**THE PEW CHARITABLE TRUSTS**

*For Pew Use:*

CAPS Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Summary Sheet**



**Provider (individual or entity name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE THE BELOW FIELDS AND QUESTIONS ACCURATELY:**

(NOTE: All providers must complete Sections A, B, C, and D. Nonprofits must also complete Section E; individuals/sole proprietors must also complete Section F.)

1. **TYPE OF PROVIDER**

|  |  |  |
| --- | --- | --- |
| * Nonprofit * Individual (including sole proprietor or single-member LLC) | * For-profit * International/ multilateral/regional organization | * Government/tribe |

**If you are an entity (including sole proprietors and single-member LLCs), please complete:**

State (or, if international entity, country) of incorporation/organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of entity (e.g., LLC, corporation, 501(c)(3), 501(c)(4), regional organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CONTACT INFORMATION**

Provider project lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider address, phone number, and email address:

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| 1. **FINANCIAL HISTORY** |  |
| 1. Apart from revenue received under this proposed agreement, will you or your organization have access to unrestricted working capital throughout the term of this agreement to meet all of its financial obligations in a timely manner?   ***If no, please explain*:** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. Please provide your or your organization’s total revenue for its two most recently completed fiscal years.   Fiscal year ending: 2014 $\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending: 2015 $\_\_\_\_\_\_\_\_\_\_\_\_\_  (Projected numbers are acceptable for FY15 revenue.) |  |

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| 1. **GENERAL QUESTIONS** |  |
| 1. During the past two fiscal years, have you or your organization been involved in any active or threatened litigation or government investigation that may negatively affect your/its ability to perform or fulfill your/its obligations under this proposed agreement?   ***If yes, please explain:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. During the past two fiscal years, have you or any principal, officer, or other person publicly associated with your organization (a) been the subject of any negative publicity about his/her/its financial, personal, and/or management integrity or (b) been the focus of any other public scrutiny that either (1) negatively affects your ability to perform or fulfill your obligations under this proposed agreement or (2) would be a potential concern to Pew?   ***If yes, please explain:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. Do you know of any actual or potential conflicts of interest in connection with you, your organization’s, or your organization’s personnel’s performance under this proposed agreement?*(****NOTE:*** *A conflict of interest may arise in any situation in which the organization or its personnel have a personal, financial, or other business relationship with Pew or its personnel.)*   ***If yes, please explain:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |

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| 1. **RELATED ENTITIES & AUDITS [NONPROFITS ONLY]** |  |
| 1. If you are a nonprofit entity, do you have any related entities?   ***If yes, please provide the names and descriptions of the related entities (for example, a (c)(3) public charity, a (c)(4) social welfare organization, a (c)(6) association, or a Political Action Committee):*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. If you are a nonprofit entity, does an external auditor perform an independent annual audit of your organization’s financial statements? | |  |  | | --- | --- | | * **Yes** | * **No** | |
| ***If an external audit has been performed, did the organization’s two most recent audits receive unqualified opinions?***  ***If the organization did not receive unqualified opinions, please explain*:**  ***If no external audit has been performed, has the organization undergone an independent financial review?*** | |  |  | | --- | --- | | * **Yes** | * **No** |  |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. If you are a nonprofit entity, has your organization experienced more than a 15 percent fluctuation in its total annual revenue in either of its past two fiscal years?   ***If yes, please explain:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. If you are a nonprofit entity, has your organization experienced an operating deficit (i.e., total operating expenses exceeded total operating revenue/income) in either of the past two fiscal years?   ***If yes, please explain:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |

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| 1. **EMPLOYMENT [INDIVIDUALS/SOLE PROPRIETORS ONLY]** |  |
| 1. Are you legally considered a sole proprietor or a single-member LLC?   ***If yes, please indicate your specific status:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. As an individual, a sole proprietor, or a single-member LLC, are you also legally considered an employee of another entity?   ***If yes, please provide the name of the entity that employs you:*** | |  |  | | --- | --- | | * **Yes** | * **No** | |
| 1. Asan individual, a sole proprietor, or a single-member LLC, please answer the following questions:   **a) How many clients (excluding Pew) have you had in the previous year?**  **b) How many clients (excluding Pew) do you expect to have in the current year?**  **c) If you have no other clients besides Pew, are you currently offering/advertising your services to other clients and/or the public?** | |  | | --- | |  |  |  | | --- | |  |  |  |  | | --- | --- | | * **Yes** | * **No** | |

**CERTIFICATION**

**By signing below, I certify that, to the best of my knowledge and belief, all of the information above is complete and accurate.**

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| *Provider, provider CEO, CFO, or other person with authority to make the above representations and bind the individual or organization* |  | Date |
| *Title* |  |  |