

## CERTIFICATION FOR GRANT MANAGEMENT SYSTEM

**Title of Project: MULTIDISCIPLINARY CARE FOR SURVIVORS OF TORTURE (SOT)**

**Name of Organization: PALERMO AZIENDA OSPEDALIERA UNIVERSITARIA  
POLICLINICO PAOLO GIACCONE (AOUP) (henceforth referred to as the  
"Organization")**

I, the undersigned, certify that the information provided in this application above is true, accurate, and prepared with the consent of all parties involved. In addition, we are making the following assertions to the best of our knowledge:

1. The Organization is not a company associated with a company or individual prohibited from being engaged in procurement by any of the organizations with the United Nations system.
2. The Organization is not currently ineligible, removed or suspended by any of the organizations within the United Nation system and World Bank Group.
3. The Organization is not under formal investigation, nor has been sanctioned within the preceding three (3) years by any national authority of a United Nations Member State for engaging or having engaged in proscribed practices, including but not limited to: corruption, fraud, coercion, collusion, obstruction, or any other unethical practice.
4. The Organization has not declared bankruptcy, is not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future.
5. The Organization does not have any legal proceedings against or disputes with a United Nations entity.
6. The Organization undertakes not to engage in proscribed practices (including but not limited to: corruption, fraud, coercion, collusion, or any other unethical practice), with any of the organizations within the United Nation system, World Bank Group or any other party, and to conduct business in a manner that averts any financial, operational, reputational, or other unique risk to the Organization(s) within United Nations system and the World Bank Group.
7. In the case that the situation of the Organization changes with regard to any of the statements listed above, after having been included in the United Nations Global Partner System, the Organization shall immediately inform the United Nations Global Partner System thereof. The Organization understands that non-compliance with this requirement will automatically be rendered ineligible.

**Organization Official Focal Point (same person as signed the Agreement):**

Name: \_Prof. Mario Barbagallo\_\_\_\_\_

Functional Title: \_Director\_\_\_\_\_

Institution/Department/Section: \_ Department of Medicine AOUP UNIVERSITY HOSPITAL \_

Date and Signature: \_\_\_\_\_