#

# DUE DILIGENCE QUESTIONNAIRE

 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 IREX with information needed to assess the adequacy of your organization’s financial and accounting system (and, if applicable, any subrecipients) and assesses if IREX will need to provide management assistance to ensure accountability if a grant is awarded. The questionnaire also collects information IREX is legally required to collect from subgrantees.

 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.**

**Mail: Program Manager**

**IREX**

**1275 K Street, NW Ste. 700**

**Washington, DC 20037**

**Fax: Program Manager**

**IREX**

**(202) 628-8189**

**E-mail: XXX@IREX.org.**

 **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. Organization UEI[[1]](#footnote-2)** |  |

**SECTION A: General Information**

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

**1. What type of organization are you (non-profit, for profit (commercial), university, etc.)?**

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

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

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

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

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

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

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

**5. Has your organization had significant changes in leadership or changes in financial or award administration systems in the last year?**

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

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

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

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

**7. Will you receive support from non-U.S. government sources *which you will add as cost share to your IREX grant?***

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

**7a. If yes, please provide an estimate of any support you expect to receive and include both monetary and non-monetary (equipment, free services) amounts to support your program.**

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**8. Has your organization had an agreement terminated for cause in the last three years**

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

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

**9. Does your organization have a Negotiated Indirect Cost Agreement (NICRA) with the US government? (if so, please provide a copy)**

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

*Question 10 is intended to collect information in compliance with the Federal Funding Accountability and Transparency Act. This Act requires IREX to report executive compensation for the five most highly compensated individuals for subgrantees that meet certain tests.*

**10a. Does your organization receive more than 80% of its gross revenue from the US federal government (either through direct awards or through subawards)?**

\_\_\_Yes \_\_\_No

 **10b. Does your organization receive more than $25,000,000 annually in revenue from the US federal government (either through direct awards or through subawards)?**

\_\_\_Yes \_\_\_No

 ***If you answered ‘Yes’ to both questions, please answer question 10c. If you answered ‘No’ to either, please skip go to question 11.***

 **10c. Do you make information on your five most highly compensated officers available to the public through either your US IRS Form 990 Tax Filing or your filing with the US Securities and Exchange Commission?**

 \_\_\_Yes \_\_\_No

**If your answer is No, please fill out the following table with the correct information.**

|  |  |
| --- | --- |
| Executive Name and Title | Compensation |
|   |   |
| Executive Name and Title | Compensation |
|   |   |
| Executive Name and Title | Compensation |
|   |   |
| Executive Name and Title | Compensation |
|   |   |
| Executive Name and Title | Compensation |
|   |   |

**11. Please indicate whether your organization undergoes a Uniform Guidance (2 CFR 200) Audit[[2]](#footnote-3)\*. Please attach your most recent audit.**

\_\_\_ Yes, our organization undergoes an annual Uniform Guidance (2 CFR 200) Audit.

\_\_\_ No, our organization does not undergo an A-133 Audit

***If your organization receives a 2 CFR 200 Subpart F audit, please go to page 10 to complete the past performance matrix (if required).***

**12. Will your organization have other sources of U.S. government funds (such as USAID or U.S. Embassy funds) during the period of the IREX grant?**

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

**12a. If yes, please provide the name of the U.S. agency, the grant period and amount of funds provided.**

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**13. Please complete the requested information or provide a copy of your two most recent financial statements.**

Current Year Information (indicate period):

Revenues: U.S.D. $ Local currency:

Expenses: U.S.D. $ Local currency:

Assets: U.S.D. $ Local currency:

Liabilities: U.S.D. $ Local currency:

Exchange Rate: per 1 U.S.D.

Prior Year Information (indicate period):

Revenues: U.S.D. $ Local currency:

Expenses: U.S.D. $ Local currency:

Exchange Rate: per 1 U.S.D.

Of the current year funding, how much comes from the following (***in U.S. dollars***):

Membership Dues/Contributions: $\_\_\_\_\_\_\_\_\_\_\_\_

Publications: $\_\_\_\_\_\_\_\_\_\_\_\_

Services: $

National/Local Governments: $\_\_\_\_\_\_\_\_\_\_\_\_

Advertising Revenue: $\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify): $

Donations -US $\_\_\_\_\_\_\_\_\_\_\_\_

Donations - Non-US $\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **14a. When and where was your organization incorporated or registered? (include copy of registration)**

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

**15. Is your organization required to pay taxes on revenue/income or is it exempt from such taxes?**

Required to pay taxes on revenue/income: \_\_\_\_

Not required to pay taxes on revenue/income: \_\_\_

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

**16. Please provide copies of any materials or a URL of a website which describes your organization, its mission and history.**

|  |  |  |  |
| --- | --- | --- | --- |
| Enclosed: |  | Not Enclosed:  |  |

If not enclosed, please provide a URL or explain why information is not available:

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

**SECTION B: Internal Controls**

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and follow laws, regulations and the organization's policies, 2) assets are kept safely, and 3) accounting records are complete, accurate and kept on a regular basis. Please complete the following questions concerning your organization's internal controls. **For awards over $50,0000, please include any policies pertaining to procurement, travel or timesheets that your organization might already have in writing**:

**1. Are timesheets kept for each paid employee? Please provide a sample copy.**

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

**2. Do you maintain an employment letter or contract which includes the employee’s salary?**

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

**3. Do you have written procurement policies? (If so, please provide them.)**

**4. Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200 Subpart E or FAR 31.2 for commercial organizations)?[[3]](#footnote-4)\***

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

**Describe the types of reconciliations (e.g., bank) performed, and how frequently they are performed.**

 Type of reconciliation Frequency

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. List the name and position title for the following person(s):**

Responsible for cash:

 Name: Title:

Responsible for bank accounts:

 Name: Title:

Responsible for equipment:

 Name: Title:

Responsible for reviewing expenditures to make sure they are allowable:

 Name: Title:

Responsible for keeping all receipts and other documentation to support expenses charged to this grant:

 Name: Title:

Responsible for signing checks:

 Name: Title:

Responsible for maintaining the accounting records:

 Name: Title:

Responsible for reconciling bank statements to the accounting records:

 Name: Title:

Responsible for preparing financial reports for this grant:

 Name: Title:

## SECTION C: Accounting System

The purpose of an accounting system is to: 1) accurately record all financial transactions, and 2) ensure that all financial transactions are supported by invoices, timesheets and other documentation. IREX grant funds must be properly authorized, used for the intended purpose and recorded in an organized and regular manner.

For awards over $50,000, please attach any policies your organization may have in place regarding procurement, timesheets and travel.

**1. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports.**

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

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**2. Can your accounting records separate the receipts and payments of an IREX grant from the receipts and payments of your organization's other activities?**

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

**3. Can your accounting records summarize expenditures from the IREX grant according to different budget categories, such as salaries, rent, supplies and equipment?**

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

**4. How will your organization make sure that individual budget categories and overall budget limits for the IREX grant will not be exceeded?**

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

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**5. Do you keep invoices, vouchers and timesheets for all payments made from grant funds?**

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

**6. 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:

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

**7. Briefly describe your organization's system for filing and keeping supporting documentation for all expenses.**

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## SECTION D: Funds Control

IREX normally pays grantees periodically by wire transfer of U.S. dollars to a specified bank account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. If cash cannot be kept in a bank, it is very important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement.

**1. Will funds in the bank account be in:**

|  |  |  |  |
| --- | --- | --- | --- |
| Local currency:  |  | U.S. dollars:  |  |

**2. Who is authorized to sign checks/withdraw funds? Please provide name(s) and title(s).**

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**3. Will any cash from IREX grant funds be kept outside the bank account (in petty cash funds, etc.)?**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**

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**4. If your organization doesn't have a bank account, how is cash kept safely?**

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**5. If IREX grant funds will be held in a non-U.S. bank, please answer questions 5a through 5d.**

 5a. Are bank deposits insured by the government?

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

 5b. Does the bank automatically convert U.S. dollars to local currency immediately after receiving them?

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

 5c. Are there any government or bank restrictions, taxes or other fees that will be placed on the bank account?

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

If Yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 5d. Are there any taxes, exchange requirements, or other charges that you will have to pay when converting U.S. dollars to local currency?

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

If Yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION E: Past Performance and Program Compliance**

**Please list five funded projects that indicate your ability to successfully complete the project you are applying for (preferably US government grant funded projects) This is required for all applications where the information was not collected as part of the technical proposal. You may include IREX projects, as appropriate.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Project** | **Grant # and Funder (if any)** | **Amount of Grant** | **Start and End Dates** | **Name and email of reference** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**  |  |

**.**

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

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

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

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

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

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

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

proved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Signature

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Title Date

1. The Unique Entity Identifier (UEI) as a universal identifier for Federal financial assistance applicants, as well as recipients and their direct subrecipients. The US Department of State requires all subawardees to have a UEI number. USAID only requires subawardees with awards higher than $25,000 to have a UEI number. Private funders and any USAID subawardees receiving less than $25,000 do not need a UEI number. Numbers are available from www.sam.gov. IREX can give you instructions on how to apply. [↑](#footnote-ref-2)
2. \* The Single Audit is required by federal policy for all U.S. –based organizations that expend more than $750,000 in federal awards from all sources (both as direct awardees and subawardees) to arrange for an independent audit that determines whether financial statements are accurately presented, whether internal controls are well designed and operating effectively and whether compliance with laws and regulations that could have a direct and material effect on federal claims has occurred. Both Department of State and USAID have audit provisions in the special terms and conditions that relate to Foreign entities and require either a program or organizational audit at $750,000. [↑](#footnote-ref-3)
3. \*. 2 CFR 200 may be found at <https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl>, FAR 31-2 may be found at <https://www.ecfr.gov/cgi-bin/text-idx?SID=cbb7305b43e022815d30aeaf7b642744&node=pt48.1.31&rgn=div5#sp48.1.31.31_12>. [↑](#footnote-ref-4)