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