

420 Fifth Avenue, New York, NY 10018-2702

**Completion of this form assists The Rockefeller Foundation to accurately assess your organization’s stability and to efficiently process your grant request.**

| <b>A. ORGANIZATION</b>                                                                                                                                                                                                                       |                      |                  |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|-------------------|
| <b>Legal Name</b>                                                                                                                                                                                                                            |                      |                  |                   |
| <b>Other name(s) used to refer to your organization, including, if applicable, its translation to English and any acronyms used</b>                                                                                                          |                      |                  |                   |
| <b>If your organization will be acting as a FISCAL SPONSOR, name of the SPONSORED project or entity</b>                                                                                                                                      |                      |                  |                   |
| <b>Today’s Date</b>                                                                                                                                                                                                                          |                      |                  |                   |
| <input type="checkbox"/> <b>Check this box if your organization has completed this form within the last 12 months and has no changes or updates to sections A-D of this form. If checked, you may continue to sections E-F of this form.</b> |                      |                  |                   |
| <b>Address</b>                                                                                                                                                                                                                               |                      |                  |                   |
| <b>Business Phone</b>                                                                                                                                                                                                                        |                      |                  |                   |
| <b>Website</b>                                                                                                                                                                                                                               |                      |                  |                   |
| <b>Twitter and/or Instagram handles and social media contact(s)</b>                                                                                                                                                                          |                      |                  |                   |
| <b>Employer/Tax ID</b>                                                                                                                                                                                                                       |                      |                  |                   |
| <b>Incorporation Date</b>                                                                                                                                                                                                                    |                      |                  |                   |
| <b>Organization Type</b>                                                                                                                                                                                                                     | Select from dropdown |                  |                   |
| <b>Notes explaining organization type (if necessary)</b>                                                                                                                                                                                     |                      |                  |                   |
| <b>Number of Employees</b>                                                                                                                                                                                                                   | <b>Full-Time</b>     | <b>Part-Time</b> | <b>Volunteers</b> |
|                                                                                                                                                                                                                                              |                      |                  |                   |
| <b>List all countries in which your organization has a physical presence</b>                                                                                                                                                                 |                      |                  |                   |

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| <b>B. ORGANIZATIONAL LEADERSHIP</b>                                      |                                                          |      |                                              |                            |
|--------------------------------------------------------------------------|----------------------------------------------------------|------|----------------------------------------------|----------------------------|
| Name of CEO/President (or equivalent)                                    | Prefix                                                   | Name | Title                                        | Email                      |
|                                                                          |                                                          |      |                                              |                            |
| Preferred Legal Signatory for Organization, if <u>not</u> CEO/ President |                                                          |      |                                              |                            |
| Name of CFO / COO or equivalent                                          |                                                          |      |                                              |                            |
| Does your organization have a Board of Directors?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |      | If Yes, what is frequency of board meetings? | Date of last board meeting |
|                                                                          |                                                          |      |                                              |                            |

| <b>C. FINANCIAL MANAGEMENT</b>                                                 |                                                                    |                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| Fiscal Year End                                                                | Month                                                              | Day                                                |
|                                                                                |                                                                    |                                                    |
| Most recent annual operating budget                                            | Amount in US Dollars<br>(as of the date of this form's completion) | Fiscal Year                                        |
|                                                                                | \$                                                                 |                                                    |
| Number of current/active grants from foundations and/or government entities    |                                                                    |                                                    |
| Number of years documents are retained after project close                     |                                                                    |                                                    |
| Name of accounting system used                                                 |                                                                    |                                                    |
| Does the accounting system track project costs according to budget categories? | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> No If no, please explain: |
| Under what entity name are your organization's bank accounts held?             |                                                                    |                                                    |
| Does the organization have a written policy about who can approve payments?    | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> No If no, please explain: |

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|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------|
| <b>Please provide a list of all authorized signatories on bank accounts including their titles</b>                                                                                                                                                                                | <b>Name</b>                         | <b>Title</b>                                                     |
|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
|                                                                                                                                                                                                                                                                                   |                                     |                                                                  |
| <b>Does the organization have General Liability Insurance Coverage?</b><br><br><small>This form of insurance covers claims of bodily, property, or reputational damage caused by your organization.</small>                                                                       | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> <b>If no, please explain:</b> |
| <b>Does the organization have Directors and Officers Liability Insurance Coverage?</b><br><br><small>This form of insurance protects directors and officers from personal losses as a result of legal action against them in their capacity as heads of your organization</small> | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> <b>If no, please explain:</b> |

| <b>D. FINANCIAL DOCUMENTATION and POLICIES and PROCEDURES</b>                                                                                                                                                                                      |                                          |                                                            |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|
| Please confirm you have submitted the following documents to your Rockefeller Foundation Program contact within the last 12 months or will submit them with this questionnaire. Please explain if you are unable to supply any of these documents. |                                          |                                                            |                                                                               |
| <b>Consolidated Audited Financials</b><br><small>*Please note if A-133/Single Audit</small><br><br><small>(If your organization has expended \$750,000 or more of US Federal funds in the last fiscal year, an A133 is required.)</small>          | <b>Fiscal Year of Audit Submitted</b>    | <b>If no audit, date of Unaudited Financials Submitted</b> | <b>Neither audited nor unaudited financials are available. Please explain</b> |
|                                                                                                                                                                                                                                                    |                                          |                                                            |                                                                               |
| <b>IRS Form 990</b><br><small>(Applicable ONLY to US Public Charities)</small>                                                                                                                                                                     | <b>Fiscal Year of Document Submitted</b> | <b>If Not Applicable, please explain.</b>                  |                                                                               |
|                                                                                                                                                                                                                                                    |                                          |                                                            |                                                                               |

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| <b>Upon request, would your organization be able to supply the following financial documentation and policies and procedures? If you answer no to any, please explain.</b>                                                                                                              |            |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------|
| Monthly Income Statement                                                                                                                                                                                                                                                                | <b>Yes</b> | <b>No If no, please explain:</b> |
| Monthly Balance Sheet                                                                                                                                                                                                                                                                   | <b>Yes</b> | <b>No If no, please explain:</b> |
| Cash Forecast                                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No If no, please explain:</b> |
| Reconciliation of all the above                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No If no, please explain:</b> |
| Budget and Planning Reports                                                                                                                                                                                                                                                             | <b>Yes</b> | <b>No If no, please explain:</b> |
| Payment Approval Policy/Schedule of Authorization                                                                                                                                                                                                                                       | <b>Yes</b> | <b>No If no, please explain:</b> |
| Anti-Money Laundering Policy                                                                                                                                                                                                                                                            | <b>Yes</b> | <b>No If no, please explain:</b> |
| Anti-Corruption Policy                                                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No If no, please explain:</b> |
| Conflict of Interest Policy                                                                                                                                                                                                                                                             | <b>Yes</b> | <b>No If no, please explain:</b> |
| Code of Conduct/Ethics Code                                                                                                                                                                                                                                                             | <b>Yes</b> | <b>No If no, please explain:</b> |
| Data Privacy Policy                                                                                                                                                                                                                                                                     | <b>Yes</b> | <b>No If no, please explain:</b> |
| Data Protection and Use Procedures                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No If no, please explain:</b> |
| Document Retention Policy                                                                                                                                                                                                                                                               | <b>Yes</b> | <b>No If no, please explain:</b> |
| Procurement Policy                                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No If no, please explain:</b> |
| Due Diligence Procedures for Sub-Grantees and Contractors                                                                                                                                                                                                                               | <b>Yes</b> | <b>No If no, please explain:</b> |
| Anti-Sexual Harassment Policy                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No If no, please explain:</b> |
| Anti-Sexual Exploitation Policy                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No If no, please explain:</b> |
| If your organization is a <b>For-Profit</b> OR an organization based outside the US that has <b>not received non-profit equivalency determination (ED) certification</b> , please confirm you have supplied the following documentation to your Rockefeller Foundation program contact. |            |                                  |
| <b>Incorporation Documents</b>                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No If no, please explain:</b> |
| <b>Time and Effort Tracking Policies</b>                                                                                                                                                                                                                                                | <b>Yes</b> | <b>No If no, please explain:</b> |
| <b>Travel Expense Policies</b>                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No If no, please explain:</b> |

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### E. GRANT/PROJECT SPECIFIC CONTACTS

Please note that if your grant is approved, all contacts in this document and in your proposal will be given access to The Rockefeller Foundation’s password-protected Grantee Portal. Grant-related documents including deliverables, budgets and financial reports will be posted in the portal. **Please include all contacts that will be using the Grantee Portal.**

|                                                                             | Prefix | Name | Title | Email | Phone Number |
|-----------------------------------------------------------------------------|--------|------|-------|-------|--------------|
| <b>Grant Funds Administrator</b><br>(responsible for financial reporting)   |        |      |       |       |              |
| <b>Please add brief bio of Grants Fund Administrator (Do not add link):</b> |        |      |       |       |              |
|                                                                             |        |      |       |       |              |
| <b>Project Lead/ Primary Project Contact</b>                                |        |      |       |       |              |
| <b>Additional Project/Grant Contact</b>                                     |        |      |       |       |              |
| <b>Additional Project/Grant Contact</b>                                     |        |      |       |       |              |
| <b>Additional Project/Grant Contact</b>                                     |        |      |       |       |              |
| <b>Additional Project/Grant Contact</b>                                     |        |      |       |       |              |

### F. SUPPLEMENTARY INFORMATION (Optional)

Feel free to share any notes, comments or details that may provide context about the information supplied above or your organization as a whole.