##

ENGLISH (EN)

# OFAC REVIEW CHECKLIST

|  |  |
| --- | --- |
| Grant number: | Click here to enter text. |
| Project country: | Click here to enter text. |
| Amount of funds (USD): | Click here to enter text. |
| Use of payment: | Click here to enter text. |
|  |
| INITIAL DESTINATION OF MONEY FROM TRF (Note: Do not provide routing numbers or account numbers on this form) |
| Name of Rotary club or district: | Click here to enter text. |
| Name of club’s/district’s bank/financial institution: | Click here to enter text. |
| Bank’s address: | Click here to enter text. |
| Name on the bank account: | Click here to enter text. |
| Names of account signatories: | Click here to enter text. |
|  |
| INTENDED BENEFICIARY |
| Name of the organization (e.g., hospital) or individual (e.g., scholar) receiving funds, goods, or services: | Click here to enter text. |
| If an organization, name of the representative: | Click here to enter text. |
| Address: |  |
| Email Address: | Click here to enter text. |
| Website Address (if available): |  |
|  |
| ADDITIONAL INTENDED BENEFICIARY (If applicable)[[1]](#footnote-1) |
| Name of the organization (e.g., hospital) or individual (e.g., scholar) receiving funds, goods, or services: | Click here to enter text. |
| If an organization, name of the representative: | Click here to enter text. |
| Address: | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Website Address (if available): | Click here to enter text. |
|  |
| PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY |
| Name of the organization: | Click here to enter text. |
| Name of the individual representative: | Click here to enter text. |
| Address: | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Website Address (if available): | Click here to enter text. |
|  |
| ADDITONAL PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY (If applicable)1 |
| Name of the organization: | Click here to enter text. |
| Name of the individual representative: | Click here to enter text. |
| Address: | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Website Address (if available): | Click here to enter text. |
|  |
| VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED  |
| Name of the organization or individual: | Click here to enter text. |
| If an organization, name of the representative: |  |
| Address: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Website address (if available): | Click here to enter text. |
|  |
| ADDITIONAL VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED (If applicable)[[2]](#footnote-2) |
| Name of the organization or individual: | Click here to enter text. |
| If an organization, name of the representative: | Click here to enter text. |
| Address: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Website address (if available): | Click here to enter text. |

1. Add additional sections as needed [↑](#footnote-ref-1)
2. Add additional sections as needed [↑](#footnote-ref-2)