# Applicant Self-Assessment Form

This form is designed to be completed by the grant applicant and submitted to Dakchyata as a part of applicant capacity assessment. It will only be used as part of the project assessment to determine eligibility as well as capacity to adequately handle grant funds, ensuring confidentiality from other external parties.

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**SECTION A: GENERAL INFORMATION**

1. Name of organization:

2. Address:

3. Contact details:

4. Registration status (also include PAN, VAT, others as applicable)

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| --- | --- | --- | --- | --- | --- |
| SN | Legal status | Registering authority | Registration date | Registration number | Renewal status |
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5. Organization structure

a. Number of staffs: \_\_\_\_\_\_\_\_ Male: \_\_\_\_\_\_ Female: \_\_\_\_\_\_ Others: \_\_\_\_\_\_\_

b. Key staff information (include all that will be involved in the project)

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| --- | --- | --- | --- | --- |
| SN | Name | Position | Years of involvement | Major responsibility in the proposed grant project (if will be involved) |
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6. On-going projects (include all external funded projects in the last 12 months)

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| --- | --- | --- | --- | --- | --- | --- |
| SN | Project name | Funded by | Total funding | Start date | End date | Remarks |
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**SECTION B: INTERNAL CONTROL**

1. Existing organizational policies

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| --- | --- | --- | --- | --- |
| SN | Policy | Used since | Last updated | Remarks |
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2. Please describe your organizations primary communication and approval process

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**SECTION C: ACCOUNTING AND FINANCIAL SYSTEM**

1. Does your organization have written accounting policies and procedures?

Yes: \_\_ No: \_\_

2. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, suppliers ledger etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports, (by the period, project, cost categories)?

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3. How many staff do you have with accounting and financing roles? \_\_\_\_\_\_\_\_\_\_\_

4. Are your financial reports prepared on a:

 Cash basis: \_\_ Accrual basis: \_\_

5. Can your accounting records separate the receipts and payments of the grant from the receipts and payments of your organization's other activities?

Yes: \_\_ No: \_\_

6. Can your accounting records summarize expenditures from the grant according to different budget categories such as salaries, rent, supplies and equipment?

Yes: \_\_ No: \_\_

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

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8. How often are financial reports prepared?

 Monthly: \_\_ Quarterly: \_\_ Annually: \_\_ Not Prepared: \_\_ (explain)

9. How often do you input entries into the financial system?

 a. daily \_\_ b. weekly \_\_ c. monthly \_\_ d. ad hoc/as needed \_\_

10. How often the cash is reconcilied?

 a. daily \_\_ b. weekly \_\_ c. monthly \_\_ d. by accountant’s decision \_\_

11. Is timesheets/attendance maintained for each paid employee?

 Yes: \_\_ No: \_\_

12. Do you have a bank account registered in the name of your organization? Is it possible to open separate bank account for additional projects?

 Yes: \_\_ No: \_\_

13. How many signatories are required for organizational account checks?

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**SECTION D: AUDIT**

1. Does your organization have regular independent audits that you contract and pay for?

 Yes: \_\_ No: \_\_

2. If yes, please mention the name of the audit firm?

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3. How often are audits performed?

 Quarterly: \_\_ Yearly: \_\_ Every 2 years: \_\_ Other: \_\_ (explain)

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**SECTION E: SUPPORTIVE DOCUMENTS**

Please also provide a copy of the following required supportive documents, as applicable:

* Incorporation papers or registration certificate
* Tax clearance certificate (latest/ last fiscal year)
* Organizational constitution/by-laws/prospectus

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**SECTION F: SELF DECLARATION**

As the under signee, I hereby self-declare that our organization

[ ] Is not subject to any legal action

[ ] Is not affiliated to any political party

[ ] Is not involved in any money laundering activity

[ ] Is not affiliated directly/ indirectly to organizations and individuals involved in act of terrorism

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct:

Prepared by: Verified by:

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

Signature Signature

Name and Title: Name and Title:

Date: Date:

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**Privacy Statement**

The British Council will use the information that you are providing for the administration of Dakchyata grants programme. We shall pass this information on to the independent assessors and Grant Selection Committee in connection with grant evaluation procedures.

Under UK Data Protection law you have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you want more information about this please contact your local British Council office or see our website: [www.britishcouncil.org/privacy](http://www.britishcouncil.org/privacy).