

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) 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 applicable):	o undisclosed conflict of interest concerning the planned project (check as
	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 to check as appli	undisclosed co-financing from other donors for the planned project icable):
1	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
1 1	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)):
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5	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 co	ommitment 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):
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(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.
	ant has or will acquire the capacity to work effectively with Englishments, including submission of narrative and financial reports in English icable):
	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.

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:	