**ANNEX A: APPLICANT SELF-ASSESSMENT FORM**

Accepting a grant from RESET creates a legal duty for the Grantee to use the funds according to the Grant Agreement and to United States federal regulations. Before awarding a grant, RESET must assess the adequacy of the financial and accounting systems of a prospective grantee to ensure accountability. To complete this form, answer each question as completely as possible, using extra pages if necessary.

**Part A-D: To be completed by the Applicant**

|  |  |
| --- | --- |
| **Legal Name of Organization:** |  |
| **Address:** |  |
| **Telephone Number(s):** |  |
| **Website:** |  |
| **Name and title of individual completing this checklist:** |  |

1. **Organizational Management**

|  |  |
| --- | --- |
| 1. Type of organization | ☐ Private Sector  ☐ Local NGO  ☐ International NGO  ☐ Other, please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is your organization affiliated with any other organization (governmental, quasi-governmental, public or private sector)? | ☐ Yes  ☐ No |
| 1. Can you provide a copy of the Articles of Incorporation or other documentation which substantiates the organization’s legal registration?     If so, please state date of incorporation or legal registration: | ☐ Yes  ☐ No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Organization ownership | ☐ Single Owner  ☐ Family Company  ☐ Shareholder or investor-owned  ☐ Non-profit |
| 1. List of organization’s owners including full names, titles, and contact information. You may attach an organizational chart with this information. |  |
| 1. Does the organization have a Board of Directors? If yes, what type of board does your organization have? If not, you may leave this section blank. | ☐ Board of Trustees  ☐ Executive Leadership Board  ☐ Other, please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is your organization facing any legal action? | ☐ Yes  ☐ No |

1. **Organizational Capacity**

|  |  |
| --- | --- |
| 1. List the key management and staff resources, including full names, titles, and contract information, who will contribute substantially to the activity. |  |
| 1. Do you have systems in place for managing HR, accounting, purchasing, production, sales, and cash management?   If yes, please provide detailed information. | ☐ Yes  ☐ No |
| 4. Does the organization have by-laws or a constitution? | ☐ Yes  ☐ No |

1. **Financial Management**

|  |  |
| --- | --- |
| 1. How often does your organization prepare financial reports? | ☐ Monthly  ☐ Quarterly  ☐ Annually  ☐ All of the above  ☐ Other, please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Does your organization currently have any outstanding loans, credit, or shares outstanding? | ☐ Yes  ☐ No |
| 1. Does your organization currently receive, or has it received in the past, USAID or other donor/grant assistance? If yes, provide brief details. | ☐ Yes  ☐ No |

1. **Reference check**

Please provide 3 references, with contact number/email address, that your organization has worked with over the last 3 years (including partners and funders/donor organizations)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding**  **Organization** | **Funding Type (grant, contract)** | **Value**  **(approximate)**  ***(please state currency)*** | **Dates (period**  **of duration)** | **Contact Information** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Title** | **Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |