



**MINISTRY OF TOURISM OF ECUADOR**  
Project Profile Form



|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>PROJECT NAME:</b>            |                                 |
| <b>LOCATION:</b>                |                                 |
| <b>Date of application:</b>     |                                 |
| <b>Applicant's information:</b> | Name, address, telephone, email |
| <b>Problem Description:</b>     |                                 |
| <b>Overall Objective:</b>       |                                 |
| <b>Specific Objectives:</b>     |                                 |
| <b>Activities:</b>              |                                 |
| <b>Time Schedule:</b>           |                                 |
| <b>Outputs:</b>                 |                                 |



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| <b>Beneficiaries:</b>  | Direct:<br><br>Indirect:   |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
|--|--|----------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--------|--|
| <b>Impact:</b>   |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>Relation with other Initiatives:</b>                                  |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>Project Costs:</b>  | <table border="1"><thead><tr><th>ACTIVITY</th><th>COST (US \$)</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td>TOTAL:</td><td></td></tr></tbody></table> | ACTIVITY | COST (US \$)         |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL: |  |
| ACTIVITY   | COST (US \$)   |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
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| TOTAL:   |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>Sources of Finance:</b>   | <table border="1"><thead><tr><th>SOURCE</th><th>CONTRIBUTION (US \$)</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>   | SOURCE   | CONTRIBUTION (US \$) |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| SOURCE   | CONTRIBUTION (US \$)   |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
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|  |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>Conclusions:</b><br>Space reserved for the Ministry of Tourism.       |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>Fecha del análisis:</b><br><b>Nombre:</b><br><b>FIRMA RESPONSABLE</b> |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |
| <b>No. de Propuesta</b>  |  |          |                      |  |  |  |  |  |  |  |  |  |  |  |  |        |  |



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**1. PROJECT NAME.**

Summarize the goals or products intended to attain.

**2. LOCATION:** Specify the province, canton and city where the project will take place.

**3. PROBLEM DESCRIPTION.** Describe the problem and the situation to change. Please indicate:

- a) What is the problem and its main causes?
- b) Who are affected and where?
- c) What is the specific situation of this group that needs to be changed?
- d) What is expected in the short/medium term if the project is not executed?

**4. OVERALL AND SPECIFIC PROJECT OBJETIVES.** Please visit the website [www.turismo.gob.ec](http://www.turismo.gob.ec) where you can find the investment projects of the Ministry. The overall and specific objectives of this project must be relevant to the Ministry's objectives and programs and pertinent to the National Development Plan.

- a) Overall/General project objective. Please be specific on the purpose, result and change expected to attain.
- b) Specific Objectives. Indicate the goals needed to accomplish the general objective.

**5. ACTIVITIES COVERED BY THE PROJECT.**

Describe the activities to be undertaken to achieve the objectives.

**6. PROJECT IMPLEMENTATION TIME SCHEDULE:**

Indicate activities and the timeline for the execution of the project.

**7. PROJECT OUTPUTS**

Indicate the services, products, data, capacity enhancement, and others. Please specify amounts.

**8. PROJECT BENEFICIARIES.**

- a) Number of direct beneficiaries
- b) Number of indirect beneficiaries

**9. PROJECT IMPACT.**

Please indicate the outcome expected. Having successfully accomplished project objectives, what will be the achievements by the end of the project?

- a) Demonstrate how the project achievements have changed favorably and stably initial conditions.
- b) Determine the degree of self-sufficiency gained by the participants in the project.

**10. RELATION OF THE PROJECT WITH OTHER INITIATIVES.**

Please indicate:

- a) If this project complements other projects or initiatives at the same location. Which other projects?
- b) If this project receives cooperation from other institutions or social organizations. Attach supporting documents, if available.

**11. PROJECT COSTS:** Prepare a budget for the project according to the objectives and activities indicated in items 4 and 5.

**12. SOURCES OF FINANCE /FINANCING PLAN (e.g. Equity, Loan, Grant, Other Sources)**

Indicate the sources that will finance this project and specify the amounts.

**13. APPLICANT'S INFORMATION:**

|                                      |  |
|--------------------------------------|--|
| <b>Country:</b>                      |  |
| <b>Institution/Organization:</b>     |  |
| <b>Name of the applicant:</b>        |  |
| <b>Designation:</b>                  |  |
| <b>Address:</b>                      |  |
| <b>Telephone/cell phone numbers:</b> |  |
| <b>E-mail :</b>                      |  |
| <b>Signature:</b>                    |  |

**DISCLAIMER:** NEITHER COMPLETION, NOR SUBMISSION OR ACCEPTANCE OF THIS FORM IMPLIES THAT THE PROJECT IS ELIGIBLE FOR FINANCING BY THE MINISTRY OF TOURISM.