****

BEST 2.0 SMALL GRANTS

DUE DILIGENCE AND FINANCIAL CAPACITY FORM

|  |  |
| --- | --- |
| Grant Applicant Name: |  |
| Project Name: |  |
| Grant Amount Requested:  (Please indicate in EUR and in local currency equivalent) |  |

Amount of the total grant

for your organisation:

(If the project involves more than

one applicant. Please indicate in EUR)

|  |  |
| --- | --- |
| Est. time taken by applicant to complete this form (Hrs): |  |

BEST 2.0 Small Grant

Due Diligence and Financial Capacity Form

In order that IUCN may ascertain each grantee’s capacity to administer grant funds received, you are kindly requested to complete all questions contained within due diligence and financial questionnaire form as part of your grant application process. Should any areas of improvement be identified IUCN will work with the applicant to build capacity as necessary. All information submitted will be treated confidentially and will not be disclosed to any third parties unless required by law.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ORGANIZATION INFORMATION | | | | | | | | | | | | | | | | |  | **IUCN Internal Use Only** |
| 1. **Official name of organization** | | | | | | | | | | | | | | | | |  |  |
|  | | |  | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Type of organization**: | | | | | | | | | | | | | | | | |  |  |
|  | | Please tick most appropriate option in each column below: | | | | | | | | | | | | | | |  |
|  | | i. |  | | | For profit | | | | i. |  | | | Incorporated company | | |  |
|  | | ii. |  | | | Not-for-profit / NGO | | | | ii. |  | | | Limited liability company | | |  |
|  | | iii. |  | | | Government (department/service)  *(please proceed to 2(a))* | | | | iii. |  | | | Sole proprietary company | | |  |
|  | |  |  | | |  | | | | iv |  | | | Partnership | | |  |
|  | |  |  | | |  | | | | v |  | | | Registered charity | | |  |
|  | |  |  | | |  | | | | vi |  | | | Community Network | | |  |
|  | |  |  | | |  | | | | vii |  | | | Other *(please specify below)* | | |  |
|  | | If “For profit” box is checked, indicate names of owners and % of ownership below. | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Tax exemption:** | | | | | | | | | | | | | | | | |  |  |
|  | | Is the organization tax-exempt? | | | | | | | | | | | | | | |  |
|  | |  |  | | | Yes | |  | | |  | | | No | | |  |
|  | |  | | | | | | | | | | | | | | |  |
|  | | If yes, please provide a copy of the organization’s tax exemption certificate. | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Registration details:** | | | | | | | | | | | | | | | | |  |  |
|  | | Is the organization incorporated or registered with the appropriate government agency in country? | | | | | | | | | | | | | | |  |
|  | |  |  | | | Yes | |  | | |  | | | No | | |  |
|  | |  |  | | |  | |  | | |  | | | Not applicable  *(Govt agency only)* | | |  |
|  | | If yes, please provide a copy of the organization’s incorporation or registration document. If no, please provide details to explain below: | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | |  |
|  | | When was your organization incorporated or registered? | | | | | | | | | | | | | | |  |
|  | | Date | | |  | | | | | | | Place | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **If the organization has a website, please list web address below** | | | | | | | | | | | | | | | | |  |  |
|  | |  | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Is the organization affiliated to any other organization?** | | | | | | | | | | | | | | | | |  |  |
|  |  | | |  | | | Yes | |  | | | |  | | No | |  |
|  | If yes, please state the name of affiliated organization(s) and the nature of link below. | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Will any of the affiliated entities be involved in the implementation of the project?** | | | | | | |  |  |
|  |  |  | Yes |  |  | No |  |
|  | If yes, please indicate which ones and give details of their role below: | | | | | |  |
|  |  | | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. GOVERNANCE | | | | | | | | | | | | | | | | | |  |  | |
| 1. **Governing Body:** | | | | | | | | | | | | | | | | | |  |  | |
|  | Please indicate whether the organization is governed by: | | | | | | | | | | | | | | | | |  |
|  |  | |  | | Board of Directors | | | |  | |  | | Executive Committee | | | | |  |
|  |  | |  | | Other  *(please specify below)* | | | |  | |  | | No governing body | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Please provide the following information regarding all current members of your organization’s Governing Body on a ***separate page*** : | | | | | | | | | | | | | | | | |  |
|  | * Name | | | | | | | | | | | | | | | | |  |
|  | * Position | | | | | | | | | | | | | | | | |  |
|  | * Length of service | | | | | | | | | | | | | | | | |  |
|  | * Contact details – address, phone, email | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Authorized Representatives:** | | | | | | | | | | | | | | | | | |  |  | |
|  | Does the organization have formally appointed Authorized Representatives (individual(s) legally authorized to represent the organization)? | | | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | |  | | |  | | No | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. LEGAL | | | | | | | | | | | | | | | | | |  |  | |
| 1. **Regulatory filings:** | | | | | | | | | | | | | | | | | |  |  | |
|  | Is the organization currently fully compliant and up-to-date with all government tax, registration, and other regulatory filings? | | | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | |  | | |  | | No | | | | |  |
|  |  | |  | |  | | |  | | |  | | Not applicable | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | If no, please provide details below: | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. FINANCIAL | | | | | | | | | | | | | | | | | |  |  | |
| 1. **Audit:** | | | | | | | | | | | | | | | | | |  |  | |
|  | Does the organization have an annual audit performed by an independent external auditor? | | | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | |  | | |  | | No | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | If yes, please provide a copy of the latest auditor’s annual report. | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Financial Statements:** | | | | | | | | | | | | | | | | | |  |  | |
|  | i. Does the organization prepare annual financial statements? | | | | | | | | | | | | | | | | |  |
|  | If no, please provide details below: | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | ii. Please provide a copy of the organization’s latest annual financial report. *If the audit report does not relate to the most recent complete financial year please explain why below.*   |  | | --- | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Financial principles and systems:** | | | | | | | | | | | | | | | | | |  |  | |
|  | i. Please indicate what basis of accounting is used by the organization: | | | | | | | | | | | | | | | | |  |
|  |  | |  | | Cash accounting | | |  | | |  | | Accrual accounting | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | ii. Does the organization use a computerized accounting software system? | | | | | | | | | | | | | | | | |  |  | |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  |  | |  | | | | | | | | | | | | | | |  |
|  |  | | If yes, please provide the name of the accounting software, and indicate how many years it has been in use. | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | | | | | | | | |  |  | |
|  | iii. Does the organization’s accounting system separately record and track income and expenditure for each individual project, grant, or contract? | | | | | | | | | | | | | | | | |  |  | |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Debt:** | | | | | | | | | | | | | | | | | |  |  | |
|  | i. Does the organization have any debt relating to: | | | | | | | | | | | | | | | | |  |
|  |  | | Bank loans | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  |  | | Bank overdraft | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  |  | | Other debt | | | | | | | | | | | | | | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |  | |
|  | ii. Has the organization ever filed for bankruptcy, relief from creditors, or declared any other form of financial insolvency? | | | | | | | | | | | | | | | | |  |  | |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Bank accounts:** | | | | | | | | | | | | | | | | | |  | |  |
|  | i. Does the organization have any bank accounts held in the name of individuals (instead of the name of the organization)? | | | | | | | | | | | | | | | | |  | |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | ii. Are 2 authorized bank signatories required on all payments above a certain value as determined by organizational policy? | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Financial Capacity.** | | | | | | | | | | | | | | | | | |  | |  |
|  | | i. State below the turnover/operational budget in **EUR** for the past three financial years.  *If your accounts are prepared in a different currency, please convert to Euros and state the exchange rate used.* | | | | | | | | | | | | | | |  | | |  |
|  | | 2014: | | | | | 2015: | | | | | | | | | 2016: |  | | |
|  | |  | | | | |  | | | | | | | | |  |  | | |  |
|  | | ii. Has your organization received funding from governments or multi-lateral institutions in the past three years? | | | | | | | | | | | | | | |  | | |  |
|  | |  | |  | | Yes | | | | | |  | |  | No | |  | | |
|  | | If yes, indicate below the percentage of government/multilateral institutions funding in your operational budget. | | | | | | | | | | | | | | | |  | |
|  | | % | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | |  | |  |
|  | | iii. State below your organization estimated operational budget in EUR for the current year.  *If your accounts are prepared in a different currency, please convert to Euros and state the exchange rate used.* | | | | | | | | | | | | | | | |  | |  |
|  | |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. MANAGEMENT and PERSONNEL | | | | | | | | | | | | | | | | | |  | |  |
| 1. **Financial personnel:** | | | | | | | | | | | | | | | | | |  | |  |
| Are the organization’s financial transactions recorded into the company’s financial system and overseen by : | | | | | | | | | | | | | | | | | |  | |
|  |  | |  | | Qualified full-time finance personnel | | | | |  |  | | Non-finance personnel | | | | |  | |
|  |  | |  | | Qualified part-time finance personnel | | | | |  |  | | Other | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Please indicate the total number of full-time staff employed by the organization.** | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | 0 | | | | |  |  | | 11 - 20 | | | | |  | |
|  |  | |  | | 1 - 5 | | | | |  |  | | 21 - 50 | | | | |  | |
|  |  | |  | | 6 - 10 | | | | |  |  | | 50+ | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Personnel time management recordkeeping:** | | | | | | | | | | | | | | | | | |  | |  |
|  | i. | | Does the organization have a staff timesheet recordkeeping system? | | | | | | | | | | | | | | |  | |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | If yes, please provide a copy of your organization’s timesheet form. | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. RELATIONSHIPS and CONFLICTS OF INTEREST | | | | | | | | | | | | | | | | | |  | |  |
| 1. **Is the organization a member of IUCN?** | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Has the organization previously worked with IUCN or received grants from IUCN?** | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Does the organization or any of its owners, directors, officers, management or their family members have any business or personal association, interest, or relationship with any member of the National Coordinating Body, IUCN or any of its officers or management?** | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | Yes | | | | |  |  | | No | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | If yes, please provide details below: | | | | | | | | | | | | | | | | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Has the organization or any of its directors, officers, or management been directly involved in the IUCN selection process regarding the grant the organization is hereby applying for?** | | | | | | |  |  |
|  |  |  | Yes |  |  | No |  |
|  |  | | | | | |  |
|  | If yes, please provide details below: | | | | | |  |
|  |  |  |  |  |  |  |  |
|  |  | | | | | |  |

**Checklist - Additional Documentation Requested**

To assist in ensuring your due diligence and financial capacity check the following checklist of additional documents is provided below. Please check those boxes that apply regarding additional documents that will be submitted to accompany your completed Due Diligence and Financial Capacity Form.

1(c) Tax exemption certificate

1(d) Organization incorporation/statutes/registration certificate

2(a) Governing Body member information

4(a) Auditors report

4(b) Annual financial statements

5(a) Key personnel information

5(d) Timesheet form (blank copy)

If you are unable to provide any of the requested documents please provide an explanation below:

|  |
| --- |
|  |

**CERTIFICATION STATEMENT:**

*“I the undersigned, hereby certify that I am authorized to represent the organization, and that all facts and information provided in this Due Diligence and Financial Capacity document are true and correct without omission, error, or mis-statement.*

*I understand and agree that should the information provided in this Due Diligence and Financial Capacity document subsequently change, IUCN shall be informed in writing of any such change.*

*I further understand and accept that IUCN may at its sole discretion amend or terminate any grant or funding agreement awarded to the applicant if any information contained in this document is false or inaccurate.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Name:

Position:

Date:

(Organization Stamp)