

QUALIFYING QUESTIONNAIRE

PERC, Inc.

To comply with United States tax law, PERC must obtain certain information from any organization which wishes to receive funds from PERC. To comply, please submit this questionnaire and requested attachments in form and substance acceptable to PERC via email to contact@percabaco.org. Address any questions to Heema Balram at that email address or by phone at 242-810-0890 (Hope Town) or 786-309-6633 (US)

Today's Date _____

1. Applying Organization

Name _____
Email Address (if different from item 2) _____
Telephone (if different from item 2) _____
Mailing Address (if applicable) _____
Web Page (if applicable) _____

2. Person Responsible to sign Binding Documents for the Organization, including this Questionnaire

Name _____
Title _____
Email Address _____
Telephone _____
Mailing Address(if applicable) _____

3. Type of Organization

Specify ((Bahamian corporation, unincorporated association, other)
Articles of Association or By Laws, if any (please attach)

4. Person with Expenditure Oversight Responsibility for the Organization
(if different from #2 above), or secondary contact person for the Organization

Name _____
Title _____
Email Address _____
Telephone _____
Mailing Address (if applicable) _____

5. Board of Directors

Does the organization have a board of directors or other oversight committee (Y/N)?
If Yes, please provide names and email addresses:

_____ ETC

6. Charitable Mission or Purpose of Organization for which all PERC funds received shall be spent

Describe fully _____

Does the organization have a written Mission Statement or other document stating its purpose (Y/N)?

If Yes, please attach or provide web page address.

7. Financial Statements and Year-end Report

Does the organization prepare financial statements or year-end reports or both (Y/N)?

If so, please provide each of them for the most recent fiscal year as attachments (attachments)

Person responsible for each

Name _____

Title _____

Email Address _____

Telephone _____

8. Bank Account:

Does the organization have a bank account? (Y/N) _____

If yes, who is responsible for administering this account? _____

Name _____

Mail Address _____

Email Address _____

Telephone _____

Instructions for wiring funds into that bank account:

ABA Transit Routing Number of Receiving Bank:

Receiving Bank Name:

Account Number at Receiving Bank:

Name(s) on Receiving Bank Account:

Each statement in this questionnaire is made to PERC on behalf of the Applying Organization and is complete and accurate:

By: _____

Name: _____

Title: _____

January 31, 2024 v1.4
