**University of Oxford Due Diligence Questionnaire – Short Form**

This form is to be completed by third parties that may receive funding from the University of Oxford to collaborate in externally funded research projects, where the flow of funds originates from the Official Development Assistance (ODA).

This short-form is designed to provide assurance for the ODA funders and for any potential collaborator or supplier.

The questions in this questionnaire should be answered by the Chief Financial Officer (or equivalent) of your organisation.

**Financial sustainability:**

1. Are you permitted to receive funding from a foreign source?

[ ]  Yes [ ]  No

1. Is your bank account in your legal name and can it be reconciled to your financial management system?

[ ]  Yes [ ]  No

1. Can you provide basic financial management system reports that can be used to reconcile the bank account, record all cash and payments ensuring that all transactions can be individually identified?

 [ ]  Yes [ ]  No

1. Are the annual financial statements published and audited by independent accountants?

 [ ]  Yes [ ]  No

The table below is designed to give assurance over the financial position of your organisation.  If there is a different way to provide this assurance, please provide a brief note summarising this.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Turnover | Profit after tax | Net Assets |
| X |  |  |  |
| Y |  |  |  |
| Z |  |  |  |

**Research accounting:**

Are research awards managed separately from other funds within the financial system? YES/NO

Are there policies in place for: purchasing, travel, personnel and risk management? YES/NO

**Governance:**

Does the organisation have a process or policy to manage risk regarding:

Bullying and harassment YES/NO

Safeguarding YES/NO

Money laundering YES/NO

Bribery and corruption YES/NO

Slavery YES/NO

Scientific misconduct YES/NO

**What is the primary decision making body of the organisation?**

**How regularly do they meet?**

**Who are the members?**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of person completing questionnaire |  | Signature |
|  |  |  |
| Title |  | Date |

Please complete and sign this questionnaire and return to:

|  |
| --- |
|  |
| Name/title |  |  |
|  |  |  |
| Email |  | Telephone |