Form 10

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| **DUE DILIGENCE AND FINANCIAL CAPACITY QUESTIONNAIRE**  **- Co-Applicant -** |
| In order for the BESTbelt evaluation team to ascertain your capacity to administer BESTbelt funds received, you are kindly requested to complete all questions contained within this due diligence and financial capacity questionnaire. All information submitted will be treated confidentially and will not be disclosed to any third parties unless required by law.  ***Please add the required supporting documents to this document.***  ***If your organisation is a public body, please ignore questions marked with an asterisk (\*).*** |

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| 1. ORGANISATION INFORMATION | | | | | |
| **a.** | **Official name of the organisation** | | | | |
| Please fill in | | | | | |
| **b.** | **Type of organisation:** | | | | |
|  | **Please tick most appropriate option in the left and the right columns below:** | | | | |
|  |  | For profit | |  | Incorporated company |
|  |  | Not-for-profit / NGO | |  | Limited liability company |
|  |  | Government agency | |  | Sole proprietary company |
|  |  |  |  |  | Partnership |
|  |  |  |  |  | Registered charity |
|  |  |  |  |  | Community Network |
|  |  |  |  |  | Other *(please specify below)* |
|  |  |  |  |  | Please fill in |

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| **c.** | **Founding documents:** | | | | | | | | | |
|  | * + 1. **In which country/countries is your organisation constituted by an appropriate instrument of national law? Please provide copy of statutes or similar founding document, for example a decree for public bodies.** | | | | | | | | | |
|  | Country | | Title of founding document | | | | | | | |
|  | Please fill in | |  | | | | | | | |
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| **d.** | **Ownership details (applicable to “For Profit” organisations only).** | | | | | | | | | |
|  | **Please indicate name of owners and percentage (%) ownership below:** | | | | | | | | | |
|  | Please fill in | | | | | | | | | |
| 1. GOVERNANCE\* | | | | | | | | | | |
| **a.** | **Governing Body:** | | | | | | | | | |
|  | **Please indicate whether the organisation is governed by:** | | | | | | | | | |
|  |  | Board of Directors |  |  | | Executive Committee | | | | |
|  |  | Other  *(please specify below)* | |  | | No governing body | | | | |
|  | Please specify | | | | | | | | | |
| **b.** | **Is the Governing Body responsible for financial oversight of the organisation? Please tick the relevant box.** | | | | | | | | | |
|  |  | Yes |  |  | | No | | | | |
| 1. LEGAL\* | | | | | | | | | | |
|  | Regulatory filings: | | | | | | | | | |
|  | **Is your organisation currently fully compliant and up-to-date with all tax, registration and social security obligations? Please tick the relevant box.** | | | | | | | | | |
|  |  | Yes |  |  | | No | | | | |
|  | If no, please provide details below, why not: | | | | | | | | | |
|  | Please fill in | | | | | | | | | |
| 1. FINANCIAL | | | | | | | | | | |
| **a** | **Audit:** | | | | | | | | | |
|  | **Does your organisation have an annual audit performed by an independent external auditor or by an internal auditor for public bodies? Please tick the relevant box.** | | | | | | | | | |
|  |  | Yes |  |  | No | | | | | |
|  | **If yes, please provide a copy of the latest auditor’s annual report and management letter**. *If the audit report does not relate to the most recent financial year please explain why.* | | | | | | | | | |
|  | Please fill in | | | | | | | | | |
|  | **If you do not have an independent annual audit, or if your independent audit report does not include your Financial Statements, please answer the following questions:** | | | | | | | | | |
|  | * + 1. **Does the organisation prepare annual financial statements? Please tick the relevant box.** | | | | | | | | | |
|  |  | Yes |  |  | No | | | | | |
|  | **If no, please provide an explanation below:** | | | | | | | | | |
|  | Please fill in | | | | | | | | | |
|  | **Please provide a copy of your organisation’s/municipality annual financial statements covering the past two years.** | | | | | | | | | |
| **b.** | **Financial principles and systems:** | | | | | | | | | |
|  | 1. **Does your organisation use a computerized accounting software system and if so which one?** | | | | | | | | | |
|  | Please fill in | | | | | | | | | |
|  | 1. **Does your organisation’s accounting system separately record and track income and expenditure for each individual project, grant, or contract? Please tick the relevant box.** | | | | | | | | | |
|  |  | Yes |  |  | No | | | | | |
|  | 1. **Does your organisation have written policies for the following three options? If so, please provide copies or web link. Please tick the relevant boxes.** | | | | | | | | | |
|  |  | Accounting | | | | |  | Yes |  | No |
|  |  | Procurement | | | | |  | Yes |  | No |
|  |  | Code of conduct, ethics, bribery & corruption (including coverage of conflict of interest) | | | | |  | Yes |  | No |
| **c.** | **Debt:\*** | | | | | | | | | |
|  | **Does your organization have any debt relating to the below mentioned options? Please tick the relevant boxes.** | | | | | | | | | |
|  |  | Bank loans | | |  | |  | Yes |  | No |
|  |  | Bank overdraft | | |  | |  | Yes |  | No |
|  |  | Other debt | | |  | |  | Yes |  | No |
|  |  | **If yes, please provide details below:** | | | | | | | | |
|  | Please fill in | | | | | | | | | |

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| **d.** | **Insurance:\*** | | | | | |
|  | **If applicable, please tick the insurance policies below and fill in the level of coverage your organisation has:** | | | | | |
|  | |  |  |  | | --- | --- | --- | | Third party liability |  | Amount | | Office building |  | Amount | | Vehicles |  | Amount | | Other insurance |  | Please provide details: | | | | | | |
| **e.** | **Bank accounts and funds control:\*** | | | | | |
|  | 1. **Does your organisation have any bank accounts held in the name of individuals (instead of the name of the organisation)? Please tick the relevant box.** | | | | | |
|  |  | Yes |  |  | | No |
|  | **If yes, please provide details below:** | | | | | |
|  | Please fill in | | | | | |
|  | 1. **Are at least 2 authorized bank signatories required on all payments above a certain value as determined by your organisational policy? Please tick the relevant box.** | | | | | |
|  |  | Yes |  |  | | No |
|  | **Please provide details below, including any alternative bank and/or payment controls:** | | | | | |
|  | Please fill in | | | | | |
|  | 1. **Will any grant funds be kept outside a bank account? Please tick the relevant box.** | | | | | |
|  |  | Yes |  |  | | No |
|  | **If yes, please explain the amount of cash to be kept and give the name and position/title of the person responsible for safeguarding cash.** | | | | | |
|  | Please fill in | | | | | |
| **f.** | **Financial Capacity:** | | | | | |
|  | 1. **Please state below the operating budget your organisation had for the past two financial years, and provide an estimate for the current year. Please use the currency your organisation would report in.** | | | | | |
|  |  | This year | |  | | |
|  |  | Last year | |  | | |
|  |  | Two years ago | |  | | |
|  | 1. **Has your organisation received funding from governments or multi-lateral institutions in the past two years?\* Please tick the relevant box.** | | | | | |
|  |  | Yes |  |  | | No |
|  | 1. **What percentage of the organisation’s annual income is provided by grant funding?\* Please tick the relevant box.** | | | | | |
|  |  | 0-30% |  |  | 51-75% | |
|  |  | 31-50% |  |  | 76-100% | |
|  | 1. **Please list your main donors of the past two years:\*** (amounts, name of donors and funding period) | | | | | |
|  | Please fill in | | | | | |
| 1. MANAGEMENT and PERSONNEL | | | | | | |
| **a.** | **Financial personnel:** | | | | | |
|  | **Are the organisation’s financial transactions recorded in your company’s financial system? Please tick the relevant box, who oversees financial transactions:** | | | | | |
|  |  | Qualified full-time finance personnel | |  | Non-finance personnel | |
|  |  | Qualified part-time finance personnel | |  | Other than staff (external) | |
| **b.** | **Please indicate the total number of full-time staff employed by the organisation. Please tick the relevant box:** | | | | | |
|  |  | >20 |  |  | 1-5 | |
|  |  | 6-20 |  |  | 0 | |

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| **c.** | **Personnel time management record keeping:** | | | | |
|  | **Does your organisation have a staff timesheet record keeping system? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
|  | **If yes, please provide an unfilled copy of your organisation’s timesheet form.** | | | | |
|  |  | | | | |
| 1. INTERNAL CONTROLS and RECORD KEEPING | | | | | |
| **a.** | **Has your organisation established prior approval procedures for major purchases? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
| **b.** | **Do you keep invoices and vouchers for all payments made out of grants funds? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
| **c.** | **Will your organisation be able to keep accounting records including invoices, vouchers and timesheets for at least ten years after the final financial report is submitted? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
| **d.** | **Briefly describe your organisation's system to file and keep supporting documentation.** | | | | |
|  | Please fill in | | | | |
| **e.** | **Does your organisation have adequate segregation of duties?** | | | | |
|  | * + 1. **Does the person who inserts entries into the accounting system also prepare the payments? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
|  | * + 1. **Does the person who inserts entries into the accounting system also approve the payments and is he or she a bank account signatory? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
|  | * + 1. **Is the person who manages a procurement process sometimes also the recipient of the goods/services? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
|  | **If your answer is ”yes” to any of the above, please provide an explanation of how your organisation mitigates the associated risks.** | | | | |
|  | Please fill in | | | | |
| 1. RELATIONSHIPS | | | | | |
| **a.** | **Is your organisation a member of the EGBA Board? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
| **b.** | **Has your organisation previously been part of the European Green Belt Initiative? Please tick the relevant box.** | | | | |
|  |  | Yes |  |  | No |
|  | If yes, please provide details below: | | | | |
|  | Please fill in | | | | |

**Checklist - Additional Documentation Requested**

To assist in ensuring your due diligence submission is complete, the following checklist is shown below for your benefit. Please tick the relevant boxes of additional documents that you may be required to provide as asked below. Please include the files as copies or via link together with your due diligence financial capacity questionnaire.

1(c)(i) Articles of Incorporation, Constitution, Statutes, Government Decree, as

appropriate, etc.

1(c)(ii) Organisation in-country registration certificate (if applicable).

3 Certification of tax and social security compliance (if required).

4(a) Audit report and annual financial statements.

4(b)(iii) Accounting, Procurement and Code of Conduct Policies.

5(c) Timesheet form.

EuroNatur may request additional documents/information based on the nature of the action and the answers you have provided above.

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| **CERTIFICATION STATEMENT**  *“I, the undersigned, hereby certify that I am authorised to represent the organisation, and that all facts and information provided in this Due Diligence and Financial Capacity Questionnaire 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 Questionnaire document subsequently change, EuroNatur shall be informed in writing of any such change.*  *I further understand and accept that EuroNatur 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.”*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Organisation Stamp) |