Annex 3

A P P L I C A T I O N   F O R M

I. THE APPLICANT

1. Name of applicant

   (please include also acronyms, if any)

2. Address of applicant

   (please include official address as well as postal address)

Official address:

Postal address:

3. VAT registration number

   (if applicable)

4. Telephone

5. Fax

6. E-mail

7. Web site

8. Contact person

II. PROJECT INFORMATION

1. Title of proposed project

2. Location and duration

   Location: [city / commune], [county]

   Duration: _____ months, from [month] [year] to [month] [year]

3. Summary Budget

Total budget	(local currency)	(100%)
▪ Amount requested	(local currency)	(%)
▪ Applicant contribution	(local currency)	(%)
▪ *Exchange rate used*	*1 USD = local currency*	*(date)*

4. *OPTIONAL:* Partners involved in the project – *Use if appropriate*

   (Please list all partner organizations involved in the project; insert as many lines as necessary)

NAME OF PARTNER	ROLE IN THE PROJECT	CONTACT DATA
		Official address: Phone and fax: E-mail: Contact person:
		Official address: Phone and fax: E-mail: Contact person:

III. PROJECT DESCRIPTION

1. Project summary

   (Please provide a brief summary of your project and any necessary background information; the summary must be no more than 3 pages and should clearly address who your project will accomplish, in addition to why and how it will be implemented.)

2. Project goal, activities and results

   (Please provide accurate and detailed information, no more than 20 pages.)

   a) How will the project *state goal to be achieved or rephrase as appropriate*?

   b) What are the specific activities that you will undertake?

   c) What are the specific expected results that your project will bring about?

3. Beneficiaries

   a) How many people will directly benefit from your project? Please describe who these beneficiaries will be (e.g. age, gender, and other commonalities).

   b) If applicable, describe how you will serve the needs of youth, women, or other underserved groups.

4. Grantee Contribution (Optional)

   (Explain the in-kind or other financial contributions you plan to provide to support the proposed activities, detailing the type of contribution and value.)

5. Monitoring and evaluation

   a) How will you know that your project was successfully implemented? What criteria will you use to measure the achievements of your project?

(Please include the tools you will use to monitor project activities and evaluate project results)

6. Sustainability

    a) Describe how the activities in your project will be sustained after funding ends. How will the activities or results of your project continue?

7. Project activity schedule and timeline (work plan)

(Based on the activities listed in section III.2(b) above, please fill in the work plan using the template provided in Annex 4)

IV. PROJECT TEAM

Please list all project team members, including their position, role in the project and a short description of their assigned responsibilities. *(Insert as many lines as necessary).*
(Please attach CVs for key personnel involved in the project, using the template provided in Annex 6; also include a 1420 BioData Form to be filled out by all key personnel)

NO	NAME & SURNAME	POSITION	ROLE IN THE PROJECT	DESCRIPTION
1				
2				
3				
4				
5				
6				
7				
8				

V. APPLICANT CAPABILITY AND PAST PERFORMANCE

1. Organizational capability and resources
Annual income over the past three years, mentioning the names of your main financial contributors (where applicable)

YEAR	TOTAL ANNUAL INCOME (in USD)	MAIN FINANCIAL CONTRIBUTORS

a) Please describe the various resources at the disposal of your organization such as: equipment, offices etc.

2. Past performance

Please describe no more than three major projects in which your organization was involved over the past three years, using the table below.

a) Project title	
b) Duration (months)	
c) Year	
d) Location	
e) Role of your organization *(leader, partner)*	
f) Project objectives	
g) Project results	
h) Total budget (USD)	
i) Funding sources and types of funding (grants, contract, or other) *Please include contact information for funding sources.*	

VI. PROJECT BUDGET

Please provide a detailed budget for the entire duration of the project, using the template provided in Annex 5. Attached separately.

VII. STATEMENT OF LIABILITY

I, the undersigned, being the person responsible in the applicant organization for this project, certify that the information given in this application is true and accurate.

Name and surname:	
Position:	

Signature & stamp:	
Date and Place:	

Annex 4: Workplan

Name of applicant:

Please utilize the attached document to fill out the proposed workplan.

Work Plan Template
.docx

Annex 5: Budget-See attached in excel

Annex 5 BUDGET
TEMPLATE for PY2.xl

Annex 6: CV Form and Biodata Form for the key personnel

Curriculum Vitae

Proposed position in the project:

Name (First, Middle, Last):

Citizenship:

Education:

Name and location of institution	Major(s) or Degree(s) obtained:

Language proficiency – indicate proficiency on a scale of 1 (poor) to 5 (native):

Language	Reading	Speaking	Writing

Membership of NGOs or other professional bodies:

Key skills and qualifications relevant to the project (e.g. computer literacy, etc.):

Employment history:

Position Title	Employer's name and address	Dates of employment		Short description of tasks performed
		From (month, year)	To (month, year)	

Other relevant information: (e.g. publications, seminars/courses etc.):

The USAID Contractor Employee Biographical Data Sheet (Form AID 1420-17) can be accessed using the imbedded file (below), or by using the following link: https://www.usaid.gov/forms/aid-1420-17

Annex 6_EBD Form_1420.pdf

Annex 7: Financial Capability Questionnaire

Accounting System and Financial Capability Questionnaire
For DAI Grant Recipients

The main purpose of this questionnaire is to understand the systems adopted by your institution for financial oversight and accounting of grant funds, especially those provided through the U.S. Federal Government. The questionnaire will assist DAI program and accounting staff to identify the extent to which your institution's financial systems match the requirements of the U.S. Federal Government. This information will help the program staff work with you and your institution to review any problem areas that may be identified; thereby avoiding any problems or oversights which would be reportable should an audit of the program or institution be required.

The questionnaire should be completed by the financial officer of your institution in collaboration with DAI program staff. This questionnaire is informational only, and will not have any bearing on the agreement to support your institution based on the technical merit of the proposal. Therefore, please answer all questions to the best of your knowledge.

While 2 CFR 200 does not cover awards to non-U.S. recipients, DAI shall rely on the standards established in that regulation in determining whether potential non-U.S. recipients are responsible to manage Federal funds. A determination shall be made on the potential recipient's ability, or potential ability, to comply with the following USAID and federal-wide policies:

1) [2 CFR 200 Subpart D](#) (Financial and Program Management);

2) [2 CFR 200 Subpart D](#) (Property Standards);

3) [2 CFR 200 Subpart D](#) (Procurement Standards); and

4) [2 CFR 200 Subpart D](#) (Performance and Financial Monitoring and Reporting).

SECTION A: General Information

Please complete this section which provides general information on your institution.

Name of Institution: _____

Name and Title of Financial Contact Person: _____

Name of Person Filling out Questionnaire: _____

Mailing Address: _____

_____

_____

Street Address (if different) _____

_____

Telephone, Fax, Email (if applicable) _____

Enter the beginning and ending dates of your institution's fiscal year:

From: (Month, Day) _____ To: (Month, Day) _____

SECTION B: Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with U.S. laws, regulations and your institution's policies; 2) assets are maintained safely and controlled; and 3) accounting records are complete, accurate and maintained on a consistent basis. Please complete the following questions concerning your institution's internal controls.

1. Does your institution maintain a record of how much time employees spend on different projects or activities?

Yes: ☐   No: ☐

2. If yes, how?

_____

_____

3. Are timesheets kept for each paid employee?

Yes: ☐   No: ☐

4. Do you maintain an employment letter or contract which includes the employee's salary?

Yes: ☐   No: ☐

4. Do you maintain inventory records for your institution's equipment?

Yes: ☐   No: ☐ (if no, explain)

_____

_____

_____

5. How often do you check actual inventory against inventory records?

_____

_____

_____

6. Are all financial transactions approved by an appropriate official?

Yes: ☐   No: ☐

7. The person responsible for approving financial transactions is: _____ Title: _____

8. Is the person(s) responsible for approving transactions familiar with U.S. Federal Cost principles as described in 2 CFR 200 Subpart E?

Yes: ☐   No: ☐

9. Does your institution use a payment voucher system or some other procedure for the documentation of approval by an appropriate official?

Yes: ☐   No: ☐

10. Does your institution require supporting documentation (such as original receipts) prior to payment for expenditures?

Yes: ☐   No: ☐

11. Does your institution require that such documentation be maintained over a period of time?

Yes: ☐   No: ☐

If yes, how long are such records kept? _____

12. Are different individuals within your institution responsible for approving, disbursing, and accounting of transactions?

Yes: ☐   No: ☐

13. Are the functions of checking the accuracy of your accounts and the daily recording of accounting data performed by different individuals?

Yes: ☐   No: ☐

14.   Who   would   be   responsible   for   financial   reports? _____

SECTION C: Fund Control and Accounting Systems

Fund Control essentially means that access to bank accounts and/or other cash assets is limited to authorized individuals. Bank balances should be reconciled periodically to the accounting records. If cash cannot be maintained in a bank, it is very important to have strict controls over its maintenance and disbursement.

An Accounting System accurately records all financial transactions, and ensures that these transactions are supported by documentation. Some institutions may have computerized accounting systems while others use a manual system to record each transaction in a ledger. In all cases, the expenditure of funds provided by the USAID-funded program must be properly authorized, used for the intended purpose, and recorded in an organized and consistent manner.

1. Does your institution maintain separate accounting of funds for different projects by:

Separate bank accounts: ☐

A fund accounting system: ☐

2. Will any cash from the grant funds be maintained outside a bank (in petty cash funds, etc.)?

Yes: ☐   No: ☐

If yes, please explain the amount of funds to be maintained, the purpose and person responsible for safeguarding these funds.

_____

_____

4. If your institution doesn't have a bank account, how do you ensure that cash is maintained safely?

_____

_____

_____

_____

5. Does your institution have written accounting policies and procedures?

Yes: ☐   No: ☐

6. How do you allocate costs that are "shared" by different funding sources, such as rent, utilities, etc.?

_____

_____

_____

_____

7. Are your financial reports prepared on a:

Cash basis: ☐   Accrual basis: ☐

8. Is your institution's accounting system capable of recording transactions, including date, amount, and description?

Yes: ☐   No: ☐

9. Is your institution's accounting system capable of separating the receipts and payments of the grant from the receipts and payments of your institution's other activities?

Yes: ☐   No: ☐

10. Is your institution's accounting system capable of accumulating individual grant transactions according to budget categories in the approved budget?

Yes: ☐   No: ☐

10. Is your institution's accounting system designed to detect errors in a timely manner?

Yes: ☐   No: ☐

11. How will your institution make sure that budget categories and/or overall budget limits for the grant will not be exceeded?

_____

_____

_____

_____

12. Are reconciliations between bank statements and accounting records performed monthly and reviewed by an appropriate individual?

Yes: ☐   No: ☐

13. Briefly describe your institution's system for filing and keeping supporting documentation.

_____

_____

_____

_____

SECTION D: Audit

The grant provisions require recipients to adhere to USAID regulations, including requirements to maintain records for a minimum of three years to make accounting records available for review by appropriate representatives of USAID or DAI, and, in some cases, may require an audit to be performed of your accounting records. Please provide the following information on prior audits of your institution.

1. Is someone in your institution familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200 Subpart E "Cost Principles" for non-profit entities, and FAR 31 for for-profit entities)?

Yes: ☐   No: ☐

2. Do you anticipate that your institution will have other sources of U.S. government funds during the period of this grant agreement?

Yes: ☐   No: ☐

3. Have external accountants ever performed an audit of your institution's financial statements?

Yes: ☐   No: ☐

If yes, please provide a copy of your most recent report.

4. Does your institution have regular audits?

Yes: ☐   No: ☐

If yes, who performs the audit and how frequently is it performed?

_____

_____

_____

5. If you do not have a current audit of your financial statements, please provide this office with a copy of the following financial statements, if available:

a. A "Balance Sheet" for the most current and previous year; and
b. An "Income Statement" for the most current and previous year.

6. Are there any circumstances that would prevent your institution from obtaining an audit?

Yes: ☐   No: ☐

If yes, please provide details:

_____

_____

_____

CHECKLIST AND SIGNATURE PAGE

DAI requests that your institution submit a number of documents along with this completed questionnaire. Complete this page to ensure that all requested information has been included.

Complete the checklist:

☐ Copy of your organization's most recent audit is attached.

☐ If no recent audit, a "Balance Sheet" "Income Statement" for the most current and previous fiscal year.

☐ All questions have been fully answered.

☐ An authorized individual has signed and dated this page.

☐ Incorporation Papers or Certificate of Registration and Statute is attached.

☐ Information describing your institution is attached.

Optional:

☐ Organizational chart, if available is attached (if applicable).

The Financial Capability Questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

Approved by:

_____

Print Name

_____

Signature

_____   Date _____

Title

Annex 8: Instructions for Obtaining an Unique Entity ID (SAM)- DAI's Vendors, Subcontractors and Grantees

Applicants can access the instructions by opening be file imbedded here:

Annex
8_Instructions for O

Below are some additional tips for the applicants' reference:

Each awardee will be required to obtain a Unique Entity ID (UEID) via sam.gov. Below are some helpful tips on how an organization can obtain the UEID.

1. Obtaining a UEID and registering as an entity are two different processes. Obtaining a UEID is quicker and requires a less intensive validation process. A NCAGE code is **not** needed for entity validation and to get a UEID, but it is needed for full registration in SAM.
2. For new entities:
   a. Prior to starting entity validation process, an entity should be prepared with documents that: (1) shows the entity's legal business name and physical address in the same document and is less than 5 years old; (2) shows the legal business name and start year in the same document; and, (3) shows legal business name and US state of Incorporation (for US entities) or National Identifier (for non-US entities). If any documents are in a language other than English, they must be accompanied by certified translations (see the link below for more details).
   b. This GSA guide has detail on documentation requirements. It includes a downloadable document outlining what type of documentation is acceptable, general guidelines, and guidance on translations.
   c. Additionally there is a general FAQ also maintained by GSA.
3. If, after entering the required information, an entity receives a validation error message and/or is not a match with any of the returned potential matches, the entity should create an incident. There are two new, useful videos that GSA has recently published to help explain this process. These are different than the brief overview video that has been previously shared, so projects and partners are encouraged to watch:
   a. This video provides a detailed, step-by-step walk through of the entity validation process. Be advised the scenario it addresses is for an existing entity that has to update some information (rather than a new entity, which is the case for most of our partners), but the steps are the same: https://www.youtube.com/watch?v=ZKc9UfxtOIA (the "create incident portion" runs from 27:58 to 35:05).
   b. This video provides guidance on how to manage the validation ticket once it has been submitted: https://www.youtube.com/watch?v=a3nPZvnPpE0 (the "managing your validation ticket" portion runs from 17:34 to 28:55).
4. Entities need to regularly check their email – including spam folders – after they have submitted the incident report for emails from fsdsupport@gsa.gov. They should be able to look up the status either by logging into their user account on SAM.gov (go to the "Workspace" view and click the "View" button under the Incident Report Number) or in fsd.gov (directions on how to do this can be found here). Entities can communicate with an EVS (Entity Validation System) agent in FSD.gov or by responding to the email. If the

entity is unable to generate an incident report for some reason (this was a problem we saw this past week), the entity can also go to FSD.gov and start a chat with an agent by clicking on the "live chat" button in the lower right-hand corner. Agents are available from 8AM to 8PM EST.

5. Once they are contacted by the EVS agent, the entity will have 5 days to respond, or the incident report will be automatically closed and they will have to start again. If the entity needs more time, they should respond to the EVS agent and communicate this. If the ticket is closed, when the entity starts a new one they should include the original ticket number in the Comments Section.

6. Requested documents need to be uploaded at sam.gov, not at fsd.gov.

7. Once the FSD agent has confirmed the entity has been validated, the entity is not done! It will need to go back to SAM.gov to enter its information again and select the current, correct entity info. This step must be done in order to generate the UEID.

Annex 9: Self Certification for Exemption from Unique Entity ID (SAM) Requirement

Applicants can access the self-certification for exemption form by opening the imbedded file, here:

Annex 9_Self
Certification for Exer

Annex 10: Application Checklist

Before submitting your application, please check to make sure the following are included:

☐ The application dossier is comprised of ____ original and ____ copies of all documents

☐ *If applicable*: The application is submitted in electronic format

☐ Applicable certifications and assurances are signed and included (see Annex 2)

☐ The workplan is included (Annex 4)

☐ Budget is included

☐ In the budget, the applicant's contribution is identified (if applicable)

☐ The CVs and Biodata Forms are included (Annex 6)

☐ The statement of liability is signed and stamped (last page of application form – Annex 3)

☐ Completed Financial Capability Questionnaire (Annex 7)

☐ Audited Financial Reports: Copy of the applicant's most recent financial report, which has been audited by a certified public accountant or other auditor satisfactory to DAI. If no recent audit, a "Balance Sheet" and "Income Statement" for the most current and previous fiscal year.)

☐ Incorporation Papers or Certificate of Registration and Statute

☐ Organizational Chart (optional)

☐ Documentation that the applicant has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant. The applicant must demonstrate its ability to segregate funds obtained from the award of a capital grant from other activities of the organization. A separate bank account is required should a grant award be made. (Documentation may include certification from the applicant's bank or a summary of previous awards, including type of funding, value, client, etc.)

☐ Documentation that the applicant has a satisfactory record of integrity and business ethics. (Documentation may include references from other donors or clients and a summary of previous awards, including type of funding, value, client, etc..)

☐ Evidence of an Unique Entity ID (SAM)or a Self-Certification for Exemption from Unique Entity ID (SAM)Requirement.