Information Form for Organizations

Campaign for Tobacco-Free Kids (CTFK) and the Tobacco-Free Kids Action Fund (TFKAF), (referred to jointly as TFK), follows U.S. Executive Orders and laws that prohibit transactions or any support in violation of Treasury Office of Foreign Asset Control("OFAC") sanctions, the Foreign Corrupt Practices Act of 1977, as amended ("FCPA") and all applicable international and local country anti-bribery and anti-corruption laws. TFK also requires precautions to avoid conflict of interests where the impartial and objective exercise of the functions of any person under this agreement is compromised for reasons involving family, personal relationships, political or national affinity, economic or any other shared interest with another person. Information within this form helps us to evaluate compliance with such laws, regulations, and protocols.

Please complete this form by typing responses and answering all applicable questions. Handwritten forms will not be accepted, and unanswered questions will result in the delay of funding.

A. General Information

1. Name of the Organization/Business/Corporation:	
Physical address	
Mailing Address (if different from physical address)	
Phone Number/Fax	
Email Address	
Website Address (if any)	
2. Contact Person Name (please add Dr./Mr./Mrs.):	
Contact Person Work Title	
Contact Person Phone	
Contact Person Email	

3. Please list the name, title and contact information of the person authorized to sign agreements on behalf of the organization:

Title (*(Dr / Prof / Mr. / Ms., etc.)*	**Full Name**	**Position/Title**	**Address**	**Contact info** (phone, e-mail, etc)

4. Organization Type:

Other:

5. Organization Registration:

Provide a copy of the registration documentation (license, registration certificate, deed of incorporation, or similar documentation).

Provide information about the organization registration including governmental office that issued the registration, city and country of registration, and date of registration. If the organization has more than one registration, please list all current registrations.

6. Please list, with English translations as necessary, all names previously used by the organization (not already listed above) since created:

7. If the organization has multiple locations, please list the address of the office (or branch) expected to undertake the proposed work:

8. **Does the organization require prior government authorization to receive international funding?**

Yes: ☐ **No:** ☐

If yes, please provide a copy of the authorization.

Please describe below the name of the authorization documentation, list the date (month/year) issued, and the date (month/year) of expiration.

B. Area of Operation

9. **Please list all countries where the organization has been active or had any presence in the last 3 years and where it plans to be active or have a presence in the next 1-2 years:**

10. **Within the last 5 years, has the organization had a business relationship with and /or knowingly received payment or other support from, any tobacco product manufacturer or wholesaler, or any parent, affiliate or subsidiary, or organization or foundation with majority support from any of the aforementioned entities, of a tobacco product manufacturer or wholesaler, or any person, interest group, advocacy organization or other business or organization (other than a law firm, advertising agency or accounting firm) that represents the interests of the tobacco industry?**

Yes: ☐ **No:** ☐

If yes, describe:

11. *If working with CTFK/GHAI Food Policy Program:* **Within the last 3 years, has the organization, received any funding from any company that manufactures ultra-processed foods or sugar-sweetened beverages?**

Yes: ☐ **No:** ☐ **N/A:** ☐

If yes, describe:

C. Board of Directors, Key Staff, and Authorized Persons

12. Please list the titles, names, organizational position, and nationality of each of the members of the board (if any) of the organization:

Title (*(Dr / Prof / Mr. / Ms., etc.)*	**Full Name**	**Organizational Affiliation/ Position**	**Nationality**

13. Please list the titles, names, organizational position, and nationality of the organization's top five executive officers and, if different, the names and titles of the top five executive officers at the office or branch that will be doing the work:

Title (*(Dr / Prof / Mr. / Ms., etc.)*	**Full Name**	**Organizational Affiliation/ Position**	**Nationality**

14. Please list the titles, names, organizational position, and nationality of each of the key persons who will be working on this contract or project:

Title (*(Dr / Prof / Mr. / Ms., etc.)*	**Full Name**	**Organizational Affiliation/ Position**	**Nationality**

15. Does the applicant have a Conflict of Interest with a TFK/GHAI staff or Board Member? There is a conflict of interest when any person under this agreement is compromised for reasons involving family, personal relationships, political or national affinity, economic or any other shared interest with another person?

Yes: ☐ **No:** ☐

If yes, describe:

D. BANK INFORMATION

This bank information is for:	☐ *The Consultant Organization* ☐ *A Fiscal Sponsor Organization*

This account receives funds in: ☐ *US Dollars (USD)* ☐ *Local Currency*

Bank Name	
Branch Name (or Number)	
Bank Account Name	
Name Associated with Account (if different)	
Bank Account Number:	
SWIFT / BIC* # / CLABE:	
Bank Address	
Bank City	
Bank Postal Code	
Bank Country	

** Must have either 8 or 11 digits – your bank can provide this information*

Corresponding Bank:**	
Corresponding Bank SWIFT / BIC	
Intermediary Bank Account Number:**	

** This information is not applicable to all account. Please speak with your bank about whether or not there are corresponding or intermediary accounts for international wire payments.

☐ **Most recent official certificate or license or organizational registration attached.**

☐ **All questions have been fully answered. Document not valid without name, title, signature and date**

The following officer of the applicant organization affirms that all the information in this application is true, complete and accurate:

Name and Title

Signature **Date**

(*Please submit handwritten or electronic (e)-signature. Typed signatures will not be accepted*)

Updated: Sept 2024