## 

ENGLISH (EN)

# OFAC REVIEW CHECKLIST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grant number: | | | DG23-018 | | | | | | | | | | |
| Project country: | | | Ukraine | | | | | | | | | | |
| Amount of funds (USD): | | | | Total Project $21000 // DDF $6000 | | | | | | | | | |
| Use of payment: | | | Purchase generators to provide electricity for foster homes in Odesa region servicing internally displaced persons (IDP children) | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| INITIAL DESTINATION OF MONEY FROM TRF (Note: Do not provide routing numbers or account numbers on this form) | | | | | | | | | | | | | |
| Name of Rotary club or district: | | | | | | | | Rotary Club Odesa International, District 2232 | | | | | |
| Name of club’s/district’s bank/financial institution: | | | | | | | | | | | | the transfer of funds will come to Rotary district 2232 accounting - then the generators will be purchased - then District 2232 Ukraine will donate them to local Odesa NGOs and Charity Funds who will lend them to the foster families of IDPs. | |
| Bank’s address: | | | District 2232 Ukraine | | | | | | | | | | |
| Name on the bank account: | | | | | | District 2232 Ukraine | | | | | | | |
| Names of account signatories: | | | | | | | District 2232 Ukraine | | | | | | |
|  | | | | | | | | | | | | | |
| INTENDED BENEFICIARY | | | | | | | | | | | | | |
| Name of the organization (e.g., hospital) or individual (e.g., scholar) receiving funds, goods, or services: | | | | | | | | | | | | | Odesa area NGOs including Winds of Changes and Charity Fund Next will receive generators from Rotary Odesa International. NGOs distribute to foster home beneficiaries. |
| If an organization, name of the representative: | | | | | | | | | | | Abdullayev Marat (CFN), Natalia Vergrian (WOC) | | |
| Address: | Zhukovakogo 43 Odesa, Ukraine (CFN), Akademika Villyamsa 44\1 – 33 Odesa Ukraine (WOC) | | | | | | | | | | | | |
| Email Address: | | | [Marat88a@gmail.com](mailto:Marat88a@gmail.com) (CFN), [windsofchanges.od@gmail.com](mailto:windsofchanges.od@gmail.com) (WOC) | | | | | | | | | | |
| Website Address (if available): | | | | | | | <https://next-charity.com> (CFN); <https://www.windsofchanges.com.ua> | | | | | | |
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| 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: | | | | | | | | | | | | | NA |
| 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: | | | | | SEE INTENDED BENEFICIARY SECTION | | | | | | | | |
| 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: | | | | | NA | | | | | | | | |
| 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: | | | | | | | | | | Generators to be purchased through Poland vendor offering best value purchase price at time of approval | | | |
| If an organization, name of the representative: | | | | | | | | | | | <https://epicentrk.ua/shop/mplc-generator-benzinovii-aksa-aap-5500-1ed6c0c2-bc9c-6a88-abc5-e1ffefb81370.html> | | |
| 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)