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|  | Democracy International, Inc. 7600 Wisconsin Ave., Suite 1010 Bethesda MD, 20814 USA |

Organizational Due Diligence Form

For Democracy International to comply with both its funders rules and its own standards of ethics, we must conduct a Due Diligence review of your organization. This review is designed to provide us with the information we need to ensure that your organization is eligible to receive donor funding and to ensure that there are no conflicts of interest or other issues that might prevent DI from making an award to your organization.

Please make sure that the information you provide about your organization is complete and accurate. Along with this form, please include the following documentation, as applicable:

* Organizational Registration Documents (see question A.5)
* Organization Mission/Capabilities/Past Performance Documents (see question A.7)
* Documentation of Audited Indirect Rates (see question B.12)
* Documentation of Audited Financials (see question C.1)
* Code of Conduct Documentation (see question D.9)
* Anti-Corruption Certificates (see question D.10)

If you have any questions of concerns please raise them with your DI contact or email JURIS\_Group@DemocracyInternational.com.

**SECTION A: GENERAL INFORMATION**

For Democracy International to comply with its own Please provide the following requested information about your organization

* 1. **Basic Information:**

Legal Name of Organization: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
 Physical Address: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
 Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Telephone: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
 Fax: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
 Email: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
 Tax Identification Number: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* 1. **What is your organization type (profit, non-profit, private volunteer organization, university, etc.)?**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* 1. **What is the legal structure of your organization (i.e., Corporation, GP, PC, LLC, LP, LLP, SA, BV, or similar designation etc.)?**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* 1. **If your organization is incorporated or registered, please provide the location and year of incorporation or registration.**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* 1. **Please provide a copy of your organization’s incorporation or registration certificate, articles of incorporation, by-laws, any local registrations, and any licenses that may be required to conduct business.**

Registration Documents Are: Choose an item.

If you are unable to enclose the requested documents, please explain why:

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

* 1. **Does your organization have any subsidiaries or branch offices or have any membership interest in any joint venture? If so, please provide the contact information for each.**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* 1. **Please provide a copy of any information documentation that describes your organization, its mission and history, including any annual reports, marketing brochures, capability statements or past performance statements.**

Organizational Documents Are: Choose an item.

If you are unable to enclose the requested documents, please explain why:

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

* 1. **Is your organization affiliated with any other organization, such as Chambers of Commerce, Professional or Trade Associations, or other interest groups?** Choose an item.

If yes, please provide details:

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

* 1. **Please provide the name, nationality, identification number and titles of the Board of Directors, officers, and Key Persons, including, but not limited to the President/Director, Secretary, Chief Financial Officer, and Controller/Accountant.**

President/Director:  
\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Secretary:   
­­­­­­­\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Chief Financial Officer:  
\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Controller/Accountant:  
\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Other:  
\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Are any of these individuals current government officials, military officials, political party officials, or parastatal enterprise officials?** Choose an item.

If yes, please provide details:

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

* + 1. **Are any of these individuals related to by blood or marriage (father, grandfather, son, mother, grandmother, daughter, aunt, uncle, cousin) to any present or former government officials, military officials, political party officials, or para-statal enterprise officials?** Choose an item.

If yes, please provide details:

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

* + 1. **Do any of these individuals hold any additional ownership, directorship, and/or employment outside of your organization?** Choose an item.

If yes, please provide details:

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

* 1. **Please list all owners, partners, and/or shareholders who own 10% or more of the organization.**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Are any of these individuals current government officials, military officials, political party officials, or parastatal enterprise officials?** Choose an item.

If yes, please provide details:

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

* + 1. **Are any of these individuals related to by blood or marriage (father, grandfather, son, mother, grandmother, daughter, aunt, uncle, cousin) to any present or former government officials, military officials, political party officials, or parastatal enterprise officials?** Choose an item.

If yes, please provide details:

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

* + 1. **Do any of these individuals hold any additional ownership, directorship, and/or employment outside of your organization?** Choose an item.

If yes, please provide details:

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

* 1. **Employment Levels and Practices:**
     1. **Please list the number of each of the following:**

Full-Time Employees: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Part-Time Employees: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Consultants: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Please list employees who will or are reasonably expected to work with DI on the proposed project.**

\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Does your organization engage commission sales representatives or consultants for the purposes of obtaining or retaining public sector funded work?** Choose an item.

If yes, please provide details:

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

* 1. **Financial Information.**
     1. **Please enter the beginning and ending dates of your organization’s fiscal year:**

From (Month, Day) \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​ To (Month, Day) \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Please complete the requested information and provide a copy of your most recent financial reports or audited financial statements. In the alternative, please provide:**
       1. Current year information (indicate period) \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Revenues USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Expenses: USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Assets USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Liabilities USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + - 1. Prior year information (indicate period) \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

Revenues USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Expenses: USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Assets USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​  
Liabilities USD $ \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

* + 1. **Will your organization have other sources of public sector/government funds during the period of the DI award?** Choose an item. ​

If yes, what is the estimated value of government funding that your organization receives per year?

USD $\_\_\_\_\_\_\_\_\_\_

* 1. **Please provide four (4) external business references.**
     1. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     2. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     3. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     4. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
  2. **Please provide two (2) financial references and the contact information for those companies’ accountants/auditors.**
     1. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     2. \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​

**SECTION B: INTERNAL CONTROLS**

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

* 1. **List the name and position title responsible for the following area(s):**
     1. Responsible for cash, bank accounts, or equipment.
        1. Cash: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
        2. Bank Account: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
        3. Equipment: \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     2. Responsible for reviewing expenditures to make sure they are allowable:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     3. Responsible for keeping all receipts and other documentation to support expenses charged to this grant:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     4. Responsible for signing checks:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     5. Responsible for maintaining the accounting records:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     6. Responsible for reconciling bank statements to the accounting records:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
     7. Responsible for preparing financial and narrative reports:  
        \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
  2. **Are timesheets maintained for each employee who is paid?** Choose an item.
  3. **Is each employee’s salary documented in an employment letter or contract?** Choose an item.
  4. **Do you maintain inventory records?** Choose an item.

If no, please provide details:

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

* 1. **Do you have written accounting policies and procedures?** Choose an item.
  2. **Are your financial reports prepared on a:** Choose an item.
  3. **Can the accounting records identify the receipts and payments of a grant from the receipts and payments of other activities?** Choose an item.
  4. **Do you maintain invoices, vouchers, and timesheets for all payments made from subaward funds?** Choose an item.
  5. **Are there any circumstances in which invoices, vouchers, and timesheets cannot or will not be obtained?** Choose an item.

If yes, please provide details:

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

* 1. **Briefly describe your organization’s system for filing and maintaining supporting documentation.**  
     \_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​\_​
  2. **Will you be able to maintain accounting records including invoices, vouchers, and timesheets for at least three years after the final financial report is submitted?**  Choose an item.

If yes, please provide details:

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

* 1. **Do you have an audited indirect cost rate?** Choose an item.

It yes, enclose documentation of audited indirect rates (e.g., NICRA or similar).

**SECTION C: AUDIT**

DI may require an audit to be performed of your accounting records. Please provide the following information on prior audits of your organization.

* 1. **Have external accountants ever performed an audit of your organization’s financial statements?** Choose an item.

If an audit was performed, please provide a copy of your most recent report.

If most recent report is not enclosed, please provide an explanation including a narrative of any issues raised in the most recent audit report:

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

* 1. **Does your organization have regular audits?** Choose an item.

If yes, who performs the audit, what are they auditing, and how frequently is it performed?

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

* 1. **Are there any reasons (local condition, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?** Choose an item.

If yes, please provide details:

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

**SECTION D: COMPLIANCE**

* 1. **Is the Company or any Key Person listed above involved in any litigation, mediation, or arbitration, any potential litigation, mediation, or arbitration, or any concluded litigation, mediation or arbitration?** Choose an item.

If yes, please provide details:

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

* 1. **Has the Company or any Key Person listed above ever been investigated, charged, indicted, or convicted of violating any rules or regulations governing the purchase or sale of goods or services to or by any government?** Choose an item.

If yes, please provide details:

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

* 1. **Has the Company or any Key Person listed above ever been interviewed, deposed, subpoenaed, indicted or convicted in connection with any litigation or investigation involving laws or regulations governing contributions, honoraria, bribery, kickbacks or any form of payment to any government official?** Choose an item.

If yes, please provide details:

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

* 1. **Has the Company or any Key Person ever been interviewed, deposed, subpoenaed, indicted or convicted in connection with any litigation or investigation involving bribery, fraud, tax evasion, record keeping violations, false claims, false statements, or securities violations?** Choose an item.

If yes, please provide details:

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

* 1. **Has the Company or any Key Person ever been interviewed, deposed, subpoenaed, indicted or convicted in connection with any litigation or investigation involving any violation other than those listed above?** Choose an item.

If yes, please provide details:

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

* 1. **Has the Company or any Key Person ever been suspended or debarred from government contracting by any organization, denied a security clearance, or been denied any import or export licenses?** Choose an item.

If yes, please provide details:

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

* 1. **Has anyone at the company been listed, or been associated with anyone listed, on any national or international “Denied Parties” listing?** Choose an item.

If yes, please provide details:

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

* 1. **Has your organization provided, within the previous ten years, material support or resources to any individual or entity that has engaged or engages in terrorist activity? This would include, without limitation, any organization designated by an international body, as a Foreign Terrorist Organization; any individual or entity designated as a Specially Designated Terrorist or Specially Designated Global Terrorist?** Choose an item.

If yes, please provide details:

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

* 1. **Please provide a copy of the Company Code of Conduct and any training materials that may have been distributed to Company Employees about the Code of Conduct.** Choose an item.

If not attached, please explain:

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

* 1. **Please provide copies of any anti-corruption certifications that Company employees may have signed or the company may have signed with other companies.** Choose an item.

If not attached, please explain:

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

**SECTION E: ADDITIONAL INFORMATION**

* 1. **Please provide any additional information you have related to this Due Diligence form here or attach it as a separate enclosure:**

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

**SECTION F: CERTIFICATIONS**

**Certification of Accurate Due Diligence Information**

I certify that (1) the information I have provided and/or reviewed on this Organizational Due Diligence Form is accurate, current, and complete to the best of my knowledge and that (2) I am duly authorized to prepare and/or approve this form on behalf of the organization identified in Section A.1 of this form.

|  |  |
| --- | --- |
| Preparer | Authorized Representative |

**Certification of Compliance with Laws and the U.S. Foreign Corrupt Practices Act**

Applicant shall comply with all laws and regulations in the Territory where it is providing goods or services under any Agreement arising from this Application. Applicant is familiar with applicable anti-corruption, anti-bribery, anti-kickback, laws and regulations and will not undertake any actions that may violate these laws and regulations. Applicant is familiar with the U.S. Foreign Corrupt Practices Act (the “FCPA”), its prohibitions and purposes, and will not undertake any actions that may violate the FCPA.  
  
Accordingly, Applicant hereby agrees that:  
  
(a) Applicant will not employ a person who is a governmental official or employee, including employees of government owned or government controlled corporations, agencies or bodies.  
(b) Applicant will not, directly or indirectly, make any payment, offer or promise to make any payment or transfer of anything of value to a governmental official or employee, or to any political party or any candidate for political office, with the purpose of influencing decisions favorable to the Company and its business in contravention of the FCPA or the applicable laws in the Territory.  
(c) Applicant will immediately advise DI in writing in the event that any person employed by or associated with Applicant becomes such government official, political party official or candidate.  
(d) Applicant shall maintain true and accurate records necessary to demonstrate compliance with the Agreement (including the requirements of this Certification), and shall provide to DI evidence of such compliance upon simple request.  
(e) Applicant shall provide DI or its representatives, with access to financial records and supporting documentation to demonstrate the existence of normal and anticipated payment patterns and financial arrangements as well as transparency in expenses and accounting records related to transactions arising out of this Application.  
(f) Applicant understands that if it fails to comply with any of the provisions of this Certification (irrespective of the size, nature or materiality of such violation), such failure shall be deemed to be a material breach of any resulting Agreement and, upon any such failure, DI shall have the right to terminate any Agreement.

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| Authorized Representative |  |

**Certification Regarding Terrorist Financing**

By signing and submitting this application, the prospective Applicant provides the certification set out below:

* 1. Applicant, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.
  2. The following steps may enable Applicant to comply with its obligations under paragraph 1:
     1. Before providing any material support or resources to an individual or entity, Applicant will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury’s Office of Foreign Assets Control (OFAC) and is available online at www.epls.gov or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by DI to Applicant.
     2. Before providing any material support or resources to an individual or entity, Applicant also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the “1267 Committee”) [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, Applicant should refer to the consolidated list available online at the Committee’s website: http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm.
     3. Before providing any material support or resources to an individual or entity Applicant will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
     4. Applicant also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
  3. For purposes of this Certification:
     1. “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.
     2. “Terrorist act” means-
        1. an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: http://untreaty.un.org/English/Terrorism.asp); or
        2. an act of premeditated, politically motivated violence perpetrated against noncombatant targets by sub-national groups or clandestine agents; or
        3. any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.
     3. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.
     4. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless Applicant has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
     5. Applicant’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by Applicant that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless Applicant has reason to believe that a Applicant or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

Any violation notified or discovered, of this Certification prior to completion of any delivery of services or goods under any Agreement arising from this application shall be grounds for voidance of any Agreement in its entirety by DI and no costs shall be recoverable by the Applicant under such voidance. Any violation of this Certification, notified or discovered after any of the work/goods/activities have been delivered and accepted by DI under any Agreement arising from this application shall result in unilateral termination of the Agreement at issue by DI prior to the end of its term and no payments for any work performed or goods delivered prior to such termination shall be made.

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| Authorized Representative |  |