**INTERNATIONAL INSTITUTION FORM**

In order to comply with U.S. Federal regulations, the Cystic Fibrosis Foundation must have the following information on file for international awardees. Failure to complete and return this form along with the supporting documentation requested (in Section III below) will result in either a rejection of the application or withholding of payments.

1. **Applicant**

|  |
| --- |
| **Applicant/Principal Investigator:** |
|  |
| **Project Title:** |
|  |

1. **Institution**

|  |  |
| --- | --- |
| **Legal Name (English)** | **Legal Name (Native Language)** |
|  |  |
| **Postal Address** | **Country** |
|  |  |
| **Telephone Number** |
|  |
| **Website Address for Institution** | **Year Institution Founded** |
|  |  |

1. **Required Supporting Documentation**

Please attach a copy of the following documents to your completed form:

* Institution’s Mission Statement (most recent): *please cite to the relevant page(s) or paragraph(s) in the supporting documentation.*
* If Nonprofit, provide Government-issued documentation of the Institution’s Nonprofit Status
* A description of other sources of support, such as official awards, private endowments, and commercial activities, received by institution: *please cite to the relevant page(s) or paragraph(s) in the supporting documentation*.
* Standard Operating Procedure(s) or relevant policy to ensure that awarded funds are neither distributed to terrorists or support their networks, nor are funds used for activities that support terrorism or terrorist organizations (*If your institution does not have a relevant policy, please provide a statement signed by an institutional official indicating that award funds will not be used to support terrorism or terrorist organizations.)*
* For-profit Institutions must submit a complete list of key employees, members of the governing board, and/or other senior management

**Please provide English translations for any documents that are written in the Applicant’s or Institution’s native language.**

1. **Additional Supporting Documentation**
2. Do the governing documents of the Institution (listed in section II above) allow it to conduct activities that are not charitable?

[ ]  Yes [ ]  No

If yes, please attach a list of activities

1. Do the laws in the country of the Institution allow the conduct of non-charitable activities as a substantial part of its total activities?

[ ]  Yes [ ]  No

If yes, please indicate what percentage of your total activities: %

1. Is a copy of the Institution’s annual report available on its website?

[ ]  Yes [ ]  No

If not, please submit a copy of the Institution’s latest annual report

1. Is the Institution a subsidiary of (owned or controlled by) any other organization?

[ ]  Yes [ ]  No

If yes, please provide the following information:

|  |  |
| --- | --- |
| **Legal Name of Controlling Organization (English)** | **Legal Name of Controlling Organization (Language of origin)** |
|  |  |
| **Postal Address** | **Country** |
|  |  |
| **Telephone Number** |
|  |
| **Website Address for Organization** | **Year Organization Founded** |
|  |  |

1. Does the Institution have any special relationship, financial or otherwise, with any other organization or individual?

[ ]  Yes [ ]  No

If yes, please provide the following information:

|  |  |
| --- | --- |
| **Legal Name of other Organization/Individual: (English)** | **Legal Name of other Organization/Individual: (Language of origin)** |
|  |  |
| **Postal Address:** | **Country:** |
|  |  |
| **Website Address for Other Organization:**  | **Telephone Number:** |
|  |  |

1. **Authorized Institutional Official Assurances**

*As an authorized representative of the institution, I certify that statements herein are true, complete, and accurate to the best of my knowledge, and agree to comply with CFF’s Terms and Conditions of Award. I am aware that any false, fictitious, or fraudulent statements or claims will result in cancellation of CFF awards to the Awardee Institution.*

Signature Date

|  |  |
| --- | --- |
| **Name of Official:** | **Title of Official:** |
|  |  |
| **Postal Address** | **Country** |
|  |  |
| **Telephone Number:** | **Fax Number:** |
|  |  |
| **Email Address:** |  |
|  |  |

Please email the completed, signed form with the other required documents to: grants@cff.org as PDF attachments or as part of your application if you are applying to a CFF program through the grants management system. CFF uses electronic documents. **Please do not send documents by postal mail.**