455 Massachusetts Avenue, NW, 8th Floor

Washington, DC 20001-2621

p: 202.728.5500 | f: 888.875.2887

www.ndi.org

www.twitter.com/ndi

www.facebook.com/national.democratic.institute

Dear Prospective Grantee:

Hello and welcome!

We are excited that you are applying for an award from the National Democratic Institute (NDI) and we look forward to the opportunity of working with you.

To help NDI ensure that we are complying with our donor policies and regulations, and to ensure that you are receiving the right type of assistance for your unique needs, we kindly request that you complete the attached questionnaire – called the **Pre-Award Questionnaire** – and provide us with a series of documents related to your organization and your proposed grant from NDI.

The **checklist** below will help you gather all of the required documentation.

Please note that if any of the required documents is missing, this could delay the approval and issuance of your award.

We require that your proposal package and Pre-Award Questionnaire are submitted to NDI in **English**, to help us comply with NDI’s donors regulations.

If you are sending organizational documents that are only available in your local language, please provide a basic English translation.

Finally, please sign page 3 of this document to certify that all of the information you are submitting is accurate to the best of your knowledge.

We look forward to working with you.

**Checklist of Required Information and Documentation**

**for Grants from the National Democratic Institute**

Please use the checklist below to ensure that you are submitting all of the required documentation as part of your application for a grant from the National Democratic Institute (NDI). NDI has provided sample documents or templates for all NDI-specific documentation.

Please note that NDI may also require additional information about key individuals within your organization (board members and/or staff) in order to comply with U.S. Government regulations regarding prohibiting transactions with persons who commit, threaten to commit, or support terrorism.

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Attached** | **Not Applicable** | **Comments/ Further Explanation** **(if document is not attached or not applicable)** |
| **Narrative and Financial Proposal Package** |
| Proposal (template attached) | ☐ | ☐ |  |
| Budget (template attached) | ☐ | ☐ |  |
| Budget notes (template attached) | ☐ | ☐ |  |
| Projected cash needed by month  | ☐ | ☐ |  |
| **Supporting Documentation** |
| Pre-award questionnaire (questionnaire attached) | ☐ | ☐ |  |
| Certificate of registration | ☐ | ☐ |  |
| DUNS (Data Universal Numbering System) number assigned by Dun and Bradstreet, Inc. | ☐ | ☐ |  |
| Information describing your organization, mission and history | ☐ | ☐ |  |
| Organizational chart | ☐ | ☐ |  |
| Accounting policies and procedures | ☐ | ☐ |  |
| Procedures and policies for monitoring sub-recipients (*only applicable if sub-awards are included in your proposed budget*) | ☐ | ☐ |  |
| **Audit Information** *(if applicable)* |
| Copy of your organization’s most recent audit | ☐ | ☐ |  |
| If no recent audit, a “balance sheet” and “revenue and expense statement” for the most recent prior fiscal or calendar year | ☐ | ☐ |  |
| Copy of most recent auditor management letter, including any observations and recommendations | ☐ | ☐ |  |
| **Indirect Cost Rate** (*if applicable*) |
| Approved negotiated indirect cost rate agreement (NICRA)  | ☐ | ☐ |  |
| **For Election Monitoring Projects Only** |
| Include in your proposal a section describing the plan for distributing election observation funds. You may use NDI’s “Election Funds Distribution Plan” form as a guide (template attached) | ☐ | ☐ |  |

**Required Certification**

I, Please insert your NAME here., Please insert your TITLE here., as an authorized representative of Please insert your ORGANIZATION’S LEGAL NAME here., do hereby certify that the information provided to the National Democratic Institute (NDI) is accurate to the best of my knowledge and any intentional falsification could result in the denial of an award from NDI.

Signature: 

Date: Click here to enter a date.

# NDI Logo with -National Democratic Institute for International Affairs-  (JPG) (1)

# PRE-AWARD QUESTIONNAIRE (PAQ)

**FOR PROSPECTIVE GRANT RECIPIENTS OF**

**THE NATIONAL DEMOCRATIC INSTITUTE (NDI)**

This Questionnaire will help NDI gather basic information about your organization and financial systems, as we work to issue your award. If you do not know how to respond to any of the questions or need further assistance, please contact an NDI field office or NDI-Washington representative. Please email this completed form with your proposal package and other items listed in the attached ***“Checklist of Required Information and Documentation for Grants from NDI”*** directly to an NDI field office or NDI-Washington representative.

# SECTION A: GENERAL INFORMATION

1. Legal name of grant applicant:
2. Organization address, including city and country: *(If your organization has multiple locations, please provide the address of your headquarters. If your organization uses P.O.Box as a mailing address, please ensure to provide physical address as well.)*

1. Is your organization legally registered or incorporated according to the laws in your country?

 Yes: ☐ No: ☐

 If “no” please explain:

1. Please specify the legal status of your organization:

 ☐ Non-profit

 ☐ For profit (commercial)

 ☐ University or educational institution

 Please describe what specific unit within the university will be responsible for all financial aspects of the proposed grant (such as university accounting, specific department within the university, other):

 ☐ Other:

5. Will your organization manage the grant funds on behalf of a coalition or a consortium of organizations?

 Yes: ☐ No: ☐

6. Please describe what specific unit will be responsible for all financial aspects of the proposed grant (such as accounting department within your organization, secretariat, other):

7. Please provide the **name** and **title** of the person who will **sign** the grant agreement with NDI:

Name:       Title:

8. Board of directors/organizational governing body:

* 1. Does your organization have a board of directors or other type of governing body? (*Some other types of governing bodies include: steering committee, advisory council, executive committee, etc.)*

 Yes: ☐ No: ☐

If “yes”, please provide a full list of your board members or other governing body members and their respective term limit and term end date, if applicable. Include as attachment, if needed:

* 1. If applicable, please provide contact information for the chairman of the board:

 Name:

 Phone:

 Email address:

* 1. Is there a familial relationship between any board members and any employees of the organization? Yes: ☐ No: ☐

If “yes”, please explain.

9. Contact information for key staff of the organization:

a. Executive director/president/chief executive officer (CEO):

 Name:

 Phone:

 Email address:

 Date of employment:

b. Financial director/chief financial officer (CFO)/chief accountant:

 Name:

 Phone:

 Email address:

 Date of employment:

c. Program manager for proposed NDI-funded program:

 Name:

 Phone:

 Email address:

 Date of employment:

10. Please provide information on the number of individuals affiliated with your organization:

Full-time employees:       Part-time employees:       Volunteers:

11. Does any employee or board of director member of your organization or any of their family members have a financial or family relationship with any NDI employee or family member of NDI employee? Yes: ☐ No: ☐

If “yes”, please explain:

12. What are the beginning and end dates of your organization’s fiscal year (FY)? *(For example, is your fiscal year the same as the calendar year, January 1 to December 31, or other?)*

From       To

13. What is your organization’s current fiscal year budget?

14. Please list all awards that will be active at the same time as your proposed program with NDI. Include as attachment, if needed.

|  |  |  |
| --- | --- | --- |
| Donor name:                 | Grant period (start/end dates):                | Award amount (in USD):                |

15. Has your organization received, or is it currently receiving, funding from the United States Agency for International Development (USAID), United States Department of State (DOS), or National Endowment for Democracy (NED), either directly or from another organization?

Yes: ☐ No: ☐

If “yes”, please list the agency:

 

 

16. Does your organization anticipate spending $750,000 in USAID or in DOS funding during any given FY over the life of the proposed NDI award?

 Yes: ☐ No: ☐

If “yes”, please explain:

17. Taxes:

a. List all taxes your organization is required to pay (such as payroll taxes, value added tax (VAT), etc.):

|  |  |  |
| --- | --- | --- |
|                 |                 |                 |

b. Does the local law provide for a mechanism for a VAT tax exemption or reimbursement?

Yes: ☐ No: ☐

**SECTION B: INTERNAL CONTROLS**





Please complete the following questions regarding your organization’s internal controls by listing the **name** and **position/title** of the individuals who will perform the duties listed below. If you are completing this form on behalf of a coalition/consortium or other specific managing unit within your organization please answer each question as it relates to the managing/implementing unit.

1. Bank accounts



1. Who authorizes changes to bank accounts? (Please list all authorized staff.)

 Name: Title:

b. Who signs checks and authorizes bank transfer requests? (Please list all authorized staff.)

 Name: Title:

c. Who reconciles the bank statement to the accounting records? (Please list all authorized staff.)

 Name: Title:

d. Who reviews bank statement reconciliations? (Please list all authorized staff.)

 Name: Title:

e. How often are bank reconciliations performed?

1. Cash in the office





1. What is your organization’s petty cash limit (equivalent in USD)? $

 Does your organization keep operational cash? Yes: ☐ No: ☐

If “yes,” does your organization have time/amount limits on keeping operational cash?

Yes: ☐ No: ☐

Describe how your organization safeguards petty cash?

Describe how your organization safeguards operational cash?

1. Who authorizes petty cash/operational cash disbursements?

Petty cash:

Name: Title:

Operational cash:

Name: Title:

c. Who maintains and disburses petty cash/operational cash?

Petty cash:

Name: Title:

Operational Cash:

Name: Title:

d. Who reconciles cash in the office to cash logs and accounting records?

Name: Title:

e. How often does your organization reconcile cash in the office?

f. Does your organization conduct surprise cash counts?

1. Procurement and equipment

1. Does your organization have a price analysis policy for purchasing services and equipment, such as obtaining multiple bids?

Yes:☐ No:☐

If “yes,” please describe purchasing policy, including authorization thresholds:

1. Who in your organization authorizes contracts/purchases with vendors or service providers?

Name: Title:

1. Describe who in your organization will be responsible for the following procurement functions:

Requisition (individual making a request for the required purchase of goods or services):

Name: Title:

Purchasing (individual who ensures that goods and services are acquired in the right quantities at the lowest possible prices):

Name: Title:

Receiving (individual responsible for receiving and inspecting goods from vendors):

Name: Title:

Invoice processing (individual who processes the invoices by recording transactions in the accounting system):

Name: Title:

1. Who in your organization maintains inventory records?

Name: Title:

1. How often does your organization conduct an inventory check (a comparison of inventory records to the actual equipment)?

4. Other duties

a. Who checks expenditures to make sure they are allowable (in accordance with agreement terms and your organization’s policies)?

Name: Title:

1. Who ensures that budget is not overspent and that individual budget categories do not exceed limits?

Name: Title:

1. Who is responsible for maintaining all receipts and other expense documentation?

Name: Title:

1. Who enters accounting data into the accounting system?

Name: Title:

1. Who prepares financial reports for donors?

Name: Title:

1. Who prepares narrative reports for donors?

Name: Title:

1. Is there a familial relationship between any of the employees listed in the Internal Controls Section above? If “Yes,” please explain:

**SECTION C: POLICIES, PROCEDURES and ACCOUNTING SYSTEM**

1. Fraud, ethics and code of conduct policies:
	1. Does your organization have fraud, ethics and code of conduct policies?

Yes:☐ No:☐

If “Yes,” please specify:

* 1. If “Yes,” how is it shared with employees?
	2. Have there been any instances of confirmed fraud in your organization in the last two fiscal years? Yes:☐ No:☐

 If “Yes,” please explain:

1. Other policies and procedures:
2. Does your organization have written policies and procedures for the following? (Please check all that apply):

☐ Accounting

☐ Human Resources

☐ Procurement

☐ Other (please list all):

1. Accounting system:

a. What type of accounting system does your organization use?

☐ Manual (Excel, manual ledgers, etc.)

☐ Computerized (Quicken, Quickbooks, etc.) Provide software name:

☐ Accounting functions are outsourced, explain:

1. Can the accounting system separate income and expenses of an NDI grant from the income and expenses of your organization’s other, non-NDI supported activities?

Yes:☐ No: ☐

1. Are there any circumstances in which invoices or receipts cannot or will not be obtained?

Yes:☐ No: ☐

If “Yes,” please explain:

1. Can your accounting reports summarize expenditures according to categories in the budget submitted to NDI?

Yes: ☐ No:☐

4. Payroll, benefits and time tracking:

1. Does your organization have:

A salary scale approved by the board of directors? Yes: ☐ No☐

An employment letter or contract which includes the employee’s salary? Yes: ☐ No☐

Salary calculation records? Yes: ☐ No☐

1. What documents are used in your organization as support for salary payments (voucher, salary receipt, check, other)?
2. Are employees in your organization required to contribute a portion of their salary back to your organization? Yes: ☐ No☐
3. Please list all benefits provided to employees:

1. Please describe in detail how your organization currently tracks the actual hours worked per donor or project by each employee:



**SECTION D: SUBRECIPIENT MONITORING**

***This section is only applicable if your organization plans to provide a subaward to another organization* *in the form of a grant or a contract. NDI must approve all subawards under the NDI project.***



1. Will your organization be providing funds from the proposed NDI grant to any other organization(s)? Yes: ☐ No:☐

**\*\*If “no”, please skip to Section E, “Funds Control”\*\***

1. Does your organization have written procedures to monitor subrecipients?
Yes:☐ No:☐ (if “No,” see question C below)

If “Yes,” please attach. If your policy is written in a language other than English, please provide a summary in English.

1. If you do not have written procedures, please describe how your organization will monitor subrecipients including: tracking advances, checking their costs for allowability, monitoring activities and reviewing subrecipient financial and narrative reports. What types of documents are they required to submit to your organization and how often? Please describe:
2. Does your organization have a subrecipient agreement template or equivalent?

Yes:☐ No:☐

If “Yes,” please share an example with NDI.

1. Are there any circumstances that may prevent your organization from monitoring subrecipient financial and project activities (such as communication difficulties, lack of personnel, security concerns, etc.)?

 Yes:☐ No:☐

If “Yes,” please explain:

1. Please provide the following information for all proposed subrecipients under the NDI project: **(*Please note that if you have not yet selected the subrecipients for this project, you must provide NDI with the following information as soon as the subrecipient is identified. Attach an additional list, if needed*).**

Legal name of the organization:

Names of key personnel:

Chair of the board:

President/executive director/CEO:

Chief financial officer/financial manager/chief accountant:

Program manager for proposed program:

**SECTION E: FUNDS CONTROL**



1. Separate bank account:

Can a separate bank account registered in the name of your organization be established for NDI grant funds only? Yes:☐ No:☐

If “no”, please describe how your organization plans to receive funds from the proposed grant?

1. Currency Conversion from U.S. Dollars:



 

1. Please describe how, where and how often U.S. Dollars will be converted to local currency:
2. Please describe the type of supporting documentation your organization receives as evidence of the exchange rate:
3. Payments:

How will payments be made for NDI grant expenses? Please check all that apply:

☐ **Checks** to vendors/contractors/employees

☐ **Bank transfers** to vendors/contractors/employees

☐ Withdrawals of **cash** from a bank account, followed by payments in cash

☐ Other (please describe):

If you checked “withdrawals of cash,” please list the types of expenses that will be paid in this manner:

**SECTION F: AUDITS**

1. Has your organization had an audit performed by an external, independent auditor?

Please check all that apply:

☐ Annual organizational financial audit

☐ Donor-specific audits

☐ No audits

☐ Other:

1. Does your organization have regular internal audits/reviews?

Yes:☐ No:☐

1. How often are external and internal audits/reviews performed?

**SECTION G: TRAINING**

Are you interested in receiving financial management training or sample forms from NDI on any of the topics listed below? Please check all that apply:

☐ NDI grants management

☐ Cash/advance management

☐ Reconciliation of bank accounts

☐ Travel policies

☐ Payroll policies

☐ Procurement policies

☐ Fraud prevention/employee code of conduct

☐ Other:

***Please double check to ensure that you have***

***completed all of the questions in this form.***

***Thank you!***