



Submit the completed form to: [communityengagement@cirbasolutions.com](mailto:communityengagement@cirbasolutions.com)

### Appendix A

#### **Charitable Donation Approval Request Form**

This form must be completed when pre-approval for a donation is required. This includes all corporate-funded donations, donations to a foreign entity, and donations to a U.S. entity affiliated with a foreign entity or individual.

#### **Background**

Requestor: \_\_\_\_\_

Business Unit: \_\_\_\_\_

Reason for the Donation: \_\_\_\_\_

Which Pillar does this donation align with  Inventive  Sustainable  Enhancement

#### **Recipient Organization**

1. Organization Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Country: \_\_\_\_\_

4. Website: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. If the organization is organized in the United States, is it registered with the IRS as a 501(c)(3) organization?

a. Yes (Attach US Tax ID Number and a copy of 501(c)(3) verification from IRS website)

b. No

7. If the organization is not organized in the United States, is it registered as a tax-exempt charitable organization in its home jurisdiction?

a. Yes (Attach a copy of foreign registration)

b. No

8. Type of Organization:

a. Non-governmental charitable organization-If the entity is not registered as a 501(c)(3) organization or is not a government-owned or operated entity, additional information may be required prior to approval.

b. Government agency

c. Government-owned or -operated school

d. Private, non-government-owned or -operated school

e. Government-owned or -operated hospital

f. Private, non-government-owned or -operated hospital

e. Other Short description: \_\_\_\_\_

9. Organization's Mission/Primary Purpose: \_\_\_\_\_

#### **Charitable Contribution Information**

1. Monetary Charitable Contribution Value: \_\_\_\_\_ (USD)

2. How will the donation be made:

a. Corporate Check

b. Credit Card (with prior approval by the CE manager)

3. Is the recipient of the funds different from the organization intended to be benefited?

- a. Yes  
 b. No

If yes, identify the recipient and explain why the recipient differs from the beneficiary:

4. Is the donation made in support of an event, such as a conference, golf outing, or other public philanthropic events?

- a. Yes (Describe the Event: \_\_\_\_\_)  
 b. No

5. Will Cirba Solutions receive anything of value in exchange for the donation (e.g., event tickets, signage, able to event, golf access)?

- a. Yes (Value received: US\$ \_\_\_\_\_)  
 b. No

6. If the answer to question 5 is yes, will these benefits be provided to a third party, such as a customer?

- a. Yes (List the name of the Customer or Individual):  
 b. No

7. Is there any reason to believe the donation will be used for any purpose other than the stated reason?

- a. Yes (Explain \_\_\_\_\_)  
 b. No

### Government Nexus

1. Did a government or public official request or demand, directly or indirectly, a donation from Cirba Solutions for this organization?

- a. Yes (Identify the government or public official and explain the circumstances: \_\_\_\_\_)  
 b. No

2. Does the organization have officers or directors who are government officials or immediate family members of public officials?

- a. Yes (Identify the individuals \_\_\_\_\_)  
 b. No

3. Are there financial, fiduciary, ownership, or other relationships between the organization and a government or public official?

“Public Official” is (1) any elected or appointed officer or employee at any level and branch of government (local, state, or national/legislative, executive, judicial, or administrative); (2) any political party, political candidate, or anyone acting for or on behalf of a political party; as well as any candidate for public office; (3) anyone acting on behalf of a public official, agency, instrumentality, or enterprise that performs a government function; (4) any employee or person acting for or on behalf of a public international organization; (5) any employee or other person acting for or on behalf of any entity that is owned or controlled by a government, including commercial entities and other instrumentalities of government. Notably, all employees of state-owned or state-controlled nuclear and other utilities are public officials. “Immediate Family Members” are parents, children, siblings, spouses, and spousal equivalents.

- a. Yes (Identify the individual and the relationship)  
 b. No

4. Are there any connections between any pending or foreseeable Cirba Solutions business and any of the governments or public officials identified in response to the three other questions in this section?

a. Yes (*Identify the individual and the relationship*)

b. No

5. Is there any reason to believe that the donation will be used by a public official in his or her individual capacity or any family member of a public official?

a. Yes (*Explain* \_\_\_\_\_)

b. No

### **Certification & Approval**

The requestor certifies that the information provided is complete and accurate in all respects and that the proposed donation complies with Cirba Solutions Anti-Bribery & Corruption Policy and Code of Conduct will be accurately recorded in the appropriate account in Cirba Solutions' books and records.

\_\_\_\_\_  
Requestor