

<h2 style="margin: 0;">Institutional profile questionnaire</h2> <p style="margin: 5px 0;"><i>This questionnaire collects information for effective project grant processing and to better serve your needs.</i></p>	Inst. ID
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General information

Legal (official) name(s) of the institution (see N.B. at bottom of page): <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	Acronym of name	Language of name	
Other name(s) (if applicable):			
What is the institution's official working language?	Other language capabilities?		

What are the institution's business addresses

Mailing	Building, Suite <i>(if applicable)</i>	Civic (Physical)	Building, Suite <i>(if applicable)</i>
	Street No., Street Name/PO Box:		Street No., Street Name:
	District, City, Prov./State:		District, City, Prov./State:
	Country, Postal (ZIP) code:		Country, Postal (ZIP) code:

What are the institution's business fax and telephone numbers

Fax number <i>(with country/city codes)</i>	Telephone number <i>(with country/city codes)</i>
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Geographic scope of institution's work and presence

International *(more than one continent)*

 Regional *(Neighbouring countries)*

 National

Nature of institution *(check one only)*

Educational (i.e., degree-granting) <input type="checkbox"/>	Private - not for profit (i.e., NGO, charitable trust, foundation, etc.) <input type="checkbox"/>
Governmental (line dept, Ministry) <input type="checkbox"/>	Private - for profit (partnership, company owned by private individuals) <input type="checkbox"/>
Inter-governmental <input type="checkbox"/>	Public (i.e., independent govt. body, corporation owned by govt., etc.) <input type="checkbox"/>

N.B. If you are not a government department, please attach a certified copy of your legal corporate registration or any similar official documentation that shows your full corporate name, your corporate status, the jurisdiction of registration and the date of registration and validity where applicable.

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The information collected on this form will be stored in the Centre's institution information files.

PROTECTED WHEN COMPLETED

Operational information

Does your institution have centralized administrative and accounting services for grants?

Yes No

If no, please specify who does your grant book keeping

Internal accountants? Or External accountants?

What is the currency of your books of account?

What is your fiscal year end? (dd/mm)

Can your institution administer foreign exchange?

(i.e. other than the currency of accounts) Yes No

Please check the letter that describes the banking arrangements used for donor funds

A donor funds go into the institution's corporate account

B donor funds pooled into a single, separate account

C one account per donor

D a separate account for each project

Is the above account interest bearing? Yes No

If so, where is the interest credited? Projects General revenue Other

Can your institution effectively and efficiently

purchase capital goods locally? Yes No (Yes = at competitive price and without restrictions)

purchase capital goods internationally? Yes No (Yes = at competitive price and without restrictions)

Is your institution exempt from local taxes? (Duty, VAT, etc.) Yes No

Do you have a tendering policy? Yes No

If yes, does it cover? Goods Services

If yes, goods threshold amount? Amount _____ Currency _____

If yes, services threshold amount? Amount _____ Currency _____

If yes, do you call for bids: (select both if applicable)

from a prequalified list? Yes No

on an open tender? Yes No

How long is the procurement process:

From the time the order is placed until receipt of goods? _____ weeks

Is topping-up of research staff wages allowed? Yes No

If yes, please provide upper-limit as a percentage of base salary _____%

Is topping-up of administrative staff wages allowed? Yes No

If yes, please provide upper-limit as a percentage of base salary _____%

Do you recover indirect costs on grants and contributions? Yes No

If yes, rate _____%

Are the annual institutional financial statements audited by an independent party? <i>(i.e., all accounts)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the auditor report available to IDRC:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach the latest report, along with the management report or letter, to this questionnaire.	

Information on person authorized to sign legal agreements on behalf of institution	
Name	
Title	

Information on person authorized to sign financial reports on behalf of institution	
Name	
Title	

Additional information <small>(required but not essential for project approval)</small>	
Email address <i>(if applicable)</i>	
Website URL <i>(if applicable)</i>	

Name of the person who answered the questionnaire	
Name: _____ <i>(please print)</i>	Title: _____
Signature: _____	Date: _____