**Applicant Organizational Information**

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| **GENERAL INFORMATION** | | | | | | | | | | | |
| 1. Organization/Individual Name: | | |  | | | | | | | | |
|  | | | ***Location*** | | 1 | ***Legal Status*** | | 2 | ***Entity Type*** | | 3 |
| 1. Type of Organization   ***\*You must mark an X in each box for all that apply*** | | | **U.S. Based:** | |  | **Non-Profit:** | |  | **Governmental** | |  |
| **Morocco Based:** | |  | **For-Profit:**  **(SA, LLC, etc.)** | |  | **Non-**  **Governmental:** | |  |
| **International Organization** | |  |  | |  | **Educational**  **Institution:** | |  |
| 1. Is your organization incorporated, registered, or licensed as a legal, *non-profit* entity:  Yes  No   (Please submit a copy of your final, non-profit, association registration with your application) | | | | | | | | | | | |
| *If Yes:* | **Place of Incorporation or Registration** (City/Country)**:** | | | | | | | |  | | |
| **Incorporation or Registration Date** (DD/MM/YYYY)**:** | | | | | | | |  | | |
| *If No:* | **List parent company or organization name and address OR explain status below:** | | | | | | | | | | |
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| 1. President/Founder/Executive director of the Organization: | | | | | | | | | | | |
| **Full Name:** | |  | | | | | **Title:** | |  | | |
| **Email Address:** | |  | | | | | **Telephone Number:** | |  | | |
| **Address:** | |  | | | | | | | | | |
| 1. Program Director *(The person who will oversee the day-to-day activities of the grant):* | | | | | | | | | | | |
| **Full Name:** | |  | | | | | **Title:** | |  | | |
| **Email Address:** | |  | | | | | **Telephone Number** | |  | | |
| **Address:** | |  | | | | | | | | | |
| **ORGANIZATION STRUCTURE** | | | | | | | | | | | |
| 1. Is your organization governed by a Board of Directors? | | | | | | | | | | Yes  No | |
| 1. How many employees are employed by your organization? | | | | | | | | | |  | |
| 1. Is your organization fully registered with the System for Award Management (SAM.gov)? | | | | | | | | | | Yes  No | |
| *If No, please explain:* | | | |  | | | | | | | |
| 1. Does your organization have a UEI number (Obtained through SAM.gov)? | | | | | | | | | | Yes  No | |
| *If yes, please list your UEI #* | | | |  | | | | | | | |
| 1. Does your organization have the CAGE/NCAGE Code? *(No longer required for new SAM applicants not working with Department of Defense)* | | | | | | | | | | Yes  No | |
| *If yes, please list your Code #* | | | |  | | | | | | | |

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| **FINANCIAL BANKING INFORMATION** | | |
| 1. Does your organization have a valid bank account? | | Yes  No |
| *If yes, please provide the banking information below:* | | |
| *Bank name* |  | |
| *Bank address* |  | |

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| **BACKGROUND and PARTNER INFORMATION** | | | |
| 1. Has your organization ever received funding from the Unites States Government (USG)? | | | Yes  No |
| 1. Is your organization expected to receive other funding from the USG in the future? | | | Yes  No |
| 1. Has your organization received financial assistance from other donors (EU, UN, Other Embassies in Morocco, International Organizations, etc.)? | | | Yes  No |
| *Please provide the information requested below on all awards or funding received in the past 10 years especially U.S. Government funding:* | | | |
| ***Name of Donor*** | ***Amount (USD)*** | ***Period*** | ***Place of Implementation*** |
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| 1. Do you have partner organizations working with you on this project? | | | Yes  No |
| *If yes, please list the name(s) of your partner organizations and how they will assist on this project:* | | | |
| 1. Has your organization ever been convicted of a felony criminal violation under U.S. or Moroccan law, or has it received a U.S. Government award that was canceled or terminated due to Mismanagement or Fraud? | | | Yes  No |
| *If yes, please explain:* | | | |
| 1. Please include a brief description of your organization’s history, background, and mission as well as past work & experience in this area. *(250 words max)* | | | |