

PASS Subrecipient Questionnaire

Instructions to Proposed Subrecipient Organization: Complete this form and email it back to your Internews point of contact.

Α.	Organization Information
	Organization Legal Name (Local Language):
	Organization Legal Name (English):
	Organization Contact Information
	Mailing Address:
	City:
	State or Province:
	Country:
	Postal Code:
	Phone:
	Email 1:
	Email 2:
	Individual authorized to sign and job title
	Name:
	Title:
	Organization Fiscal Year End Date
	End Date:
	Organization DUNS number (Required ONLY if subgrant will be funded by \$25K or more in US
	Government funds):
B.	Organization Structure

1. Is your organization incorporated or otherwise legally registered? If YES, attach a copy of the

documents (Required).

2. Is your organization considered not for profit?

Yes

Yes

No

No

C. Banking Details

Name on Account

Account / IBAN #

ABA (US banks) or

SWIFT Code

Bank Name

Bank City/Country

Intermediary Bank

Inter. Bank Swift Code

D. Certification

Authorized approval. Entering your name here effectively signs the document on behalf of your organization, certifying that the foregoing information is true and correct.

Authorized By:

Title:

Date: