



GOVERNANCE, ETHICS & POLICIES MANUAL

Sky Doves Band Charity Foundation International

PUBLIC-FACING POLICY FRAMEWORK • VERSION 1.0

POLICY 1: GOVERNANCE & BOARD OVERSIGHT

Scope: Directors, officers, committees, and persons exercising delegated governance authority.

Standard: The Board acts collectively, establishes strategy, approves material financial commitments, oversees risk and compliance, appoints and evaluates officers, and protects charitable assets.

Controls: Regular meetings, quorum, minutes, written consents, committee charters, annual governance review, and documented delegations of authority.

POLICY 2: CONFLICT OF INTEREST

Each covered person should complete an annual disclosure and promptly disclose a new actual, potential, or perceived conflict.

A conflicted person should leave the decision-making process except when the disinterested decision-makers request factual information.

The minutes should record the disclosure, recusal, decision, and basis for approval of any related-party transaction.

POLICY 3: FINANCIAL MANAGEMENT & INTERNAL CONTROLS

All organizational funds must be maintained in authorized organizational accounts. Personal accounts are not organizational accounts.

Controls should include budget approval, authorized signers, dual approval for material payments, bank reconciliation, segregation of duties, receipt retention, reimbursement review, and periodic Board reporting.

Cash handling should be minimized and documented. No person may approve their own reimbursement without independent review.

POLICY 4: PROCUREMENT & VENDOR MANAGEMENT

Purchases should be reasonable, mission-related, appropriately documented, and proportionate to the amount and risk.

For material purchases, the organization should obtain competitive quotations or document why competition is impracticable.

Vendors connected to directors, officers, trustees, or key personnel must be disclosed and reviewed under the conflict-of-interest process.

POLICY 5: GRANT MANAGEMENT

Each grant should have an assigned responsible officer and a grant file containing the application, award, budget, restrictions, reporting dates, supporting expenditures, outputs, outcomes, and closeout.

Restricted grant funds must be used consistently with the award terms. Material changes should receive written approval when required.

Grant reports must be accurate and supported by records.



POLICY 6: FUNDRAISING & GIFT ACCEPTANCE

Fundraising materials must accurately identify the organization, charitable purpose, and intended use of funds.

Gifts that create unacceptable legal, financial, reputational, safeguarding, or programmatic risk may be declined or referred for review.

Unauthorized individuals may not collect donations in the organization's name or represent personal accounts as official fundraising accounts.

POLICY 7: ANTI-FRAUD & FINANCIAL MISCONDUCT

Fraud includes theft, falsification, fabricated receipts, diversion of charitable funds, unauthorized transfers, undisclosed related-party payments, and intentional misrepresentation.

Suspected fraud should be reported promptly through an authorized reporting channel. Investigations should be documented and handled without retaliation against good-faith reporters.

Legal or regulatory reporting should be made when required or appropriate.

POLICY 8: ANTI-BRIBERY & CORRUPTION

No director, officer, trustee, employee, volunteer, coordinator, or representative may offer, authorize, request, or accept an improper payment or benefit intended to influence a decision.

Government interactions must be conducted lawfully and transparently. Facilitation payments and disguised benefits are prohibited unless specifically permitted by applicable law and approved through legal/compliance review.

Any suspected corruption should be escalated.

POLICY 9: CODE OF ETHICS & CONDUCT

Covered persons must act with honesty, dignity, respect, professionalism, confidentiality, and loyalty to the charitable mission.

Harassment, intimidation, retaliation, discrimination, misuse of authority, and conduct that materially damages the organization are prohibited.

Disciplinary action should be proportionate, documented, and consistent with applicable law and agreements.

POLICY 10: SAFEGUARDING & BENEFICIARY PROTECTION

Programs involving children or vulnerable adults must use role-appropriate safeguarding procedures, supervision, consent, incident reporting, and escalation.

No beneficiary may be exploited for fundraising, publicity, political messaging, or personal gain.

Safeguarding concerns should be reported immediately through designated channels and handled with confidentiality consistent with safety and legal obligations.

POLICY 11: PHOTO, VIDEO & MEDIA CONSENT

Before using identifiable photographs, video, testimonials, or beneficiary stories, the organization should obtain appropriate permission and explain the intended use when practicable.

Health, educational, immigration, financial, or other sensitive details should not be publicly disclosed merely to increase engagement.

Children and vulnerable persons require heightened privacy and safeguarding review.

POLICY 12: DATA PRIVACY & SECURITY

Collect only information reasonably necessary for legitimate organizational purposes.

Limit access according to role and need; use reasonable passwords, device security, access controls, and secure storage.



Suspected data breaches should be documented and escalated for legal and operational assessment.

POLICY 13: WHISTLEBLOWER & NON-RETALIATION

Good-faith reports of suspected fraud, abuse, discrimination, corruption, serious policy violations, or unlawful conduct should be accepted without retaliation.

Reports should be routed to a person without a conflicting interest where practicable.

Knowingly false reports made for malicious purposes may be addressed under the Code of Conduct.

POLICY 14: COMPLAINTS & GRIEVANCES

Beneficiaries, volunteers, employees, partners, and members of the public may submit concerns through official channels.

Complaints should be acknowledged, assessed, documented, and resolved or escalated as appropriate.

No complainant should be punished for making a good-faith report.

POLICY 15: DOCUMENT RETENTION & LEGAL HOLDS

Retain governing documents, minutes, financial records, grant records, contracts, policies, and other required records for the periods required by law or Board policy.

When litigation, audit, investigation, regulatory inquiry, or a known dispute is reasonably anticipated, relevant destruction must be suspended and a legal hold implemented as appropriate.

Confidential records must be disposed of securely when lawful and authorized.

POLICY 16: SOCIAL MEDIA & DIGITAL COMMUNICATIONS

Official accounts must be controlled by authorized personnel. Posts should be accurate, respectful, and consistent with the organization's mission and policies.

Personal accounts must not imply official authority unless the person is authorized to speak on behalf of the organization.

Fundraising links, banking information, public claims, and partner announcements should be checked before publication.

POLICY 17: INTELLECTUAL PROPERTY & BRAND

Official logos, names, photographs, publications, program materials, websites, and trademarks must be used only with authorization.

Local teams may not alter official identity in a way that creates confusion about the legal organization or its authority.

Copyrighted third-party content should be used only with permission or a lawful basis.

POLICY 18: PARTNER & INTERNATIONAL DUE DILIGENCE

Due diligence should be proportionate to partner risk and may include identity, legal status, reputation, financial controls, safeguarding, sanctions/compliance screening, and references.

U.S. and Nigerian entities remain legally distinct. Written agreements should specify which entity receives funds, signs contracts, owns assets, and bears reporting obligations.

Government and community relationships should be documented where material.

POLICY 19: RISK MANAGEMENT & CRISIS RESPONSE

Leadership should identify material operational, financial, legal, safeguarding, cybersecurity, reputational, and continuity risks.

A crisis response should establish who is authorized to communicate publicly, who contacts emergency or regulatory authorities, how beneficiaries are protected, and how decisions are documented.

After significant incidents, leadership should conduct a documented review and corrective-action process.



POLICY 20: EXECUTIVE COMPENSATION & PRIVATE BENEFIT

Compensation must be reasonable for services actually provided and approved through a process designed to avoid conflicts of interest.

No private individual may receive charitable assets or benefits except as permitted for legitimate compensation, reimbursement, grants, services, or other lawful charitable purposes.

Compensation decisions should be supported by appropriate comparability information and documented approval.

POLICY 21: GOVERNMENT ENGAGEMENT & POLITICAL ACTIVITY

The organization may educate the public on issues related to its charitable mission, consistent with applicable law.

The organization does not participate or intervene in political campaign activity on behalf of or in opposition to candidates for public office.

Lobbying and legislative activity must remain within the limits applicable to the organization's tax status and governing documents.

POLICY 22: PUBLIC TRANSPARENCY

Public governance materials should show document title, version, approval status, and effective date where applicable.

Public disclosure should be meaningful without unnecessarily exposing private information.

When a document is a draft, the website must clearly label it "Draft," "Proposed," or "Pending Adoption."

Public-facing governance material • Review before formal adoption or publication