



HEALING HELP

PHARMACEUTICAL DONATIONS PROGRAM

2018 Large Capacity Consignee Agreement

CMMB distributes much needed medicines and supplies to locations worldwide in response to requests from partner NGOs, health facilities, or CMMB country offices. In addition, CMMB supports the efforts of volunteers who organize medical mission trips by providing them with medicines they can carry as they go about their work.

CMMB's Mission:

Inspired by the example of Jesus, Catholic Medical Mission Board works in partnership globally to deliver locally sustainable, quality health solutions to women, children, and their communities.

CMMB's Vision:

A world in which every human life is valued and health and human dignity are shared by all.

CMMB's Core Values:

Collaboration: To work in partnership for locally sustainable solutions

Love: To embrace and be compassionate towards all people

Excellence: To deliver sustainable, quality, and impactful results

Respect: To act always with integrity and to value and honor the dignity of all

The following information is required by CMMB before a donation of pharmaceuticals or medical supplies can be provided to you and your organization. Once you have submitted the fully executed application/agreement form, with all the required supporting documents, it will go through a review and approval process and CMMB will determine if we are able to assist your program and to what extent.

Once the application is complete, please send along with supporting material to:

By Mail:

Catholic Medical Mission Board (CMMB)
Attention: Healing Help Team
100 Wall St. 9th Floor
New York, NY 10005

By Fax:

(646) 638-1504

By Email:

donationrequests@cmmb.org

Frequently Asked Questions:

We have received donations from CMMB in the past, do I need to complete the application? Although my previous application looks different from this one, can I just submit it again?

- CMMB updates the application/agreement form annually, in order to keep up with ever-changing requirements from donors, regulators, and oversight organizations and to ensure that in this dynamic environment we incorporate best practices with regard to in-kind stewardship, supply chain management, pharmaceutical and regulatory reporting, and monitoring and evaluation of our in-kind program impact.
- This document is both an application for assistance and an agreement to fulfill certain requirements during your program, should the application be approved and a donation offered.
- For these reasons, CMMB cannot accept earlier versions of the application form, nor can we accept incomplete or unsigned forms.
- New applications are available each year on October 1 and cover your donations from the date CMMB approves the application through December 31 of the following year.
 - This 2018 application is valid for programs through December 31, 2018.

What happens to my application after I submit it to CMMB?

- Once your application has been received, the information is reviewed and verified. If there are any questions or concerns with your application, you will be contacted for clarification or additional information.
- If your application is denied, you will receive a denial notification via email, which will indicate the reason. Incomplete forms, requests without required supporting documents, and outdated forms cannot be processed. In addition, if you have received Healing Help donations in years past and have not submitted feedback forms, your application cannot be processed until the feedback is returned. If there is a possibility to correct and resubmit your request you will be advised of what steps you would need to take.
- If your application is approved, you will receive an approval notification via email, which will summarize next steps. Review the notification and contact CMMB with any questions. This email will contain CMMB's Adverse Event Reporting Guide. This brief training outlines adverse events that could take place during the distribution of Healing Help donations in the field as well as suggested next steps and communication protocols between your organization and CMMB. The email will also include a form that you must sign and return to verify that the necessary members of your organization have read and understood the training.
- After approval, an offer is made to your organization with product that is available for donation. These offers are made regularly to all of Healing Help's large capacity partners. Your organization will be given a week to respond with requested products, following which time you will be notified of your allocation. The expiration dates of the product will be listed in the offer spreadsheet, please note these when deciding which products to accept, especially as relates to the time the donation will spend in transit. When your shipment is prepared, shipping documents are sent to you, and the shipment leaves our distribution center.

What are my obligations as a consignee?

- You are responsible for providing complete, accurate information about your organization and all organization(s) you are working with during the application process (beneficiary organizations).
- You/your beneficiary organization are responsible for obtaining required paperwork for duty free import and customs clearance, and unless otherwise agreed to IN WRITING, you are responsible for any costs for shipping to country, and transport in country, including any expenses related to demurrage, storage, inspection or clearance.
- You/your beneficiary organization are responsible for the proper use, storage and security of all product donated to you.

- You/your beneficiary organization are responsible for reporting to CMMB any issues that arise in relation to products you receive (detailed in the above-mentioned adverse event reporting guide).
- You are responsible for post-shipment closeout with CMMB: returning shipping receipt and distribution forms. In addition, CMMB asks that you send stories and pictures of people who have benefitted from the work undertaken by you or your beneficiary organization with Healing Help donations.
- Lastly, at the end of the year, you will be responsible for completing the annual Foreign and Corrupt Practices Act certification form for the calendar year.

Completing the Application

The 2018 Healing Help application is broken up into three main parts:

- **Healing Help Program Overview** (Pages 1-5) includes outline of application sections and steps required in order to be approved to receive donations of medicine and medical supplies.
- **Logistics Information** (Pages 6-12) captures details regarding consignee plans for transportation and distribution of the product donated by CMMB.
- **Agreements** (Pages 13-18) outlines the terms of compliance and confirms consignee commitment to adhere to terms and requirements for donation.

Section A: Consignee Information

For the purpose of this application, the applicant is the consignee; your organization is making the request and taking responsibility for any donated product CMMB provides to you. Unless otherwise indicated, all items in this section must be completed in full.

Section B: Beneficiary Information

The beneficiary organization is your in-country partner or local office who coordinates distribution in-country. Please complete a Section B for each beneficiary organization/country if you distribute in multiple countries. This section contains narrative questions to inform on the setting where the organization works as well as a facility list to outline what facilities are in the distribution network. This is necessary for CMMB's end-use and impact reporting.

Section C: Transportation Plans

This is the information that identifies the logistics for transporting the donation made by CMMB. It intends to establish details such as shipping timeline, shipping provider, port of entry, costs, and clearances required for import into the country. In some instances, CMMB will not be able to release product from our distribution center without first receiving copies of clearances or other approval documents from the government of your end-use country. CMMB can contract shipping for the consignee but does require reimbursement.

Section D: Health Practitioner Statement of Intent for Use of Medicines & Health Care Supplies

Complete this section with the information and signature of the medical director for each of the beneficiary organizations in your distribution network (one for each country if the organization receives product for distribution in multiple countries). Please provide a copy of the practitioner's license with the country where the organization works as well. The license cannot expire during the time the approved application is valid.

Section E: Organizational Commitment to Comply with Donation Requirements*

This section should be filled out by a member of the requesting organization (consignee) who has the authority to act on behalf of the organization as they will be agreeing to terms and conditions for the donation. Note that while we can accept final submission electronically either by fax or email, items that request as “signature” or “initial” MUST be written not typed.

**Failure to comply with these terms and conditions will impact your future eligibility to receive donations from CMMB.*

Section F: Certification of Intent to Comply with the Foreign and Corrupt Practices Act

As a U.S. organization working overseas, we are required to certify that our employees, partners and affiliates are in compliance with the U.S. Foreign and Corrupt Practices Act (FCPA) of 1977. This section is the first step of a two-step process in which you first will verify that you understand and intend to comply with the requirements of the act before any product can be allocated; then, at the end of the year, you will be sent a shipment summary of any product you received and the country and organizations to which it went and asked to verify that you did comply with FCPA requirements regarding all shipments and locations during the year.

Appendix I: Summary of the Foreign and Corrupt Practices Act

This appendix provides a summary of the act, its intention and your responsibility when doing business in a foreign country.

If you have a request list or formulary of needed products, please forward this along

Subsequent Steps

See the checklist below to make sure that your application is complete and includes all the required documentation.

When you submit the application/agreement:

- All questions on the application have been answered (Sections A through F, inclusive)
- Verification of your organization’s eligibility to receive donations is attached.
(IRS determination letter, parent organization verification of group participation, state charitable registration verification with EIN (not State Registration Number) clearly shown).
- Section B has been completed for EACH organization that will benefit from any donation you receive from CMMB (pages 8-9).
- A completed Section B chart for each beneficiary organization listing the facilities in their distribution network.
- A copy of the overseeing health care practitioner’s valid license is attached for each beneficiary organization (one for each country if you distribute in multiple countries) issued by the proper authority and valid through the year in which donations will be distributed.
- The FCPA summary (Appendix I) has been reviewed and the certification of intent to comply, and related information sheet (Section F) has been completed.
- The appropriate parties have signed and/or initialed all required locations.
- The entire application and all supporting documents have been submitted by email, fax or mail to the address/number listed on the cover of this document.

You may receive a follow up call or email from CMMB:

- Please respond to the question as soon as possible, so that your application can be processed timely.
- Failure to provide additional information or clarification may result in denial of your application.
- If your application is denied for any reason, you will be advised by email. If your application can be corrected or amended to allow for its approval, you will be given that opportunity.

After you receive approval, you will begin receiving regular offers by email:

- You will have a week to respond with items and quantities requested.
- CMMB will allocate a portion of the inventory available for donation to you based on your response.
- Once you have the final allocation, be sure that the pre-clearance process is started in-country and coordinate shipping with CMMB.

Verify when each shipment is received:

- Sign, date and return the first receipt, "Shipment Received by Consignee", to CMMB upon arrival of the donation.
- Sign, date and return the final receipt, "Shipment Cleared in Country", to CMMB once the donation has cleared customs in the destination country.

Reporting on donations:

- You can either complete the CMMB-issued distribution report or you can submit a copy of the internal distribution reporting that your organization maintains. In addition, it is requested that you craft narrative story(ies) from the field describing the impact of CMMB's donations. The number and timing of these stories will be decided on an individual basis on the capabilities of the consignee and the amount donated.
- Provide any missing information regarding your in-country partners, as needed.
- When you receive the year-end donation summary, complete the included Foreign and Corrupt Practices Act Annual Compliance Certification and return to CMMB.

Protocols for adverse events:

- Once you are approved, the approval email you receive will include a brief training on adverse event protocols.
- It is important that you review the different types of adverse events and understand them within the context of your beneficiary country(ies)/community(ies).
- Before departure you must be familiar with the necessary lines of communication with CMMB in the case that any of these adverse events take place.

Today's Date _____

CONSIGNEE ID#: _____

Section A: Consignee Information

This section refers to you, the applicant, and the organization you represent.
All fields are required unless otherwise noted.

1. Name and contact information for organization

Please list the primary location of the organization requesting donation. In most cases this information should match your tax exempt/charitable registration information.

Name of Your Organization: _____
Name of Chief Executive: _____
Title/Position: _____
Address: _____ Phone: _____
City: _____ Fax: _____
State: _____ Email: _____
Zip Code: _____ Website: _____
Country: _____

2. Name and contact information for applicant

2a. *Please provide information about the person who is completing the application*

Relationship to the Organization: Leadership Staff Volunteer Consultant
Contact Name: _____
Contact Title/Position: _____

2b. *If you are at a satellite, chapter, off-site or other secondary location of the organization, complete the address information below; if you are at the primary (headquarters, corporate) location already listed above, check here and skip to question 3.*

Address: _____ Phone: _____
City: _____ Fax: _____
State: _____ Email: _____
Zip Code: _____ Website: _____
Country: _____

3. How do you derive your charitable status and eligibility to receive donations?

Please provide your employee identification number provided by the IRS: _____

3a. We are independently registered as a US 501 (c)(3) tax-exempt organization

- *Please provide us with a copy of the IRS letter ruling on your 501 (c)(3) status.*

3b. We are a registered US 501 (c)(3) tax-exempt organization under a group ruling

- *If you are covered under a GROUP ruling, please provide appropriate documentation, including the IRS ruling and proof that you are part of the group (either from the IRS or from the parent organization)*

3c. We are a state-registered charity in the state of _____

- *Please provide evidence that you are eligible to receive donations from CMMB, and under what authority.*

3d. Other (attach supporting documents)

4. How long has your organization been distributing medicine and medical supplies abroad?

5. Does your organization have a religious affiliation?

This question is optional, and is for our reporting purposes only. Religious affiliation does NOT impact eligibility to receive donation from CMMB.

No: Yes:
I prefer not to answer: Please identify: _____

6. How were you referred to CMMB? (Check all that apply)

Mailing list: Pharma company: *which?* _____
Personal reference: Mission affiliation: *which?* _____
Internet: Other: *describe* _____

You are a prior consignee (You have previously received a donation from CMMB, but **NOT within the current calendar year**; year of last donation (if known) _____)

7. Please provide 2 references for your organization:

a. Contact Person: _____	b. Contact Person: _____
Organization: _____	Organization: _____
Phone number: _____	Phone number: _____
Email address: _____	Email address: _____

Section B: Beneficiary Information

This section refers to the organization(s) that you will be working with in order to distribute medicine and medical supplies in the country(ies) where you work.
All fields are required unless otherwise noted.

8. Please complete section B for each organization that will receive donations in the upcoming year and if the organization works in multiple countries then please complete one for each country.

a. Name and contact information of the organization which will be the recipient of donation from CMMB:

Organization Name: _____
Phone: _____ Fax: _____ Email: _____
Address: _____
City: _____ Province/State _____
Country: _____
GPS Coordinates (if known): _____

b. Name, title, and contact information of the person responsible for the organization which will be the recipient of the donation from CMMB.

Name: _____ Title: _____
Contact: *(email, fax and/or phone)* _____

c. What are the immediate diseases or health conditions that afflict your beneficiary's target population? Please list.

d. Please give a detailed summary of the challenges faced by the beneficiary organization and/or the facilities in its distribution network.

e. How can these challenges be minimized by CMMB donations?

f. How does the use of the donations in this program support the organization's mission?

g. Please indicate what other resources are needed to insure program sustainability in-country and build its capacity for service.

h. Please list any other domestic health organizations or partners that you collaborate with working in-country.

i. Does your beneficiary organization have an agreement/work in coordination with the Ministry of Health?

Section C: Transportation Plans

If your organization receives the shipment in the US and arranges international shipping independently, please answer questions 10-12. If the donation will ship from CMMB's facility directly to the beneficiary country, please answer questions 14-18.

10. Please provide the contact information for where the donation is to be sent:

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City:	_____	Email:	_____
State:	_____	Country:	_____
Zip:	_____		

If this address is within the United States, it is required that you have a pharmacy license to store pharmaceutical goods in your facility*. If this license is not in place, measures will need to be taken to hire a freight forwarder or ship directly to the in-country beneficiary.

**Please attach a copy of this license whose date range includes the current year*

11. CMMB provides an itemized list of donated products and a letter of donation for each shipment. Does CMMB need to provide any other documents to ensure delivery of medicines into the country?

No:
Yes: Please specify: _____

12. If the donation is to be shipped to domestic location, can you pay for domestic shipping?

Portion:
Yes:

13. Is your organization (consignee) or the in-country organization (beneficiary) able to pay any of the following expenses related to the international transport of this donation?

Ocean shipment:	No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
Inland transportation:	No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
Air transportation:	No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>

14. Is the beneficiary organization able to receive donations duty free?

No: Yes:

- If NO, you must immediately start the process to obtain the duty-free import certificate with the beneficiary government's Minister of Finance, and when the certificate is issued we must be contacted.
- If YES, please obtain a copy of that certificate from your in-country partner and send to CMMB once you are notified of application approval.
- **We cannot ship until the duty-free import certificate is in place.**

15. Name and contact information of the individual or agency (if different than consignee or beneficiary) that will act as consignee and assist the beneficiary facility in the clearance, receipt and delivery of this donation:

Name:	_____	Phone:	_____
Agency:	_____	Fax:	_____
Address:	_____	Email:	_____
City/Town:	_____	State/Region:	_____
Country:	_____		

16. Give the details of the most convenient port of entry or airport for clearing the shipment through customs and for in-country transportation:

17. Do you have an import customs broker?

No: Yes:

If YES, please also provide the full name, address and contact of your customs broker:

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City/Town:	_____	Email:	_____
State:	_____	Zip code:	_____

If NO, would your organization want CMMB to hire a broker for the shipment(s) and reimburse the costs?

No: Yes:

18. Please be aware that following shipment, additional expenses may arise related to demurrage, storage, inspection or clearance. Consignees are responsible for any such expenses.

Section D: Health Practitioner’s Statement of Intent for Use of Medicines and Health Care Supplies

This section is to be filled out by a licensed health care practitioner who will oversee the allocation of donated medicines and supplies in-country. If the beneficiary organization works in multiple countries, then please provide a health practitioner for every country where they work, as with Section B.

19. This is to certify that I take full responsibility for donated medicines and supplies to be used in for programmatic work in the country where I work. In compliance with the United States Food, Drug, and Cosmetic Act, as amended, and IRS regulations, these medicines and supplies will not be returned to the United States, nor be sold or exchanged for other commodities or services. They will be used in treating the sick poor. If these supplies are lost, misplaced, or stolen prior to arriving at their ultimate destination, I will immediately report this in writing to CMMB. I will track and report any adverse medical events to CMMB immediately in accordance with the Adverse Event Reporting Guide.

Name of Practitioner: _____
 Signature of Practitioner: _____
 State/Country of License: _____
 License Number: _____

Profession: *(check one)*

Medical Doctor

(If specialist, please identify specialty) _____

Surgeon	<input type="checkbox"/>	Dentist	<input type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	Psychiatrist	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Other	<input type="checkbox"/>
NP/APN	<input type="checkbox"/>	(identify) _____	

Address: _____	Phone: _____
City: _____	Fax: _____
State: _____	Email: _____
Zip Code: _____	Country: _____

Section E:

Organizational Commitment to Comply with Donation Requirements

20. In order to receive a donation from CMMB of medicines and medical supplies you must acknowledge your agreement to comply with the following terms and conditions by reading each statement and signing your initials in the space provided.

- By signing and submitting this application/agreement to CMMB, and requesting a product donation on behalf of the organization named in Section A, you are representing that you have the authority to enter into an agreement on behalf of this organization.

- If the application is approved and a donation offer is made, by accepting the offer you are also granting permission for CMMB, with prior written notice, to audit/inspect the beneficiary organization to which product is shipped and any downstream facility to which donated pharmaceutical product is brought or sent for distribution. Failure to comply with these requirements WILL impact your future eligibility to receive product from CMMB.

Name, position and signature of the representative of the applicant organization (consignee) acknowledging this agreement:

Name: _____ Signature: _____
Position: _____ Date: _____

- _____ I will insure that all CMMB medicines and medical supplies donated to my organization will be distributed free of charge and without discrimination of any nature, including but not limited to race, religion, gender, politics, nationality or geography.

- _____ If a modest administrative fee for service is charged by any of the medical facilities where services are performed, I will insure that this fee is not identified with CMMB, donors to CMMB, or the medicines or supplies provided by CMMB.

- _____ I am fully aware of the laws involved in the import of pharmaceutical products to my beneficiary country(ies) and the plans for this trip will be in compliance with these laws.

- _____ I agree to incur any additional expenses related to demurrage, storage, inspection or clearance of the donation.

- _____ I will not return any donation to the United States.

- _____ I will not sell or exchange any donation for property or services.

- _____ Neither, my organization, nor any of our beneficiary organizations have ever sold donated product, or charged a fee for donated product; in addition, neither I nor they have ever presented donated product for rebate, refund or chargeback either in the US or abroad.
- _____ Neither I, my organization, my beneficiary organization(s), nor anyone involved in leadership of that organization(s) is or has been identified on a US Office of Foreign Asset Control (OFAC) Sanctions List.
- _____ I will immediately notify CMMB of any adverse logistics event regarding this donation including but not limited to diversion, loss, damage to, confiscation or destruction of products.
- _____ I will immediately notify CMMB of any adverse medical events in relation to any donated product whether observed by me personally, or by other members of my organization, or reported to us by in-country beneficiary organizations/staff, patients or their families. Further, I will confer with CMMB before making statements to media or regulatory bodies in accordance with the Adverse Event Reporting Guide.
- _____ I will confirm receipt of all donations by returning the shipment manifest and delivery receipt provided by CMMB with each donation.
- _____ I will provide CMMB with a complete list of facilities that received donated product for each shipment that my organization receives.
- _____ I will provide CMMB with stories containing photos and narrative (the number and schedule of these stories will be decided on an individual basis between CMMB and the consignee).
- _____ I am aware that pharmaceutical products must be destroyed in accordance with local laws in the country where I will distribute this donated product. I will ensure that I and/or members of my organization know the local laws regarding disposal/destruction in the countries where we distribute medicine. In the unexpected event that any pharmaceutical products or medical supplies must be destroyed after distribution to our beneficiary organization(s), we will ensure adherence to local regulations of the Ministry of Health, Ministry of Trade, and/or any other relevant authorities.

Section F:

Certification of Intent to Comply with the Foreign and Corrupt Practices Act

The undersigned, _____, in my capacity as _____ [POSITION] for _____ [NAME OF CHARITABLE ORGANIZATION] (“Charity”) represent the following in connection with the requested in-kind donation of pharmaceutical products and medical supplies (“Contemplated Donation”).

1)____ I have reviewed this Certificate with the appropriate principals of Charity and have been duly authorized to execute this Certificate on behalf of Charity.

2)____ I understand that U.S. law prohibits giving, promising or offering to give, or authorizing the giving of anything of value, including money payments, to a Foreign Official in order to obtain, retain or direct business or any other advantage to the Company or to any other person or corporate entity or to achieve any other improper purpose.

3)____ I certify that the donation received was not in exchange for executing any commercial contracts with the underlying donor organization and that receipt of this donation was not made or in order to obtain, retain or direct business or any other advantage to the donor organization or to any other person or corporate entity or to achieve any other improper purpose.

4)____ I understand that U.S. law prohibits giving, offering, or promising anything of value, including money payments, to any person or entity, including intermediaries and representatives, while knowing or having reason to know that all or any portion of such payment or thing of value will be offered, given or promised, directly or indirectly, by that person or entity for the purpose of influencing any act or decision of any Foreign Official.

5)____ The Contemplated Donation is made for the charitable purpose intended and nothing more. All donated proceeds made in connection with the Contemplated Donation will be used for such charitable purpose. None of the donated proceeds will be transferred in any manner to any Foreign Official for any reason whatsoever. I understand that any transfer of the donated proceeds to any Foreign Official will result in the revocation of the charitable gift from the company.

6)____ I shall notify the Company’s representatives immediately if, at any time, I become aware of any past, current or future act resulting in an actual or potential conflict with or violation of any the above representations.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on behalf of Charity as of the ___ day of _____, 20__.

Signed: _____

Name:

Title:

Address:

Additional applicant information for FCPA compliance review:

- A. Is this organization a government entity (non-US)? Yes/No
- B. Are any officials of the organization also government officials? Yes/No (if yes, list below)

Name	Title	Contact Information

- C. Do any of the listed individuals have regulatory authority over any United States medical supply companies, pharmaceutical companies or medical device companies? Yes/No (if yes, list US medical supply, pharmaceutical or medical device company/companies below)

- D. Have any of the listed individuals made any decisions to award contracts to any United States medical supply companies, pharmaceutical companies or medical device companies within the past 12 months, and/or is he/she expected to do so within the next 12 months? Yes/No
(If yes, list US medical supply, pharmaceutical or medical device company/companies below)

By signing this form, the entity making this request (applicant) represents that the request is a legitimate request for a charitable donation and it is not intended for funds or in-kind products to be used in any way that contravenes donor compliance policy or United States law.

Applicant Signature: _____
 Applicant Name: _____
 Date of Request: _____

Appendix I: Summary of the Foreign and Corrupt Practices Act (FCPA)

The U.S. Foreign Corrupt Practices Act of 1977 (“FCPA”) is a criminal law of the United States (“U.S.”) that prohibits U.S. companies, their agents, representatives and employees, from corruptly giving, offering, promising, or authorizing anything of value to foreign (non-U.S.) officials or foreign political parties, officials or candidates, for the purpose of influencing them to misuse their official capacity to obtain, keep, or direct business or gain any improper business advantage. In short, the FCPA prohibits the payment of bribes in order to win business or obtain any other benefit from the government.

The FCPA also prohibits misrepresentations in a company’s books and records and requires that a company’s books, records and accounts be maintained in reasonable detail accurately representing transactions or any payment.

In addition to prohibiting corrupt payments to foreign officials, the FCPA also forbids offering or paying anything of value to any person or entity (for example, a third-party) when it is known that all or part of the payment will be transmitted to a foreign official for the improper purposes mentioned above. Under the FCPA, a person will be considered to “know” that a prohibited payment is being or will be made when that person has actual knowledge of such payments, or consciously disregards facts and circumstances that should reasonably alert the person of the high probability that such payments have been made or will be made.

A violation of the FCPA occurs when an offer, promise or authorization of a corrupt payment (bribe) has been made. In other words, a violation can occur without an actual payment being made. Likewise, a violation can occur even if no benefit is ever received from the government.

A “*Foreign Official*” for purposes of the FCPA means any:

- non-U.S. government official (includes municipal, provincial, central, federal or any other level of government);
- officer or employee of a foreign government, or any department, agency, ministry or instrumentality thereof (includes executive, legislative, judicial or regulatory);
- person acting in an official capacity on behalf of a foreign government or any department, agency, ministry or instrumentality thereof;
- officer or employee of a company or business owned or controlled in whole or in part by a foreign (non-U.S.) government (“state owned enterprise”);
- officer or employee of a public international organization such as the United Nations or World Bank;
- member of a royal family;
- foreign political party, member, or official thereof;
- candidate for foreign political office; and
- elected officials of foreign countries, civil servants and military personnel.

The term also includes the children, spouse or other close relatives of Foreign Officials.

“*Anything of value*” for purposes of the FCPA includes cash and cash equivalents such as unauthorized travel expenses, vacations, gifts, services, and lavish entertainment.

The FCPA applies to all United States companies and their subsidiaries world-wide, its employees and to all persons and entities, wherever located, acting on behalf of any US company or its subsidiaries, such as marketing representatives, distributors, consultants, and sales representatives.

Companies that violate the FCPA anti-bribery provisions may be subject to extensive financial penalties. Individual officers, directors, employees, marketing representatives, consultants or agents found to have willfully violated the FCPA may be fined and imprisoned for up to five years for each violation.