Organization Legitimacy Review Form

Alcon

This form may be used to document the review of an external organization for legitimacy prior to Alcon providing funding for third party events, grants, donations, or community support as defined in <i>The Lens</i> policy. Reviews are valid for three years from date of completion.				
1.	Name of requesting organization ("requestor") (In English and/or in local language)			
2.	Company ID (Tax ID or other government document)			
3.	Requestor contact Name: Title: Address: Telephone number: Contact e-mail address:			
4.	Web site of the entity			
5.	Type of entity Note: Individuals and private practice groups are not eligible to receive funding from Alcon	Private for-profit hospital or clinic Government hospital Non-profit non-government organization Other (explain):		
6.	Describe the activities of the Requestor (business purpose of the organization, geographic scope of operation, types of activities performed, etc.)			
7.	Does Alcon have an existing business relationship with the organization?	Yes No If Yes, please explain:		
8.	Has Alcon provided funding to the Requestor within the last three years?	Yes No If Yes, does Alcon have documented evidence of appropriate use of the prior funding? Yes No Describe the evidence or if not, please explain:		
9.	Is the Requestor known to Alcon to be a reputable, established organization?	Yes No If Yes, please explain:		
	If the answers to Questions 8 and 9 are Yes, skin to Question 11			

10. If Alcon has NOT provided funding to this Requestor within the past three years, review public information about the Requestor.Attach evidence found in public records that Requestor is an established and operating organization.	Examples of public records could include:Source:Current Board of Directors listCurrent Executive Management Team listCertification of incorporation or registrationOrganization by-lawsMost current Annual ReportMedia Publication(s)Other current information (explain what it is)
	Is evidence of the above documentation attached? Yes No
11. Is there evidence or knowledge of any recent (last three years) negative information or reports about the Re- questor on the internet, in the media, or elsewhere?	Yes No If Yes, please explain:
	Provide URL link(s) to or attach copies of any negative information:
12. If the request is for a research grant, educational grant, donation, or community support (as defined in The Lens), does Alcon have pending tenders or other anticipated business negotiations with the Requestor? :	Yes No If Yes, please explain:
13. If the request is for a donation, or community support, does the Requestor have sufficient financial support for stable, on-going operation?	Yes No If Yes, please explain and attach evidence to support this conclusion:
	Examples of evidence could include: Annual Budget approved by the organization Annual Reports List of key donors (if a charitable organization) Other current information (describe)
	Is evidence of financial viability attached? Yes No
Form completed by Name:	
Business Unit:	
Title:	
Date:	
	Eligibility to apply and be considered for Alcon funding or donation confirmed? Yes No If No or if you found areas of concern, but are still recommending eligibility, please explain:
	Note: This decision does not indicate approval for any specific funding request.