**Instructions:** The Applicant Organizational Information template should be filled out in its entirety. Please note that the response “Not Applicable,” or “N/A,” is generally not acceptable. Instead, a sufficient explanation should be provided to explain why an item is not applicable.

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| **GENERAL INFORMATION** |
| 1. Organization Name: |  |
| 2. Is your Organization incorporated, registered, or licensed as a legal entity: □ Yes □ No (attach copy) |
| *If Yes:* | **Authority under which Registration was obtained:** |  |
| **Date of Registration** (MM/DD/YYYY)**:** |  |
| 3. Do you check reference of your employee/volunteers before hiring/assigning them?  | □ Yes □ No |
| 4. Are there liens, debts or any other financial burden against your organization*?* | □ Yes □ No |
| *If Yes please attach an explanation in a separate document.* |
| 5. Is your organization subject to any external audits? (If Yes, please attach a copy) | □ Yes □ No |
| 6. Has your organization ever declared bankruptcy or gone through re-organization? | □ Yes □ No |
| *If Yes please attach an explanation in a separate document.* |  |

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| **ORGANIZATION STRUCTURE** |
| 1. How is your organization governed?

If “others” specify: | □ Board of directors □ Trustees□ Members □ Others  |
| 2. How many employees are employed by your organization? Or how many work on voluntary basis?  |  |
| 3. Is your organization registered with System for Award Management (SAM)? (If yes, please attach a screenshot of your SAM registration) | □ Yes □ No |
| *If No, please explain why* |  |
| 4. Please provide your organogram/organizational chart in a separate document. |

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| **FINANCIAL AND ACCOUNTING MANAGEMENT** |
| 1. What is the financial year of your organization? (e.g. Jan 1 - Dec 30, Oct 1 – Sept 30, or June 1 - May 30) | (MM/DD/YYYY- MM/DD/YYYY) |
| 2. Will the grant funds you are currently requesting be deposited in a separate bank account? | □ Yes □ No |
| 3. Which position in your organization will be responsible for financial record keeping and timely submission of financial and program reports?  |  |
| 4. Will you be able to maintain an accounting system (software or excel spreadsheet) that can separately track all drawdowns and grant expenditures? | □ Yes □ No |

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| **BUSINESS MANAGEMENT SYSTEMS** |
| 1. Will activity/time records be maintained for each employee dedicated to the project supported by USG grant? (e.g. full-time engagement or part-time engagement) | □ Yes □ No |
| *Please explain:* |  |
| 2. Does your organization follow Procurement Policies, whereby multiple quotations are collected and due diligence is applied before the final purchase? | □ Yes □ No |
|  3. Does your organization have written job descriptions for personnel?  | □ Yes □ No |
| 4. Are appropriate duties separated to ensure one individual (i.e., project or financial) is not controlling all aspects of a transaction/process? | □ Yes □ No |
| *If No, please explain:* |  |

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| 6. Has your organization received U.S. Government grant funds before? | □ Yes □ No |
| ***6.1 Please provide the following information on awards or funding received in the last five years. Please specifically note if funds are U.S. Government (USG) funds.*** |
| ***Name of Donor*** | ***Amount*** | ***Period*** | ***Place of******Implementation*** |
|  |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_