

OFAC REVIEW CHECKLIST

Grant number: P-5178

Project country: Ukraine

Amount of funds (USD): \$3,001

Use of payment: Solar panels for cell phone charging

INITIAL DESTINATION OF MONEY FROM TRF (Note: Do not provide routing numbers or account numbers on this form)

Name of Rotary club or district: Lander Rotary Club / District 5440

Name of club's/district's bank/financial institution: <u>Wyoming Community Bank</u>

Bank's address: 685 Main Street, Lander, WY 82520

Name on the bank account: Rotary International – Rotary Club of Lander

 Names of account signatories:
 Shelby Rohrbacher, President; Mandy Fabel, Past President; John Brown,

 President Elect; Sarah Hamlin, Treasurer;

INTENDED BENEFICIARY

Name of the organization (e.g., hospital) or individual Dr. Valery Gontarenko
(e.g., scholar) receiving funds, goods, or services:
If an organization, name of the representative:Not Applicable
Address: Nova Poshta 1, Zhytomyr Oblast, Bila Krinitsa, Ukraine 12213
Email Address: <u>VGontarenko@i.ua</u>
Website Address (if available): Not Applicable

ADDITIONAL INTENDED BENEFICIARY (If applicable)¹

Name of the organization (e.g., hospital) or individual	Alexandra Korchinskaya
(e.g., scholar) receiving funds, goods, or services:	
If an organization, name of the representative: <u>Not A</u>	pplicable
Address: Nova Poshta 1, Odesa Oblast, Mayaki Village	e, Ukraine, 67654

¹ Add additional sections as needed

Email Address:	pivzor@ukr.net
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Website Address (if available): Not Applicable

ADDITIONAL INTENDED BENEFICIARY (If applicable)¹

Name of the organization (e.g., hospital) or individual Roman Oleksenko (e.g., scholar) receiving funds, goods, or services:	
If an organization, name of the representative: Not Applicable	
Address: Nova Poshta 247, Kyiv Oblast, Kyiv, Ukraine, 01033	
Email Address: <u>roleksenko@yahoo.com</u>	
Website Address (if available): Not Applicable	

PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY

Name of the organization: None

Name of the individual representative: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.

Website Address (if available): Click here to enter text.

ADDITONAL PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY (If applicable)¹

Name of the organization: None

Name of the individual representative: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.

Website Address (if available): Click here to enter text.

VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED

Name of the organization or individual: None

If an organization, name of the representative: Click here to enter text.

Address: Click here to enter text.

Email address: Click here to enter text.

¹ Add additional sections as needed

Website address (if available): Click here to enter text.

ADDITIONAL VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED (If applicable)¹

Name of the organization or individual: <u>None</u>

If an organization, name of the representative: Click here to enter text.

Address: Click here to enter text.

Email address: Click here to enter text.

Website address (if available): Click here to enter text.

¹ Add additional sections as needed