|  |
| --- |
| Submit  a project |
| **Reserved for Saur Solidarités** |
| File received on:  Saur Solidarités Reference: |
| **Reminder**  1. Projects must fall within one of the areas of intervention of Saur Solidarités:   * Promote access to water and sanitation; * Support the professional and social integration of individuals in difficulty; * Disability.  1. The financial endowment awarded by Saur Solidarités can only be allocated to investment expenses and not to operational costs. 2. Projects supported by Saur Solidarités must be sponsored by a Saur Group employee. |
|  |



# Presentation of Your Organization

|  |  |
| --- | --- |
| **Contact Information of the Organization** | |
| **Name of the Organization** |  |
| **Headquarters Adress** |  |
| **Email** |  |
| **Phone Number** |  |
| **Website** |  |
| **Legal Status** | Association Company Other, please specify: |
| **Date of Establishment, and publication in the Official Journal** | Date of Establishment:  Publication Date: |

|  |  |
| --- | --- |
| **Identity of the Legal Representative** | |
| **First and LAST NAME** |  |
| **Phone Number** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Identity of the Project Leader** | |
| **Name and LAST NAME** |  |
| **Phone Number** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Description of the Organization** | |
| **Name of the President** |  |
| **Name of the Treasurer** |  |
| **Composition of all members of the Executive Committee or Board of Directors** | |  |  |  | | --- | --- | --- | | **Prénom NOM** | **Date de naissance** | **Rôle** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Purpose of the Organization (Statutes)** |  |
| **Number of Employees** |  |
| **Number of Members** |  |
| **Number of Active Volunteers** |  |
| **Main Partners** |  |
| **Key Achievements** |  |
| **How long have you been in contact with the organization/member?** |  |

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| --- | --- |
| **Ethics and Compliance** | |
| **Is any member of the board or the board of directors a politically exposed person¹? If so, please give details.** |  |
| **Are you aware of any personal or contractual relationship between the organization or any of its leaders and the Saur Group that could influence a decision? If so, please specify the identity of the person and the nature of the relationship** |  |
| **Has your organisation been convicted of any offences in the last 5 years?**  **If so, please give details.** |  |

|  |  |
| --- | --- |
| **Organization Budget** | |
| **Amount of the Budget for the Previous Year** |  |
| **Estimated Amount for the Current Year** |  |
| **Nature of Revenues** |  |

1 Politically exposed persons are individuals who hold or have held public functions, not necessarily political, related to a significant

decision-making power. Individuals known to be closely associated with a politically exposed person are also included.

# Presentation of Your Project

|  |  |
| --- | --- |
| **Project** | |
| **Project Title** |  |
| **Project Location: Address + Aerial Photo** |  |
| **Beneficiaries of the project** |  |
| **Does this project involve employees of the Saur Group?** | Yes No How many : |
| **Which ones?** |  |
| **Key Success Factors** |  |
| **Risks and**  **Assumptions** |  |
| **Will the project create jobs?** | Yes No How many : |
| **Summary of the Project and its Objectives** |  |

|  |  |
| --- | --- |
| **Project Timeline** | |
| **The organization is in the phase of** | Creation Consolidation Development |
| **Project Status** |  |
| **Launch Date** |  |
| **Project Duration** |  |
| **Completion Date** |  |
| **Viability Level** |  |
| **Continuity Strategy** |  |

|  |  |
| --- | --- |
| **Project Funding** | |
| **Total Budget Project** |  |
| **Operating Budget** |  |
| **Investment Budget** |  |
| **Are there other partners involved? If public institutions, please specify** |  |
| **Amount** |  |
| **Eligibility Date for Expenses** |  |
| **Support Requested from Saur Solidarités** | |  |  |  |  | | --- | --- | --- | --- | |  | **Reference Quote Number for the Supplier** | **Objet** | **Price Including Tax (€)** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | **5** |  |  |  | |  | | **TOTAL** |  | |  |  | | **Requested Grant3** |  | |

3 The grant requested cannot exceed the total of the quotes provided.

# Presentation of the Sponsor

***The sponsor must be a Saur Group employee***

Name:

First Name:

Entity of the Saur Group to which they belong:

Position Held:

Legal link between them and the beneficiary organization:

If not, nature of the link with the association:

Motivation for presenting the project:

Phone Number:

Email:

Address:

Wishes Regarding the evolution of the sponsorship:

**Documents to be attached to the application form**

* For associations: Receipt of declaration to the prefecture mentioning the name of the current president and the address of the headquarters (document must be up to date as of the date of the support request);
* For companies: K-Bis extract less than 3 months old or another document attesting to the existence of the legal entity;
* CVs of the project leader, president, and main participants;
* Composition of the governing bodies (members of the board of directors, president, manager, etc.), organizational chart of the organization;
* Estimated budget for the current year, separating operating expenses and investments (revenues and expenses);
* Any other document (press articles, photos, etc.) that helps better showcase your project;
* Activity report and income statement for the previous year;
* Statutes;
* Extract from the Official Journal indicating the existence of the association;
* A bank identity statement
* Quotes corresponding at minimum to the funding request.

Please return this completed form along with all the documents in electronic version to:  
**solidarites.saur@saur.com**



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