

Institutional profile questionnaire <i>This questionnaire collects information for effective project grant processing and to better serve your needs.</i>		Inst. ID
General information		
Legal (official) name(s) of the institution (see N.B. at bottom of page):		Acronym of name
		Language of name
Other name(s) <i>(business name if different from legal name, and other name(s) if applicable).</i>		
What is the institution's official working language?		Other language capabilities?
What are the Institution's business addresses? <i>Street address is mandatory. Without a street address this questionnaire is deemed incomplete and will be returned to you for update.</i>		
Mailing	Building, Suite <i>(if applicable)</i>	Civic Building, Suite <i>(if applicable)</i> (Physical)
	Street No., Street Name/PO Box:	Street No., Street Name/PO Box:
	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>
Geographic scope of institution's work and presence		
International <i>(more than one continent)</i> <input type="checkbox"/> Regional <i>(Neighbouring countries)</i> <input type="checkbox"/> National <input type="checkbox"/>		
Nature of institution <i>(Check one only)</i>		
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, corporate owned by govt., etc.) <input type="checkbox"/>	
N.B. If you are not a government department and are completing this form for legal validation purposes, 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.		

IPQ-1-2015E

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 you 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, please refer to the [IDRC definition of indirect costs](#) and provide rate _____%

Are the annual institutional statements audited by an independent party? *(i.e., all accounts)*

Yes No

Is the auditor report available to IDRC?

Yes 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 *(required but not essential for project approval)*

Email address: *(if applicable)*

Website URL *(if applicable)*

Signature of legal signatory *(mandatory)*

Name: _____
(please print)

Title: _____

Signature: _____

Date: _____

By signing here the legal signatory certifies that the legal name and all information here provided are accurate.

Name of the person who answered the questionnaire

Name: _____
(please print)

Title: _____

Signature: _____

Date: _____