ALTRAD
Solidarity

APPLICATION FILE
Health Call for Projects

1. ORGANIZATION OVERVIEW
1. Identification form for the applicant organization

Organization name :

Date founded :

Legal status :

Registered office address :

Annual budget :

Number of full-time employees :

1.2 Public-interest status and eligibility for corporate sponsorship *(mécénat)*

Has your organization had an internal or external assessment (lawyer, accountant, etc.) of its tax status with regard to French business taxes (corporate income tax, VAT, and CET) or your country's business taxes? **YES** / **NO**

If this procedure exists in your country, has your organization requested confirmation from your tax authority regarding its status with respect to business taxes? **YES** / **NO**

If yes, please specify the date of the request:
Has your organization requested confirmation (or a formal tax ruling, "rescrit") from the French tax authority regarding its status with respect to business taxes (corporate income tax, VAT, and CET)? **YES** / **NO**

If yes, please specify the date of the request:
If an internal or external assessment or a ruling request was made, did the result lead to your organization being exempt from business taxes? **YES** / **NO**

Has your organization had an internal or external assessment (lawyer, accountant, etc.) of its eligibility for corporate sponsorship (mécénat)? **YES** / **NO**

If this procedure exists in your country, has your organization requested confirmation from your tax authority regarding its eligibility for corporate sponsorship? **YES** / **NO**

If yes, please specify the date of the request:
Has your organization requested confirmation (or a formal tax ruling, "rescrit") from the French tax authority regarding its eligibility for corporate sponsorship? **YES** / **NO**

If yes, please specify the date of the request:
If an internal or external assessment or a confirmation (or ruling) request was made, did the result confirm your organization's eligibility for corporate sponsorship? **YES** / **NO**

1.3. Financial Structure

Do operating costs represent more than 50% of the budget? **YES** / **NO**

Are more than 70% of resources used to fulfill the organization's mission? **YES** / **NO**

Is volunteer work given a financial value in the organization's accounts? **YES** / **NO**

Is your organization's accounting managed internally? **YES** / **NO**

Is your organization's accounting outsourced to a third party (bookkeeper, accountant)?
YES / **NO**

Are your organization's annual accounts certified by a statutory auditor? **YES** / **NO**

Are the annual accounts officially published?
YES / **NO**

- If yes, on your organization's website? **YES** / **NO**
- If yes, on the Official Journal website or another official site? **YES** / **NO**

1.4. Ethics / Anti-corruption

Has your organization or its officers been subject to a management ban or a criminal conviction? **YES** ☐ **/ NO** ☐

Are you, or is any of your officers, an employee of the Altrad Group? **YES** ☐ **/ NO** ☐

Are you an employee/officer of a third party (supplier/client/intermediary) that has a business relationship with the Altrad Group? **YES** ☐ **/ NO** ☐

Is your action and/or the funds requested intended to benefit a third party (supplier/client/intermediary) that has a business relationship with the Altrad Group? **YES** ☐ **/ NO** ☐

Can you confirm that no form of bribery, illegal inducement, or irregular payment will be made in connection with your request for support? **YES** ☐ **/ NO** ☐

2. PROJECT OVERVIEW

Project lead *(point of contact and person responsible)*

Last name	
First name	
Optional Title, position *(MD, PhD, Dr, Pr, etc.)*	
Qualifications/most recent degree(s) obtained	
Email	
Phone	

Affiliated Organization *(Beneficiary)*

Team, laboratory	
Name	
Director(s)	
Établissement	
Name (hospital, university, research institution)	
Only institutions located in France may be beneficiaries Address	
Legal Representative (or Authorized Agent)	
Last name	
First name	
Position	
Email	
Phone	

Other Partners *If applicable (will not be direct beneficiaries)*

	Last name, first name, title/ position	Team/Laboratory, Institution
Partner 1		
Partner 2		
Partner 3		
Partner 4		
Partner 5		

Project Description *(maximum 1200 characters, not including spaces)*

Project location :

Categories *(multiple choices possible)* : basic research ☐ clinical research ☐ participatory ☐

Project timeline, including current progress :

Can your project be the subject of an impact assessment : **YES** ☐ **/ NO** ☐
If yes, please specify how :

Does the research project meet the obligations relating to research involving human subjects ? *(approval from an ethics committee/IRB, opinion from the CNIL)*

☐ Yes, all obligations have been met

Name of the sponsor :

Name of the ethics committee/IRB *(or ethics committee)* :

Date of the committee's favorable opinion :

Date of the CNIL opinion *(MR001,MR002 ou MR003)* :

☐ Yes, but the obligations have not yet been met.

☐ No, not applicable.

If the project involves research involving human subjects, the project lead must ensure compliance with the applicable administrative and ethical requirements (ethics committee/IRB approval, CNIL opinion).

3. PROJECT BUDGET

Planned expenses : *List the various expenses required and indicate their amounts (even approximate), by expense category.*	Amount of expense planned for the project	***of which amount requested from Altrad Solidarity***
Equipment *Nature of expenses (machinery, consumables…)*	€	€
Personal *Nature of expenses (type of contracts, roles…)*	€	€
Operating costs *Nature of expenses (travel costs, internal and external analysis, data collection, or reproduction services…)*	€	€
TOTAL	€	€

Co-financing :

List any other funding already obtained or requested for all or part of this project (if more than 5 co-financings, simply list the top 5) :

Funder	Amount	Status
		☐ Received ☐ Partially received ☐ Requested
		☐ Received ☐ Partially received ☐ Requested
		☐ Received ☐ Partially received ☐ Requested
		☐ Received ☐ Partially received ☐ Requested
TOTAL *co-financing*	€	

4. DOCUMENTS TO ATTACH

- Application file (this document)
- Organization's up-to-date bylaws
- Proof of registration
- List of current officers and board members
- Most recent annual accounts (balance sheet, income statement, and notes)
- Signed "Expectations towards our partners" document

Please note that ALTRAD Solidarity reserves the right to request any additional information and/or documents from your organization. Any incomplete application will not be reviewed.