

# INFORMATION SAVES LIVES RAPID RESPONSE FUND

## Grant Payment Request

### Instructions

For Information Saves Lives Rapid Response Fund grants to individuals or organizations, complete the attached form for submission to accounting. Ideally, this form should be submitted to the appropriate approval party no later than 14 days in advance of commencement of grant activities. When reasonable, some grant funds should be reserved for payment *after* the completion of grant activities.

If the beneficiary is supported only by costs paid on their behalf directly to a third party, it is not necessary to complete the grant receipt form. For large groups paid in cash, in person, at the time of an event, an alternative “log” style receipt form may be used and is included at the end of this document.

All recipients must be vetted according to the current Terrorist Vetting Policy.

Non-cash payments are subject to tracking and notification requirements, including notification of “disposal” of the item as donated to the recipient. See the Fixed Assets and Taggable Goods Policy.

If paying via wire, please also complete a wire transfer request form.

The completed form must be included with the relevant transaction documents, and a copy needs to be saved in the Stipends\_Etc folder in the Local HR folder on Egnyte.

### Policy Details:

## Request Information

Requestor Name Requestor Email  
Date Requested Requested Payment Date

## Beneficiary Information

Name US Citizen/Organization Is W9 on file? Yes  
Address

Email Has the beneficiary been vetted? Yes  
Phone All beneficiaries must be vetted. If beneficiary has a vendor ID, ensure vetting is current in Business World (Agresso); if not, include vetting with transaction documents.

## Reason for Payment

Event/Activity Event/Activity Date(s)

**Beneficiary's participation**  
(describe what the recipient will be expected to accomplish and/or learn)

**Amount to be paid directly to beneficiary**  
If necessary, exchange rate to USD amount will be calculated at time of payment by accounting.

Currency  
Amount in currency  
Amount in USD  
(Estimated USD at time of signing; retroactive approval is not needed in case of exchange fluctuation.  
Is HQ approval required? Yes

## Direct Payment Information

### Coding

Account Number & Name	Workorder	Activity	Amount (in currency)	Description
77100 Fellowship				
77100 Fellowship				

Total: \_\_\_\_\_ Amount outstanding: \_\_\_\_\_ If this balance is not zero, please correct your amounts

**Payment Method** USD Other Currency  
Amount Amount Other  
Wire/Direct Deposit (also submit WTR) Check  
Western Union Cash

Payment schedule required? Please provide details.

## Beneficiary Acknowledgement

I acknowledge Internews has agreed to pay a grant of

to support production of materials related to the COVID19 pandemic and its impacts.

I acknowledge this payment is intended to partially defray my (organization's) costs or living expenses while producing the deliverables above.

Nothing in this agreement shall in any way be interpreted or construed as creating or establishing the relationship of employer and employee between myself and Internews, nor agency between my organization and Internews. I understand that this agreement is not intended to be compensation for services rendered, nor does it represent an agreement of employment or a contract for services.

I understand that Internews will not be providing me or my organization with any other benefits, including insurance coverage, medical coverage, security services, or worker's compensation coverage, regardless of whether I travel as part of this agreement or not. I understand that Internews is not responsible for providing Duty of Care services to me or my organization. I release Internews from any and all liability associated with my participation in the stated grant activities, and my organization releases Internews from any and all liability associated with its participation in the stated grant activities. On behalf of myself/my organization, I indemnify and hold harmless Internews and any of its agents from and against any and all rights, claims, demands, causes of action, losses, liabilities, including Worker's Compensation Insurance, obligations, damages, and expenses, that may occur in connection with my (organization's) participation in the grant activities.

I grant Internews a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use for Internews' charitable purposes any works that I or my organization may produce as a result of participation in the grant activities.

I certify that I/my organization have/has not provided and will not provide material support or resources to any individual or entity that I/my organization know/knows, or have/has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities designated by the United Nations Security (UNSC) Sanctions Committee established under UNSC Resolution 1267/1989, on the master list of excluded parties as maintained by the U.S. General Services Administration through the System for Award Management (SAM), the Office of Foreign Assets Control (OFAC) list of Specially Designated Nationals and Blocked Persons, as well as other such individuals and entities that may be later designated by the United States under any of the following authorities. I further certify that I/my organization will not provide material support or resources to any individual or entity that I or my organization know, or have reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of this agreement.

To be eligible for payment, I understand that I must fully participate in the grant activities. Participation consists of:

Beneficiary/Organization  
Representative Name

Title

Signature

Date

Internews Representative /  
Budget Authority

Title

Signature

Date

**Beneficiary Receipt (if paid in cash)**

I acknowledge receipt of payment in the amount of

Beneficiary/Organization Representative Name	Title	Signature	Date
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Internews Representative / Budget Authority	Title	Signature	Date
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