**WORLD WILDLIFE FUND, INC.**

**Recipient Profile Questionnaire**

All information requested in the questionnaire should be answered as completely as possible, using supplemental sheets if necessary.

|  |  |
| --- | --- |
| **Recipient Organization Name:** | Click here to enter text. |
| **Address:**  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| **Telephone:** | Click here to enter text. |
| **Form Completed By:** | Click here to enter text. |
| **Date Completed:** | Click here to enter a date. |

**I. GENERAL**

1. Type of Organization:

[ ]  Non-Profit [ ]  Educational [ ]  Government Agency [ ]  For-Profit [ ]  Other

If based outside of the U.S., does the organization have tax exempt status?

[ ]  Yes [ ]  No If yes, date of expiration: Click here to enter a date.

1. If not a Government Agency, is the organization incorporated/registered/licensed as a legal entity? [ ]  Yes [ ]  No
	1. If YES:

Place of Incorporation/Registration (State/Country): Click here to enter text.

Incorporation/Registration Date: Click here to enter a date.

* 1. If NO:

Explain status: Click here to enter text.

1. Please list the names of the following individuals:

|  |  |
| --- | --- |
| President/Director/Agency Head | Click here to enter text. |
| Chief Financial Officer/Finance Manager | Click here to enter text. |
| Conservation Director/Program Director/Department Head | Click here to enter text. |

1. Annual operation budget (please enter estimate for most recent year): Click here to enter text.
2. Number of employees in your organization: Click here to enter text.
3. Beginning and ending dates of the organization’s fiscal year:

From: (Month, Year) Click here to enter a date. To: (Month, Year) Click here to enter a date.

**II. –FINANCIAL MANAGEMENT AND INTERNAL CONTROLS**

|  |  |  |
| --- | --- | --- |
| **ACCOUNTING SYSTEM** |  |  |
| Does the organization have written accounting policies and procedures? | [ ]  Yes | [ ]  No |
| Is the organization’s accounting system computerized? | [ ]  Yes | [ ]  No |
|  *If yes, what is the name of the accounting software?* | Click here to enter text. |
|  *Briefly describe how transactions are entered into your system, i.e. preparation of request forms, purchase orders, vouchers, etc:* | Click here to enter text. |
| Does the organization have written policies, procedures and practices in place to ensure proper filing and management of financial records and their ease of access? | [ ]  Yes | [ ]  No |
| **FUND MANAGEMENT** |  |  |
| Does the organization maintain a chart of accounts and corresponding General Ledger that are used to prepare financial statements? | [ ]  Yes | [ ]  No |
|  *How often are statements prepared?* | Click here to enter text. |
|  *How often are financial transactions entered into this system?* | Click here to enter text. |
|  *How often are bank accounts reconciled?* | Click here to enter text. |
| Does the organization have written policies, procedures and practices in place regarding segregation of duties to ensure that funds above a certain threshold can only be disbursed with dual signatures? | [ ]  Yes | [ ]  No |
| Does the organization’s accounting system have the capacity to track project expenses against budget line-item categories? | [ ]  Yes | [ ]  No |
| Does the organization’s accounting system have the capability to track project expenses by donor? | [ ]  Yes | [ ]  No |
| Does the organization have written policies, procedures and practices in place to segregate allowable and unallowable expenses and to otherwise satisfy donor requirements?  | [ ]  Yes | [ ]  No |
| **SUBGRANTS AND SUBCONTRACTS** |  |  |
| Does the organization issue sub-grants and/or sub-contracts? | [ ]  Yes | [ ]  No |
| *If yes:* |  |  |
|  *Does the accounting system identify the receipt and expenditure of program/project funds separately for each contract/grant?* | [ ]  Yes | [ ]  No |
|  *Does the organization have written policies and procedures in place to assess subgrantee capacity?* | [ ]  Yes | [ ]  No |
|  |  |  |
|  *Does the organization have written policies and procedures in place to monitor subgrantee performance?* | [ ]  Yes | [ ]  No |
| Does the organization require invoices or vouchers for all payments made from grant funds? | [ ]  Yes | [ ]  No |
| **INTERNAL CONTROLS** |  |  |
| Does the organization have and maintain a system to track labor activity (i.e., timesheets)?  | [ ]  Yes | [ ]  No |
|  *Can labor activity be tracked by project?* | [ ]  Yes | [ ]  No |
|  *Is this system electronic or hand-written?* | [ ]  Electronic | [ ]  Hand-written  |
| Does the organization have a written policy on compensation? | [ ]  Yes | [ ]  No |
| Is a yearly independent audit performed for the organization? | [ ]  Yes | [ ]  No |
| Does the organization have a Fraud and Corruption Policy?  | [ ]  Yes | [ ]  No |
|  *If yes, does it also include a Whistle Blower Policy?* | [ ]  Yes | [ ]  No |
| Does the organization have risk assessment processes in place to identify, assess, analyze and provide a basis for proactive risk responses for financial management areas? | [ ]  Yes | [ ]  No |
| Are there plans of action in place for addressing the risks that are deemed significant or frequent?  | [ ]  Yes | [ ]  No |

  **III. U.S. GOVERNMENT (USG) FUNDING**

|  |  |  |
| --- | --- | --- |
| Has the organization received USG funding in the past? | [ ]  Yes | [ ]  No |
|  |  | *If no, skip to Part IV* |
| Does the organization have a Negotiated Indirect Cost Rate Agreement (NICRA)?  | [ ]  Yes | [ ]  No |
| If your organization does **not** have a NICRA, does it or has it ever used the **10% de minimus rate** as defined under 2 CFR 200.68? (NOTE: organizations that have never obtained a NICRA from the US Government may elect to charge a rate of 10% of modified total direct costs, which may be used indefinitely. This option, once chosen, must be used consistently for all USG Grants until such a time that the organization wishes to negotiate a rate.) | [ ]  Yes | [ ]  No |
| Has the organization received USG funding, directly from a U.S. Government agency or through another organization, within the past 3 years? *If yes, please 3-5 of the largest USG funded projects your organization has received list below.*  | [ ]  Yes | [ ]  No |
| ***Program Name*** | ***Funding Agency/******Organization*** | ***Award Amount*** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Has the organization ever been audited in accordance with the Single Audit Act (formerly known as OMB Circular A-133) for USG funds? (NOTE:  A U.S. non-profit organization or institution of higher learning spending a total of US$ 750,000 or more in one year funded by USG sources is subject to the Single Audit Act.) | [ ]  Yes | [ ]  No |
|  *If yes, what period does the most recent audit cover?*  | Click here to enter text. |

**IV. GEF Executing Agency**

**Note: This section is only to be completed for prospective GEF Executing Agency recipients. All others please leave blank.**

|  |  |
| --- | --- |
| Total proposed GEF Project Financing from all sources ($ Million) | Click here to enter text. |
| Total proposed GEF Amount | Click here to enter text. |
| Anticipated Sources of Co-Financing (include source and amount) | Click here to enter text. |
| Expected Project Start Date | Click here to enter a date. |
| Expected Project Duration | Click here to enter text. |
| Agency Project Lead | Click here to enter text. |
| **PRIOR OR CURRENT GEF FUNDING** |  |  |
| Has your organization previously received GEF project funding?  | [ ]  Yes*please attach a copy or links to the GEF agreement(s) during the past 3 years, including proposal and budget* | [ ]  No |
| If your organization has implemented GEF projects, are financial project audits available? | [ ]  Yes*Please attach most recent financial project audit.* | [ ]  No*Please attach most recent government-funding project audit (if available).* |
| What percentage of your organization’s annual budget comes from government sources? | Click here to enter text. |
| **PROJECT MANAGEMENT BEST PRACTICES** |
| **Communications between Finance and Project Staff -** Describe how often finance staff interact with project staff to discuss the status of project finances? | Click here to enter text. |
| **Controls -** Describe how the organization provides reasonable assurance and feedback to management regarding the achievement of objectives in the effectiveness and efficiency of internal controls. | Click here to enter text. |
| **Reporting and Financial Management -** Describe how the organization provides reasonable assurance and feedback to management of regarding the status of program and project financial management. | Click here to enter text. |
| **Compliance** – Describe how the organization provides reasonable assurance of and feedback to management regarding the achievement of compliance with financial policies, procedures, guidelines, and directives. | Click here to enter text. |

**V. DOCUMENTATION**

Please provide a copy of the following documents:

|  |  |  |
| --- | --- | --- |
|  | **Attached** | **Not Available** |
| Certificate of registration, incorporation or an equivalent document granting legal status to do business (see I.2 above)  |[ ] [ ]
| Tax Exempt Certificate (if applicable)  |[ ] [ ]
| By-laws  |[ ] [ ]
| Organizational Chart |[ ] [ ]
| Most recent annual report, or some other document(s), which includes: (a) mission statement, (b) list of current Board of Directors, (c) and key staff (weblink may be provided in lieu of electronic copies) |[ ] [ ]
| Procurement Policies and Procedures |[ ] [ ]
| Accounting Policies and Procedures |[ ] [ ]
| Sub-Grantee Performance Monitoring Policies and Procedures |[ ] [ ]
| Compensation Policy |[ ] [ ]
| Conflict of Interest Policy |[ ] [ ]
| Code of Ethics Policy |[ ] [ ]
| Fraud and Corruption Policy, including Whistleblower Policy (if applicable) |[ ] [ ]
| Most recent externally audited or prepared Financial Statements (in accordance with the Single Audit Act for US-based organizations if applicable) |[ ] [ ]
| **GEF EXECUTING AGENCY – ADDITIONAL DOCUMENTATION Note: This section is only to be completed for prospective GEF Executing Agency recipients. All others please leave blank.** | **Attached** | **Not Available** |
| Copies of GEF-funded Agreements |[ ] [ ]
| GEF-funded project audit or most recent government-funded project audit |[ ] [ ]
| Most recent Internal Audit (WWF Network Organizations only) |[ ] [ ]
| Example project financial report |[ ] [ ]
| Sample Project Finance meeting agenda |[ ] [ ]

 \*   Please attach any additional information you believe will be helpful for providing the information requested above or for addressing any special accounting or legal issues.

This questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Printed Name |  |  |
|  |  |  |
| Title |  |  |