



Organization for Security and Co-operation in Europe

Certificate of Compliance for potential Implementing Partner

Instructions:

- 1) Completion of this Certificate is a pre-condition for consideration to receive funding or other support as an OSCE implementing partner (IP).
- 2) The person executing this Certificate on behalf of the potential IP must either be listed as an officially registered agent or present a valid Power of Attorney or similar document granting signing authority.
- 3) Items 5 and 6 must be answered only if specifically indicated by the OSCE.
- 4) A separate sheet of paper may be attached to this Certificate should there be insufficient space to provide an answer or explanation. Please indicate the full name of the potential IP and the item number addressed on any separate sheet of paper.

On behalf of (*give full name of potential implementing partner*) _____

_____ (hereinafter, “Applicant”), I attest that:

1. There is no undisclosed conflict of interest concerning the planned project (check as applicable):

_____ Neither I, any of the senior managers nor any staff member to be assigned to the planned project is known to be an immediate relative of an OSCE official.

OR

_____ The following person(s) is/are an immediate relative of an OSCE official (*give full name of the person(s) affiliated with the IP, and the full name of any immediate relative(s) who works for the OSCE*):

Note: A conflict of interest (CoI) does not automatically disqualify an applicant from becoming an OSCE implementing partner. However, the failure to disclose a CoI is a basis for barring the applicant from future consideration or for terminating a concluded Implementing Partner Agreement. The disclosure obligation also applies to any person later hired to implement the project and who is known to be an immediate relative of an OSCE official.

2. There is no undisclosed co-financing from other donors for the planned project (check as applicable):

_____ Currently the Applicant has neither actual nor pledged funding from any third-party donor, international, humanitarian or other organization for the planned project or for a substantially similar project.

OR

_____ For the planned project or for a substantially similar project, the Applicant has either actual or pledged funding from the following donor, international, humanitarian or other organization(s) (*give the name of each third-party donor, international, humanitarian or other organization, as well as the specific monetary amount(s)*):

Note: The OSCE accepts only original receipts from implementing partners, stamping them “Paid by the OSCE” in order to eliminate duplicate funding. Any receipt marked as paid by a third-party donor, international, humanitarian or other organization will be disallowed.

3. There is a commitment to legal compliance (check as applicable):

_____ The Applicant complies with all applicable national legislation, including but not limited to tax and labour law.

OR

_____ The Applicant is unable to comply with one or more legal requirement (for example, registration) due to the following reason(s):

Note: The inability to observe national legislation does not automatically disqualify an applicant from becoming an OSCE implementing partner. However, a compelling justification must be given for any non-compliance.

4. The Applicant has or will acquire the capacity to work effectively with English-language documents, including submission of narrative and financial reports in English (check as applicable):

_____ One or more staff members to be assigned to the project possesses professional competence in English.

OR

_____ The Applicant understands and agrees that acquisition of professional competence in English constitutes both a requirement under the project and one of the fundamental measurements of its success.

Note: An applicant lacking competency in English is eligible for capacity-building projects.

☐ (Programme Manager: Check here if the planned project is defined as “**high risk**” according to Article **X** of PFAI 15).

5. Answer only if the above box is checked:

_____ The Applicant possesses all of the licenses, certificates and insurance coverage required to carry out the planned project activity.

OR

_____ The Applicant possesses all of the licenses, certificates and insurance coverage required to carry out the planned project activity, except for the following *(also indicate whether any license, certificate or insurance coverage lacking can be acquired prior to project implementation)*:

☐ (Programme Manager: Check here if the planned project is budgeted at **EUR 250,000 or more**).

6. Answer only if the above box is checked:

_____ The Applicant either has or will open a separate bank account to be used exclusively for financial matters relating to the project.

OR

_____ The Applicant is unable to open a separate bank account for the following reason(s):

By signing this Certificate, I certify that the above information is true and accurate. I further understand and agree that the submission of false information may result in the barring of the Applicant from future consideration for funding by the OSCE or in termination of a concluded Implementing Partner Agreement.

Seal: Signed: _____

Name: _____

Title: _____

Date: _____