## 

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. | | | | | | |
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| 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. | | | | | | |
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| 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. | | | | | | |
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| 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. | | | | | | |
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| 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. | | | | | | |
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| 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)