

**AGA KHAN UNIVERSITY**  
**AWARD SURVEY AND DUE DILLIGENCE QUESTIONNAIRE (FORM B)**  
**SUBRECIPIENTS (please fill information only in the blue boxes - or use extra sheets if required.)**

**SECTION A: GENERAL INFORMATION**

Legal Name of Organization

Registered Office address

Contact Person name:  Telephone No:  Fax No:  email:

web site :  Twitter:  Facebook:

1 Is your organization incorporated or registered? Please provide the location and year of incorporation or registration? What is your organization type (eg. profit, non-profit, private, governmental,

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

Enclosed  Not enclosed (please explain):

2 What is your organization's tax status and tax identification number?  
 Tax status:  Tax identification number:

3 When does your organization's financial year close (eg. December 31)?

4 Does your organization have any subsidiaries or branch offices or have any membership interest in any joint venture? If yes, please provide the names and contact information for each.  
 Yes  No

5 What is the main line of business of your organization and what will be the main function in the AKU sub contract

6 Is your organization affiliated with any other professional, trade, or political grouping, such as Chambers of Commerce, Trade Association, or other interest groups? If so please provide details

7 Please provide the name, nationality, and titles of the owners, partners, Board of Directors/ trustees

No.	Name	Nationality	Title in the organization
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

8 Please provide the name, nationality, identification number and titles of the officers and key persons, including but not limited to the President/Director, Secretary, Chief Financial Officer, and Controller/Accountant and other key persons involved in the proposed AKU project.

No.	Name	Nationality	Title in the organization
1			
2			
3			
4			
5			
6			

9 Are any of the individuals mentioned above in points 8 and 9, currently or in the past government officials, military officials, political party officials, or in any position of influence?  
 Yes (please provide details; on separate sheets if required):  No

10 Are any of these individuals presently or in the past linked in any way to the Aga Khan University?  
 Yes (please provide details; on separate sheets if required):  No

11 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 linked in any way to the Aga Khan University?  
 Yes (please provide details; on separate sheets if required):  No

12 Do any of these individuals hold any additional ownership , directorship, and/or employment outside of your organization?  
 Yes (please provide details; on separate sheets if required):  No

13 Do you wish to declare any other item which may be (or perceived to be) as conflict of interest.  
Yes (please provide details; on separate sheets if required):  No

14 Please list the number of employees of your organization:  
Full time employees  Part time employees  Consultants

**SECTION B: INTERNAL CONTROLS**

- 1 Do you have written accounting policies and procedures? Yes  No
- 2 Are your financial reports prepared on a: Cash Basis  Accrual Basis
- 3 Can the accounting records identify the receipts and payments of the grant from other receipts and payments? Yes  No
- 4 Do you maintain invoices, vouchers, and timesheets for all payments made from sub award funds? Yes  No
- 5 Are there any circumstances in which invoices, vouchers, and timesheets cannot or will not be obtained? Yes  No  (please explain)

6 Do you have separate HR department and policies to administer HR function? Yes  (please attach policy(ies)) No

7 Briefly describe your organization's system for filing and maintaining supporting documentation.

8 Do you have an audited or a negotiated indirect cost rate? Yes  (please enclose copy or link of audited/negotiated rate) No

**SECTION C: COMPLIANCE**

1 Is your organization 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

Yes  (please provide details) No

2 Does your organization comply to (name of country) Government terms for handling grants? Yes  (please explain) No

3 Has anyone in your organization been listed or been associated with anyone listed on an undesirable persons watch list or equivalent maintained by the (name of country) government or the Pakistani Government.

If yes, please provide details on how you managed it:

Yes  No

4 Does your organization have a conflict of interest policy? Yes  (please attach policy) No

If no, will you be willing to follow the policy specified by AKU or the main grantor?

Yes  No

5 Does your organization have a data privacy policy and is capable of keeping information secure and confidential. Yes  (please attach policy) No

If no, will you be willing to follow the policy specified by AKU or the main grantor?

Yes  No

6 Do you have a data retention policy? Yes  (please attach policy) No

If no, will you be willing to follow the policy specified by AKU or the main grantor?

Yes  No

7 Does your company employ employees or get paid work done by people less than 18 years of age? Yes  No

8 Does your company have an anti-bribery or anti-corruption policies? Yes  No

If no, how do you ensure that bribery and corruption are avoided? (please use additional sheets if required)

9 What are the main sources of the organization's revenue? Please elaborate

10 Please indicate which of the internal controls listed below are in place at your institution:

a. Documented competitive system of procurement for major purchases (e.g., if your organization plans to acquire new equipment, it requests written bids from at least three (3) vendors):

b. Maintenance of an inventory system for fixed assets (for example, serial numbers and locations of all computers/equipment are listed and maintained in a file)

**SECTION D: FUNDS CONTROL**

AKU grantees that receive advances of grant funds must have a bank account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. If cash cannot be kept in a bank, it is very important to keep the cash in a strong safe and have strict controls over cash custody and disbursement.

Does your organization have a bank account in the name of your organization to which grant payments could be made by wire transfer in the event of a grant award? Yes  No

Are all bank accounts and individuals signing cheques authorized by the organization's Board of Directors or Trustees? Yes  No

Are the majority of payments to vendors/suppliers made by cheques or other banking instruments (not in cash)? Yes  No

Can you keep individual project funds separate from other funds so that they are not mixed up for use? Yes  No

Is the function of treasury and accounts done by separate individuals. In your organization?

Yes  No

Are funds converted to cash kept in safe

Yes  No

Are the limits on cash withdrawals. If yes please explain below.

Yes  No

Are your personnel insured for on the job injury?

Yes  No

Are your major assets insured

Yes  No

Do you have third party or liability insurance?

Yes  No

**SECTION E: INDEPENDENT AUDIT**

AKU may require an audit of your organization's accounting record related to the project. An audit is a review of your accounting records by an independent accountant who works for an accounting firm. An audit report contains your financial statements as well as an opinion by the accountant that your financial statements are correct. Please provide the following information on prior audits of your organization.

4 Are your annual accounts externally audited? Yes (please enclose latest copy)  No (please explain reason)

If yes, who are your auditors?

Frequency of your audit Yearly  Half-yearly  Other (please specify)

**SECTION F: CERTIFICATION**

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

**I certify to the best of my knowledge and belief that the information provided in this questionnaire and the supporting data are correct, and I am authorized to sign this document on behalf of**

Name of authorised official of the Organization signing this form:

Designation:

Dated