# DUE DILIGENCE QUESTIONNAIRE FOR FIXED AMOUNT AWARDS GRANTS

Accepting a grant from the International Research & Exchange Board (IREX) creates a legal duty for your organization to use the funds according to the grant agreement and U.S. government regulations.

This questionnaire provides information needed in order for IREX to report on grants as required by law, review the organization’s background and ability to complete the project.

Each question should be answered as completely as possible, using extra pages if necessary. Return your completed questionnaire to IREX as soon as possible. The completed questionnaire must be received by IREX before IREX can issue the grant.

**Please complete the signed questionnaire and any attachments and return to IREX.**

**CONTACT INFORMATION**

**1. Legal Name of the Organization** **Applying for Funding**

**English Translation:**

**Local Language:**

|  |  |
| --- | --- |
| **2. Mailing Address:** |  |
|  |
|  |
|  |
| **2a.Street Address for express delivery** |  |
|  |
|  |
|  |
| **3. Tax Identification No.** (if US)  **4. Telephone**  (include all country and city codes): | |  | | --- | |  | |  | |
|  |  |
| **5. Fax Number:** |  |
| **6. Email Address:** |  |
| **7. Name of Contact Person** |  |

|  |  |
| --- | --- |
| **8. Please provide organization Universal Entity Identifier Number** |  |

**SECTION A: General Information**

Please complete this section to provide general information about your organization.

**1. Is your organization registered as a charity or non-profit organization as recognized by your government?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**If yes, please attach a copy of your registration.**

**1a. Is your organization incorporated or legally registered in the country where you operate?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**If yes, please attach a copy of your registration.**

**2. Is your organization affiliated with any other organization?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Please list the names of your officers/board of directors and provide an organizational chart, if available (with title, if available).**

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| --- | --- | --- | --- |
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|  |  |  |  |

**4. Enter the beginning and ending dates of your organization's fiscal (financial) year:**

From: (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Please indicate whether your organization undergoes an audit. Please attach your most recent audit.**

\_\_\_ Yes, our organization undergoes a regular audit from an external auditor

\_\_\_ Yes, our organization undergoes a regular audit, though not from an external source

\_\_\_ Yes, our organization undergoes an annual audit conducted under the regulations found at 2 CFR 200 Subpart F or A-133

\_\_\_ No, our organization does not undergo any kind of audit

**SECTION B: Account System and Funds Control**

**1. Briefly describe your organization’s accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, etc.)**

**2. Will your organization have an established bank account for this project?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**3. Will any cash from IREX grant funds be kept outside the bank account?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**3a. If yes, please explain the estimated amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash and the practices and policies your company has in place to ensure the cash is kept safely.**

**4. How will your organization ensure that your expenditures do not exceed the total amount of the IREX grant?**

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**5. Will your organization receive any funds from other donors or any other sources over the next 12 months?**

**\_\_\_\_ Yes \_\_\_\_\_ No**

**5a. *If yes,* how will your organization separate receipts and payments for your IREX grant from your organization’s other activities?**

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**6. Are timesheets kept for each paid employee? (Please provide a sample copy).**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

**7. Will your organization be able to keep accounting records, including invoices, vouchers and timesheets for at least three years after the final financial report is submitted? Please explain if there will be circumstances in which invoices, vouchers, and timesheets cannot or will not be obtained?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

If no, please explain:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION C: Past Performance**

1. **Will your staff interact with children or vulnerable adults as part of performance under this subaward**

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| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

**If yes, please provide policy on safeguard beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Does your organization have an anti-trafficking policy?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

**If yes, please provide the policy**

1. **Does your organization have policies on sexual harassment?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

**If yes, please provide the policy**

1. **Will your program have environmental impact?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

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**If yes, please provide steps you will take to mitigate Environmental impact**

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1. **What data security protocols does your organization employ?**

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1. **What steps will your organization take to protect property and spaces used for this program?**

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As an authorized signatory of the applicant organization, I certify that the information provided is complete and accurate, to the best of my knowledge. By signing this application, I authorize IREX to check my references and verify information. Any willful false statements in this application will be ground for disqualification of application or termination of grant if issued.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Signature

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Title Date