

#### Organization for Security and Co-operation in Europe

#### **Certificate of Compliance for potential Implementing Partner**

#### **ANNEX III: Certificate of Compliance**

#### Instructions:

- 1) Completion of this Certificate is a requirement for consideration to enter in a contract with the OSCE as an 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

	e an answer or explanation. Please indicate the full name of the potential IP and the item er addressed on any separate sheet of paper.				
On behalf of (g	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 rapplicable):	no undisclosed co-financing from other donors for the planned project (check as				
	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)):				



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Note: The OSCE accepts only original receipts from implementing partners, stamp "Paid by the OSCE" in order to eliminate duplicate funding. Any receipt marked as third-party donor, international, humanitarian or other organization will be disallowed	paid by a
3. There is a commitment to legal compliance (check as applicable):	
The Applicant complies with all applicable national legislation, including but not limi and labour law.	ited to tax
OR	
The Applicant is unable to comply with one or more requirements due to the reason(s):	following
4. The Applicant has or will acquire the capacity to be able to submit narrative and financia in an agreed format and on a timely basis (check as applicable):	al reports
One or more staff members to be assigned to the project possesses processes competence in preparing and submitting the required documentation.	ofessional
OR	
The Applicant understands and agrees that acquisition of professional compessional submitting required documentation constitutes both a requirement under the project of the fundamental measurements of its success.	
Note: An applicant lacking such competency is eligible for capacity building projects	S.
☐ (Programme Manager: Check here if the planned project is defined as "high risk" acc paragraph 13 of FAI 15).	cording to
5. Answer only if the above box is checked:	
The Applicant possesses all of the licenses, certificates and insurance coverage recarry out the planned project activity.	equired to
OR	
The Applicant possesses all of the licenses, certificates and insurance coverage recarry out the planned project activity, except for the following (also indicate who license, certificate or insurance coverage lacking can be acquired prior to implementation):	ether any



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	(Program	mme Manager: Check here if the planned project is budgeted at <b>EUR 250,000 or more</b> ).				
6. Aı	nswer only	y if the above box is checked:				
		The Applicant either has or will open a separate bank account to be used exclusively fo financial matters relating to the project.				
		OR				
		The Applicant is unable to open	a separate bank account for the following re	eason(s):		
agre	e that the	submission of false informatio	re information is true and accurate. I furthe on may result in the barring of the Appli nination of a concluded Implementing Partne	cant from future		
Seal	:	Signed:				
		Name:				
		Title:				
		Date:				