for the technical consultant in the last five calendar years?**
 |       |
| 1. **What percentage of your GHG Business Unit’s\* total revenue has come from this technical consultant, in total, over the past five years (including confirmation and all other services)?**
 |       |
| 1. **What is the value of services that have been proposed or bid on for the technical consultant in the next three years?**
 |       |

1. Please complete each of the tables below. Enter “N/A” if not applicable. If more lines are needed, please attach an additional document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services for Technical Consultant** | **Dates of Service** (mm/yy - mm/yy) | **Value of Other Services for** **Technical Consultant** (specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Services for Technical Consultant** | **Year(s) Expected** | **Value of Anticipated Services for Technical Consultant**(specific dollar value) | **% of Your Total expected GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Appendix B. Parties with a Material Interest**

**If there is no party with material interest, check here and do not complete the appendix** [ ] **N/A**

1. Has the confirmation body or any staff member to be assigned to the proposed confirmation (including while employed with another organization) ever provided any GHG validation/verification services for this party *outside* of Climate Action Reserve programs (i.e., for another GHG program)?

[ ]  Yes [ ]  No

If yes, please complete the table below.

|  |  |
| --- | --- |
| **Dates of Service** (mm/yy – mm/yy) | **Description of Services** (project name, project type, registry/program, staff) |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. Please answer each of the following questions:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Question** |
| [ ]  | [ ]  | Have you, or any staff working at your organization at any time, consulted on or prepared any part of this project for the party? |
| [ ]  | [ ]  | Has your organization – either in the past or currently– provided any services or engaged in any relationship with the party that are included on the list of potential COI services as identified in the Appendix D.? |
| [ ]  | [ ]  | Do you and the party share any formal affiliation or management? |
| [ ]  | [ ]  | Are you and the party currently engaged in any joint ventures or partnerships? |
| [ ]  | [ ]  | Has your organization or any staff member to be assigned to the proposed confirmation ever purchased, sold, traded or retired emissions reductions from this party? |
| [ ]  | [ ]  | Are there any other services provided by or associated with your GHG Business Unit[[7]](#footnote-8)\* – either in the past or currently – that are not captured above? |
| [ ]  | [ ]  | Are there any other relationships between the organization and the party that are not captured above? |

1. If you answered “yes” to any of the questions above in Appendix B.2, please describe the reason for your answer using the table below. When describing the activity or relationship, please clearly define how it relates to your company’s GHG Business Unit[[8]](#footnote-9)\* that performs confirmation services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Service / Relationship** | **Relevant Dates** (mm/yy - mm/yy) | **Department or Relevant Individual** | **Party Department or Relevant Individual** | **Description** |
| **Name** | **Location** | **Name** | **Location** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

1. List staff members to be assigned to the confirmation, identifying any previous work these individuals have conducted for the party and/or including while in the employment of other organizations. Please fill out this information for the Team Lead, Senior Internal Reviewer, and additional confirmation team staff below.

**Team Lead:**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for party** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Senior Internal Reviewer:**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for party** |       |
| **Date of services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for party** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

**Additional Staff**

|  |  |
| --- | --- |
| **Name** |       |
| **Previous work/services provided for party** |       |
| **Date of Services** (mm/yy – mm/yy) |       |
| **Employer at time of service** |       |

1. Please answer the following questions about the financial magnitude of services provided to the party. Please convert all fees to USD values.

|  |  |
| --- | --- |
| 1. **What is the value of the proposed confirmation under consideration?**

*Please provide a specific US dollar value; this information will be treated confidentially.* |       |
| 1. **What is the total value of previous services provided by your GHG Business Unit[[9]](#footnote-10)\* for this party?**
 |       |
| 1. **What is the value of all services you have performed for the party in the last five calendar years?**
 |       |
| 1. **What percentage of your GHG Business Unit’s\* total revenue has come from this party, in total, over the past five years (including confirmation and all other services)?**
 |       |
| 1. **What is the value of services that have been proposed or bid on for the party in the next three years?**
 |       |

1. Please complete each of the tables below. Enter “N/A” if not applicable. If more lines are needed, please attach an additional document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services for Party** | **Dates of Service** (mm/yy - mm/yy) | **Value of Other Services for Party**(specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Services for Party** | **Year(s) Expected** | **Value of Anticipated Services for Party** (specific dollar value) | **% of Your Total expected GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**Appendix C. Mitigation Plan**

**If a medium or high risk of COI is found, provide a mitigation plan.**

For each situation in which there may be a COI, the plan should include at least the following:

* Demonstration that any conflicted individuals have been removed and insulated from the project.
* Explanation of any changes to organizational structure or confirmation team.
* Demonstration that any conflicted unit has been divested or moved into an independent entity or any conflicted subcontractor has been removed.
* Other circumstances that specifically address other sources for potential COI.

|  |
| --- |
|       |

**Appendix D. Potentially Conflicting Services**

The following lists contain services that are considered potentially conflicting and therefore incompatible with the provision of confirmation activities. Services of this nature must be declared on the COI form. Please note that this list is not exhaustive, as there are other services and conditions that could constitute a COI.

**High risks for COI:**

* Sharing senior management staff or Board of Director membership between the project proponent and the confirmation body, or previous employment of the senior management staff by the confirmation body or vice versa within the previous three years.
* Designing, developing, implementing, internal auditing, consulting or maintaining a GHG emissions reduction or removal project
* Designing or developing GHG information systems for the project proponent in the same sector
* Owning, buying, selling, trading or retiring shares, stocks or mitigation credits from the project in question
* Brokering in, advising on, or assisting in carbon or GHG-related markets
* Dealing in or being a promoter of credits on behalf of the project proponent

**Medium risks for COI:**

* Developing GHG emissions factors or other related engineering analyses for the project proponent
* Designing energy efficiency, renewable energy, or other projects for the project proponent that explicitly identify GHG reductions as a benefit
* Providing appraisal services of carbon or GHG liabilities or assets
* Preparing or producing GHG-related manuals, handbooks, or procedures for the project developer
* Providing legal services
* Providing expert services for a legal purpose or advocating for the project proponent
* Providing other GHG-related fee-paying services to the project proponent during confirmation activities
* Members of proposed confirmation team have a close personal or familial relationship with the project proponent

Potentially conflicting services could be mitigated by the following circumstances, including, but not limited to:

* **Time of service:** Any services delivered between the project proponent and the confirmation body (past employee/employer or other relationships) that occurred more than three years before the date of the COI determination are viewed as a lower risk. However, any services rendered related to the design, development, implementation or maintenance of a GHG emissions project must be fully disclosed and are always considered conflicting, regardless of the time of delivery.
* **Location:** Services provided to a business unit, facility or office of the project proponent located outside of country where the mitigation project is located are considered a lower risk for a conflict of interest.
* **Type of service:** Services that do not appear on the above lists of potentially conflicting services may be considered a lower risk.
* **Financial value of service:** The confirmation body’s provision of other services with a small monetary value relative to the value of confirmation is viewed as a lower risk by the Reserve. Cases where the total value of services provided to the project proponent is a very small percentage of the confirmation body’s revenue over the same period may be less cause for concern, as well.
1. \* Greenhouse Gas Business Unit, defined in the instructions (#5) on page 1 of this document. [↑](#footnote-ref-2)
2. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-3)
3. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-4)
4. \* Greenhouse Gas Business Unit, defined in the instructions (#5) on page 1 of this document. [↑](#footnote-ref-5)
5. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-6)
6. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-7)
7. \* Greenhouse Gas Business Unit, defined in the instructions (#5) on page 1 of this document. [↑](#footnote-ref-8)
8. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-9)
9. \* Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-10)