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| **Appendix A**  **Request for Donation** |
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| **Section 1: Donation Recipient and Donation Information** *(to be completed by Relevant Donation Authority or Responsible Business Unit)* |
| 1. Legal Name of Organization: Click or tap here to enter text.   Business Address: Click or tap here to enter text.  Postal Code: Click or tap here to enter text.  (if applicable)  Country: Click or tap here to enter text.  Organization Telephone Number: Click or tap here to enter text. |
| 1. Name and Title of Primary Contact: Click or tap here to enter text.   Telephone Number of Primary Contact: Click or tap here to enter text.  Email Address of Primary Contact: Click or tap here to enter text. |
| 1. Explain the purpose of the Donation and how it will be used, including the intended beneficiaries (attach additional information as needed):   Click or tap here to enter text. |
| 1. Amount (if Donation of Money) and/or value (if Donation of Goods or Food) of Donation:   Click or tap here to enter text. |
| 1. Please indicate whether this is a one-time or recurring Donation:   One-time ☐ Recurring  If the Donation is **recurring**, please state the amount of any disbursements and how often such disbursements will be made, and the expected date for the final Donation:  Click or tap here to enter text. |
| 1. To your knowledge, has Organization received a Donation from the Company in the past five years?   Yes No  If **YES**, briefly describe the Donation(s) and explain when they were provided:  Click or tap here to enter text. |
| 1. To your knowledge, has the Company previously denied any of the Organization’s requests for Donations?   Yes No  If **YES**, please specify when the Donation was denied and the reason for denial (if known):  Click or tap here to enter text. |
| 1. Did a Government Official suggest or request that the Company make the Donation?   Yes No  If **YES**, provide the name, job title, and affiliated Government Entity of the Government Official who is requesting that the Company make the Donation, and explain the details of the request:  Click or tap here to enter text.  Does the Company have any business (e.g. tender, regulatory approvals) pending with the Government Entity or Government Official? If Yes, please describe.  Click or tap here to enter text.  Is the Government Official or Government Entity expected to make any decisions with regard to the Company in the next 12 months? If Yes, please explain.  Click or tap here to enter text. |
| 1. Do you have any reason to believe that the Donation will be used to benefit any Government Official in his or her individual capacity or any Family Member or Close Business Associate of a Government Official?   Yes No  If **YES**, please explain:  Click or tap here to enter text. |
| 1. Do you have any reason to believe that the Donation will be used for any purpose other than that stated by you in this request form?   Yes No  If YES, please explain:  Click or tap here to enter text. |
| **Section 2: Relevant Donation Authority or Responsible Business Unit Authorization** |
| *By submitting this Request for Donation, the employee authorizes the Donation on behalf of the Relevant Donation Authority or Responsible Business Unit.*  GL Account: Click or tap here to enter text.  Name of Employee: Click or tap here to enter text.  Title: Click or tap here to enter text.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |