**GRANT ENTITY DATA**

**Organization Information Form**

**Form dated: [June 2025]**

**Instructions:**

This form is to be used for the following purposes only:

(i) **The creation of *new* organization information:** the Coordinating Mechanism (CM), the Principal Recipient (PR) and Lead Implementer (LI), if applicable[[1]](#footnote-2), or Local Fund Agent (LFA) completes the Organization Details *and* Focal Point sections (the latter, if applicable) relevant to their entity (deleting the other entities’ sections that are not applicable) and submits the completed and signed form via email to the Global Fund Country Team or LFA Coordination Team. For portfolios where the Lead Implementer (LI) arrangement is applicable, the PR is also responsible for completing and submitting the new LI organization information to inform the Global Fund of the PR-LI relationship between the two organizations.

OR

(ii) **Updates to *existing* organization information**: the CM, PR, LI (if applicable) or LFA completes *only* the Organization Details section relevant to their entity (deleting the other entities’ sections that are not applicable) and attaches the completed and signed form as a mandatory supporting document when entering the Grant Entity Data via the [Global Fund Partner Portal (GED Module)](https://portal.theglobalfund.org/).

The following table summarizes the responsibilities for the creation or updating of organization information:

|  |  |  |
| --- | --- | --- |
| **Entity and Applicable Section**  | **Responsible for completing this form for Creation of New Information**  | **Responsible for completing this form for Updates of Existing Information**  |
| CM – Section A[[2]](#footnote-3) | CM | CM |
| PR – Section B | PR | PR |
| LI – Section C | PR  | LI (LI to inform PR of changes)  |
| LFA – Section D | LFA | LFA |

The [Operational Policy Note on Grant Entity Data (GED)](https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf) defines specific rules and requirements for the GED submitted through this template. Before completing the template, please ensure that you have read these requirements carefully and that the GED submitted are compliant with these requirements.

Additional specific instructions are provided in the footnotes in the template letter. Please read them carefully.

**Definitions:**

The “GED OPN” means the [Operational Policy Note and the Operational Procedures on Grant Entity Data](https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf), on the Global Fund website (as maybe amended from time-to-time).

The “Privacy Statements” means the [Global Fund Privacy Statement](https://www.theglobalfund.org/en/legal/privacy-statement/)s, including the supplemental statement for Global Fund Grant Funding and Management Activities, on the Global Fund website (as maybe amended from time-to-time).

The “Code of Conduct” means the Global Fund [Code of Conduct for Recipients of Global Fund Resources](https://www.theglobalfund.org/media/6011/corporate_codeofconductforrecipients_policy_en.pdf) on the Global Fund website (as may be amended from time-to-time).

The “Terms of Use” means the [Terms of Use of the Global Fund Partner Portal on the Global Fund website](https://www.theglobalfund.org/media/10888/fundingmodel_partner-portal_tou_en.pdf) (as amended from time-to-time).

**Section A. Coordinating Mechanism Organization Information**

*Fields marked with “\*” are mandatory*

**Organization Details**

**Official Name of Organization\*:** Click or tap here to enter text.

**Organization Short Name\*[[3]](#footnote-4):** Click or tap here to enter text.

**Type\*[[4]](#footnote-5)**: Click or tap here to enter text.

**Official Address\*:** Click or tap here to enter text.

**Zip/Postal code\*** (*write 000 if not applicable*): Click or tap here to enter text.

**City\*:** Click or tap here to enter text.

**Country\*:** Click or tap here to enter text.

**Preferred Communication Language[[5]](#footnote-6)** (*Select one*)**:** [ ] English [ ] French [ ] Spanish

**Focal Point Contact Details[[6]](#footnote-7)**

**Salutation** (*Select one*)**:** [ ] Mr. [ ] Mrs. [ ] Miss. [ ] Ms. [ ] Dr. [ ] Prefer not to specify

**First Name:**

**Last Name:** Click or tap here to enter text.

**Email Address:**

**CM Secretariat Staff Role**:

**Recipient Status[[7]](#footnote-8):** Click or tap here to enter text.

***By affixing his/her signature below, the authorized Focal Point confirms that he/she has read, understands, and undertakes to comply with; (i)*** [***the Terms of Use***](https://www.theglobalfund.org/media/10888/fundingmodel_partner-portal_tou_en.pdf)***; (ii)*** [***the GED OPN***](https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf)***; (iii) the*** [***Code of Conduct***](https://www.theglobalfund.org/media/6011/corporate_codeofconductforrecipients_policy_en.pdf)***; and (iv) the*** [***Privacy Statements***](https://www.theglobalfund.org/en/legal/privacy-statement/)***.***

**Signature of Authorized Focal Point:**

**Date:**

*I hereby confirm that I am duly authorized to provide the above information, which is true, complete and correct. I understand that any false or incomplete information may provide grounds for the withdrawal or rejection of the submitted information and denial of access to the Global Fund Partner Portal. I also acknowledge and agree that the Global Fund may at any time require; (a) further evidence of due authorization of my or any other persons’ authority to sign, represent or act on behalf of the Coordinating Mechanism; and (b) further evidence supporting any matter referred to in, or in connection with this form.*

**Full Name and Title of the Coordinating Mechanism Authorized Representative[[8]](#footnote-9):**Click or tap here to enter text.

**Signature:**

**Date:**

**Section B. Principal Recipient Organization Information**

*All fields are mandatory*

**Organization Details**

**Official Name of Organization[[9]](#footnote-10):** Click or tap here to enter text.

**Organization Short Name[[10]](#footnote-11):** Click or tap here to enter text.

**Organization Grant Abbreviation[[11]](#footnote-12):** Click or tap here to enter text.

**Type[[12]](#footnote-13)**: Click or tap here to enter text.

**Sub-Type[[13]](#footnote-14)**: Click or tap here to enter text.

**Official Address:** Click or tap here to enter text.

**Zip/Postal code** (*write 000 if not applicable*): Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**Preferred Communication Language[[14]](#footnote-15)** (*Select one*)**:** [ ] English [ ] French [ ] Spanish

*I hereby confirm that I am duly authorized to provide the above information, which is true, complete and correct. I understand that any false or incomplete information may provide grounds for the withdrawal or rejection of the submitted information and denial of access to the Global Fund Partner Portal. I also acknowledge and agree that the Global Fund may at any time require; (a) further evidence of due authorization of my or any other persons’ authority to sign, represent or act on behalf of the Principal Recipient; and (b) further evidence supporting any matter referred to in, or in connection with this form.*

**Full Name and Title of the Principal Recipient Authorized Representative[[15]](#footnote-16) :**Click or tap here to enter text.

**Signature:**

**Date:**

**Section C. Lead Implementer[[16]](#footnote-17) Organization Information**

*All fields are mandatory*

**Organization Details**

**Official Name of Organization[[17]](#footnote-18):** Click or tap here to enter text.

**Organization Short Name[[18]](#footnote-19):** Click or tap here to enter text.

**Type[[19]](#footnote-20)**: Click or tap here to enter text.

**Sub-Type[[20]](#footnote-21)**:

**Official Address:** Click or tap here to enter text.

**Zip/Postal code** (*write 000 if not applicable*): Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**Preferred Communication Language[[21]](#footnote-22)** (*Select one*)**:** [ ] English [ ] French [ ] Spanish

*I hereby confirm that I am duly authorized to provide the above information, which is true, complete and correct. I understand that any false or incomplete information may provide grounds for the withdrawal or rejection of the submitted information and denial of access to the Global Fund Partner Portal. I also acknowledge and agree that the Global Fund may at any time require; (a) further evidence of due authorization of my or any other persons’ authority to sign, represent or act on behalf of the LI; and (b) further evidence supporting any matter referred to in, or in connection with this form.*

**Full Name and Title of the Principal Recipient Authorized Representative[[22]](#footnote-23) or LI Authorized Representative[[23]](#footnote-24):** Click or tap here to enter text.

**Signature:**

**Date:**

**Section D. Local Fund Agent Organization Information**

*All fields are mandatory*

**Organization Details**

**Official Name of Organization:** Click or tap here to enter text.

**Organization Short Name[[24]](#footnote-25):** Click or tap here to enter text.

**Official Address:** Click or tap here to enter text.

**Zip/Postal code** (*write 000 if not applicable*): Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

*I hereby confirm that I am duly authorized to provide the above information, which is true, complete and correct. I understand that any false or incomplete information may provide grounds for the withdrawal or rejection of the submitted information and denial of access to the Global Fund Partner Portal. I also acknowledge and agree that the Global Fund may at any time require; (a) further evidence of due authorization of my or any other persons’ authority to sign, represent or act on behalf of the Local Fund Agent; and (b) further evidence supporting any matter referred to in, or in connection with this form.*

**Full Name and Title of the Local Fund Agent Representative[[25]](#footnote-26):**Click or tap here to enter text.

**Signature:**

**Date:**

1. LI arrangements are only applicable where a Government implementer (such as the Ministry of Health) is not mandated to sign Grant Agreements per national laws or other reasons. In such cases, the mandated Government entity (such as the Ministry of Finance or Ministry of Foreign Affairs) signs the Grant Agreement as PR with the Government implementer (such as the Ministry of Health) acting as LI. [↑](#footnote-ref-2)
2. The form should be sent as soon as possible with instructions to the applicant. This may be as an annex to the allocation letter for CCMs, Non-CCMs and RCM applicants or GAC decision for multi-country applicants. [↑](#footnote-ref-3)
3. Organization name as per Global Fund standard terminology: Coordinating Mechanism Type and Country name (e.g.. ‘CCM Indonesia’). [↑](#footnote-ref-4)
4. *CM Types:* CCM (Country Coordinating Mechanism), RCM (Regional Coordinating Mechanism), Regional Organization (RO), Non-CCM (Non-Country Coordinating Mechanism). [↑](#footnote-ref-5)
5. The selected preferred communication language will be considered by the Global Fund where applicable. However, not all communications with the Global Fund may be in the preferred communication language. [↑](#footnote-ref-6)
6. This is the CM administrative focal point who is assigned access to the Global Fund Partner Portal (Grant Entity Data module) and duly authorized to represent and act on behalf of the organization with respect to the Global Fund Partner Portal. This information may be left blank and submitted later if not yet defined at the time of the creation of the new CM organization information. The Global Fund may request a separate authorization letter to be submitted in such cases. [↑](#footnote-ref-7)
7. Indicate if the person represents an organization managing Global Fund grants: Principal Recipient; Sub-Recipient; Sub-Sub-Recipient or Non-recipient. The option "Non-recipient" can be chosen only if the contact does not represent an organization managing Global Fund grants (PR/SR/SSR). [↑](#footnote-ref-8)
8. CM senior representative who is authorized, accountable and duly authorized to provide the information submitted in this form. Evidence of authority shall be provided to the Global Fund upon request. [↑](#footnote-ref-9)
9. The official name of the Principal Recipient is the name of the Principal Recipient that appears on all official or legal documents, such as registrations, constitutional documents and contracts. Please attach a copy of the document which evidences the official name of the Principal Recipient to this letter (e.g. certificate of incorporation, articles of association, registration certificate or trust deed) or a letter signed by an authorized person of the Principal Recipient confirming the official name of the Principal Recipient. The official name of the Principal Recipient should be specified in English. Please consult further with the Country Team, if you are proposing to specify an official name in French or Spanish. [↑](#footnote-ref-10)
10. Organization name as per Global Fund standard terminology: Organization acronym and Country name (e.g. ‘UNDP Sudan’ or ‘MOH Bangladesh’). [↑](#footnote-ref-11)
11. Acronym of the official name of the organization which will be used in creating the grant name. [↑](#footnote-ref-12)
12. *PR types:* please consult further with the Country Team. [↑](#footnote-ref-13)
13. *PR sub-types*: please consult further with the Country Team. [↑](#footnote-ref-14)
14. The selected preferred communication language will be considered by the Global Fund where applicable. However, not all communications with the Global Fund may be in the preferred communication language. [↑](#footnote-ref-15)
15. PR senior representative such as the PR Program Manager who is accountable and duly authorized to provide the submitted information in this form. Evidence of authorization shall be provided to the Global Fund upon request. [↑](#footnote-ref-16)
16. Lead Implementer (LI) arrangements are only applicable where a Government implementer (such as the Ministry of Health) is not mandated to sign Grant Agreements per national laws or other reasons. In such cases, the mandated Government entity (such as the Ministry of Finance or Ministry of Foreign Affairs) signs the Grant Agreement as PR with the Government implementer (such as the Ministry of Health) acting as LI. [↑](#footnote-ref-17)
17. The official name of the LI is the name of the LI that appears on all official or legal documents, such as registrations, constitutional documents and contracts. Please attach a copy of the document which evidences the official name of the LI to this letter (e.g. certificate of incorporation, articles of association, registration certificate or trust deed) or a letter signed by an authorized person of the LI confirming the official name of the LI. The official name of the LI should be specified in English. Please consult further with the Country Team, if you are proposing to specify an official name in French or Spanish. [↑](#footnote-ref-18)
18. Organization name as per Global Fund standard terminology: Organization acronym and Country name (e.g. ‘MOH Bangladesh’). Please refer to Annex 3 of the Grant Entity Data Operational Policy Note. [↑](#footnote-ref-19)
19. *LI types:* please consult further with the Country Team. [↑](#footnote-ref-20)
20. *LI sub-types*: please consult further with the Country Team. [↑](#footnote-ref-21)
21. The selected preferred communication language will be considered by the Global Fund where applicable. However, not all communications with the Global Fund may be in the preferred communication language. [↑](#footnote-ref-22)
22. PR signs only for creation of new LI organization information. Signatory must be PR senior representative such as the PR Program Manager who is accountable and duly authorized to provide the submitted information. The Global Fund may request a separate authorization letter to be submitted. [↑](#footnote-ref-23)
23. LI signs for updates to LI organization information. Signatory must be a LI senior representative such as LI Program Manager who is accountable and duly authorized to provide the submitted information. Evidence of authority shall be provided to the Global Fund upon request. The Global Fund may request a separate authorization letter to be submitted. [↑](#footnote-ref-24)
24. Organization name as per Global Fund standard terminology: Organization acronym and Country name (e.g. ‘PwC Kenya’). [↑](#footnote-ref-25)
25. LFA senior representative such as the LFA Partner or Team Leader who is accountable and duly authorized to provide the information submitted in this form. Evidence of authority shall be provided to the Global Fund upon request. The Global Fund may request a separate authorization letter to be submitted. [↑](#footnote-ref-26)