**Applicant Screening Form**

*This form should be completed by the Applicant’s leadership and will be maintained as a key document for the evaluation of organizational eligibility qualification and due diligence screening that:*

* *Confirms basic organizational data on the entity and the leadership of the organization.*
* *Confirms that basic business systems of the organization will enable them to comply with core terms and conditions of their agreement with Rehab4U.*
* *Identifies areas of potential risk that should be taken into account during selection process.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION’S DETAILS** | | | | | | | |
| **Legal Name of Organization** | |  | | | | | |
| **Legal Address** | |  | | | | | |
| **Organization Type** | | ☐ Not For Profit or Nongovernmental  ☐ Governmental  ☐ Other: | | | ☐ University  ☐ For Profit | | |
| **Point of Contact**  (e.g., Organization, Department or Project) | | |  | | | | |
| Name | | |  | | | | |
| Title | | |  | | | | |
| Phone | | |  | | | | |
| Email | | |  | | | | |
| **UEI Number** | | *If* ***Yes*** *- I*nsert it | | |  | | |
| *If* ***None*** *–* Is your organization able to obtain a UEI in a reasonable timeframe in case of successful approval? | | | **YES** ☐ | | **NO** ☐ |
| 1. **General Organization Information** | | | | | | | |
|  | | | | | **YES** | **NO** | Explanation & Comments |
| Is the organization legally registered in Ukraine and the legal registration status is active? | | | | | ☐ | ☐ |  |
| Provide Registration Number and Date of Registration  *(Unified State Register of Enterprises and Organizations of Ukraine)* | | | | |  | | |
| 1. **Grants program and management experience** | | | | | | | |
|  | | | | | **YES** | **NO** | Explanation & Comments |
| Does your organization have experience managing donor-funded projects? | | | | | ☐ | ☐ |  |
| Does your organization have a management structure in place to oversee grant implementation? | | | | | ☐ | ☐ |  |
| 1. **Financial and procurement management** | | | | | | | |
|  | | | | | **YES** | **NO** | Explanation & Comments |
| Does the organization have a bank account that is legally owned by the organization? | | | | | ☐ | ☐ |  |
| Is the organization complying with government payroll tax withholding and submittal regulations; with pension/social security and other withholding, contribution, and submittal regulations? If not, explain | | | | | ☐ | ☐ |  |
| Have any enforcement proceedings been initiated in court to recover financial debts from your organization? | | | | | ☐ | ☐ |  |
| 1. **Legal Processes** | | | | | | | |
|  | | | | | **YES** | **NO** | If YES, please explain: |
| In the past three years, has the organization or its management been involved in or found guilty of any of the following: | | | | |  |  |  |
| Fraud | | | | | ☐ | ☐ |  |
| Corruption | | | | | ☐ | ☐ |  |
| Conduct related to a criminal organization | | | | | ☐ | ☐ |  |
| Money laundering or terrorist financing | | | | | ☐ | ☐ |  |
| Terrorist offenses or offenses linked to terrorist activities | | | | | ☐ | ☐ |  |
| Sexual exploitation and abuse | | | | | ☐ | ☐ |  |
| Child labor, forced labor, human trafficking | | | | | ☐ | ☐ |  |
| Irregularity (non-compliance with any legal or regulatory requirement applicable to the Organization or its Management) | | | | | ☐ | ☐ |  |
| 1. **Organization’s certification** | | | | | | | |
|  | | | | | **YES** | **NO** | Explanation & Comments |
| Is your organization willing to undergo MWH’s full due diligence and assessment process if selected? | | | | | ☐ | ☐ |  |
| Does your organization confirm that it has no advances from USAID or USAID implementors which have been outstanding and unliquidated for longer than 90 days, and that your organization does not have a grant completion report required under a grant from USAID or a USAID implementor which is more than 30 days past due? | | | | | ☐ | ☐ |  |
| Does your organization confirm that it is not barred or otherwise ineligible to receive a grant directly or indirectly funded by USAID? | | | | | ☐ | ☐ |  |
| Does your organization confirm that, at the time of submission, there are no existing circumstances or management-related concerns that you are aware of that would disqualify your organization from receiving a grant funded by Rehab4U? | | | | | ☐ | ☐ |  |
| Does your organization confirm that it is not aware of any actual or potential conflict of interest that may provide your organization with an unfair competitive advantage in competing for this subgrant? | | | | | ☐ | ☐ |  |
| By signing this document I attest that I have answered the questions truthfully and I am authorized to complete and sign on behalf of the above stated organization. I acknowledge that untruthful answers may have a negative impact on the further selection process. | | | | | | | |
| To demonstrate our eligibility and capacity, we have **attached the following supporting documents** as **attachments** to this form (please indicate all that apply—*mandatory items are marked accordingly -* ☒)  ☒ A copy of our organization’s formal registration as evidence of our legal status (Extract from the Unified State Register of Legal Entities, Individual Entrepreneurs and Public Organizations, Court Register Excerpt or other relevant document, by Laws (Statute (Charter)) *(mandatory)*  ☐ Non-profit Certificate for nonprofit organizations or extract from taxpayer register for profit-organizations, as applicable  ☒ Copies of documentation indicating our organization’s managerial commitment to implementing objectives that are consistent with grant application:  ☐ Organization's statute  ☐ Strategic plans (multi-annual)  ☐ Annual narrative report for the previous year  ☐ Other [please specify]  ☐ A copy of organizational chart  ☐ Board of directors, resolutions or other documentation  ☒ The names of staff authorized to represent the organization, including their dates of birth, places of birth and addresses *(mandatory)* | | | | | | | |
| **Name** |  | | | **Position Title** |  | | |
| **Signature** |  | | | **Date** |  | | |

***To Be Completed By Rehab4U Staff***

|  |  |  |  |
| --- | --- | --- | --- |
| **RESULTS OF THE EVALUATION of organizational eligibility qualification and due diligence screening** | | | |
| ☐ Recommend to proceeding with following review by the Application Review Committee | | | |
| ☐ Recommend to proceeding with following review by the Application Review Committee with Specific Conditions | | | |
| **Specific Conditions:** | | | |
| ☐ DO NOT recommend proceeding with issuing the subaward for the following reason(s): | | | |
| **Name** |  | **Position Title** |  |
| *By signing this document, I acknowledge I have reviewed the responses and agree with the specific conditions as drafted above; and I have made further inquiries with the organization and/or consulted with Rehab4U’s project finance and other staff, as needed.* | | | |
| **Signature** |  | **Date** |  |