#### Template for the project execution plan

|  |
| --- |
| **[•] (Name of Capacity Provider)**Quarterly report – **[•] (Project Name)** [•] (Submission Date) |
| **[•] (Contact details of Capacity Provider)** |
| Identification number: **[•]** **(CRM Actor ID)** |

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**Key Milestone Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Milestone Name | Original Milestone Date | Current Milestone Date | Status | Comment |
| Spatial plan | **[•] (Date in DD/MM/YY)** | **[•] (Date in DD/MM/YY)** | **[•] (Select one of the following options)** [Achieved] ***OR*** [On Track] ***OR*** [Causing delay] ***OR*** [Causing residual delay] | **[•] (Any additional information regarding the milestones)** |
| Workforce and capacity planning |  |  |  |  |
| Signature of the EPC contract |  |  |  |  |
| Permitting Milestone |  |  |  |  |
| Start of construction works |  |  |  |  |
| Final purchase order for the main equipment |  |  |  |  |
| Mechanical Completion |  |  |  |  |
| Commissioning tests |  |  |  |  |
| Final completion |  |  |  |  |

**(The Capacity Provider can add or remove milestones when necessary. In the case of quarterly reports, the elements listed in annex 18.1.4.218.2.3 need to be included)**

**Key Risk Analysis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk Name | Description | Likelihood | Impact | Mitigation plan |
| [•] (Risk name) | **[•] (Short description of risk)** | **[•] (Select one of the following options**) [Low] ***OR*** [Medium] ***OR*** [High] | **[•] (Select one of the following options)** [Low] ***OR*** [Medium] ***OR*** [High] | **[•] (Brief explanation on how the Capacity Provider will react if risk occurs)** |

**(The Capacity Provider can add more rows depending on the number of perceived risks)**

**Permit Overview**

|  |  |  |  |
| --- | --- | --- | --- |
| Permit | Status | Impact on Transaction Period | Mitigation Plan |
| [•] (Type of permit)[•] (File number) | **(Select one of the following options)** [Held] ***OR***[Not Held] | **[•] (if relevant: describe how lack of permit would impact the Transaction Period )** | **[•] (if relevant: describe how the Capacity Provider aims to resolve a lack of permit)** |

**(The Capacity Provider can add more rows depending on the amount of required permits. In the case of quarterly reports, the Capacity Provider also includes the permits once they are obtained as per § 411)**

Signature

Function:

Date: