ACSIS CORPORATION

Action Communautaire de Solidarité et d'Intervention Sociale

OFFICIAL INSTITUTIONAL GOVERNANCE, COMPLIANCE & HUMANITARIAN ACCOUNTABILITY MANUAL

International Due-Diligence & Donor-Readiness Edition

Eleven Institutional Instruments • Governance Articles • Organizational Structure • Operational Procedures • Evidence Framework

Institutional status. This manual is ACSIS Corporation's controlled institutional reference. It is designed for governance, donor due diligence, partnership review and internal administration. Alignment with recognized nonprofit and humanitarian practices does not constitute external certification or endorsement.

Institutional Record	Confirmed Information
Corporate formation	July 27, 2023
General Assembly adoption	July 30, 2023
Recorded participation/vote	33 participants present; 30 in favor; 2 abstentions; 1 against
Delegated signatory authorization	August 8, 2023
Authorized signatory	Mr. Gerald Volcy, President, Founder & Chief Executive Officer
Document status	Certified Controlled Copy - Internal Document Authentication

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Document Control & Institutional Authority

Control Field	Requirement / Record
Document ID	ACSIS-IGCHAM-2023-001
Owner	ACSIS Corporation
Approval basis	General Assembly adoption within the institutional framework
Adoption date	July 30, 2023
Delegated administrative authority	August 8, 2023
Version	Consolidated Administrative Edition 1.0
Classification	Controlled institutional document
Review principle	At least annual review or earlier when law, donor requirements, risk profile or operations materially change
Supersession	Revisions must identify the superseded version and preserve the historical adoption record
Evidence rule	A written policy is not treated as implementation evidence without records demonstrating operation of the control

Purpose, Intended Users & Use

This manual consolidates ACSIS Corporation's governance, compliance, financial-control, safeguarding, procurement, program-quality, data-protection, donor-due-diligence and institutional-regulation framework into one controlled reference.

- Primary users: General Assembly, Board of Directors, President/Chief Executive Officer, authorized managers, staff, volunteers and designated representatives.
- External users: donors, foundations, institutional partners, auditors, evaluators, public authorities and due-diligence reviewers, where disclosure is appropriate.
- Internal-use material containing sensitive beneficiary, safeguarding, fraud, security, banking or personnel information must not be publicly disclosed merely because this manual references it.
- No person may represent that ACSIS has been externally certified by UNICEF, IOM, USAID, World Vision, CHS Alliance or any other institution unless ACSIS possesses an actual certification or written authorization.

Historical integrity. The July 30, 2023 adoption date and the August 8, 2023 delegated-signatory authorization are distinct events. This consolidated edition expands administration and presentation of the adopted framework; it does not fabricate a new historical vote, new signatory date or external approval.

Manual Architecture

Part	Institutional Instrument	Code
I	International Compliance & Due Diligence Framework	ACSIS-COMP-001
II	Board Governance & Conflict Control Manual	ACSIS-GOV-002
III	Financial Internal Controls & Authorization Manual	ACSIS-FIN-003
IV	Safeguarding, PSEA, Complaints & Community Accountability Manual	ACSIS-SAFE-004
V	Procurement, Anti-Fraud & Vendor Due Diligence Manual	ACSIS-PROC-005
VI	Program Monitoring, MEAL & Impact Verification System	ACSIS-MEAL-006
VII	Data Protection, Records Retention & Incident Response Manual	ACSIS-DATA-007
VIII	Donor, Grant & Partner Due Diligence Manual	ACSIS-DD-008
IX	International Institutional Due Diligence Cover Sheet	ACSIS-DD-009
X	Compliance Implementation & Corrective Action Register	ACSIS-REG-010
XI	Bylaws, Internal & External Regulations, Rules of Procedure & Organizational Structure	ACSIS-BYL-011

Governance Interpretation

Where a conflict exists between this administrative manual and applicable law, the governing law controls. Where a conflict exists between this manual and ACSIS's legally operative certificate of incorporation or formally adopted bylaws, the legally operative governing instrument controls. Operational procedures may be strengthened by management where they do not reduce a protection or contradict a higher authority.

Evidence Standard

Claim Type	Minimum Evidence
Governance decision	Approved minutes, resolution, vote record or governing-body record
Financial control	Budget, approval trail, bank record, reconciliation, ledger and supporting documentation
Procurement	Requisition, quotations/proposals, evaluation, conflict declarations, approval and vendor file
Safeguarding/PSEA	Training, code acknowledgment, reporting mechanism, secure case log and referral/response record where applicable
Program result	Defined indicator, source record, verification method and responsible reviewer
Partner/grant compliance	Due-diligence checklist, agreement, risk rating, monitoring record and closeout evidence

PART I

International Compliance & Due Diligence Framework

ACSIS-COMP-001

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Institutional Compliance Architecture

Field	Controlled Requirement
Instrument code	ACSIS-COMP-001
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	All governance bodies, programs, staff, volunteers, representatives, projects, grants, partnerships and controlled institutional records.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

1.1 Compliance objectives

ACSIS maintains a compliance architecture designed to protect mission integrity, charitable resources, beneficiaries, staff, volunteers, donors and institutional reputation. Compliance is embedded in decision-making rather than treated as a document-only exercise.

1.2 Control hierarchy

Controls are organized across governance oversight, management authorization, preventive controls, detective controls, corrective actions and independent or external assurance when required.

1.3 Risk ownership

Every material risk must have an identified owner, a documented control or treatment, a target completion date where remediation is required, and evidence that management or the Board reviewed the status.

Control Tier	Purpose	Examples
Governance	Set authority and oversight	Bylaws, Board approvals, conflicts, delegations
Management	Translate authority into operational controls	Approval matrix, supervision, budget ownership
Preventive	Reduce likelihood of error or abuse	Segregation of duties, due diligence, safeguarding screening
Detective	Identify exceptions	Reconciliations, spot checks, monitoring, complaints review
Corrective	Resolve failures and prevent recurrence	Action plans, retraining, disciplinary steps, control redesign
Assurance	Provide independent confidence where appropriate	External accountant, audit, donor verification, legal review

2. Risk Classification & Escalation

Rating	Definition	Required Response
Low / Green	Control operating as designed; no material exception identified	Maintain evidence and periodic review
Moderate / Yellow	Control partly implemented, evidence incomplete, or remediation required	Assign owner, deadline and management follow-up
High / Red	Material control failure, serious safeguarding/integrity risk, legal breach or major unsupported claim	Immediate escalation, protective action, Board notification where material, documented remediation

- No individual may close a Red issue solely because the issue is inconvenient, reputationally sensitive or involves a senior person.
- Safeguarding, PSEA, fraud, corruption, retaliation, serious financial irregularity and significant data breaches require heightened confidentiality and need-to-know handling.
- Corrective action must address root cause, responsible owner, due date, verification method and closure authority.

3. Due-Diligence Evidence File

The institutional due-diligence file should be organized so an external reviewer can understand ACSIS's identity, authority, governance, financial controls, safeguarding system, program evidence and partner-management process without relying on unsupported narrative claims.

File Section	Illustrative Evidence
Legal identity	Formation document, EIN/IRS records, good-standing evidence as applicable
Governance	Bylaws, minutes, Board/General Assembly records, conflict declarations
Finance	Budget, financial statements, bank reconciliations, authorization matrix
Safeguarding	Code, PSEA policy, training logs, safe reporting information
Procurement & integrity	Vendor files, evaluations, anti-fraud controls, exceptions log
Programs & MEAL	Proposals, results frameworks, indicator records, beneficiary evidence

Data & privacy	Access controls, retention schedule, incident-response records
Partners & donors	Agreements, risk reviews, reporting, monitoring and closeout files

4. Management Certification

A management certification confirms that the responsible officer has reviewed the information presented and that known material exceptions are disclosed. It is an internal certification and must not be described as external accreditation.

Evidence over appearance. Professional presentation supports due diligence, but institutional credibility depends on whether ACSIS can produce the underlying records that demonstrate the controls operate in practice.

PART II

Board Governance & Conflict Control Manual

ACSIS-GOV-002

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Governance Structure & Fiduciary Discipline

Field	Controlled Requirement
Instrument code	ACSIS-GOV-002
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	General Assembly, Board of Directors, officers, committees and delegated management authorities.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Board Responsibilities

- Protect ACSIS's mission, charitable purpose and long-term institutional integrity.
- Approve or oversee strategy, annual priorities, material budgets and significant commitments consistent with governing instruments.
- Exercise fiduciary care, loyalty and obedience; ask questions; review information; document decisions.
- Oversee management without improperly assuming routine management functions.
- Review material financial, safeguarding, fraud, legal, reputational and operational risks.
- Ensure conflicts of interest are disclosed, assessed and managed through recusal or other safeguards.
- Preserve minutes and decision records sufficient to show how material decisions were made.

3. Meeting Discipline

Stage	Minimum Standard

4. Conflict of Interest & Recusal

1. Annual disclosure: directors, officers and designated decision-makers disclose financial, family, organizational or other interests that could affect impartial judgment.
2. Transaction-specific disclosure: a person must disclose a conflict when a particular decision arises even if it was not listed on the annual form.
3. Independent assessment: disinterested decision-makers determine whether the conflict is material and what safeguards are required.
4. Recusal: a conflicted person does not vote and, where appropriate, leaves deliberation except to provide factual information requested by disinterested decision-makers.
5. Minutes: the conflict, recusal and final decision are documented.
6. No retaliation: good-faith disclosure of a conflict or ethics concern must not result in retaliation.

5. Delegation & Reserved Matters

Reserved / Higher-Level Matter	Expected Authority
Amendment of core governing instruments	General Assembly or other authority specified by legally operative governing documents
Election/removal of directors or officers	Authority and process specified by bylaws/applicable law
Annual budget and major strategic commitments	Board approval or oversight, subject to thresholds established by governing instruments
Routine operational contracts and expenditures	Delegated management authority within approved budget and authorization matrix
Emergency protective action	Management may act to protect people/assets, with prompt escalation and ratification where required
Conflict transactions involving senior leadership	Disinterested Board review and documented decision

6. Annual Board Assurance

Assurance Area	Board Review Question
Mission & strategy	Are activities aligned with charitable purpose and approved priorities?
Finance	Are budget, cash position, reconciliations and material variances reviewed?
Safeguarding/PSEA	Are prevention, reporting and serious-risk escalation mechanisms functioning?
Integrity	Are conflicts, fraud allegations, whistleblower matters and procurement exceptions appropriately handled?
Programs	Are public impact claims supported by reliable evidence?
Compliance	Are major Yellow/Red corrective actions actively managed?

PART III

Financial Internal Controls & Authorization Manual

ACSIS-FIN-003

CONTROLLED INSTITUTIONAL INSTRUMENT

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1. Financial Governance

Field	Controlled Requirement
Instrument code	ACSIS-FIN-003
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Budgeting, receipts, payments, reimbursements, banking, accounting records, restricted funds, cash management and financial reporting.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Core Control Principles

- No person should initiate, approve, execute and reconcile the same material transaction when segregation is reasonably possible.
- Every expenditure must have a legitimate charitable/programmatic purpose, adequate supporting documentation and an authorized approval.
- Restricted donor funds must be tracked so they are used only for permitted purposes.
- Bank statements and reconciliations should be reviewed by someone independent of routine transaction entry where feasible.
- Cash use should be minimized, documented and subject to tighter controls.
- Financial reporting must distinguish approved budget, actual expenditure, variance and explanation.

3. Authorization Matrix

Activity	Initiate	Review	Approve / Authorize	Evidence
Annual budget	Management	Finance/Board review	Board or governing authority	Approved budget/minutes
Routine program expenditure	Budget owner	Finance control	Authorized signatory per threshold	Invoice, coding, approval
Reimbursement	Claimant	Independent reviewer	Authorized approver	Receipt, purpose, approval
Vendor payment	Program/procurement	Finance	Authorized signatory	Contract/PO/invoice/receipt
Bank reconciliation	Finance preparer	Independent reviewer	Management acknowledgment	Statement/reconciliation
Budget modification	Budget owner	Finance/donor review where required	Authorized authority	Revision/approval

4. Payment & Reimbursement Procedure

7. Confirm that the expense is within mission and approved budget or obtain documented budget-modification authority.
8. Obtain invoice, receipt, contract, purchase order, travel authorization or other appropriate supporting evidence.
9. Verify goods/services received and document any exception.
10. Apply correct account/program/donor coding.
11. Perform conflict and duplicate-payment checks where risk warrants.
12. Obtain approval in accordance with the authorization matrix.
13. Execute payment through an approved channel and retain evidence.
14. Post transaction to accounting records and include it in reconciliation and reporting.

5. Restricted Funds & Donor Compliance

Restricted grants, designated donations and project funds must be identifiable in accounting records. Expenditures must be tested against the agreement, approved budget, cost-eligibility rules and reporting period. Unclear costs should be held or escalated rather than charged without support.

6. Financial Close & Review

Frequency	Control
Monthly	Bank reconciliation; review outstanding items; budget-to-actual; restricted-fund balance; unusual transaction review
Quarterly	Management financial review; forecast; grant burn rate; receivables/payables; compliance exceptions
Annually	Year-end close; Form 990/990-N requirements as applicable; donor reports; financial statements; independent review/audit where required or proportionate

No unsupported assurance. This manual defines required controls. ACSIS should not represent that an independent audit has occurred unless an independent auditor or qualified reviewer has actually performed that work.

PART IV

Safeguarding, PSEA, Complaints & Community Accountability Manual

ACSIS-SAFE-004

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

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1. Safeguarding & PSEA Framework

Field	Controlled Requirement
Instrument code	ACSIS-SAFE-004
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Children, adults at risk, beneficiaries, community members, staff, volunteers, contractors, partners and representatives.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Zero-Tolerance Conduct Expectations

- No sexual exploitation, sexual abuse, harassment, coercion, transactional sex linked to assistance, or abuse of position.
- No sexual activity with a child. Mistaken belief about age is not a defense to institutional safeguarding standards.
- No exchange of money, employment, goods, services or assistance for sexual activity or other exploitative conduct.
- No retaliation against a person who reports a concern or participates in a good-faith review.
- No photographing, identifying or publishing sensitive information about beneficiaries without appropriate safeguards and consent/lawful basis.
- All personnel must maintain professional boundaries and immediately report serious safeguarding concerns through designated channels.

3. Reporting & Triage

Risk Level	Examples	Immediate Action
Emergency	Immediate danger, medical emergency, credible threat to child/adult safety	Prioritize safety; emergency/referral response; secure information; notify designated safeguarding lead
Serious	SEA allegation, abuse, retaliation, serious misconduct	Confidential intake; need-to-know escalation; preserve evidence; survivor-centered referral; independent review
Moderate	Boundary concern, inappropriate communication, procedural lapse	Risk assessment; supervisory action; corrective plan; monitor
Community complaint	Service quality, eligibility, staff conduct, access barrier	Acknowledge; log; assign; investigate proportionately; respond; close with evidence

4. Survivor-Centered Response Principles

- Safety and immediate protection come first.
- Respect privacy and share information only on a need-to-know basis.
- Do not pressure a survivor to confront an alleged perpetrator or participate beyond their informed choice, subject to mandatory legal duties.
- Offer referral to appropriate medical, psychosocial, protection or legal services where available and safe.
- Avoid repeated interviewing and unnecessary collection of sensitive details.
- Document actions accurately, securely and without stigmatizing language.

5. Community Accountability

Communities should have accessible information about services, selection criteria, expected staff conduct, how to complain, how personal information is used and whether assistance is free. Complaints mechanisms should be accessible to women, children, persons with disabilities, people with limited literacy and people who may fear retaliation.

Complaint Control	Minimum Practice
Accessibility	At least one practical channel appropriate to the operating context
Acknowledgment	Confirm receipt when safe and contact information is available
Confidentiality	Restrict access according to sensitivity
Independence	Escalate complaints involving the normal handler or senior leadership
Timeliness	Set target response periods and document delays
Closure	Record outcome, communication and corrective action

PART V

Procurement, Anti-Fraud & Vendor Due Diligence Manual

ACSIS-PROC-005

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Procurement & Integrity Framework

Field	Controlled Requirement
Instrument code	ACSIS-PROC-005
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Purchasing, contracting, vendors, consultants, service providers, logistics and integrity controls.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Procurement Principles

- Best value, proportional competition, fairness, transparency and mission relevance.
- No splitting of purchases to avoid approval or competition thresholds.
- Conflicts of interest must be disclosed before vendor evaluation or award.
- Specifications must not be written to improperly favor a predetermined vendor.
- Exceptions must be justified, approved and retained in the procurement file.
- Vendor performance and delivery must be verified before final payment where practicable.

3. Procurement File

Document	Purpose
Purchase request / requisition	Establish need, budget and requester
Scope/specification	Define what is being purchased
Quotes/proposals	Evidence market testing or competition
Evaluation record	Show objective selection and conflict handling
Approval	Demonstrate authorized decision
Contract/PO	Set terms, deliverables, price and protections
Receipt/acceptance	Confirm goods/services received
Invoice/payment record	Support financial settlement
Vendor performance note	Record material performance or integrity issues

4. Fraud & Corruption Prevention

Risk	Preventive Control	Detective Control
False invoice	Vendor verification, PO/contract, segregation	Invoice review, duplicate check, reconciliation
Kickback/conflict	Conflict disclosure, independent evaluation	Vendor relationship review, whistleblower channel
Ghost vendor	Vendor master controls, bank-account verification	Periodic vendor review, exception analysis
Diversion/theft	Inventory/custody controls, restricted access	Counts, receiving records, reconciliation
Bribery/facilitation payment	Prohibition, training, escalation	Expense review, incident reporting

5. Vendor Due Diligence

- Verify legal/business identity proportionate to risk.
- Check ownership/conflict information where relevant.
- Assess sanctions/restricted-party requirements when applicable to the donor, jurisdiction or transaction.
- Review capacity, past performance and safeguarding obligations for vendors interacting with beneficiaries.
- Document unusual payment instructions, changes in bank details and high-risk geographic or operational factors.

Proportionality. A low-value routine purchase does not require the same file as a major contract, but every purchase must still have a legitimate purpose, authorized approval and sufficient evidence.

PART VI

Program Monitoring, MEAL & Impact Verification System

ACSIS-MEAL-006

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Program Quality & Evidence

Field	Controlled Requirement
Instrument code	ACSIS-MEAL-006
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Needs assessment, program design, indicators, monitoring, evaluation, accountability, learning and public impact claims.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Results Chain

Level	Definition	Evidence Example
Inputs	Resources used	Budget, staff time, supplies
Activities	What ACSIS does	Training, referral, distribution, case management
Outputs	Direct products/services	People trained, cases referred, kits delivered
Outcomes	Changes associated with intervention	Knowledge, access, protection, behavior or service-use change

Impact	Longer-term change with appropriate attribution caution	Sustained community or protection improvements

3. Indicator Reference Standard

Indicator Field	Required Definition
Name	Clear, neutral statement of what is measured
Type	Output, outcome, quality, safeguarding, efficiency or other
Numerator/denominator	Where a rate or percentage is used
Disaggregation	Sex, age, location or other relevant categories, subject to privacy and do-no-harm
Source	Register, case file, survey, distribution record, partner report, etc.
Frequency	When data are collected and reviewed
Owner	Role responsible for data quality and reporting
Verification	Spot check, reconciliation, supervisor review or other method

4. Data Quality

- Accuracy: records reflect what actually occurred.
- Completeness: required fields and supporting evidence are present.
- Timeliness: information is collected and reported within the required period.
- Consistency: definitions and counting rules are applied the same way across reporting periods.
- Integrity: changes to records are controlled and unexplained manipulation is prohibited.
- Confidentiality: only necessary personal data are collected and protected.

5. Public Impact Claims

Before publishing beneficiary numbers, percentages, outcomes, geographic coverage or partnership claims, ACSIS should identify the source period, counting method, exclusions, duplication risk and verification status. Historical cumulative figures must be clearly distinguished from current-year outputs.

Claim	Verification Question
People reached	Is the counting rule defined? Are repeat participants deduplicated or clearly described?
Referrals	Is there evidence the referral was made, and is completion distinguished from referral?
Training completion	Are attendance and completion criteria documented?
Geographic presence	Does ACSIS have an actual program, authorized representative or documented activity in the location?
Partner/funder claim	Is there an agreement, award, correspondence or other evidence supporting the relationship?

PART VII

Data Protection, Records Retention & Incident Response Manual

ACSIS-DATA-007

CONTROLLED INSTITUTIONAL INSTRUMENT

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Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Information Governance

Field	Controlled Requirement
Instrument code	ACSIS-DATA-007
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Beneficiary, staff, volunteer, donor, partner, financial, safeguarding, legal and operational records.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Information Classification

Class	Examples	Handling
Public	Published reports, approved website materials	May be shared through approved channels
Internal	Routine procedures, internal planning	Staff/authorized users only
Confidential	Personnel, donor files, financial details, contracts	Need-to-know access and secure storage

Highly Restricted	Safeguarding/PSEA cases, allegations, IDs, sensitive legal/medical information	Strict access, secure transfer, minimum collection, controlled retention

3. Access & Security

- Access is role-based and limited to the minimum necessary for assigned responsibilities.
- Shared credentials are prohibited where individual accounts are reasonably available.
- Sensitive files should use controlled storage, appropriate device security and secure transfer methods.
- Departing staff/volunteers must have access revoked promptly and organizational records returned.
- Backups and recovery arrangements should be proportionate to operational risk.
- Printed sensitive records must be secured and destroyed through an appropriate method when retention ends.

4. Retention Schedule Framework

Record Category	Retention Principle
Governing records	Permanent or long-term institutional retention
Tax/financial records	Retain according to applicable legal, donor and audit requirements
Grant/contract files	Agreement period plus required donor/legal retention
Personnel/volunteer records	Applicable employment/legal requirement plus defensible institutional period
Safeguarding case records	Restricted retention based on legal, safety and safeguarding requirements
Beneficiary/service records	Only as long as necessary for service, accountability, legal and donor purposes

5. Data Incident Response

15. Contain the incident and prevent further unauthorized access or loss.
16. Preserve relevant evidence and document what occurred.
17. Assess data type, individuals affected, scale, harm risk and legal/contractual notification duties.
18. Notify appropriate internal authority and donor/partner/legal authority when required.
19. Communicate with affected individuals when required and safe.
20. Complete root-cause analysis and corrective action.
21. Record closure and verify corrective controls.

PART VIII

Donor, Grant & Partner Due Diligence Manual

ACSIS-DD-008

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

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1. Institutional Readiness & Partner Management

Field	Controlled Requirement
Instrument code	ACSIS-DD-008
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Funding opportunities, donor due diligence, agreements, subawards, partners, reporting, monitoring and closeout.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Pre-Award Readiness

Area	Readiness Question	Evidence
Legal	Can ACSIS demonstrate legal identity and tax status relevant to the award?	Formation, IRS/tax, good-standing records
Governance	Are governing authority and conflicts controls documented?	Bylaws, minutes, disclosures
Finance	Can ACSIS budget, authorize, record and reconcile funds?	Budget, controls, reports
Safeguarding	Are PSEA/safeguarding prevention and reporting mechanisms in place?	Policies, training, channels

Program	Can ACSIS define results and verify delivery?	Proposal, logframe, MEAL plan
Procurement	Can purchases be made fairly and documented?	Procedure, vendor files
Data	Can sensitive information be protected?	Classification/access/incident controls

3. Grant Acceptance Review

- Confirm the award is consistent with ACSIS mission and legal capacity.
- Review budget realism, cost restrictions, matching requirements, cash-flow implications and reporting deadlines.
- Identify safeguarding, anti-fraud, sanctions, procurement, branding, data, audit and subrecipient obligations.
- Identify terms that ACSIS cannot responsibly meet and seek clarification or amendment before acceptance.
- Assign accountable owners for program, finance, MEAL, compliance and donor reporting.

4. Partner/Subrecipient Risk Assessment

Risk Domain	Low Risk Indicator	Higher Risk Indicator
Legal identity	Verified and current	Unclear status or inconsistent records
Governance	Defined leadership and controls	Concentrated authority, weak records
Finance	Basic accounting/reconciliation present	Cash-heavy, weak documentation
Safeguarding	Policy/reporting/training evident	No safe reporting or weak prevention
Delivery	Relevant experience/evidence	Unproven capacity or unsupported claims
Integrity	Conflicts disclosed; cooperative due diligence	Opaque ownership, refusal to disclose

5. Monitoring & Closeout

Partner monitoring should be proportional to risk and may include document review, financial verification, field monitoring, beneficiary feedback, safeguarding checks and corrective action. Closeout should confirm deliverables, final expenditure, asset disposition, outstanding obligations, records retention and unresolved issues.

PART IX

International Institutional Due Diligence Cover Sheet

ACSIS-DD-009

CONTROLLED INSTITUTIONAL INSTRUMENT

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1. External Due-Diligence Presentation

Field	Controlled Requirement
Instrument code	ACSIS-DD-009
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Structured summary for donors, foundations, international NGOs and institutional partners.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Organizational Identity

Field	ACSIS Record / Disclosure
Legal name	Action Communautaire de Solidarité et d'Intervention Sociale (ACSIS Corporation)
Corporate jurisdiction	Delaware, United States
Corporate formation date	July 27, 2023
Community roots	Haiti, February 2010, as historical institutional context

Governance adoption	General Assembly, July 30, 2023
Delegated signatory authority	August 8, 2023
Authorized signatory	Mr. Gerald Volcy, President, Founder & Chief Executive Officer

3. Due-Diligence Attachment Index

Ref.	Attachment	Status / Note
A1	Formation and tax-status evidence	Attach current official evidence
A2	Bylaws / governance rules	Controlled copy
A3	Governing-body adoption/minutes	Attach available record
A4	Conflict of interest policy & disclosures	Policy + current signed disclosures
A5	Financial controls / latest financial information	Provide current records appropriate to request
A6	Safeguarding/PSEA policy and reporting channels	Controlled disclosure; no confidential cases
A7	Procurement/anti-fraud procedures	Controlled copy
A8	Program/MEAL evidence	Select verified program records
A9	Data/privacy controls	Controlled copy
A10	Insurance/licensing/other evidence	Only where applicable and current

4. Representation Rules

- Never describe a historical relationship as a current partnership without current evidence.
- Never describe an application, invitation, membership or directory listing as donor funding unless funding actually occurred.
- Never publish confidential safeguarding, beneficiary or whistleblower records to prove a policy exists.
- Use current official records for legal/tax status and note the date checked.
- Disclose material limitations or corrective actions when they are relevant to a donor's due-diligence question.

PART X

Compliance Implementation & Corrective Action Register

ACSIS-REG-010

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

1. Implementation Management

Field	Controlled Requirement
Instrument code	ACSIS-REG-010
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Control testing, action plans, evidence tracking, management review and Board escalation.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

2. Master Compliance Register

Field	Definition
Control ID	Unique reference to policy/control
Requirement	What must occur
Owner	Role accountable for implementation
Evidence	Record proving operation

Status	Green / Yellow / Red
Finding	Observed exception or gap
Corrective action	Specific remedial step
Due date	Target completion
Verification	How closure will be tested
Closure authority	Role authorized to close finding

3. Corrective Action Standard

22. Describe the specific control failure, not merely the symptom.
23. Assess potential impact on people, funds, legal obligations, donor requirements and institutional reputation.
24. Identify immediate containment or protective measures.
25. Assign a responsible owner and realistic due date.
26. Define evidence required to demonstrate completion.
27. Verify the corrective action independently from the person who performed it where risk warrants.
28. Escalate overdue or repeatedly failed high-risk actions.

4. Management Review Cadence

Frequency	Review
Monthly / operational	New incidents, overdue actions, critical finance/procurement/safeguarding issues
Quarterly / management	Full Yellow/Red register, trends, repeat findings, resource needs
Board / periodic	Material governance, safeguarding, fraud, financial and reputational risks
Annual	Policy review, evidence completeness, training, donor readiness and control-design improvement

PART XI

Bylaws, Internal & External Regulations, Rules of Procedure & Organizational Structure

ACSIS-BYL-011

CONTROLLED INSTITUTIONAL INSTRUMENT

Consolidated Administrative Edition

Authority record. Corporate formation: July 27, 2023. General Assembly adoption: July 30, 2023. Recorded vote: 33 present, 30 in favor, 2 abstentions, 1 against. Delegated signatory authority: August 8, 2023.

ARTICLE 1 - Name, Status, Mission & Governing Authority

Field	Controlled Requirement
Instrument code	ACSIS-BYL-011
Authority	General Assembly adoption within institutional framework, July 30, 2023
Administrative authority	Delegated to Mr. Gerald Volcy on August 8, 2023, subject to governing instruments
Scope	Institutional membership, governance bodies, elections, meetings, officers, procedures, internal/external regulations and organizational structure.
Evidence expectation	Implementation must be demonstrated through retained records appropriate to the control
Review	Annual minimum and risk-triggered review

Article 1.1 Name and identity

The organization operates under the legal name Action Communautaire de Solidarité et d'Intervention Sociale, ACSIS Corporation. The organization is administered exclusively for lawful nonprofit and charitable purposes consistent with its governing instruments and applicable law.

Article 1.2 Institutional continuity and history

ACSIS may describe its community roots and historical activities in Haiti beginning in 2010 while distinguishing that history from the Delaware corporate formation of July 27, 2023. Historical continuity must not be used to misstate a legal registration date.

Article 2 - Membership

Article 2.1 Eligibility

Membership may be open to individuals who support ACSIS's mission, meet any category-specific requirements, agree to applicable conduct and safeguarding standards, and are accepted through the authorized institutional process. Membership is not automatic merely because a person volunteers, donates, attends an event, receives services or collaborates with ACSIS.

Article 2.2 Membership categories

Category	General Description	Voting Status
General Member	Accepted member participating in institutional life and complying with rules	As provided by bylaws and membership record
Volunteer Member / Volunteer	Supports activities under volunteer terms; may or may not hold formal membership	No voting right unless separately admitted as voting member
Honorary / Advisory	Recognized for service, expertise or institutional contribution	Advisory only unless expressly granted voting status under governing rules
Institutional / Partner Representative	Represents an organization in a partnership context	No ACSIS internal vote solely by reason of partnership

Article 2.3 Admission procedure

29. Submission of an application or written expression of interest where required.
30. Verification of identity/contact information and any role-specific qualifications.
31. Review for conflict, safeguarding, ethics or reputational concerns proportionate to the role.
32. Approval by the body or officer authorized under the membership procedure.
33. Entry in the membership register with category, admission date and status.
34. Acknowledgment of code of conduct, safeguarding and confidentiality obligations where applicable.

Article 2.4 Good standing

A member is in good standing when required institutional obligations are satisfied, including compliance with conduct rules, dues if lawfully established, required disclosures, and absence of an unresolved suspension or removal decision.

Article 2.5 Suspension, resignation and termination

Action	Ground / Process
Resignation	Written notice or other documented method accepted by ACSIS
Administrative suspension	Temporary measure for noncompliance, inactive status, missing requirements or pending review
Protective suspension	Immediate temporary restriction where safety, safeguarding, integrity or serious institutional risk requires it
Termination/removal	Decision by authorized body after notice and fair opportunity to respond, unless immediate legal/protective action is required
Appeal/reconsideration	Available where provided by procedure; must be reviewed by a person/body not improperly conflicted

Article 3 - General Assembly

The General Assembly is the principal deliberative membership body to the extent provided by ACSIS's legally operative governing instruments. It exercises authority reserved to members and provides institutional legitimacy for major governance decisions.

- Receive reports on strategy, governance and institutional performance.
- Elect or remove directors/officers where the bylaws assign that authority.
- Approve or amend governing instruments where required.
- Consider major structural, dissolution or merger matters where legally reserved.
- Record attendance, quorum, motions, votes, abstentions and recusals.

Article 3.1 Notice, quorum and agenda

Meeting notice, quorum and voting thresholds must follow the legally operative bylaws and applicable law. Where this consolidated manual is used administratively, the notice should identify material decisions expected, relevant documents should be made reasonably available, and quorum should be confirmed before binding action.

Article 4 - Board of Directors

The Board provides strategic, fiduciary and oversight leadership. Directors act in the interests of ACSIS rather than as delegates of a donor, employer, region, family or personal constituency.

Article 4.1 Director qualifications

- Commitment to ACSIS mission and willingness to exercise independent judgment.
- Capacity to attend meetings and review information.
- Willingness to disclose conflicts and comply with confidentiality and safeguarding requirements.
- No disqualifying conduct or unresolved integrity concern inconsistent with Board service.
- Collective Board composition should seek relevant expertise, diversity and independence appropriate to ACSIS operations.

Article 4.2 Election and appointment procedure

35. Identify vacancies and required competencies.
36. Invite nominations or applications according to the authorized governance process.
37. Review eligibility, conflicts and independence.
38. Present qualified nominees to the body authorized to elect or appoint.
39. Record the vote/decision, term and effective date.
40. Complete orientation, conflict disclosure and acceptance of duties.

Article 4.3 Term, vacancy and removal

Director terms, re-election limits and vacancy-filling procedures must follow the legally operative bylaws. Removal should be based on authorized grounds and process, including persistent nonattendance, serious misconduct, breach of fiduciary duty, undisclosed conflict, safeguarding/integrity violation or other cause recognized by the governing instruments or law.

Article 5 - Officers

Office / Role	Core Function
President / Founder / Chief Executive Officer	Executive leadership, implementation of approved strategy, institutional representation, delegated administration and authorized execution
Board Chair, if separately designated	Board leadership, agenda governance, meeting effectiveness and Board-management boundary
Secretary, if designated	Minutes, notices, governance records and certifications authorized by governing documents
Treasurer/Finance oversight role, if designated	Board-level financial oversight, not a substitute for accounting controls

Other officers	Functions established by governing authority without contradicting existing roles

Article 5.1 Delegated authority of Mr. Gerald Volcy

The General Assembly authorized Mr. Gerald Volcy on August 8, 2023 to sign, certify, approve, issue and administer the adopted institutional documents on behalf of ACSIS Corporation, subject to applicable law and the organization's governing instruments. This delegation does not authorize unilateral amendment of matters legally reserved to the General Assembly or Board.

Article 6 - Elections

Article 6.1 Election principles

- Fair notice of positions to be filled and eligibility requirements.
- Equal opportunity for qualified nominations consistent with the governing process.
- Conflict-free administration of the election.
- Secret ballot when required by governing rules or when the authorized body determines it is appropriate.
- Accurate vote count, handling of abstentions and documentation of the result.
- Procedure for ties, challenges or irregularities before certification.

Article 6.2 Election cycle

Stage	Required Administrative Record
Call for nominations	Notice, positions, qualifications, deadline
Eligibility review	Candidate eligibility/conflict record
Candidate presentation	Approved candidate list and any permitted statements
Voting	Ballot/vote record and quorum confirmation
Counting	Tally and independent/authorized verification
Certification	Minutes or election certification
Transition	Handover, records, access and orientation

Article 7 - Adoption of Policies, Resolutions & Institutional Decisions

A policy, resolution or institutional rule becomes operative only through the authority and process applicable to that subject. Publication on a website, preparation of a draft or signature by a person without authority does not by itself establish governing-body adoption.

Decision Type	Typical Authority Principle
Core bylaw amendment	Authority specified by bylaws/applicable law
Board policy	Board approval where subject is within Board authority
Operational procedure	Management approval within delegated authority
Emergency temporary directive	Authorized management action with prompt review/ratification where needed
Donor-specific procedure	Management implementation if consistent with governing framework; Board review if material obligations require it

Article 7.1 Resolution record

- Title and purpose of decision.
- Date, meeting/body and authority basis.
- Attendance and quorum.
- Motion or decision text.
- Vote result including abstentions/recusals where applicable.
- Effective date and implementation owner.
- Attachments or policies incorporated by reference.

Article 8 - Committees & Working Groups

The Board or authorized executive leadership may establish committees or working groups for governance, finance, safeguarding, programs, audit/risk, nominations, fundraising or other purposes. Their terms of reference should define mandate, membership, decision authority, reporting line, confidentiality and duration.

Article 9 - Regional Representation & External Representation

Regional directors, country representatives, focal points and other representatives act only within written authority provided by ACSIS. A representative may not bind ACSIS to contracts, financial obligations, public positions or partnerships beyond delegated authority.

Representative Control	Minimum Standard
Appointment	Written appointment or authorization
Scope	Territory/function and authority clearly defined
Brand use	ACSIS name/logo used only for authorized activities
Funds	No collection or expenditure outside authorized financial channels
Reporting	Periodic activity and compliance reporting
Termination	Access, records, property and public representations promptly updated

Article 10 - Internal Regulations

- Personnel, volunteers and representatives comply with code of conduct, safeguarding, confidentiality, anti-fraud, procurement, data and safety procedures applicable to their role.
- Institutional records belong to ACSIS and must be returned or retained in approved systems.
- Unauthorized public statements, misuse of logo, false titles and unauthorized fundraising are prohibited.
- Corrective or disciplinary action should be proportionate, documented and consistent with applicable law and procedural fairness.

Article 11 - External Regulations & Partnerships

ACSIS may enter partnerships, memoranda, grants and service arrangements consistent with mission and authority. External parties do not acquire governance rights in ACSIS unless lawfully granted through an authorized institutional mechanism. Partner logos, names and claims must follow written permissions and agreement terms.

Article 12 - Amendments

Amendments to governing instruments must be adopted by the authority and vote required by the legally operative bylaws and applicable law. Administrative procedures may be revised by delegated authority when they do not contradict a higher governing instrument, reduce mandatory protections or fabricate historical approval.

Article 13 - Dissolution & Asset Protection

Any dissolution must follow applicable law and the organization's governing instruments, including lawful disposition of charitable assets. No member, director, officer or private person may receive charitable assets except as lawfully permitted for services, reimbursement or obligations consistent with nonprofit requirements.

Article 14 - Records, Inspection & Transparency

ACSIS should maintain governing records, meeting minutes, policies, financial records, grants, contracts, significant program evidence and legally required public records. Access must balance transparency with confidentiality, safeguarding, privacy, personnel, legal and security obligations.

Article 15 - Interpretation & Severability

If any provision of this administrative manual is invalid or unenforceable, the remaining provisions continue to the extent lawful. Questions of legal authority should be resolved by reference to applicable law and the organization's legally operative governing instruments, with legal counsel when necessary.

ANNEX A

Organizational Chart & Accountability Lines

This chart is role-based. It shows governance and functional accountability without inventing names for offices not supplied in the confirmed record.

GENERAL ASSEMBLY

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BOARD OF DIRECTORS

↓

PRESIDENT / FOUNDER / CHIEF EXECUTIVE OFFICER
Mr. Gerald Volcy

↓

Governance & Compliance	Finance & Administration	Programs & Humanitarian Action
Board/committee support Policy control Risk & ethics	Budget & accounting Payments & reconciliation Administration	Program design Humanitarian services Field implementation

↓ ↓ ↓

Safeguarding / PSEA / Accountability	Partnerships / Grants / Resource Mobilization	MEAL / Data / Impact Verification
Prevention Safe reporting Community accountability	Donor due diligence Partnership management Grant compliance	Indicators Data quality Impact verification

Accountability rule. Functional and regional roles remain subject to governing authority, approved policy and delegated limits. Regional representation does not by itself create contracting, banking or governance authority. Serious finance, safeguarding, fraud, compliance or ethics concerns must have a documented escalation route.

ANNEX B

Master Evidence & Document Register

Ref	Evidence Category	Owner / Custodian	Review Frequency	Disclosure
B-01	Formation / tax-status records	Executive / Governance	Annual/current	External as appropriate
B-02	General Assembly / Board minutes	Governance custodian	After each meeting	Controlled
B-03	Conflict disclosures	Governance custodian	Annual + event-driven	Confidential
B-04	Budget / financial reports	Finance	Monthly/quarterly	Controlled
B-05	Bank reconciliations	Finance + independent reviewer	Monthly	Confidential
B-06	Procurement files	Procurement/Finance	Per transaction	Controlled
B-07	Safeguarding training & code acknowledgments	Safeguarding	Onboarding/annual	Controlled
B-08	Safeguarding case records	Safeguarding lead	Event-driven	Highly Restricted
B-09	Complaints register	Accountability function	Ongoing	Confidential
B-10	Program indicator evidence	Program/MEAL	Per reporting cycle	Controlled
B-11	Partner due-diligence files	Partnership/Compliance	Pre-award + monitoring	Controlled
B-12	Corrective action register	Compliance	Monthly/quarterly	Controlled

General Assembly Adoption & Delegated Authority Record

Record	Confirmed Institutional Information
Corporate formation	July 27, 2023
General Assembly adoption	July 30, 2023
Participants present	33
Votes in favor	30
Abstentions	2
Votes against	1
Delegated signatory authorization	August 8, 2023
Authorized person	Mr. Gerald Volcy
Authorized title	President, Founder & Chief Executive Officer

Documentary evidence. This annex states the confirmed governance chronology supplied for the controlled manual. The underlying minutes, resolutions or other contemporaneous records should be retained in the governance evidence file and provided to reviewers when appropriate.

SCHEDULE 1

Membership Administration & Eligibility Matrix

CONTROLLED IMPLEMENTATION SCHEDULE

This schedule operationalizes the membership provisions of Part XI. It establishes a defensible administrative process without treating volunteers, beneficiaries, donors or partners as voting members unless they have been formally admitted under the governing rules.

Control / Stage	Required Practice / Standard	Evidence / Rating
Application	Collect identity/contact data and membership category requested	Application or written request
Eligibility	Confirm mission alignment and category-specific requirements	Eligibility checklist
Integrity screening	Identify material conflicts, safeguarding or serious conduct concerns proportionate to role	Screening note / declaration
Approval	Decision by authorized body/officer	Approval record
Register	Record admission date, category, status and voting eligibility	Membership register
Orientation	Provide code of conduct, safeguarding, confidentiality and governance expectations	Acknowledgment
Annual review	Confirm current contact/status and unresolved compliance issues	Status review

Voting Eligibility Controls

- Voting rights derive from the legally operative bylaws and current membership register.
- Volunteers, beneficiaries, donors and partners do not obtain voting rights solely by their relationship with ACSIS.
- A certified electorate list should be used for formal elections.
- Proxy, remote or electronic voting should be used only when authorized by governing rules and law.

SCHEDULE 2

Member Discipline, Suspension, Removal & Appeal Procedure

CONTROLLED IMPLEMENTATION SCHEDULE

Institutional discipline should protect due process, safety and integrity while avoiding arbitrary action.

Control / Stage	Required Practice / Standard	Evidence / Rating
Issue intake	Record allegation/noncompliance and source	Case or administrative log
Protective assessment	Determine whether immediate temporary restriction is needed	Risk assessment
Notice	Provide sufficient notice to respond unless unsafe or unlawful	Notice record
Review	Conflict-free review of evidence and response	Review notes
Decision	No action, warning, conditions, suspension, removal or referral	Decision record
Appeal	Independent reconsideration where authorized	Appeal record
Register update	Update status, access and authority	Membership register

SCHEDULE 3

Election Administration Standard

CONTROLLED IMPLEMENTATION SCHEDULE

Elections should be structured so a reviewer can reconstruct how candidates were nominated, declared eligible, voted upon and certified.

Control / Stage	Required Practice / Standard	Evidence / Rating
Vacancy notice	State offices, eligibility, term and deadline	Election notice
Nominations	Use documented nomination method	Nomination forms/list
Eligibility review	Check status, conflicts and disqualifications	Eligibility certification
Quorum	Confirm electorate and quorum before vote	Certified voter list
Voting	Use authorized method and protect secrecy if required	Ballots/system record
Counting	Use authorized counters and tally controls	Tally sheet
Challenges	Log and resolve material objections	Challenge record
Certification	Record final result and effective date	Minutes/election certificate
Transition	Transfer records, access and responsibilities	Handover checklist

Tie or irregular result. A tie, loss of quorum, material voting irregularity or unresolved eligibility challenge should be resolved under the governing rules before certification.

SCHEDULE 4

General Assembly Meeting Procedure

CONTROLLED IMPLEMENTATION SCHEDULE

General Assembly meetings should follow a consistent administrative order that supports legitimacy, transparency and complete records.

Control / Stage	Required Practice / Standard	Evidence / Rating
Call to order	Identify presiding officer and time	Minutes
Attendance	Confirm members present and voting eligibility	Attendance list
Quorum	Establish authority to conduct binding business	Quorum record
Prior minutes	Approve/correct prior record	Approved minutes
Reports	Governance, finance, programs, safeguarding, compliance	Meeting packet
New business	Resolutions, elections, amendments, strategic decisions	Decision papers
Conflicts	Declare and record recusals	Conflict record
Voting	State motion clearly and record result	Vote record
Actions	Assign owners and deadlines	Action tracker
Adjournment	Record time and next steps	Minutes

SCHEDULE 5

Board Annual Governance Calendar

CONTROLLED IMPLEMENTATION SCHEDULE

The Board should maintain an annual cycle that covers fiduciary oversight, program quality, safeguarding, compliance and institutional sustainability.

Control / Stage	Required Practice / Standard	Evidence / Rating
Q1	Prior-year results, financial close, risk register, conflict disclosures, annual governance workplan	Board packet/minutes
Q2	Program quality, safeguarding/PSEA, donor pipeline, corrective actions	Dashboard/minutes
Q3	Strategy, budget assumptions, leadership/committee effectiveness, policy review	Planning papers
Q4	Next-year budget, annual plan, grants/commitments, Board self-assessment	Approved plan/budget
Every meeting	Conflicts, financial snapshot, major risks, safeguarding/integrity, action log	Standing agenda

SCHEDULE 6

Delegation of Authority & Reserved-Matters Matrix

CONTROLLED IMPLEMENTATION SCHEDULE

Delegation should make clear who may recommend, approve, execute and review institutional decisions.

Control / Stage	Required Practice / Standard	Evidence / Rating
Core governing instrument amendment	Reserved to authority specified by bylaws/law	Resolution/minutes
Director/officer election/removal	Authority specified by governing rules	Election/appointment record
Annual strategy/budget	Board approval/oversight with management preparation	Approved budget/minutes
Routine contracts/expenditure	Management within delegated thresholds	Approval trail
Banking/signatories	Authorized governing framework	Bank resolution/mandate
Emergency protective action	Management may act within law and promptly escalate	Incident/ratification record
Public representation	Authorized representative within scope	Appointment/authorization

SCHEDULE 7

Financial Month-End & Grant-Control Checklist

CONTROLLED IMPLEMENTATION SCHEDULE

Month-end control is the backbone of reliable donor reporting and financial stewardship.

Control / Stage	Required Practice / Standard	Evidence / Rating
Bank reconciliation	Prepared and independently reviewed	Statement + reconciliation
Cash count	Custodian and independent checker	Count sheet
Budget-to-actual	Variance review with explanation	Budget report
Restricted funds	Reconcile donor restrictions and balances	Restriction schedule
Advances	Review outstanding staff/vendor advances	Aging report
Payables	Review vendor obligations and duplicates	AP listing
Personnel changes	Verify approved payroll/personnel changes	Change approvals
Grant calendar	Review donor deadlines and deliverables	Deadline tracker

SCHEDULE 8

Procurement Method & Exception Framework

CONTROLLED IMPLEMENTATION SCHEDULE

ACSIS should maintain separate current monetary thresholds approved by the competent authority. This schedule defines the control logic without inventing dollar thresholds.

Control / Stage	Required Practice / Standard	Evidence / Rating
Low-value routine	Proportionate price reasonableness check	Request, receipt/invoice, approval
Moderate	Multiple quotations where market allows	Quotes, evaluation, approval, PO/contract
High/strategic	Formal competition or documented equivalent	Solicitation, committee evaluation, due diligence, contract
Sole source/emergency	Written exception, conflict check and price reasonableness	Exception memo and approval

Prohibited Practices

- Purchase splitting to avoid approval/competition.
- Fictitious quotations or altered bids.
- Undisclosed conflicted vendor selection.
- Backdated approvals except transparent ratification of legitimate emergency action.
- Personal use of nonprofit procurement arrangements.

SCHEDULE 9

Safeguarding / PSEA Reporting & Response Flow

CONTROLLED IMPLEMENTATION SCHEDULE

Safeguarding response must prioritize safety, confidentiality, non-retaliation and survivor-centered action.

Control / Stage	Required Practice / Standard	Evidence / Rating
Receive	Listen without blame; record only necessary information	Intake record
Immediate safety	Assess urgent danger and referral needs	Safety action
Escalate	Notify designated safeguarding authority	Confidential escalation
Referral	Offer medical, psychosocial, protection or legal services where safe	Referral record
Institutional action	Protective measures and investigation/referral as appropriate	Case action record
Decision	Document outcome permitted by evidence and procedure	Decision note
Corrective action	Discipline, control change, training or partner action	Action plan
Closure	Secure record and monitor retaliation risk	Closure review

SCHEDULE 10

Community Complaints & Feedback Service Standard

CONTROLLED IMPLEMENTATION SCHEDULE

Communities should know how to complain and should receive a fair, accessible and safe response.

Control / Stage	Required Practice / Standard	Evidence / Rating
Information	Explain services, eligibility, conduct standards and complaint routes	Community information
Channels	Maintain at least one accessible channel	Channel record
Acknowledgment	Confirm receipt when safe and possible	Case log
Triage	Differentiate safeguarding, fraud, security and service complaints	Triage note
Assignment	Use conflict-free handler	Assignment record
Response	Apply target timeframe and document delay	Response record
Outcome	Communicate outcome as appropriate	Closure communication
Learning	Analyze trends and corrective action	Trend review

SCHEDULE 11

Program Design & MEAL Minimum Package

CONTROLLED IMPLEMENTATION SCHEDULE

Every significant program should have a minimum design and evidence package before public results are claimed.

Control / Stage	Required Practice / Standard	Evidence / Rating
Assessment	Needs/problem analysis and community consultation	Assessment record
Design	Theory of change/results chain and risk analysis	Design document
Planning	Workplan, budget and responsibility matrix	Approved plan
MEAL	Indicators, sources, frequency, verification	MEAL plan
Safeguarding	Program-specific safeguarding risk measures	Risk assessment
Implementation	Activity/service records and supervision	Source records
Review	Periodic performance and quality review	Review minutes
Learning	Lessons and adaptive actions	Learning log
Closeout	Final results, unresolved issues, records/assets	Closeout file

SCHEDULE 12

Impact Claim Verification & Publication Approval

CONTROLLED IMPLEMENTATION SCHEDULE

Public claims should be evidence-based, current, correctly qualified and approved before publication.

Control / Stage	Required Practice / Standard	Evidence / Rating
Beneficiary number	Verify period, counting rule, duplicate risk and source	Approved source file
Percentage/outcome	Verify numerator, denominator, methodology and limitations	Analysis file
Partner/funder	Confirm agreement, award or official evidence	Partnership evidence
Geographic presence	Confirm actual activity or authorized representation	Program/appointment record
Award/recognition	Confirm exact issuing source and nature	Official recognition
Legal/tax status	Use current official evidence and effective date	Official record

Publication control. Marketing language must not convert training into employment, an invitation into a partnership, a directory listing into endorsement, or historical cooperation into current funding.

SCHEDULE 13

Data Retention & Secure Disposal Matrix

CONTROLLED IMPLEMENTATION SCHEDULE

Retention should be long enough to meet legal, donor, safeguarding and institutional needs, but sensitive data should not be kept indefinitely without purpose.

Control / Stage	Required Practice / Standard	Evidence / Rating
Governing minutes	Controlled	Permanent/long-term institutional archive
Financial/tax	Confidential	Applicable law + donor/audit requirements
Grant files	Controlled/Confidential	Agreement + donor/legal retention period
Personnel/volunteer	Confidential	Employment/legal need
Safeguarding case	Highly Restricted	Legal/safeguarding risk-based period
Beneficiary file	Confidential/Restricted	Service + legal/donor necessity
Public reports	Public	Long-term reference

Data Incident & Breach Response Checklist

CONTROLLED IMPLEMENTATION SCHEDULE

A data incident response should be documented from containment through closure.

Control / Stage	Required Practice / Standard	Evidence / Rating
Contain	Disable compromised access or isolate affected system	Incident log
Preserve	Protect logs and evidence	Evidence record
Classify	Identify data type, scale and sensitivity	Assessment
Assess harm	Consider identity, retaliation, safeguarding and financial risks	Risk assessment
Notify internally	Escalate to designated authority	Notification record
External duties	Determine legal/donor/contract notification	Decision memo
Remediate	Patch, recover, retrain or redesign	Corrective action
Close	Document residual risk and verification	Closure record

Partner/Subrecipient Due-Diligence Scorecard

CONTROLLED IMPLEMENTATION SCHEDULE

Partner risk should be based on the most material risks rather than a simple average.

Control / Stage	Required Practice / Standard	Evidence / Rating
Legal identity	Registration, authority and ownership/leadership clear?	Low / Moderate / High
Governance	Decision-making, conflicts, records and oversight credible?	Low / Moderate / High
Finance	Accounting, banking, reconciliation and authorization adequate?	Low / Moderate / High
Safeguarding	PSEA/safeguarding controls and reporting present?	Low / Moderate / High
Procurement	Fair purchasing and vendor controls present?	Low / Moderate / High
Program/MEAL	Capacity, evidence and reporting adequate?	Low / Moderate / High
Data	Sensitive information protected?	Low / Moderate / High
Integrity	Fraud, sanctions, conflicts or reputational concerns?	Low / Moderate / High

SCHEDULE 16

Corrective Action & Management Response Form

CONTROLLED IMPLEMENTATION SCHEDULE

Every material finding should have a traceable management response and closure test.

Control / Stage	Required Practice / Standard	Evidence / Rating
Finding ID	Unique identifier	Register
Source	Audit, monitoring, complaint, incident, Board or donor review	Source record
Finding	Specific control gap	Finding statement
Risk	People, finance, legal, donor, operational, reputation	Risk rating
Containment	Immediate protective action	Action record
Root cause	Why failure occurred	Analysis
Corrective action	Specific sustainable remedy	Action plan
Owner / due date	Accountable role and target date	Tracker
Evidence / verification	Proof of completion and closure test	Closure evidence

Regional Director / Representative Terms of Reference

CONTROLLED IMPLEMENTATION SCHEDULE

Regional or country representation is controlled by written authority and does not automatically create contracting, banking or governance power.

Control / Stage	Required Practice / Standard	Evidence / Rating
Purpose	Represent ACSIS mission and approved programs within assigned scope	Appointment letter
Authority	Only powers expressly delegated in writing	Delegation record
Contracts	No authority to bind ACSIS unless specifically authorized	Contract authority
Funds	No collection/banking outside approved channels	Finance controls
Brand	Use ACSIS name/logo only for authorized work	Brand authorization
Safeguarding	Comply with PSEA/safeguarding and escalate concerns	Acknowledgment
Programs	Follow approved plans, budgets and reporting	Program records
Reporting	Submit periodic activity/compliance information	Reports
Termination	Return records/assets/access and cease representation	Exit checklist

SCHEDULE 18

Volunteer & Staff Institutional Conduct Standard

CONTROLLED IMPLEMENTATION SCHEDULE

Personnel and volunteers are expected to protect dignity, integrity, confidentiality and institutional resources.

Control / Stage	Required Practice / Standard	Evidence / Rating
Dignity	Treat all people with respect and without discrimination	Code acknowledgment
No exploitation	No sexual, financial or positional exploitation	Safeguarding acknowledgment
Confidentiality	Protect beneficiary, staff, donor and partner information	Confidentiality agreement
Integrity	No fraud, kickbacks, theft or improper gifts	Code acknowledgment
Authority	No unauthorized promises, contracts or public claims	Role description
Property	Use ACSIS funds, systems and assets only as authorized	Asset/access record
Reporting	Report safeguarding, fraud, retaliation and serious conflicts	Reporting acknowledgment
Exit	Return records, credentials and property	Exit checklist

Policy Adoption, Amendment & Version-Control Procedure

CONTROLLED IMPLEMENTATION SCHEDULE

Policy changes should be traceable to the correct authority and should never create false historical records.

Control / Stage	Required Practice / Standard	Evidence / Rating
Draft	Identify purpose, owner, authority and affected controls	Draft record
Review	Legal/donor/technical review proportionate to subject	Review comments
Authority check	Determine General Assembly, Board or delegated approval	Authority memo
Decision	Record approval, vote or delegated authorization	Minutes/resolution
Effective date	State when rule becomes operative	Controlled copy
Communication	Distribute and train affected users	Training/distribution
Version control	Document ID, version and superseded edition	Version register
Review	Periodic/risk-triggered reassessment	Review log

No retroactive fabrication. A later consolidated edition may improve wording and procedures, but it must not be presented as proof that the exact expanded wording was separately voted on in 2023 unless contemporaneous evidence supports that claim.

International Donor Due-Diligence Readiness Checklist

CONTROLLED IMPLEMENTATION SCHEDULE

A reviewer should be able to trace material due-diligence statements to underlying controlled evidence.

Control / Stage	Required Practice / Standard	Evidence / Rating
Identity	Legal/tax status current and consistent	Official records
Governance	Authority, minutes, conflicts and delegation documented	Governance binder
Finance	Budgeting, payments, reconciliation and reporting evidenced	Finance binder
Safeguarding	PSEA/safeguarding prevention and reporting operational	Safeguarding file
Procurement	Competition, vendor due diligence and exceptions documented	Procurement file
Programs	Results framework and source evidence support claims	Program/MEAL file
Data	Classification, access, retention and incident controls active	Data governance file
Partners	Risk assessment, agreement, monitoring and closeout documented	Partner file
Compliance	Yellow/Red issues tracked to closure	Corrective-action register
Disclosure	Public claims accurate; confidential evidence protected	Publication approval record

Donor-readiness standard. Where evidence is incomplete, ACSIS should disclose the gap and corrective action rather than overstate implementation.

ANNEX D

Authorized Signature & Certification Page

I certify, in my authorized institutional capacity, that this controlled manual is intended to consolidate and administer the ACSIS Corporation governance, compliance and operational framework described herein, consistent with the recorded General Assembly adoption and delegated authority.

Certification scope. This is an internal institutional certification by the authorized signatory. It is not an assertion of external certification, accreditation or endorsement by a donor, government, United Nations entity or international NGO.

AUTHORIZED EXECUTION & CONTROL CERTIFICATION

General Assembly adoption: July 30, 2023 | Delegated signatory authority: August 8, 2023

Mr. Gerald Volcy

President, Founder & Chief Executive Officer
ACSIS Corporation

Signature applied to this controlled copy. No historical signature date is represented.

Publication & Due-Diligence Disclosure Note

This manual is designed for controlled institutional presentation to donors, foundations, international NGOs and other partners. Sensitive schedules or evidence should be withheld or redacted where disclosure would compromise safeguarding, privacy, legal, banking, whistleblower, personnel or security obligations.

- Provide current legal/tax evidence with the manual.
- Provide current financial information proportionate to the due-diligence request.
- Provide safeguarding policy/reporting channels without case identities.
- Provide selected verified program evidence rather than unsupported promotional claims.
- State limitations and corrective actions where evidence is still developing.

END OF CONTROLLED MANUAL