Institutional Due Diligence & Assurance Pack

Governance, legal, financial, safeguarding, integrity, technical and operational readiness

CONTROLLED DRAFT — EVIDENCE AND BOARD APPROVAL REQUIRED

Prepared for institutional partners, NGOs, multilaterals, public authorities, donors and financial institutions

Document ID SXF-GOV-DD-001 | Version 0.9 | 30 August 2026

PERMITTED RELIANCE This pack is designed to support institutional due diligence. Readiness is determined by the completeness, currency, authenticity and demonstrated operation of the referenced evidence and controls. This document alone does not certify compliance, legal status, product performance or partnership status.

Document control and reliance

Control field	Current entry
Legal entity	Smart X Foundation — exact registered name and legal form not evidenced in the supplied source document.
Document owner	Board of Directors / Executive Director — formal assignment pending.
Status	Controlled evidence draft; not approved for unrestricted external reliance.
Version / date	0.9 / 30 August 2026
Approval	Not yet approved. Board minute and signed release required.
Next review	Earlier of formal approval, a material change, a due-diligence submission, or 12 months.
Classification	Confidential — external due diligence; sensitive evidence to be shared through controlled access.
Source basis	Management-provided About Us narrative and the official external frameworks listed in Appendix D.
Master language	English. Any translation must identify the English signed version as controlling unless legal counsel advises otherwise.
Due-diligence contact	Responsible officer and secure contact channel not yet evidenced.

Truth and evidence protocol

The source file is a vision and marketing narrative, not an evidence pack. No registry records, governing documents, board records, audited accounts, bank evidence, policy approvals, signed partner agreements, technical test reports or operating-control samples were supplied. This document therefore separates assertions, control design and evidence.

Code	Meaning	Reliance rule
VF	Verified fact	Supported by current primary evidence and independently checked.
OE	Operating evidence	A control has generated retrievable real-world records; samples are available.
PA	Policy approved	Formally adopted, but effectiveness is not established without operating evidence.
PE	Pending evidence	Management assertion or intended position not yet independently substantiated.
GAP	Not in place / incomplete	Mandatory item absent, inadequate or materially inconsistent.
NA	Not applicable	Written rationale and approving authority required; never use as a convenience.

CONTROL MATURITY Draft → Approved → Implemented → Operating evidence available → Effectiveness tested. A template, policy signature or training plan is not evidence that a control works. Simulations and walkthroughs must be labelled as such.

Scope, exclusions and permitted use

- This pack covers institutional identity, governance, integrity, finance, safeguarding, program delivery, WASH technical assurance, data, risk and evidence readiness.
- It is not a legal opinion, audit, product certification, donor pre-qualification, tax ruling or assurance engagement.
- Underlying policies, records and agreements must remain separate controlled documents. This pack summarizes and cross-references them; it does not replace them.
- Personal identity records, bank details, security plans, safeguarding case files and protected technical information should not be embedded here. They should be available to authorized reviewers through a secure data room, with lawful redaction.
- Material changes after the document date must be disclosed before a reviewer relies on this pack.

Contents

Section	Title
1	Executive assurance summary
2	Legal identity, registration and regulatory standing
3	Purpose, strategy and operating model
4	Governance and board effectiveness
5	Smart X relationship, independence and related parties
6	Ethics, anti-bribery, fraud and whistleblowing
7	AML/CFT, sanctions, PEPs and anti-diversion
8	Safeguarding, PSEA and community protection
9	Financial management, funding and auditability
10	Procurement, suppliers and contract controls
11	Partners, subrecipients and downstream assurance
12	Program lifecycle and community accountability
13	WASH, product and environmental/social assurance
14	Monitoring, evaluation, data and claims integrity
15	People, duty of care, security and continuity
16	Data protection and information security
17	Risk management, incidents and insurance
18	Material disclosures and signed representations
19	Readiness decision and 90-day implementation plan
A	Evidence register and data-room index
B	Core due-diligence questionnaire responses
C	Board and management attestation
D	External standards and official references

1. Executive assurance summary

Smart X Foundation is presented by management as the humanitarian arm of a wider Smart X ecosystem, with an ambition to expand access to safe drinking water and strengthen transparent reporting. The supplied source establishes intent, but does not establish legal standing, independence, financial capacity, operational controls, partner authority, product performance or impact.

CURRENT READINESS DETERMINATION NOT ASSESSABLE — EVIDENCE INCOMPLETE. The organization should not represent itself as institutionally due-diligence-ready until the critical evidence schedule is complete, the controls have operated, high-severity findings are closed and the Board has formally released the pack.

1.1 What this pack changes

- Replaces promotional superlatives with scoped, evidence-linked institutional statements.
- Separates the Foundation's legal identity and track record from those of founders, sponsors, affiliates, technology owners and prospective partners.
- Treats the relationship with Smart X commercial entities as a high-scrutiny related-party risk requiring independent governance and arm's-length evidence.
- Distinguishes metered water volume, water-quality test results, field observations, partner reports and modelled estimates.
- Quarantines unsupported claims, including WHO endorsement, comparative 'world first' claims, named partnerships, direct health outcomes and an unverified 0–10% administration ratio.
- Defines a complete evidence register and a gated 90-day route from policy design to tested operating controls.

1.2 Initial domain assessment

Domain	Initial status	Primary condition before reliance
Legal identity and authority	PE / GAP	Certified formation, registry, statutes, tax, signatory and country-authority evidence.
Governance and independence	PE / GAP	Board composition, minutes, delegations, conflicts and related-party safeguards.
Finance and audit	GAP	Foundation bank, opening/current accounts, approved budget, controls and auditor evidence.

Domain	Initial status	Primary condition before reliance
Integrity and AML/CFT	GAP	Approved risk-based policies, screening records, escalation and training evidence.
Safeguarding and PSEA	GAP	Operational channels, focal point, referrals, training, contracts and case controls.
Programs and partners	PE	Exact agreement status, legal authority, project files and partner due diligence.
WASH/product assurance	PE	Accredited testing, operating envelope, Water Safety Plans, quality and incident records.
Data and impact claims	PE	Indicator definitions, calibration, data-quality rules, privacy controls and independent checks.
Risk, insurance and continuity	GAP	Approved risk register, insurance certificates, incident and continuity tests.

1.3 Conditions precedent for external submission

- Legal existence, governing authority, controllers, registered address and bank ownership independently verified.
- No unresolved sanctions, terrorism-financing, safeguarding, fraud, bribery, regulatory or source-of-funds red flag.
- Foundation and related commercial entities ring-fenced through separate decisions, banking, accounting, contracting and records.
- All critical policies approved and localized; operating records show that key controls are implemented.
- Every material institutional, partnership, technical and impact claim linked to primary evidence in Appendix A.
- Board Chair and Executive Director sign the representation in Appendix C after reasonable inquiry.
- Independent legal, financial-control, safeguarding and technical readiness reviews completed where the reviewer or risk profile requires them.

1.4 Immediate no-go conditions

NO-GO OVERRIDE One unresolved critical risk overrides any aggregate score. Do not average away a legal-authority, sanctions, safeguarding, integrity, water-safety or material misrepresentation failure.

- Unclear legal authority, control or signatory power; missing pre-operation license; or fundraising without required authority.

- Personal, commingled or unverified bank accounts; unexplained cash or source of funds.
- Founder domination without independent challenge; undisclosed related party; conflicted decision-maker participating in approval.
- A person can initiate, approve, pay, post and reconcile the same transaction without a documented compensating control.
- Unresolved sanctions/terrorism match, bribery concern, fraud loss, serious safeguarding allegation or product-safety event.
- Backdated, altered or reconstructed evidence; material contradiction across registry, banking, accounts, contracts or public claims.
- Donor funds can confer unjustified private benefit on a related Smart X entity.
- Unverified claims of registration, tax exemption, audit, certification, partnership, reach, water safety, deployment history or impact.

2. Legal identity, registration and regulatory standing

The legal entity must be verified before any reviewer can assess governance, authority, liability, taxation, banking, fundraising or program rights. The name 'Smart X Foundation' is not evidence that a legally registered foundation exists.

2.1 Institutional identity record

Required disclosure	Position at document date	Evidence
Exact legal name	Not evidenced in supplied materials.	LGL-001
Legal form and jurisdiction	Not evidenced. Management context indicates Norway/Oslo; confirm from registry.	LGL-001–003
Registration / organization number	Not supplied.	LGL-001
Formation date	Not supplied.	LGL-002
Registered and principal office	Not supplied.	LGL-001 / LGL-004
Governing objects / public benefit	Management narrative: safe water and transparent humanitarian impact. Must match statutes exactly.	LGL-003
Tax and charitable status	Not supplied; do not claim exemption or deductibility.	LGL-005
Regulator / supervisory authority	Depends on verified legal form. If a Norwegian foundation, relevant official registers and Foundation Authority requirements apply.	LGL-001 / LGL-007
Authorized signatories	Not supplied.	GOV-006
Operating countries and permits	No verified operating-country register supplied.	LGL-010 onward
Litigation / investigations / notices	No signed disclosure supplied; absence cannot be assumed.	DSC-001

2.2 Norwegian legal baseline — conditional on verified status

Official Norwegian guidance states that all foundations must be registered in the Foundation Register; a foundation is a self-owning legal person governed by its purpose, and the founder gives up control of transferred assets. Norwegian foundations have accounting and statutory audit obligations. Beneficial-owner information must be assessed and registered under the applicable rules. Related-party transactions require independent, documented, arm's-length decision-making. See references R1–R4.

LEGAL VERIFICATION REQUIRED This paragraph describes the general Norwegian framework. It must not be used as a representation that Smart X Foundation is already registered, compliant or authorized. Norwegian counsel and the auditor should confirm the actual classification and obligations.

2.3 Required legal and regulatory controls

- Maintain a certified/current registry extract, formation document, statutes, registered address and signatory record.
- Create a statutory obligations calendar covering accounts, audit, tax, beneficial-owner filings, regulator notices and board changes.
- Confirm authority to contract, receive restricted grants, employ personnel, own/import assets, transfer data and operate internationally.
- Complete a country-entry memorandum before any local fundraising, employment, importation, construction, water service or public claim.
- Keep legal names, addresses, registration numbers and authority statements consistent across bank, contracts, invoices, websites, proposals and partner portals.
- Maintain a legal proceedings and regulatory correspondence register, including nil declarations signed by responsible officers when appropriate.

Assurance view	Statement
Current position	Only the management-provided name, purpose narrative and ecosystem relationship are known from the supplied source.
Evidence pending / limitation	All primary legal, tax, regulatory, signatory, litigation and operating-country evidence is pending.
Required remediation	Obtain LGL-001 through LGL-012, reconcile them, secure counsel confirmation and freeze the verified institutional fact sheet before external use.

3. Purpose, strategy and operating model

3.1 Defensible institutional profile

PROPOSED CORE PROFILE Smart X Foundation seeks to support access to safe drinking water through locally accountable, technically verified and transparent programs. It intends to work with qualified public, humanitarian and community partners. The final wording must be aligned to the registered objects and approved strategy before publication.

Proposed mission

Expand reliable access to safe drinking water by enabling evidence-led, locally owned and transparently governed WASH programs.

Proposed vision

Communities have sustained access to safe water and can hold organizations supporting them accountable for quality, continuity and results.

Operating principles

- Humanity, impartiality, non-discrimination and respect for rights and dignity.
- Community participation, local leadership and accessible complaints and feedback.
- Do no harm, conflict sensitivity, safeguarding and environmental/social responsibility.
- Evidence before claim: limitations, assumptions and uncertainty are disclosed.
- Institutional independence, stewardship of restricted funds and no unjustified private benefit.
- Technology neutrality: selection is based on documented needs, performance, total cost and lifecycle suitability.

3.2 Permitted operating models

Model	Foundation role	Minimum evidence before use
Grantmaker	Selects and funds qualified partners; monitors restrictions and outcomes.	Grant policy, partner DD, agreements, disbursement controls, monitoring and closeout.
Program operator	Contracts, employs, procures and delivers activities directly.	Country authority, staff capacity, insurance, technical permits, security and operating SOPs.
Convenor / technical enabler	Coordinates partners and may make validated tools or data available.	Clear accountability, IP/data agreements, procurement neutrality and partner consent.
Fiscal or sponsorship arrangement	Relies on another entity for defined functions.	Written agreement, roles, liabilities, funds ownership, audit rights and transparent attribution.

3.3 Theory of change — proposed

Layer	Definition for Smart X Foundation	Evidence rule
Inputs	Lawful funding, qualified partners, validated water solutions, trained personnel, compliant data and operating systems.	Inputs are resources, not results.
Activities	Needs assessment, community engagement, site/design review, procurement, installation, training, monitoring and corrective action.	Activity completion requires dated records.
Outputs	Systems commissioned; operators trained; treated-water volume; samples taken; complaints channels active.	Each output has a definition and source.
Outcomes	Reliable access, sustained functionality, water meeting applicable parameters and improved service experience.	Requires follow-up and outcome methodology.
Impact	Reduced exposure to specified water-related hazards and stronger community resilience.	Do not claim causal health impact without appropriate evaluation.

3.4 Exclusions and claim boundaries

- R&D concepts, future phases, prototypes and affiliate products are not current Foundation capacity unless separately approved and evidenced.
- Nutrition, immune, medical or health-efficacy claims require their own legal classification, safety, quality and clinical evidence and are outside this pack unless added by formal scope change.
- Prospective discussions, letters of interest and MoUs are not endorsements, grants, procurement awards or implemented partnerships.
- Commercial-group or founder experience is not Foundation track record unless contractually attributable and disclosed as such.
- Geographic ambition is not authority to operate; each country and project must pass legal, security, safeguarding, technical and environmental/social gates.

Assurance view	Statement
Current position	The supplied narrative supports a broad ambition around safe water and transparency.
Evidence pending / limitation	The registered objects, approved strategy, beneficiary definition, geography, program portfolio, budget and results history were not supplied.
Required remediation	Board-align the mission and theory of change to the statutes; approve a three-year strategy, country criteria, program manual, budget and measurable results framework.

4. Governance and board effectiveness

The Board must govern in the Foundation's interests and for its registered purpose. A credible small-foundation model can use outsourced specialists, but cannot outsource accountability or allow the founder/commercial sponsor to control decisions without independent challenge.

4.1 Required governance architecture

Body / role	Core accountability	Minimum assurance
Board	Purpose, strategy, risk, budget, policies, appointments, related parties, material contracts and oversight.	Current roster, competencies, independence, minutes, actions and annual evaluation.
Audit & Risk oversight	Financial reporting, controls, audit, integrity, risk, related parties and investigations.	Independent chair or non-conflicted lead; regular private auditor access.
Program Quality & Safeguarding oversight	Program quality, PSEA, community accountability, WASH safety and serious incidents.	Named board sponsor, technical/safeguarding expertise and restricted reporting.
Executive Director	Implements Board decisions, operates controls and reports accurately.	Approved job description, delegated authority, objectives and evaluation.
Control owners	Finance, compliance, safeguarding, procurement, data, program quality and technical assurance.	Named accountable owner and cover; competence and access to the Board.

4.2 Reserved matters

- Annual strategy, budget, risk appetite, reserves and going-concern assessment.
- Formation or closure of country operations; material grants, borrowing, guarantees and asset transfers.
- Appointment/removal and remuneration of the Executive Director, auditor and key independent reviewers.
- Approval of core policies and any deviation creating high or critical residual risk.
- Any related-party agreement, shared service, IP/data license, equipment purchase, donation valuation or transaction involving a founder, director, executive or affiliate.
- Material public claims, named strategic partnerships, crisis communications and serious-incident disclosures.
- Settlement of material litigation, write-offs, product recall and notification of donors or regulators.

4.3 Governance operating standard

Control	Minimum design
Composition	Skills matrix covering finance/audit, law, humanitarian/WASH, safeguarding, international operations, risk/data and local/community perspective; document independence.
Terms	Defined appointment, term, renewal, removal, succession and emergency-vacancy rules consistent with statutes and law.
Meetings	Annual calendar, timely packs, quorum verification, conflict declarations per agenda, signed minutes and action tracking.
Fit and proper	Identity, references, sanctions/PEP/adverse-media screening and annual declarations, lawfully documented.
Delegation	Authority matrix sets monetary and non-monetary limits; no self-approval; absence cover documented.
Evaluation	Annual Board/committee self-assessment and periodic independent review proportionate to size and risk.
Transparency	Annual report includes governance, related parties, remuneration, material risks, program results and limitations.

Assurance view	Statement
Current position	No verified board, committee, signatory, delegation or governance records were supplied.
Evidence pending / limitation	Board independence, competence, meeting history, conflicts, remuneration, screening and effectiveness cannot be assessed.
Required remediation	Complete GOV-001 through GOV-012; hold a quorate approval meeting; document conflicts and related-party decisions; activate action tracking and annual evaluation.

5. Smart X relationship, independence and related parties

HIGH-SCRUTINY AREA The source states that a Smart X company may cover salaries, offices, logistics, data-platform and field-operation costs and presents the Foundation as part of a wider ecosystem. Without ring-fencing, this creates risks of founder control, hidden subsidy, donor-funded private benefit, biased procurement, unclear liability and inaccurate cost ratios.

5.1 Relationship map required

Relationship	Questions the evidence must answer	Evidence
Control and governance	Who formed the Foundation? Who appoints/removes directors? Which directors/staff overlap? Who has veto or reserved rights?	GOV-001–004 / RPT-001
Funding	Which exact legal entity gives cash or in-kind support? Is it binding, revocable or discretionary? What is the amount and duration?	RPT-002 / FIN-020
Percentage pledge	If a '10% net monthly' pledge is used: define entity, base, deductions, loss months, timing, restrictions, cap, enforceability and reconciliation.	RPT-003
Technology and IP	Who owns patents, designs, trademarks, software and data? What may the Foundation use, at what price, for how long and with what warranty?	RPT-004 / TEC-001
Shared resources	Who employs or seconds staff, hosts data, owns assets, pays premises/insurance and allocates costs?	RPT-005–008
Procurement	Can the Foundation select alternatives? How are specifications, price, lifecycle cost and conflicts independently assessed?	PROC-001 / RPT-009
Liability and continuity	Who bears product, data, employment and field liability? What happens if sponsor funding, technology or services stop?	RPT-010 / RSK-004

5.2 Non-negotiable ring-fencing controls

- Separate legal identity, bank accounts, books, contracts, records, policies, decision rights and external communications.
- Board majority capable of independent judgment; conflicted members disclose interests, leave deliberation and are excluded from vote and quorum as required.
- Written master relationship agreement covering cash/in-kind support, shared services, staff, brand, IP, data, assets, insurance, liability, termination and continuity.
- Every related-party transaction supported by need, alternatives analysis, market benchmark, value-for-money assessment, independent approval and complete minutes.
- No donor restriction may be overridden by a sponsor agreement; restricted funds remain traceable and cannot subsidize unrelated commercial R&D, marketing or sales.

- Technology specifications must remain outcome-based and technology-neutral unless a justified single-source decision is independently approved.
- Related-party amounts, valuation methods, unpaid balances, commitments and key terms disclosed in financial statements and donor reports as applicable.
- A continuity plan must allow the Foundation to protect beneficiaries, records, funds and assets if the sponsor or supplier becomes insolvent or withdraws support.

5.3 Administration-cost and donation claims

CLAIM RESTRICTION Do not publish '0–10% administrative cost' or 'all donor money goes directly to saving lives' unless the calculation is based on a Board-approved full-cost allocation policy, binding sponsor agreements and audited accounts. Safeguarding, monitoring, audit, compliance and data quality are necessary program-enabling costs, not waste.

The Foundation should report actual support/program costs using a stable, disclosed methodology and reconcile cash and in-kind contributions. Any ratio should state the numerator, denominator, covered period, allocation bases, sponsor subsidy and auditor status. Future ratios must not be presented as historical performance.

Assurance view	Statement
Current position	The supplied narrative asserts a close ecosystem and cost-support relationship with an unspecified Smart X company.
Evidence pending / limitation	The legal entities, ownership/control, agreements, transactions, valuation, cost allocation, procurement, liability and independence evidence are absent.
Required remediation	Complete the group chart and RPT register; execute Board-approved agreements; obtain benchmarks; document recusals; test at least one transaction end to end before describing the controls as operational.

6. Ethics, anti-bribery, fraud and whistleblowing

Integrity controls must be proportionate to public-sector contact, cross-border procurement, emergency operations, cash exposure, intermediaries and the Foundation's relationship with commercial affiliates. 'Zero tolerance' means zero tolerance for inaction or concealment, not a claim that risk cannot occur.

6.1 Required policy framework

Control	Minimum content	Operating evidence
Code of Conduct	Values, conflicts, safeguarding, abuse of authority, discrimination, confidentiality, assets, political neutrality, reporting and sanctions.	Signed acknowledgements; induction and refresher records; documented enforcement.
Anti-bribery and corruption	Bribes, facilitation payments, public officials, intermediaries, procurement, donations, sponsorship, political activity and escalation.	Risk assessment; approvals; DD files; training; reviews and case records.
Fraud control	Prevention, red flags, reporting, evidence preservation, independent investigation, recovery, donor/regulator notice and lessons.	Fraud risk register; channel tests; anonymized case log; corrective-action closure.
Gifts and hospitality	Low-value rules, prohibited circumstances, approval thresholds, aggregate limits and public-official restrictions.	Gifts register and periodic compliance review.
Conflicts / related parties	Annual and event-driven declarations, agenda declarations, recusal, register, independent approval and disclosure.	Declarations; minutes; benchmarks; recusal and review evidence.
Whistle-blowing	Confidential/anonymous options, non-retaliation, independent triage, investigation, feedback, record security and Board oversight.	Accessible channels; test reports; restricted case management; trend reporting.

6.2 Investigation and escalation standard

- Triage allegations by severity, conflict, evidence-preservation need, safety risk and notification obligation.
- Assign an investigator independent of the subject and any implicated decision-maker; use external support where capacity or conflict requires it.
- Protect reporters, affected people and witnesses; limit information on a need-to-know basis; prohibit retaliation.
- Document allegation, decisions, scope, evidence, interviews, findings, legal review, actions, recovery and closure. Do not promise absolute confidentiality where law or safety requires disclosure.

- Notify donors, regulators, insurers or law enforcement according to law and contract; keep a decision record even when notification is not required.
- Report anonymized trends and overdue corrective actions to the Board without compromising safeguarding or personal data.

6.3 Public-sector and country-risk safeguards

Any permit, customs, land, school, health, water or government interaction must be logged with purpose, attendees, commitments, gifts/hospitality and follow-up. Agents and introducers require enhanced due diligence, written scope, reasonable compensation, no success fee tied to an official act, invoice evidence and termination rights.

Assurance view	Statement
Current position	No ethics policies, registers, reporting channels, training or case-management evidence were supplied.
Evidence pending / limitation	The Foundation's public-sector exposure, use of intermediaries, incident history and control ownership are unknown.
Required remediation	Approve CMP-001 through CMP-007; appoint an independent reporting route; train personnel; test channels; complete country and public-official risk assessments.

7. AML/CFT, sanctions, PEPs and anti-diversion

The Foundation should apply focused, proportionate and risk-based controls consistent with applicable law, financial-institution requirements, donor clauses and FATF guidance for relevant non-profit organizations. Controls must protect humanitarian access and must not become indiscriminate beneficiary screening.

7.1 Parties and timing

Party	Baseline checks	When repeated
Founders, directors and key officers	Identity, role, control, PEP/sanctions, adverse information and conflicts.	Before appointment; annually; on trigger.
Donors and sponsors	Identity/entity, ownership/control where applicable, source of funds, restrictions, PEP/sanctions and reputational fit.	Before acceptance/payment; periodically for higher risk; on change.
Banks and payment channels	Account ownership, regulated status, country/currency risk and anti-diversion controls.	At setup/change; before high-risk transfers.
Vendors and agents	Legal identity, owners, bank verification, sanctions/PEP, conflicts, capacity, references and pricing.	Before award/payment; at renewal; on ownership/bank change.
Partners, grantees and subrecipients	Legal standing, controllers, governance, financial controls, sanctions, PSEA, capacity and downstream parties.	Before agreement/disbursement; risk-based monitoring; annually or on trigger.
Beneficiaries	Only legally and ethically proportionate checks needed to prevent diversion; avoid exclusionary blanket screening.	Project-risk based; document rationale and safeguards.

7.2 Minimum operating procedure

- Document an institutional AML/CFT, sanctions and diversion risk assessment by country, funding source, delivery channel, partner, cash exposure and commodity.
- Screen against applicable UN, EU, national and donor lists; record search terms, sources, date, analyst, result and disposition.
- A possible match remains open until an authorized reviewer documents the identity comparison and rationale. A true match stops commitment/payment and triggers legal escalation.
- Verify bank-account ownership independently; changes require out-of-band confirmation and reapproval. Prefer regulated banking channels; tightly control cash/mobile money exceptions.

- Use written agreements, approved budgets, milestone evidence, serial/asset tracking, delivery and commissioning records, site verification and audit rights to prevent diversion.
- Escalate suspicious activity under applicable law and policy. Do not tip off a subject where prohibited.
- Retain records for the longest applicable legal, tax, donor, contract and investigation period in an approved retention schedule.

RISK PROPORTIONALITY FATF Recommendation 8 is risk-based and does not justify treating all non-profits or all beneficiaries as high risk. The Foundation must document why a measure is necessary, focused and proportionate and assess unintended harm.

Assurance view	Statement
Current position	No screening, source-of-funds, bank verification, diversion controls or AML/CFT risk assessment were supplied.
Evidence pending / limitation	Sanctions/PEP status of founders, board, donors, related entities, vendors and prospective partners is unknown.
Required remediation	Approve a risk-based procedure, designate an accountable compliance owner, screen all in-scope parties, resolve matches and independently test the audit trail before commitments.

8. Safeguarding, PSEA and community protection

Water projects in schools, informal settlements, emergency contexts and communities may affect children and adults at risk even when the Foundation's role is mainly technical. Safeguarding is therefore a core governance and delivery obligation, not a human-resources add-on.

8.1 Non-negotiable conduct standard

- Sexual exploitation and abuse are serious misconduct and grounds for disciplinary action, including termination where established.
- Sexual activity with anyone under 18 is prohibited regardless of local age-of-consent rules; mistaken belief about age is not a defence under the organizational standard.
- Exchange of money, jobs, goods, services, assistance or favourable treatment for sex or sexual acts is prohibited.
- Relationships that exploit unequal power between personnel and people receiving assistance are prohibited or must be managed under a stricter rule approved by the Board.
- Personnel must promptly report concerns or suspicions through designated channels; managers must maintain an environment that prevents misconduct and supports reporting.
- Retaliation, victimization, deliberate false reporting and interference with an investigation are prohibited.

8.2 Minimum safeguarding system

Component	Required design	Evidence of operation
Governance	Board-approved safeguarding/PSEA and child-protection framework; named Board sponsor and trained focal point.	Board minutes, reports, focal-point TOR and competency record.
Risk assessment	Project/site assessment covering children, at-risk adults, power, access, personnel, contractors, data/images and reporting barriers.	Approved risk register and mitigations before mobilization.
Safer recruitment	Role-risk classification, references, lawful checks, misconduct disclosure where available, declarations and probation supervision.	Complete personnel files and exception approval.
Reporting	Safe, confidential, accessible, language/age/disability-appropriate internal and community channels.	Channel tests, community awareness, response logs and availability checks.
Response	Survivor-centred triage, consent, immediate safety, referral, confidentiality, independent investigation and contractual/regulatory notice.	Referral map, restricted case records, timeliness and corrective actions.

Component	Required design	Evidence of operation
Partners	Pre-award PSEA capacity assessment, action plan, clauses, training, incident notice, monitoring and suspension/termination rights.	Partner assessments, contracts, monitoring and reassessment.
Learning	Anonymized trends, root-cause review, corrective action and Board oversight.	Trend report, action log and effectiveness review.

8.3 Community-facing commitments

- Assistance is never conditional on payment, political support, personal data beyond need, sexual conduct, media consent or other improper exchange.
- Communities receive clear information on eligibility, service limits, water-safety notices, staff conduct and how to complain safely.
- Complaints can be made anonymously where feasible, without retaliation, through channels not controlled solely by the local implementation team.
- Safeguarding information and referrals are localized before deployment; do not publish sensitive case or exact-location data.
- Child participation, photography and storytelling require risk assessment, informed permission/assent as appropriate, data minimization and dignified representation.

EVIDENCE WARNING A signed policy is not proof that reporting channels, referral pathways, case security, trained personnel or survivor support are operational. These elements must be tested safely and independently, using labelled drills rather than fabricated incidents.

Assurance view	Statement
Current position	No safeguarding or PSEA evidence was supplied.
Evidence pending / limitation	Policy, focal point, channels, referrals, safer recruitment, training, partner flow-down and incident history cannot be assessed.
Required remediation	Approve SGD-001 through SGD-010; appoint qualified oversight; map referrals per location; train all relevant personnel; test channels and record remediation before community contact.

9. Financial management, funding and auditability

A reviewer must be able to trace funds from receipt to approved purpose, procurement, payment, asset/delivery and reporting. New-entity limitations must be disclosed; opening balances, forecasts and controlled first-period evidence should be used instead of implied history.

9.1 Core control matrix

Process	Minimum control	Assurance evidence
Banking	Account in exact Foundation legal name; approved signatories; dual authorization; independent change verification.	Bank letter, mandate, access list and payment sample.
Budget	Board-approved annual budget and rolling cash forecast; donor/project coding; documented reforecast and variance action.	Minutes, budget, forecast and monthly variance reports.
Ledger	Documented accounting basis, chart of accounts, restricted-fund/project dimensions and controlled journal access.	Ledger configuration, journal log and close checklist.
Payments	No self-approval; request, evidence, budget, procurement, approval, bank execution, posting and review are segregated.	Complete transaction files and system/bank audit logs.
Reconciliation	Monthly bank, advances, payroll, assets, inventory, grants and related-party reconciliations independently reviewed.	Signed reconciliations and aged-item resolution.
Restricted funds	Separate coding and availability controls; eligible-cost and indirect-cost rules; refund/unspent-balance process.	Grant-to-ledger reconciliation and donor report trail.
Assets / inventory	Unique ID, custodian, location, condition, restrictions, transfer, count and disposal approval.	Register, physical count, delivery and disposition records.
Reporting	Monthly management accounts, balance sheet, cash, forecast, budget variance, restricted funds, risks and related parties.	Board packs and action minutes.
Audit	Qualified independent auditor; annual statutory and donor audit plan; findings tracked to closure.	Engagement, reports, management letters and action log.

9.2 Segregation of duties

No person should control initiation, approval, execution, recording and reconciliation of a transaction. Where staffing is limited, compensating controls must be explicit: independent Board approval, direct read-only bank access for the reviewer, post-payment sample review, external bookkeeping, periodic spot checks and documented absence cover.

Stage	Responsible role	Incompatible activity
Request / need	Budget owner	Final approval or own receipt confirmation.
Procurement	Authorized procurement lead / committee	Sole bank execution or final invoice approval.
Approval	Delegated approver(s)	Approving own expense, related-party interest or unsupported exception.
Bank execution	Authorized signatories	Creating beneficiary and solely approving the same payment.
Posting	Finance / accountant	Unreviewed manual journal to own transaction.
Reconciliation	Independent finance reviewer / Treasurer	Preparing and approving the same reconciliation.

9.3 Funding and donor acceptance

- Verify donor identity, source of funds, conditions, reputation, sanctions/PEP exposure and compatibility with purpose and independence.
- Reject anonymous or conditional funding when risk cannot be mitigated; record acceptance decisions and restrictions.
- Track concentration, currency, timing, revocability and sponsor dependence in a 12-month going-concern assessment.
- Define eligible/ineligible costs, indirect-cost method, co-financing, procurement, reporting, visibility, audit, retention, refund and clawback terms before signature.
- Do not spend restricted funds in advance of a valid agreement and budget unless an authorized, documented pre-award rule applies.
- Separate donations of cash, services, technology and equipment; value in-kind support consistently and disclose related-party source and restrictions.

9.4 Audit and financial history

NEW-ENTITY RULE If the Foundation is newly formed, say so. Do not attribute audited accounts, grants, pilots or transactions of a founder, sponsor or related company to the Foundation. Use verified opening balances, approved forecasts, current management accounts and independent agreed-upon procedures until a statutory audit history exists.

Assurance view	Statement
Current position	The source asserts that a Smart X company may support operating costs. No financial amounts or records were supplied.
Evidence pending / limitation	Foundation bank, accounts, budget, cashflow, restrictions, transactions, audit, tax, assets, insurance and funding commitments are not evidenced.

Assurance view	Statement
Required remediation	Complete FIN-001 through FIN-022; appoint the auditor; run one full monthly close; independently test all transactions if fewer than 25, otherwise all high-risk/exception items plus at least 25 samples.

10. Procurement, suppliers and contract controls

Procurement must demonstrate best value, fairness, transparency, competition and lifecycle suitability. Related-party technology or services require enhanced safeguards, not automatic preference.

10.1 Procurement lifecycle

1. Define a documented need, budget, outcome-based specification, risk classification and evaluation criteria.
2. Check conflict, related-party, donor, sanctions, exclusion, market and country requirements before solicitation.
3. Apply the Board-approved competition method and thresholds; maintain bidder communications and a complete bid register.
4. Use a competent evaluation panel; separate technical and commercial evaluation where appropriate; record scores and recusals.
5. Approve selection and any exception independently; sole-source and emergency waivers require written need, price reasonableness, time limit and retrospective review.
6. Contract before performance, with specifications, price, delivery, quality, safeguarding, integrity, data, audit, warranty, liability, change, suspension and termination terms.
7. Match purchase order/contract, receipt/acceptance and invoice before payment; verify bank changes independently.
8. Monitor quality, delivery, incidents, performance, subcontractors, changes, warranties and closeout; update the supplier risk record.

10.2 Supplier due diligence

Dimension	Evidence required
Identity and control	Registration, address, owners/controllers, directors, bank ownership and authorized signatory.
Integrity	Sanctions/PEP/adverse information, fraud/corruption, debarment, conflicts, gifts and agent/intermediary review.
Capacity	References, staffing, financial viability, facilities, quality management, insurance and continuity.
Responsible business	Labour, child/forced labour, trafficking, human rights, safeguarding, environment, health and safety.

Dimension	Evidence required
Technical quality	Specifications, test reports, certifications, batch/serial traceability, warranty, maintenance and recall capability.
Commercial reasonableness	Competitive quotes or market benchmark, total lifecycle cost, currency/tax, delivery and change-order terms.

10.3 Related-party procurement

ENHANCED CONTROL For a Smart X-related supplier, the file must include the relationship, conflict declarations and recusals, alternative analysis, independent technical review, price/terms benchmark, lifecycle cost, IP/data/liability allocation, Board approval and financial-statement disclosure. Donor funds must not create unjustified private benefit.

Assurance view	Statement
Current position	No procurement policy, thresholds, supplier files, evaluations, contracts or transaction samples were supplied.
Evidence pending / limitation	Technology selection, related-party sourcing, competitive neutrality, supplier integrity and lifecycle assurance cannot be assessed.
Required remediation	Approve PROC-001; establish vendor master and bid/waiver registers; complete enhanced DD on all related suppliers; test procurement-to-payment files.

11. Partners, subrecipients and downstream assurance

PARTNERSHIP CLAIM RULE Do not state that the Foundation collaborates with the Red Cross, UNICEF, the Republic of Kenya, a ministry or any other entity unless the exact legal entity, agreement type, effective/expiry dates and status are evidenced and there is permission to use the name or logo. A discussion, MOU, pilot intention or letter is not an endorsement or funded implementation.

11.1 Partner lifecycle

- Eligibility and strategic fit: mandate, location, needs, community acceptance, conflicts and exclusion criteria.
- Capacity and risk assessment: legal, governance, financial, procurement, safeguarding/PSEA, AML/sanctions, data, technical, security and downstream capacity.
- Risk rating and improvement plan: conditions precedent, capacity support, disbursement modality, monitoring and reassessment frequency.
- Agreement: results, budget, eligible costs, milestones, payment, procurement, integrity, safeguarding, data, incidents, audit/access, assets, subcontracting, suspension, termination and closeout.
- Implementation assurance: reports, ledger support, site visits, water-quality records, beneficiary feedback, spot checks, asset verification and incident follow-up.
- Closeout: final results/financial reconciliation, asset disposition, data/record retention, complaints, lessons, refunds/recovery and performance rating.

11.2 Minimum downstream clauses

Clause family	Minimum requirement
Use of funds / assets	Approved purpose and budget; eligible costs; separate records; no diversion; refund/recovery; asset ownership and disposition.
Integrity	Fraud, bribery, conflicts, gifts, sanctions, terrorism financing, source of funds and investigation cooperation.
Safeguarding	Code, PSEA/child protection, reporting, referral, investigation cooperation, notification and survivor-centred response.
Procurement	Competition, related parties, exclusions, records, value for money and audit access.
Data	Controller/processor roles, lawful basis, security, breach, retention, transfer and beneficiary/media protections.
Technical / WASH	Water Safety Plan, operating limits, test schedule, O&M, incident/unsafe-water notice, quality, warranty and recall.

Clause family	Minimum requirement
Monitoring	Results definitions, supporting evidence, site/record access, spot checks, audit, evaluation and complaints.
Remedies	Corrective action, payment hold, suspension, termination, recovery, disclosure and orderly continuity.

11.3 Agreement-status register

Status	Permitted description
Prospective	Exploratory contact only; do not imply partnership.
Under due diligence	Candidate partner subject to assessment; no award or endorsement.
Negotiation / draft	Terms under discussion; not binding unless clearly stated by counsel.
Signed / not started	Binding agreement exists; implementation has not commenced.
Active	Agreement effective and activities underway; scope limited to the contract.
Completed / closed	Activities and closeout complete; report verified results and limitations.
Suspended / terminated	Disclose internally and to entitled reviewers; public wording legally controlled.

Assurance view	Statement
Current position	The source names categories and organizations but supplies no exact agreement or authority evidence.
Evidence pending / limitation	No partner register, DD assessments, contracts, permission-to-name, monitoring, audit or performance evidence was supplied.
Required remediation	Create PRT-001; remove unsupported names from public materials; complete risk-rated DD and agreements; retain authority to verify downstream funds, assets, safeguarding and results.

12. Program lifecycle and community accountability

Programs must be needs-led, rights-respecting, feasible, safe and sustainable. Technology deployment is only one part of a service: source-water risk, operator capacity, maintenance, affordability, storage, governance, complaints and end-of-life arrangements determine whether benefits persist.

12.1 Stage gates

Gate	Required decision evidence	No-go example
Country / concept	Legal authority, strategic fit, context, sanctions, security, safeguarding and partner options.	No operating authority or unmanageable conflict risk.
Needs and community	Source/service assessment, stakeholder map, inclusive consultation, beneficiary criteria and complaints route.	Predetermined solution without need or community acceptance.
Design	Theory of change, budget, workplan, roles, WASH plan, E&S/safeguarding/data risks and sustainability.	No safe-water verification or O&M owner.
Commitment	Funding, partner DD, procurement, permits, agreement, insurance and approved residual risk.	Unresolved serious integrity/safeguarding/technical risk.
Mobilization	Site permission, baseline tests, trained team, logistics, incident/referral plan, data and security controls.	No baseline or emergency response capability.
Commissioning	Installation/acceptance, water-quality verification, operator training, asset transfer and community information.	Failed sample or incomplete critical control.
Operation	Monitoring, maintenance, sampling, complaints, partner reports, site verification and corrective action.	Unsafe water, diversion or serious incident not contained.
Closeout / exit	Results/financial reconciliation, assets, spares, data retention, complaints, lessons and handover sustainability.	Unclear asset/operator responsibility or unresolved complaint.

12.2 Beneficiary selection and inclusion

- Publish objective eligibility and prioritization criteria, using current needs evidence and non-discrimination safeguards.
- Assess barriers for women and girls, children, older persons, persons with disabilities, minorities, displaced people and other at-risk groups.
- Separate unique people, household estimates, repeat users and service-area populations; prevent double counting across sites and periods.
- Do not collect sensitive data merely to produce impressive metrics; use the minimum data required for fair access and credible reporting.
- Provide accessible feedback and appeals routes; monitor exclusion, elite capture, fees, queueing, safety and unintended harm.

12.3 Complaints and feedback

Maintain distinct but connected channels for service complaints, water-safety incidents, safeguarding/PSEA and whistleblowing. Define ownership, confidentiality, triage, acknowledgement, resolution targets, appeal, trend analysis and escalation. Communities must know how to report unsafe water and receive immediate safety instructions.

Assurance view	Statement
Current position	The source identifies aspirational deployment settings and components.
Evidence pending / limitation	No approved country/project portfolio, needs assessment, beneficiary criteria, project file, community engagement, complaint or closeout evidence was supplied.
Required remediation	Approve the program manual and gate checklist; complete project-level legal, risk, WASH, safeguarding, data and sustainability files before commitment.

13. WASH, product and environmental/social assurance

The Foundation must protect public health from source to point of use. Metering water or installing treatment equipment is not proof that water is safe. Each site requires an evidence-led Water Safety Plan, applicable legal approvals, competent operation, water-quality verification and a corrective-action pathway.

13.1 Standards position

WHO WORDING Use 'aligned with' or 'tested against' a precisely named WHO performance criterion only when the test scope and report support it. Never use 'WHO approved', 'WHO certified' or an unqualified 'WHO-standard filter'. WHO guidance supports national standard-setting and risk management; product evaluation does not constitute endorsement or national regulatory approval. See R15–R17.

As of this document date, WHO's Guidelines for Drinking-water Quality, fourth edition incorporating the first, second and third addenda (2026), emphasize health-based targets, preventive risk management from catchment to consumer, Water Safety Plans and independent surveillance. The Foundation must also comply with each country's binding drinking-water, public-health, environmental and product requirements.

13.2 Minimum technical dossier

Evidence block	Minimum content
Product identity	Legal manufacturer/supplier, model/version, intended use, bill-of-material traceability, IP/license, country approvals and change control.
Operating envelope	Source-water limits, contaminants/hazards addressed, flow/pressure, temperature/turbidity, power, capacity, duty cycle, exclusions and fail-safe behavior.
Performance validation	Accredited independent laboratory reports, protocols, units/batches, challenge conditions, results, uncertainty, deviations and exact permitted claims.
Quality system	Supplier qualification, incoming/batch inspection, traceability, non-conformance, corrective/preventive action, release and change notification.
Commissioning	Site/design acceptance, installation checks, baseline and treated-water tests, operator competence, asset ID, handover and safe-use information.
O&M	Preventive maintenance, consumable/replacement triggers, spares, cleaning/disinfection, calibration, records, service levels and lifecycle cost.
Water-quality verification	Parameters, sampling points, frequency, chain of custody, laboratory competence, operational monitoring, independent checks and disclosure.
Incidents / recall	Unsafe-water stop-use notice, containment, notification, root cause, corrective action, recall, warranty, product liability and restart criteria.
End of life	Asset transfer, spent media/cartridge/e-waste/chemical/sludge/reject-water handling and site restoration.

13.3 Site Water Safety Plan

- Describe the complete supply: source/catchment, intake, treatment, storage, distribution, collection and household handling.
- Identify microbial, chemical, radiological and physical hazards and hazardous events under normal, seasonal, emergency and failure conditions.
- Define control measures, critical/operational limits, monitoring, responsible person and immediate action when a limit is exceeded.
- Verify with water-quality testing and system inspection; keep chain-of-custody, laboratory and result-review evidence.
- Maintain improvement, maintenance, incident, communication, training and independent-surveillance plans.
- Stop or restrict supply when safety cannot be demonstrated; notify communities and relevant authorities with clear alternative-water guidance.

13.4 Environmental and social safeguards

Risk area	Required assessment / control
Water source	Hydrological sustainability, competing uses, abstraction rights, drought/climate risk and cumulative impact.
Land / access	Legal site rights, no forced displacement, informed stakeholder engagement and accessible grievance route.
Waste / pollution	Reject water/brine, chemicals, sludge, spent media, plastic and e-waste quantities, classification, storage, transport and lawful disposal.
Community health	Water safety, storage/recontamination, queue/traffic, structural/electrical safety, chemical handling and emergency communication.
Labour / OHS	Safe work method, PPE, lifting, confined/electrical/chemical hazards, contractor standards, first aid and incident reporting.
Human rights / inclusion	No forced/child labour, modern-slavery controls, non-discrimination, gender/disability access and protection from retaliation.
Climate / continuity	Flood, heat, drought, power/logistics, spare parts, source change and recovery scenarios.

Assurance view	Statement
Current position	The source describes planned water-treatment and monitoring features but provides no technical evidence.
Evidence pending / limitation	Product identity, performance, quality, permits, site Water Safety Plans, lab reports, O&M, incidents, insurance and E&S records are absent.

Assurance view	Statement
Required remediation	Complete TEC-001 through TEC-018 and ESD-001 through ESD-008; obtain independent technical review under NDA where proprietary detail requires protection; publish only claims supported by the approved claims register.

14. Monitoring, evaluation, data and claims integrity

The monitoring system must distinguish what a device measures from metadata, field observation, partner reporting and modelled estimates. Treated-water volume is not the same as safe water at point of consumption, unique beneficiaries, plastic avoided or health impact.

14.1 Data classification

Class	Example	Required disclosure
Directly measured	Metered volume, timestamp, pressure or status from a device.	Device/model, calibration, uptime, error, missing-data and tamper rules.
Laboratory verified	Specified water-quality parameter at a defined sample point.	Method, lab, chain of custody, date, uncertainty, limits and result.
Field observed	System functional, operator present, asset location/condition.	Checklist, observer, date, evidence and sampling approach.
Partner reported	Training attendance, distribution, service event or expenditure.	Partner source, validation, exceptions and reliance limits.
Modelled estimate	People served, plastic displaced, emissions or cost savings.	Formula, denominator, baseline, assumptions, period, sensitivity and no double count.
Evaluated outcome	Sustained access, behavior, service reliability or health outcome.	Design, baseline/comparison, attribution limits, ethics and independent review.

14.2 Core indicator dictionary

Indicator	Definition / source	Quality rule
Commissioned systems	Unique asset passing approved commissioning and water-quality acceptance.	Count once; asset ID and certificate required.
Functional systems	Commissioned asset meeting functionality criteria at the reporting date.	State inspection window and unavailable/unknown category.
Treated-water volume	Valid meter readings within calibrated operating period, net of test/flush volumes as defined.	Disclose coverage, calibration, gaps, resets, duplicates and estimation.
Water-quality compliance	Share of valid verification samples meeting named legal/project limits by parameter and sample point.	Do not infer from device presence or flow alone.
Service uptime	Available service hours divided by scheduled hours, with defined planned/unplanned outage rules.	State data source and offline uncertainty.
People with sustained access	Unique people or statistically justified service population meeting defined duration/quality/access criteria.	Method, period, duplication control and confidence/limitations.

Indicator	Definition / source	Quality rule
Operators trained/competent	Unique operators completing training and passing defined competency check.	Attendance alone is insufficient.
Complaints resolved	Eligible complaints closed with communicated outcome within approved standard.	Separate safeguarding; report overdue and appeals.
Serious incidents	Events meeting approved safeguarding, integrity, technical, safety, security or data severity criteria.	Report count and trend without suppressing or exposing cases.

14.3 Sensor and dashboard controls

- Assign immutable asset/device IDs; document installation, calibration, firmware/configuration, maintenance and replacement history.
- Validate timestamps, units, sequence, duplicate/outlier rules, offline storage/synchronization, resets and manual adjustments; preserve change logs.
- Define coverage and completeness thresholds; show missing/invalid data instead of silently estimating. Any imputation is separately labelled and reproducible.
- Link cartridge, location and project data from controlled records. A turbine or flow meter does not directly measure cartridge type, beneficiary count, plastic reduction or contaminant removal.
- Use access-controlled, aggregated maps. Mask precise locations and personal information where disclosure could endanger communities, staff, assets or partners.
- Reconcile device, field and partner data; conduct independent spot checks and periodic data-quality assessments.

14.4 Claims-substantiation gate

Source wording to retire	Defensible replacement and evidence
'Sensor-verified impact — a world first'	'Sensor-enabled output monitoring supplemented by water-quality testing and field verification'; no comparative claim without documented market evidence.
'Every litre is counted'	'Metered volume is reported subject to calibration, uptime and data-quality controls.'
'Beneficiary count is tracked by the turbine'	'People served is a separately calculated estimate or verified count under a published methodology.'
'Contaminant elimination'	Report named water-quality results or demonstrated reduction under defined test conditions.
'Plastic avoided'	Modelled estimate against a disclosed baseline and conversion factor; not a direct sensor measurement.
'We prove every impact / save lives'	'We measure defined outputs, test water quality, disclose limitations and evaluate outcomes with partners.'

Source wording to retire	Defensible replacement and evidence
'Real-time everywhere'	'Data synchronizes when connectivity permits; gaps and offline reconciliation are disclosed.'

Assurance view	Statement
Current position	The source describes intended sensors, dashboards and impact categories.
Evidence pending / limitation	No indicator dictionary, methodology, calibration, data-quality, privacy, baseline, dataset, assurance or evaluation evidence was supplied.
Required remediation	Approve MEL-001 through MEL-010; validate device and manual data controls; create a claims register; independently check initial public and donor claims.

15. People, duty of care, security and continuity

A small organization may outsource functions, but each critical control requires a competent internal accountable owner, a documented service scope, access to records, absence cover and independent review. Control owners should not perform their own final effectiveness testing.

15.1 Organization and people controls

Area	Minimum control
Structure	Approved organization chart, reporting lines, country/partner interfaces and Board access for control functions.
Roles	Job descriptions, authority, competency requirements, objectives, conflicts and deputy/absence cover.
Recruitment	Fair selection, identity/right-to-work, references, role-based vetting, safeguarding checks and documented exceptions.
Terms	Written employment/consultancy/volunteer agreements, confidentiality, IP/data, code, safeguarding, expenses and termination.
Training	Induction before access/contact plus role-based finance, procurement, AML, integrity, safeguarding, security, data and technical training.
Performance / discipline	Objectives, supervision, feedback, misconduct process, non-retaliation and lawful records.
Payroll / time	Approved master data, changes, timesheets/cost allocation, payroll review, leavers and restricted-grant attribution.
Offboarding	Immediate access/asset recovery, case/record transfer, confidentiality reminder and notification of relevant counterparties.

15.2 Duty of care and security

- Assess country, route, site, accommodation, health, medical, road, crime, unrest, conflict and climate risks before travel or deployment.
- Define acceptance authority, security roles, check-in, communications, incident escalation, medical support/evacuation and hibernation/relocation/evacuation criteria.
- Brief and train travellers, contractors and visitors; do not deploy people without appropriate insurance, consent, equipment and support.
- Use conflict-sensitive, impartial public engagement; avoid promises, branding or data practices that increase risk to communities or partners.

- Record occupational injuries, near misses, security events and medical events; investigate and implement corrective action.

15.3 Business continuity

Scenario	Minimum continuity response
Sponsor / affiliate failure	Protect separate funds/records; identify substitute services/suppliers; secure licenses, spares and data portability.
Unsafe water / product failure	Stop-use, alternative water, authority/community notice, containment, investigation, corrective action and safe restart.
Partner suspension	Protect people and assets; hold payments; alternate delivery/monitoring; complaints and data continuity; orderly closeout.
Cyber / data incident	Contain, preserve evidence, restore, assess risk, notify as required and provide safe alternate workflows.
Staff incapacity	Delegated cover, emergency signatories, restricted-case continuity and no concentration of credentials.
Logistics / country disruption	Minimum stocks, alternative routes/suppliers, site prioritization, communication and safe suspension.

Assurance view	Statement
Current position	No verified organization chart, personnel files, training, insurance, travel/security or continuity evidence was supplied.
Evidence pending / limitation	Capacity, segregation, vetting, duty of care, employer obligations and operational resilience cannot be assessed.
Required remediation	Complete HR-001 through HR-010 and RSK-001 through RSK-007; fill/contract critical roles; train before access; run continuity and emergency drills and close high findings.

16. Data protection and information security

The Foundation may process donor, partner, staff, community, child, location, device and complaint data across borders. It must be able to demonstrate lawful, fair, transparent, purpose-limited, minimized, accurate, retention-limited and secure processing, with appropriate rights and transfer safeguards. See R18–R20.

16.1 Privacy governance

- Inventory processing activities, systems, fields, people, purpose, lawful basis, location, recipients, retention, security and international transfers.
- Assign controller/processor roles in every sponsor, partner, platform, device, cloud and service relationship; execute appropriate agreements.
- Give clear privacy notices and rights routes. Consent is not the default lawful basis and must be freely given, specific and withdrawable where used.
- Apply enhanced safeguards to children, health/safeguarding, precise location, identity, biometrics and other sensitive/high-risk data.
- Complete a data-protection impact assessment before likely high-risk monitoring, vulnerable-person data, large-scale location data or material automated profiling.
- Use retention schedules and secure deletion; preserve records required for legal claims, investigations and donor audit under documented holds.

16.2 Minimum security baseline

Control	Minimum expectation
Identity / access	Named accounts, MFA for critical systems, least privilege, privileged-access review, rapid leaver removal and no shared credentials.
Data protection	Encryption in transit and at rest where appropriate; secure devices; controlled downloads, removable media and external sharing.
Logging / monitoring	Security, admin, data-export and material change logs retained and reviewed proportionately.
Vulnerability / change	Supported software, patching, secure configuration, vulnerability remediation and controlled code/firmware/data changes.
Backups / restore	Protected backups, defined recovery objectives and periodic successful restore tests.
Vendors	Security/privacy due diligence, contract controls, subprocessor visibility, incident notice and exit/data-return rights.
Incident response	Triage, containment, evidence, risk assessment, communications, legal/donor/regulator notice, recovery and lessons.
Data room	Role-based access, NDA/permission, watermark/redaction where appropriate, download controls, access logs and revocation.

16.3 Dashboard protection rules

Default dashboards should use aggregated, pseudonymized or anonymous information. Exact site coordinates, children, vulnerable groups, conflict-affected communities, staff routes, complaints and safeguarding information require strict access. Public transparency must not create protection or security risk.

Assurance view	Statement
Current position	The source refers to a global dashboard and location/beneficiary data.
Evidence pending / limitation	No data inventory, lawful basis, role allocation, DPIA, privacy notice, security, vendor, breach, retention, transfer or access evidence was supplied.
Required remediation	Complete DAT-001 through DAT-012; minimize personal data; execute role/data agreements; enable MFA/logging/backups; complete DPIAs and an independently observed restore/incident test.

17. Risk management, incidents and insurance

Risk management must support decisions, not produce a reassuring average. The Board approves risk appetite, reviews critical exposures and tracks controls and actions. Each project maintains a linked risk register and escalation path.

17.1 Initial top-risk register

Risk	Exposure	Required control / evidence	Initial view
Legal identity / authority	Entity or country rights cannot be verified.	Certified legal file, counsel check and compliance calendar.	Critical / unknown
Founder / affiliate control	Foundation used as captive commercial or marketing vehicle.	Independent Board, ring-fencing, recusals, agreements and benchmarks.	Critical / unknown
Water safety	Unsafe water, recontamination or failed treatment harms users.	Water Safety Plan, tests, limits, stop-use and corrective action.	Critical / unknown
Unsupported claims	WHO, partnership, impact or admin-cost claims mislead reviewers/public.	Claims register, evidence approval and communications review.	High
Funding / going concern	Sponsor concentration or revocable support interrupts service.	Binding funding terms, reserves, forecast and continuity.	High / unknown
Financial diversion / fraud	Funds or assets lost, misused or inaccurately reported.	Bank/ledger controls, DD, segregation, asset tracking and audits.	Critical / unknown
Sanctions / bribery	High-risk parties, officials, agents or payments create legal/donor breach.	Risk-based screening, public-official controls and escalation.	Critical / unknown
Safeguarding / PSEA	Personnel or partners harm children/adults at risk or suppress reports.	Operational safeguarding system and independent oversight.	Critical / unknown
Partner failure	Weak downstream control, capacity or integrity undermines delivery.	Risk-rated partner DD, agreement, monitoring and remedies.	High / unknown
Data / cyber	Sensitive data exposed or dashboard data manipulated/unavailable.	Privacy governance, security baseline, logging and incident tests.	High / unknown
Supply chain / quality	Defects, consumable shortage, warranty or supplier failure.	QA, traceability, alternatives, spares and recall/continuity.	High / unknown
Country / security	Unlicensed activity, unrest, corruption, customs or staff/community harm.	Country gate, security plan, permits and partner/local controls.	High / unknown

17.2 Incident severity and escalation

Category	Examples	Required immediate action
Critical	Death/serious injury; credible SEA/child abuse; unsafe water affecting users; true sanctions match; major fraud/bribery; catastrophic data breach.	Protect people; stop unsafe activity/payment; preserve evidence; notify accountable leaders immediately; external notice per law/contract; independent response.
High	Material control failure, partner diversion, product defect, repeated failed samples, serious security/cyber event, retaliation allegation.	Contain; assign independent owner; define notification; Board oversight; time-bound corrective action and effectiveness test.
Medium	Contained error, non-material breach, delayed control or isolated policy failure without serious harm.	Correct, record, analyze trend and escalate if repeated or impact changes.
Low	Minor deviation or near miss with limited exposure.	Record proportionately, learn and monitor.

17.3 Insurance schedule

- General/public liability and product liability appropriate to water-treatment activities.
- Employer/workers, professional indemnity, directors and officers, property/equipment, transit/marine cargo, cyber/privacy and travel/medical/security cover as applicable.
- For each policy: insured legal entities/territories, limits, deductibles, exclusions, retroactive date, claims history, broker/insurer, expiry and evidence of premium.
- Review affiliate and partner coverage; do not assume a commercial-group policy covers the Foundation without explicit insurer confirmation.

Assurance view	Statement
Current position	No approved institutional or project risk register, incident register, continuity test or insurance evidence was supplied.
Evidence pending / limitation	Inherent and residual risks, appetite, ownership, incident history, coverage and control effectiveness cannot be assessed.
Required remediation	Approve RSK-001; assign owners; close critical unknowns; bind coverage; run fraud, safeguarding, water-safety, cyber and continuity drills; independently verify high-risk remediation.

18. Material disclosures and signed representations

The Board Chair and Executive Director should sign only after reasonable inquiry. A statement of 'none' requires a documented review; if evidence is incomplete, state 'not determined' and provide a remediation date. Sensitive details may be redacted from this pack but must be available to authorized reviewers.

18.1 Disclosure schedule

Disclosure family	Scope of inquiry
Legal / regulatory	Formation, authority, licenses, filings, tax, investigations, notices, penalties, litigation and material disputes.
Control / related parties	Founders, controllers, appointing rights, overlapping personnel, conflicts, transactions, loans, benefits and service/IP/funding arrangements.
Financial	Bank accounts, debt/guarantees, restricted funds, going concern, arrears, contingent liabilities, write-offs, losses, recoveries and audit findings.
Integrity	Fraud, bribery, facilitation payments, gifts, sanctions/PEP matches, terrorist-financing/diversion concerns, debarment and donor restrictions.
Safeguarding	Allegations, incidents, investigations, referrals, disciplinary action, regulator/donor notice and unresolved systemic issues.
Technical / product	Failed tests, non-conformance, unsafe water, adverse events, warranty trends, recalls, regulatory action and material claims limitations.
Data / cyber	Material breaches, rights complaints, regulator contact, unauthorized access, loss, ransomware and unresolved critical vulnerabilities.
Partners / contracts	Defaults, suspension/termination, disputed results, unauthorized name/logo use, asset loss and material subrecipient findings.
Insurance / safety / security	Serious injuries, claims, exclusions, denied cover, uninsured exposure, security incidents and continuity failures.
Change after date	Any event after 30 August 2026 that changes a representation, risk rating, evidence status or reviewer decision.

18.2 Record and escalation rules

- Maintain a restricted disclosure register with status, owner, legal privilege/confidentiality, notifications, actions and closure evidence.
- Do not include personally identifying safeguarding or whistleblowing information in general Board packs or external documents.
- Correct inaccurate prior statements promptly and record who was notified, when and what evidence changed.

- No one may suppress a disclosure because it could delay funding or harm reputation.

Assurance view	Statement
Current position	No signed legal, financial, integrity, safeguarding, technical, data, insurance or contract declarations were supplied.
Evidence pending / limitation	No inference of a clean record is permitted from silence in the source narrative.
Required remediation	Complete DSC-001 through DSC-010 after reasonable inquiry; reconcile with registers, auditor/counsel and case owners; sign Appendix C only when evidence supports it.

19. Readiness decision and 90-day implementation plan

DECISION AT DOCUMENT DATE NO-GO FOR UNRESTRICTED INSTITUTIONAL RELIANCE. The source provides no primary evidence. Limited exploratory discussions may continue if the draft status and gaps are disclosed and no claim implies approval, certification, partnership, funding or operating capacity.

19.1 Gate 1 — Days 0–10: legitimacy

- Independently verify entity, governing authority, founders/controllers, registrations, addresses, objects, tax status, signatories and bank ownership.
- Verify source of initial/future funds and all related entities; screen founders, Board, executives and sponsor entities.
- Freeze the verified fact sheet and remove unsupported public claims and partner names.
- Create the evidence room, gap register, owner/RACI, document-control rules and representation register.

DAY-10 EXIT Legal identity, authority, controllers, funding source, registrations and account ownership are independently verifiable. No unresolved sanctions hit or undisclosed related party.

19.2 Gate 2 — Days 11–30: control design and approval

- Finalize Board composition, independence, committee charters, reserved matters, delegation/signatory matrix and conflicts/related-party records.
- Execute the Smart X relationship framework: funding/pledge, shared services, staff, brand/IP, data, assets, procurement, liability and continuity.
- Approve localized core policies: Code, anti-bribery/fraud, AML/sanctions, conflicts, whistleblowing, safeguarding/PSEA/child protection, finance, donor acceptance, procurement, partners/grants, HR, complaints/incidents, data/security, WASH quality and E&S.
- Approve strategy, theory of change, program gates, risk register, indicator dictionary, claims register and testing plan.

DAY-30 EXIT All critical policies are approved, versioned and owned; procedures and risk/testing plans are complete. Approval is not yet operating effectiveness.

19.3 Gate 3 — Days 31–60: controlled operation

- Configure Foundation banking, ledger, restricted-fund coding, dual approvals, reconciliations, payroll/expenses, assets and monthly reporting.

- Activate donor, vendor, partner, staff, sanctions/PEP, source-of-funds and bank-change screening with documented match resolution.
- Launch whistleblowing, safeguarding and community complaint channels; establish local referrals and restricted case records.
- Train Board, staff, volunteers, contractors and partners before access or community contact.
- Implement procurement, contracting, project, MEL, Water Safety Plan, quality, data, incident, access/MFA, backup and continuity workflows.
- Generate genuine first-period records; label walkthroughs or simulations accurately.

DAY-60 EXIT Critical workflows are live and generate reproducible audit trails. No person can initiate, approve, pay, post and reconcile alone.

19.4 Gate 4 — Days 61–75: effectiveness testing

- Test every transaction if the population is under 25; otherwise test all high-risk/exception items plus at least 25 risk-based samples.
- Trace funds and assets from need/approval through procurement, payment, ledger, shipment, delivery, commissioning, operation and reporting.
- Test conflicts/related parties, sanctions-hit escalation, fraud/whistleblowing, safeguarding, unsafe-water response, cyber/breach and backup/continuity through controlled drills where no live case exists.
- Validate every institutional, partner, technology, water, beneficiary, plastic, cost and impact claim against the register.
- Close all critical/high-severity failures; assign owners and deadlines to medium findings; independently verify closure.

DAY-75 EXIT Every sampled critical item has a complete trail; no backfilled/altered evidence; no unresolved high-severity finding.

19.5 Gate 5 — Days 76–90: institutional release

- Complete independent legal, financial-control, safeguarding and technical readiness reviews proportionate to risk and reviewer requirements.
- Reconcile every legal name, address, date, amount, status and claim across registry, bank, accounts, contracts, website and this pack.
- Reach 100% of mandatory evidence and at least 95% of the full index; disclose genuinely untestable new-entity controls and compensating measures.
- Board Audit/Risk review, formal release minute and signed Appendix C representations.
- Prepare reviewer-specific subsets without weakening or omitting material adverse information.

DAY-90 EXIT All mandatory evidence is present and internally consistent; every material claim is evidence-linked; no critical finding remains; the Board and independent reviewer attest readiness.

19.6 Decision outcomes

Outcome	Meaning
Go	All critical criteria met; no unresolved high-severity finding; evidence authentic, current and tested.
Conditional Go	Only non-critical or genuinely untestable items remain, each disclosed with compensating control, owner, deadline and restricted engagement scope.
No-Go	Integrity breach, unlawful operating status, critical-control failure, unresolved serious allegation, material misrepresentation or residual risk above approved appetite.

Appendix A. Evidence register and data-room index

Status at 30 August 2026 reflects only the source file supplied for this task. 'GAP' means the evidence was not supplied; it does not prove the underlying item does not exist. This appendix is the master index of required evidence. For every indexed item, the controlled data-room metadata must separately record entity, owner, approver, version, period, exact location, confidentiality, review/expiry and limitations before the status is changed.

ID	Required evidence	Status	Gate
LGL-001	Current certified registry extract and registration certificate	GAP	Day 10
LGL-002	Formation / foundation deed and opening balance	GAP	Day 10
LGL-003	Current statutes / governing document	GAP	Day 10
LGL-004	Registered office and service address evidence	GAP	Day 10
LGL-005	Tax IDs, tax/charity status and fundraising authority	GAP	Day 10
LGL-006	Beneficial-owner/controller assessment and filing evidence	GAP	Day 10
LGL-007	Statutory filing calendar and filing receipts	GAP	Day 30
LGL-008	Authority to contract, employ, receive grants and own/import assets	GAP	Day 10
LGL-009	Legal proceedings and regulator correspondence register	GAP	Day 30
LGL-010	Country-entry legal memorandum and operating permits — each country	GAP	Pre-operation
LGL-011	Kenya/local registration, tax, employment, immigration and import/customs file	GAP	Pre-operation
LGL-012	Water, health, environmental, land/site and school/community permissions	GAP	Pre-operation
GOV-001	Board register, appointment evidence, terms and role confirmations	GAP	Day 10
GOV-002	Board CVs, skills/diversity matrix and independence assessment	GAP	Day 30
GOV-003	Board/committee charters, quorum and annual calendar	GAP	Day 30
GOV-004	Board identity, fitness, sanctions/PEP and adverse-information review	GAP	Day 10
GOV-005	Annual and event-driven conflict declarations and register	GAP	Day 30
GOV-006	Reserved matters and delegated authority/signatory matrix	GAP	Day 30
GOV-007	Minutes approving strategy, budget, policies, risk and this pack	GAP	Day 90
GOV-008	Board/committee meeting packs, attendance and action tracker	GAP	Day 60
GOV-009	Board remuneration and expenses policy/disclosure	GAP	Day 30
GOV-010	Annual Board effectiveness and succession review	GAP	Day 90
GOV-011	Board induction, continuing education and annual declarations	GAP	Day 60
GOV-012	Governance compliance review and overdue-action escalation record	GAP	Day 90
RPT-001	Full Smart X group/control and related-party map	GAP	Day 10

ID	Required evidence	Status	Gate
RPT-002	Sponsor funding / donation agreement and source-of-funds evidence	GAP	Day 10
RPT-003	Defined and auditable percentage pledge agreement, if applicable	GAP	Day 30
RPT-004	Brand, IP, technology and license agreements	GAP	Day 30
RPT-005	Shared services, premises, systems and cost-allocation agreement	GAP	Day 30
RPT-006	Employment/secondment and time-allocation agreements	GAP	Day 30
RPT-007	Data ownership, hosting, controller/processor and exit terms	GAP	Day 30
RPT-008	Asset ownership, donation valuation, warranty and insurance terms	GAP	Day 30
RPT-009	Related-party procurement benchmarks, approvals and recusals	GAP	Day 60
RPT-010	Sponsor/supplier failure continuity and liability allocation	GAP	Day 60
FIN-001	Foundation bank letter, mandate, signatories and access list	GAP	Day 10
FIN-002	Opening balance, capital contribution and source evidence	GAP	Day 10
FIN-003	Board-approved annual budget and 12-month cash forecast	GAP	Day 30
FIN-004	Accounting basis, system and chart of accounts	GAP	Day 30
FIN-005	Finance manual and delegated monetary limits	GAP	Day 30
FIN-006	Restricted-fund, eligible-cost and cost-allocation procedure	GAP	Day 30
FIN-007	Current management accounts and monthly-close checklist	GAP	Day 60
FIN-008	Bank, advances, payroll, asset and grant reconciliations	GAP	Day 60
FIN-009	Payment, journal and bank-change samples with audit trail	GAP	Day 75
FIN-010	Payroll, expenses, timesheets and grant-allocation samples	GAP	Day 75
FIN-011	Asset, equipment, inventory and in-kind donation registers	GAP	Day 60
FIN-012	Reserves, liquidity and going-concern assessment	GAP	Day 30
FIN-013	Auditor appointment / engagement and independence	GAP	Day 30
FIN-014	Annual statutory/donor audit reports and management letters	GAP	When available
FIN-015	Tax filings, statutory accounts and filing receipts	GAP	When due
FIN-016	Fraud losses, write-offs, recoveries and liabilities register	GAP	Day 60
FIN-017	Donor acceptance, grant compliance and funding concentration register	GAP	Day 60
FIN-018	Receivables, payables, commitments and contingent-liability schedules	GAP	Day 60
FIN-019	Foreign-exchange, treasury, cash and advance control records	GAP	Day 60
FIN-020	Binding sponsor-funding commitments, reconciliations and collectability assessment	GAP	Day 30
FIN-021	Grant financial reports, donor reconciliations and closeout evidence	GAP	Ongoing
FIN-022	Independent financial-control testing and finding-closure evidence	GAP	Day 90

ID	Required evidence	Status	Gate
CMP-001	Code of Conduct	GAP	Day 30
CMP-002	Anti-bribery, fraud and public-official controls	GAP	Day 30
CMP-003	AML/CFT, sanctions, PEP, source-of-funds and diversion procedure	GAP	Day 30
CMP-004	Whistleblowing, non-retaliation and investigation procedure	GAP	Day 30
CMP-005	Gifts/hospitality, donations and political activity rules/register	GAP	Day 60
CMP-006	Screening logs, match dispositions and periodic review	GAP	Day 60
CMP-007	Integrity training, channel tests, cases and corrective actions	GAP	Day 75
SGD-001	Safeguarding/PSEA and child/adult-at-risk policies	GAP	Day 30
SGD-002	Safeguarding focal point and Board sponsor terms/competence	GAP	Day 30
SGD-003	Safer recruitment/vetting matrix and personnel samples	GAP	Day 60
SGD-004	Community-accessible reporting and complaint channels	GAP	Day 60
SGD-005	Survivor-centred triage, referral and case-management procedure	GAP	Day 60
SGD-006	Local referral maps for each operating location	GAP	Pre-operation
SGD-007	Training and signed conduct acknowledgements	GAP	Day 60
SGD-008	Partner PSEA assessments, clauses and monitoring	GAP	Pre-award
SGD-009	Restricted incident/case register and notification record	GAP	Ongoing
SGD-010	Safeguarding channel and response drill results	GAP	Day 75
PROC-001	Procurement policy, thresholds, methods and waiver rules	GAP	Day 30
PROC-002	Vendor master, ownership/bank/sanctions/conflict DD	GAP	Day 60
PROC-003	Bid register, solicitations, evaluations and award approvals	GAP	Day 75
PROC-004	Sole-source/emergency waivers and retrospective review	GAP	Day 75
PROC-005	Contracts, changes, receipt/acceptance, invoice and payment files	GAP	Day 75
PROC-006	Supplier performance, quality, warranty and exclusion register	GAP	Ongoing
PRT-001	Exact partner/agreement-status register and naming permissions	GAP	Day 10
PRT-002	Partner eligibility and risk-rating procedure	GAP	Day 30
PRT-003	Partner legal/governance/finance/integrity/PSEA/data/technical DD	GAP	Pre-award
PRT-004	Capacity improvement plans and reassessments	GAP	Ongoing
PRT-005	Signed agreements and required downstream clauses	GAP	Pre-award
PRT-006	Milestone/disbursement evidence, reports and grant-ledger reconciliation	GAP	Ongoing
PRT-007	Site visits, spot checks, audit and partner performance evidence	GAP	Ongoing
PRT-008	Suspension, recovery, closeout and asset disposition records	GAP	As needed
PRG-001	Approved strategy, theory of change and beneficiary criteria	PE / GAP	Day 30

ID	Required evidence	Status	Gate
PRG-002	Country/project approval and stage-gate manual	GAP	Day 30
PRG-003	Needs, context, community and conflict-sensitivity assessments	GAP	Pre-project
PRG-004	Project documents, budgets, workplans, RACI and permits	GAP	Pre-project
PRG-005	Community information, participation and complaints records	GAP	Ongoing
PRG-006	Handover, sustainability, exit and closeout records	GAP	Pre-closeout
TEC-001	Product owner/manufacturer, model/version and IP/legal-supply dossier	GAP	Pre-procurement
TEC-002	Intended use, operating envelope and exclusions	GAP	Pre-procurement
TEC-003	Independent accredited laboratory performance reports	GAP	Pre-claim/use
TEC-004	Applicable national approvals/certifications and claims matrix	GAP	Pre-use
TEC-005	Quality system, batch/serial traceability and change control	GAP	Pre-use
TEC-006	Commissioning, acceptance and operator competency records	GAP	Pre-service
TEC-007	O&M, consumables, spares, calibration and lifecycle-cost plan	GAP	Pre-service
TEC-008	Site Water Safety Plan and baseline/source assessment	GAP	Pre-service
TEC-009	Sampling plan, chain of custody, lab results and corrective actions	GAP	Ongoing
TEC-010	Unsafe-water/product incident, recall, warranty and restart procedure	GAP	Pre-service
TEC-011	Product/public liability and technical insurance evidence	GAP	Pre-service
TEC-012	Supplier/manufacturer quality, conformity and production-control assessment	GAP	Pre-procurement
TEC-013	Materials, chemical-contact, electrical and mechanical safety dossier	GAP	Pre-use
TEC-014	Factory/site acceptance tests and installation qualification records	GAP	Pre-service
TEC-015	Design, software/firmware, configuration and cybersecurity change history	GAP	Ongoing
TEC-016	Consumables capacity, replacement criteria and validated disposal method	GAP	Pre-service
TEC-017	Supply-chain continuity, spare-parts lead time and obsolescence plan	GAP	Pre-service
TEC-018	Independent technical review, limitations log and finding closure	GAP	Pre-claim/use
ESD-001	Site environmental/social screening and risk classification	GAP	Pre-project
ESD-002	Environmental/social management and monitoring plan	GAP	Pre-project
ESD-003	Land/site rights, stakeholder engagement and grievance evidence	GAP	Pre-project
ESD-004	Water-source sustainability and climate resilience assessment	GAP	Pre-project
ESD-005	OHS, community safety and contractor controls	GAP	Pre-mobilization
ESD-006	Waste, chemicals, spent media, plastic/e-waste and disposal evidence	GAP	Ongoing
ESD-007	Human rights, labour, inclusion and modern-slavery controls	GAP	Pre-award

ID	Required evidence	Status	Gate
ESD-008	Environmental/social incident, monitoring and corrective-action register	GAP	Ongoing
MEL-001	Results framework and indicator dictionary	GAP	Day 30
MEL-002	Baseline, targets, data sources and reporting calendar	GAP	Pre-project
MEL-003	Sensor/device register, calibration and uptime evidence	GAP	Pre-reporting
MEL-004	Data-quality, offline-sync, missing/duplicate/outlier and change rules	GAP	Day 60
MEL-005	People-served and plastic/emissions model methodologies	GAP	Pre-claim
MEL-006	Field/partner verification, spot checks and data-quality assessments	GAP	Ongoing
MEL-007	Claims-substantiation and publication approval register	GAP	Pre-publication
MEL-008	Independent evaluation / outcome verification	GAP	When mature
MEL-009	Beneficiary feedback, complaints, inclusion and unintended-effects analysis	GAP	Ongoing
MEL-010	Results-report reconciliation, correction log and learning-action tracker	GAP	Ongoing
HR-001	Approved organization chart, roles, reporting lines and RACI	GAP	Day 30
HR-002	Workforce plan, competency matrix and critical-role coverage	GAP	Day 30
HR-003	Employment/consultancy contracts, lawful status and personnel-file checklist	GAP	Day 60
HR-004	Recruitment, references, vetting, conflicts and right-to-work samples	GAP	Day 60
HR-005	Compensation, payroll, benefits, time and leave controls	GAP	Day 60
HR-006	Induction, mandatory training, acknowledgements and refresher records	GAP	Day 60
HR-007	Performance, discipline, grievance and separation records	GAP	Ongoing
HR-008	Travel, duty-of-care, medical, evacuation and security arrangements	GAP	Pre-deployment
HR-009	Volunteer, visitor, contractor and surge-personnel controls	GAP	Pre-access
HR-010	Key-person succession, emergency contacts and workforce continuity test	GAP	Day 75
DAT-001	Data inventory / processing record and lawful-basis schedule	GAP	Day 30
DAT-002	Privacy notices, rights routes and consent/media forms	GAP	Day 60
DAT-003	DPIAs and child/vulnerable-person data safeguards	GAP	Pre-processing
DAT-004	Controller/processor, data-sharing and transfer agreements	GAP	Pre-processing
DAT-005	Retention, legal hold and secure-deletion schedule	GAP	Day 30
DAT-006	Access/MFA, encryption, logging and privileged-access records	GAP	Day 60
DAT-007	Vendor security/subprocessor due diligence and contracts	GAP	Pre-vendor
DAT-008	Backup/restore, cyber incident and data-breach test evidence	GAP	Day 75
DAT-009	Secure due-diligence data-room access and disclosure log	GAP	Day 60

ID	Required evidence	Status	Gate
DAT-010	Data-subject request, consent withdrawal and complaint log	GAP	Ongoing
DAT-011	Security vulnerability, patching, endpoint and awareness evidence	GAP	Day 75
DAT-012	Independent privacy/security review and finding-closure evidence	GAP	Day 90
RSK-001	Board-approved risk appetite and enterprise risk register	GAP	Day 30
RSK-002	Project/country risk registers and escalation thresholds	GAP	Pre-project
RSK-003	Incident, loss, near-miss and corrective-action registers	GAP	Day 60
RSK-004	Business continuity and disaster-recovery plans	GAP	Day 60
RSK-005	Fraud, safeguarding, unsafe-water, cyber and continuity drills	GAP	Day 75
RSK-006	Insurance schedule, certificates, limits, exclusions and claims	GAP	Day 60
RSK-007	Independent control testing and finding-closure evidence	GAP	Day 90
DSC-001	Signed legal/regulatory/litigation declaration	GAP	Day 90
DSC-002	Signed controller, conflict and related-party declaration	GAP	Day 90
DSC-003	Signed financial, funding and going-concern declaration	GAP	Day 90
DSC-004	Signed integrity, sanctions and debarment declaration	GAP	Day 90
DSC-005	Signed safeguarding and serious-incident declaration	GAP	Day 90
DSC-006	Signed technical/product/water-safety declaration	GAP	Day 90
DSC-007	Signed data/cyber declaration	GAP	Day 90
DSC-008	Board release minute and independent readiness review	GAP	Day 90
DSC-009	Signed partner, procurement and downstream-assurance declaration	GAP	Day 90
DSC-010	Signed completeness, consistency and post-date change declaration	GAP	Day 90

Appendix B. Core due-diligence questionnaire responses

These are controlled preliminary responses based on the supplied source. They are intentionally conservative. Replace only after the evidence ID has been verified; do not answer 'yes' because a policy is planned or a related entity has the evidence.

Topic	Reviewer question	Controlled preliminary response	Status
Legal status	Can the Foundation's legal existence and good standing be verified?	Not yet from supplied materials. See LGL-001–003.	GAP
Authority	Is it authorized to enter the proposed agreement and operate in each country?	Not yet determined; country/legal opinions and permits required.	GAP
Tax / fundraising	Is tax/charitable/fundraising status established?	No evidence supplied; no exemption or deductibility claim permitted.	GAP
Board	Is there a competent, independent and active governing Board?	No verified roster, independence or meeting evidence supplied.	GAP
Control	Are founders/controllers and related parties fully disclosed?	No complete group/control map or declarations supplied.	GAP
Bank	Is there a bank account in the Foundation's exact legal name?	No bank evidence supplied.	GAP
Accounts	Are current financial statements and reconciliations available?	No financial records supplied.	GAP
Audit	Are statutory/audited accounts available?	Not supplied. New-entity status and audit obligations must be verified.	GAP
Budget / runway	Is there an approved budget and going-concern assessment?	Not supplied.	GAP
Segregation	Can one person initiate, approve, pay, post and reconcile?	Control design and access evidence not supplied; cannot assess.	GAP
Related-party funding	Are sponsor commitments and shared services enforceable and transparent?	Narrative assertion only; agreements and reconciliations required.	PE
Related-party sourcing	Is technology procurement independent and arm's length?	No policy, benchmark or approval evidence supplied.	GAP
Anti-bribery / fraud	Are preventive, reporting and investigation controls operational?	No policies, channels, training or operating evidence supplied.	GAP
AML / sanctions	Are parties risk-assessed, screened and matches resolved?	No risk assessment or screening evidence supplied.	GAP
Whistle-blowing	Are safe, confidential and non-retaliatory channels available?	Not evidenced.	GAP

Topic	Reviewer question	Controlled preliminary response	Status
Safeguarding / PSEA	Are governance, channels, referrals, training and partner controls operational?	Not evidenced; policy alone would not be sufficient.	GAP
Child safeguarding	Are child-contact, images/data and reporting risks addressed?	Not evidenced.	GAP
Procurement	Are competition, DD, conflicts, waivers and three-way match controlled?	Not evidenced.	GAP
Partners	Are partners risk-rated, contracted, monitored and auditable?	No exact partner files or agreements supplied.	GAP
Named partnerships	May named NGOs/governments be described publicly?	Not until exact agreements and naming permissions are verified.	GAP
Program capacity	Does the Foundation have its own implemented track record?	Not evidenced. Affiliate/founder experience must be separately attributed.	GAP
Community accountability	Are participation, eligibility and complaints controls operational?	Not evidenced.	GAP
Water safety	Are site Water Safety Plans, tests and incident controls in place?	Not evidenced.	GAP
Product performance	Are claims supported by independent accredited tests and approvals?	No test or certification evidence supplied.	GAP
WHO claims	Is the technology WHO approved/certified?	No such claim is supported. Use precise tested-against wording only with evidence.	GAP
M&E	Are indicators, baselines, sources and quality controls defined?	Not evidenced.	GAP
Sensor data	Are calibration, uptime, sync, missing-data and tamper controls proven?	Not evidenced.	GAP
Impact claims	Are people served, plastic avoided and health outcomes substantiated?	Not evidenced; distinguish measured, observed, reported, modelled and evaluated data.	GAP
Privacy / security	Are lawful processing, DPIAs, access, MFA, vendors, breach and restore controls operational?	Not evidenced.	GAP
Environment / social	Are water-source, land, waste, OHS, inclusion and grievance risks assessed?	Not evidenced.	GAP
Security / duty of care	Are travel, site, medical, incident and continuity controls operational?	Not evidenced.	GAP
Insurance	Does insurance explicitly cover the Foundation, countries and activities?	No certificates or insurer confirmation supplied.	GAP

Topic	Reviewer question	Controlled preliminary response	Status
Disclosures	Are litigation, fraud, safeguarding, sanctions, data and product incidents declared?	No signed declarations supplied; silence is not a nil response.	GAP
Overall readiness	Can the pack be relied upon without conditions?	No. Follow Section 19 and close all mandatory evidence and critical findings.	NO-GO

Appendix C. Board and management attestation

DO NOT SIGN PREMATURELY This attestation is a release control, not decorative wording. The Chair and Executive Director should sign only after reasonable inquiry, reconciliation to primary evidence, closure of critical findings and review of material changes after the document date.

We, the undersigned, on behalf of Smart X Foundation, confirm that:

- we have authority to make this representation for the verified legal entity identified in LGL-001;
- the statements in this pack are accurate and complete in all material respects as of the signed date, based on reasonable inquiry;
- every material claim is linked to current primary evidence and the status codes are not overstated;
- all founders, controllers, Board members, related parties, material funding and shared-service relationships have been disclosed;
- the Foundation's funds, accounts, contracting, decisions and records are separate from related commercial entities except where a disclosed written agreement applies;
- known legal, regulatory, tax, financial, integrity, sanctions, safeguarding, technical, safety, data, security and contract matters have been disclosed to entitled reviewers;
- no evidence was fabricated, backdated, altered or retrospectively reconstructed to create a false operating history;
- we will notify entitled reviewers promptly if a material representation changes before or during their engagement; and
- we understand that this attestation does not replace the reviewer's independent due diligence or the Foundation's continuing obligations.

Attestation outcome

Field	Entry at signature
Readiness decision	Go / Conditional Go / No-Go (select one and attach decision rationale)
Open high-severity findings	Number and confidential schedule reference
Open medium findings	Number, owners and dated remediation schedule
Mandatory evidence coverage	Percentage and independent reviewer validation
Material changes after pack date	None after reasonable inquiry / disclosed in attached schedule

Field	Entry at signature
Board approval minute	Reference and date
Independent review	Provider, scope, date and report reference

Signatures

Role	Name	Signature	Date
Board Chair			
Executive Director			
Treasurer / Finance lead			
Independent reviewer acknowledgement			

Appendix D. External standards and official references

Accessed 30 August 2026. These sources are authoritative benchmarks; not all are automatically legally binding. Law applies by jurisdiction, while donor or partner requirements become binding through eligibility rules, contracts and agreements. References should be reviewed for updates before each external submission.

R1 Brønnøysund Registers — Register a foundation (updated 30 January 2026)

R2 Norwegian Foundation Authority — Accounting and audit for foundations (updated 10 April 2026)

R3 Brønnøysund Registers — Beneficial owners in foundations (updated 16 June 2026)

R4 Norwegian Foundation Authority — Transactions with related parties

R5 UNICEF — Implementing Partnership Management and Risk Management (May 2026)

R6 UNDP — Harmonized Approach to Cash Transfers (HACT)

R7 UNICEF / UN Partner Portal — Due diligence verification guidance for civil-society partners (2025)

R8 FCDO — SEAH due-diligence guidance for implementing partners (June 2026)

R9 FCDO — Child safeguarding due diligence for external partners (June 2026)

R10 Core Humanitarian Standard on Quality and Accountability — 2024 edition

R11 IASC — Six Core Principles relating to Sexual Exploitation and Abuse

R12 United Nations — Protocol and resources on SEA allegations involving implementing partners

R13 FATF — Best Practices on Combating the Abuse of Non-Profit Organisations (Recommendation 8, 2023)

R14 OECD — Good Practice Guidance on Internal Controls, Ethics and Compliance

R15 WHO — Guidelines for Drinking-water Quality, fourth edition incorporating the first, second and third addenda (17 June 2026)

R16 WHO — Water Safety Plan Manual, second edition (2023)

R17 WHO — International Scheme to Evaluate Household Water Treatment Technologies

R18 European Commission — Principles of personal data processing under the GDPR

R19 European Data Protection Board — Data Protection Impact Assessment resources

R20 European Commission — EU sanctions overview and resources

R21 UNICEF — Policy on Environmental and Social Standards in Programming (effective June 2025)

R22 UNICEF — Procurement policies

R23 European Commission — Audit and control / pillar assessment

Closing control statement

RELEASE STANDARD Smart X Foundation should never state that this document guarantees passage of every due-diligence process. The defensible statement is: 'This pack is designed to support institutional due diligence. Readiness depends on verified evidence, applicable requirements and demonstrated control operation.'