oPt HF Preliminary Screening
Questionnaire

Thank you for your interest in becoming a partner to the oPt HF. In order to become eligible for funding, you are required to fill in this questionnaire. Please note that all questions must be answered truthfully and accurately to the best of your knowledge. All information will be verified at a later stage in the process and false information could lead to the exclusion from the eligibility process.

After completing the questionnaire, the oPt HF will inform you of the next steps in the eligibility process. If you have any questions on the eligibility process, please reach out to HFU at ocha-opt-hf@un.org. More information on the oPt HF eligibility process can be found here (link).

Questions marked with * are mandatory questions.

Part 1 – Organization Details

No.	Question	Response
1	Organization's Legal Name* (Has to match name in registration certificate)	
2	Organization Acronym	
3	Organization Website URL	
4	Type of Organization*	☐ International NGO ☐ National / Local NGO ☐ Red Cross / Red Crescent
5	Full name of focal person for the application*	
6	Email of focal person for the application*	
7	Phone number(s) of focal person*	
8	Name of Country Director	
9	Email of Country Director	
10	UNPP ID (if available)	
11	UNPP Verification Status (if UNPP ID is available)	☐ Verified ☐ Not verified

Part 2 – Humanitarian Principles

No.	Question	Response
1	**Does your organization operate according to humanitarian principles?*** The four humanitarian principles (humanity, neutrality, impartiality and independence) provide the foundations for humanitarian action. They are	☐ Yes ☐ Partially ☐ No

central to establishing and maintaining access to affected people, whether in a natural disaster or a complex emergency, such as armed conflict. Humanitarian principles should be demonstrated in daily activities and practices including selection of beneficiaries, vendors and staff, and interaction with communities and all relevant stakeholders.

By answering **YES** to this question, you confirm that your organization meets the four principles as described below and does not cross any red lines that indicate substantive breach of the humanitarian principles. Some of these red lines that could prevent an organization from becoming a partner, include the following:

1. Support/ affiliation to a political or warrying party
2. Assistance to parties to conflict
3. Accepting entry of weapons in humanitarian premises/vehicles
4. Accepting interference by authorities in the selection of beneficiaries, vendors or staff, etc.

By answering **PARTLY** to this question, you confirm that your organization does not fully adhere to all humanitarian principles as described below.

If your organization does not meet any of the humanitarian principles, or crosses any of the red lines listed above, please answer **NO** to this question.

Please use the comments box to provide any additional explanations for the HFU to review.

2	**Please review the four humanitarian principles and tick the box if your organization is operating according to the principle.***	☐ Humanity ☐ Neutrality ☐ Impartiality ☐ Independence

Humanity: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

Neutrality: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

Impartiality: Humanitarian action must be carried out on the basis of need alone, prioritizing the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religion, class or political opinions.

Independence: Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Comments

Part 3 – Code of Conduct

No.	Question	Response
1	**Does your organization have a Code of Conduct?*** A Code of Conduct reflects an organization's commitment to meet fundamental principles and rules concerning ethical conduct in all organizational activities. This may include descriptions of core values and ethical standards, appropriate and inappropriate behavior, responsibilities of organization employees, and other relevant aspects. Your organization may have developed its own Code of Conduct or use an existing Code of Conduct, such as the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief. Your organization may have a stand-alone Code of Conduct or may cover the key contents in other policy documents (e.g., Ethics Policy, Operational Manuals, etc.).	☐ Yes ☐ My organization does not have a stand-alone Code of Conduct, but it is covered in other policy documents. ☐ No
2	If the Code of Conduct is covered in other policy documents **Please describe in which documents you cover Code of Conduct and how?***	

Comments

Part 4 – Anti-Fraud Policy

No.	Question	Response
1	**Does your organization have an Anti-Fraud Policy?*** An Anti-Fraud Policy outlines an organization's commitment to prevent, deter, detect and respond to fraud and financial misconduct. Your organization may have a stand-alone anti-fraud policy document or may cover anti-fraud in other policy documents (e.g., Code of Conduct, Ethics Policy, Operational Manuals, etc.).	☐ Yes ☐ My organization does not have a stand-alone anti-fraud policy, but anti-fraud is covered in other policy documents. ☐ No
2	If the Anti-Fraud Policy is covered in other policy documents **Please describe in which documents you cover anti-fraud and how?***	

Comments

Part 5 – Conflict of Interest

No.	Question	Response
1	**Does your organization have a Conflict of Interest Policy?*** A conflict of interest occurs when an organization's interest interferes with the responsibilities or with the integrity, independence, and impartiality required by the partnership agreement. A Conflict of Interest Policy outlines an organization's commitment to avoid any conflict of interest and describes measures to prevent and report actual or potential conflict of interest. Your organization may have a stand-alone conflict of interest policy document or may cover conflict of interest in other policy documents (e.g. Code of Conduct, Ethics Policy, Operational Manuals, etc.).	☐ Yes ☐ My organization does not have a stand-alone Conflict of Interest policy, but conflict of interest is covered in other policy documents. ☐ No
2	If conflict of interest is covered in other policy documents **Please describe in which documents you cover conflict of interest and how?***	
Comments		

Part 6 – Experience in Implementing Humanitarian Activities

No.	Question	Response
1	**Does your organization have experience in implementing humanitarian activities in oPt?*** To become a partner to the oPt HF, your organization should normally have experience in implementing humanitarian activities in oPt. Your organization may have implemented its own projects or has collected experience through other humanitarian activities. In some cases, experience in other related sectors (e.g., development or peacebuilding) or experience in another country can also be accepted. Please respond **YES** if your organization can demonstrate experience implementing humanitarian activities in oPt. Please respond **PARTLY** if your organization has experience in another country or another sector (not humanitarian) and use the space below to provide more detail on your experience. Please respond **NO** if your organization does not have any relevant experience.	☐ Yes ☐ Partially ☐ No
2	If answer is PARTLY **Please elaborate on the kind of experience your organization has (which sectors, in which countries, how many years, etc.)**	
Comments		

Part 7 – Participation in Clusters and other Coordination Mechanisms

No.	Question	Response
1	**Is your organization an active member of any clusters, sectors or other coordination mechanisms at the national and/or sub-national level?***	☐ Yes ☐ No
2	If answer is YES **Which cluster(s) / sector(s) / other coordination mechanism(s) is your organization a member of? (Multiple answers possible)**	☐ Education ☐ Food Security ☐ Health ☐ Protection ☐ Shelter & NFI ☐ WASH ☐ MPC (Multi-Purpose Cash) ☐ Coordination and Support Services

Comments

Part 8 – Accounting Software

No.	Question	Response
1	**Does your organization currently use an accounting software to record and process financial transactions?**	☐ Yes ☐ No
2	If answer is YES **Name of the accounting software***	

Comments

Part 9 – Protection from Sexual Exploitation and Abuse (PSEA)

No.	Question	Response
1	**Does your organization have a policy on Protection from Sexual Exploitation and Abuse (PSEA)?*** A PSEA policy outlines an organization's commitment to prevent, deter, detect and respond to cases of sexual exploitation and abuse by its personnel. It typically includes a commitment to prohibition of SEA, explanations of the prohibited behavior, and descriptions of reporting and investigation procedures. Your organization may have a stand-alone PSEA policy document or may cover PSEA in other policy documents.	☐ Yes ☐ My organization does not have a stand-alone PSEA policy, but PSEA is covered in other policy documents. ☐ No
2	If PSEA is covered in other policy documents **Please describe in which documents you cover PSEA and how?**	

Comments

Certification

This is to certify that the information provided in the Application Form is accurate to the best of our knowledge, and that false information or the provision of a false statement will automatically lead to disqualification and / or exclusion from further participation with the oPt HF.

Prepared by:

Name	Position Title	Date	Signature

Certified by:

Name	Position Title	Date	Signature

Organization Stamp: