

L'ORÉAL

FUND FOR WOMEN

SELF-ASSESSMENT FORM

E-mail to: lorealfundforwomen@loreal.com
Date:
Organization name:
Project name (if applicable):
Brief description of activity:

This form is meant to be an internal document for L'Oréal Fund for Women's team. It will help organizations to assess whether they meet the criteria of eligibility, while helping the Fund team to screen projects received from third parties.

The review of your application will begin subsequent to the reception of all the required documents. There is no deadline for submitting applications.

Please fill out this form **before** the Preliminary Information Form.

We would kindly ask you to keep your answers as short as possible and to respect the 10-line or 20-line limit when it is indicated.

All questions are required.

YOUR ORGANIZATION	
Are you a non-profit or non-for-profit organization working for the general interest with official accreditations? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if your organization does not have official accreditations, it will not be eligible (see Annex 1 below).
Has your organization more than 2 years of existence? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify its official date of creation:
Does your organization retribute its Directors and/or board-members? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, specify (director, board member...):
Does your organization distribute or is allowed to distribute a portion of its revenues directly or indirectly to its members? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization affiliated or tied to a lucrative entity (such as a corporation)? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, specify the affiliated/tied entity and the nature of the affiliation:

Besides its non-profit activities, does your organization carry on lucrative activities? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, specify the other activities carried on:
Do your organization's activities benefit to a minimum of 50 beneficiaries per year? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization in capacity of receiving donations? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if your organization is not in capacity of receiving donations it will not be eligible (see Annex 1) .
Do contributions received by the organization qualify for a philanthropy tax regime? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please specify whether you have a third-party qualifying for a philanthropic tax (please select): <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization in capacity of receiving international funds? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please specify whether you have a partner capable of receiving international funds (please select): <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your organization's core activities in relation to vulnerable women? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide some details (10 lines max) :

THE ACTIVITY FOR WHICH YOU ARE ASKING SUPPORT FROM THE L'ORÉAL FUND FOR WOMEN	
What is the nature of your request from the L'Oréal Fund for Women? (please select)	<input type="checkbox"/> Operational activity only <input type="checkbox"/> Advocacy activity only <input type="checkbox"/> Both activities (operational activity AND advocacy activity) Please note that advocacy activities are not eligible (see Annex 2) .
Is your activity carried out – totally or partially – outside the European Union or the European Economic Area? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the location of your headquarters:
Is your activity (for which the request is made) supporting women in situation of high vulnerability? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if your activity is supporting women who are not in situation of high vulnerability, it will not be eligible (see Annex 1) .
Does your activity generate or has the potential to generate positive social or economic impact for women?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(please select)	Please specify (20 lines max) :
Are you directly working with the beneficiaries? (i.e. you do not have partners /sub-contractors, in charge of all or parts of the activity) (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide some details (20 lines max) :
Did your activity exist before the Covid-19 crisis? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you conducted a needs assessment of the beneficiaries of your activity? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your activity bear an innovative component? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify (20 lines max) :
Is your activity financially and logistically viable on a 3-year scale? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your activity benefitting from other private donations or public subventions? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your activity included in the list of eliminary criteria in Annex 2? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if your activity is included in this list, it will not be eligible.
Is your activity certified/has received an award? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTARY INFORMATION	
Is your team in capacity to fill out the forthcoming annual L'Oréal Fund for Women's qualitative and quantitative reporting on your activity? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain the potential challenges (10 lines max)
Has your organization been supported by L'Oréal over the last three years? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <input type="checkbox"/> Project funding <input type="checkbox"/> Action for the Citizen Day <input type="checkbox"/> Product donation <input type="checkbox"/> Other (please specify):
How did you hear about the L'Oréal Fund for Women? (please select)	<input type="checkbox"/> Through media/social media <input type="checkbox"/> Via one of our/your partners <input type="checkbox"/> Via L'Oréal Staff/L'Oréal Fund for Women Staff <input type="checkbox"/> Other (please specify):
Do you have a clear understanding of the L'Oréal Fund for Women? (please select)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please detail your questions (10 lines max) :

ANNEX 1: LIST OF ELIGIBILITY CRITERIA

Relevance of the organization:

- 1 Grassroot non-profit or non-for-profit organization, of general interest, with official accreditation and eligible to philanthropic funds.
- 2 Organization that cannot distribute any part of its revenues to its members, directly or indirectly.
- 3 Organization with more than two years of official existence (unless the organization has a strong documented innovative component responding to a specific need).
- 4 Organization with a minimum of 50 beneficiaries per year.
- 5 Organization operating directly (not providing only engineering or coordination of the project), without subcontracting to local/smaller organizations.

Nature of the activity/project for which the request is made:

- 6 The final beneficiaries must be highly vulnerable women or girls: In situation of poverty/underprivileged (absence or lack of revenues, homelessness, single parent, Isolation In rural areas or In the suburbs, etc.), victims of violence, refugees or in situation of disability.
- 7 Beyond emergency relief, the activity focuses on women or girls' empowerment, encouraging especially social and professional Integration, or access to education.
- 8 Activities can take the form of: a service, an instrument with a social purpose or a field operation.

Scope:

- 9 The Fund is opened internationally and can support local or national projects/activities.
- 10 Projects can be in design/ideation phase, in implementation phase, or already in operation phase.

ANNEX 2: LIST OF ELIMINATORY CRITERIA

Nature of the activity/project for which the request is made: advocacy activities are not eligible.

Ethics/Human Rights/environmental responsibility:

Activities or organizations that are in breach with internationally recognized UN standards, including Human Rights, Health Safety & Security, Labor rights, Anti Bribery and Corruption, Environment & Climate change, etc., especially:

- 11 Organization with negative liabilities (controversies...).
- 12 Organizations or projects discriminating beneficiaries, based on gender, race, religions, beliefs (non-exhaustive list).
- 13 Activities with religious, political or military direct connection, content or goal.
- 14 Activities involving forced labour or child labour.
- 15 Activities having negative impact on the environment (carbon, biodiversity, water, etc.) or people's welfare and livelihoods.
- 16 Activities having the potential to negatively affect Indigenous Peoples and minorities.
- 17 Activities or organizations that do not grant the right to self-expression, free association and collective negotiation to beneficiaries and employees.

Kind reminder: if your organization or activity does not match the eligibility criteria and/or falls into one or several eliminatory criteria, please refrain from submitting your application.

L'ORÉAL

FUND FOR WOMEN

PRELIMINARY INFORMATION FORM

E-mail to: lorealfundforwomen@loreal.com
Date:

FOR INTERNAL USE ONLY
<u>Status of the application:</u> <input type="checkbox"/> Pending <input type="checkbox"/> Under current review <ul style="list-style-type: none"> <input type="checkbox"/> Missing documents: <input type="checkbox"/> Elements to clarify/questions to ask:
<u>Final decision:</u> <input type="checkbox"/> Approved <input type="checkbox"/> Refused Motive:

This form is meant to provide the L'Oréal Fund for Women Team with detailed information about your organization and your project.

The review of your application will begin subsequent to the reception of all the required documents. There is no deadline for submitting applications.

After careful reviewing, the final decision is left to the Fund Team discretion.

Please fill out this form after the Self-Assessment Form.

We would kindly ask you to keep your answers as short as possible and to respect the 10-line or 20-line limit when it is indicated.

Selection criteria are detailed in Annex 1 below.

BOX 1: APPLICANT (mandatory)	
Full name of organization	
Legal form Please attach the accreditations of your organization	
Affiliation to another entity / Membership(s) to (a) network(s) of organizations (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Country	
Address	
Time zone (please select)	<input type="checkbox"/> GMT + () <input type="checkbox"/> GMT - ()
Name of contact person	
Job title	

Email address	
Phone number 1 (landline)	
Phone number 2 (mobile phone/WhatsApp)	
Preferred contact in case of urgent need (please select)	<input type="checkbox"/> Email <input type="checkbox"/> Mobile phone <input type="checkbox"/> WhatsApp
Are you requesting: (please select)	<input type="checkbox"/> An overall financial support for your organization? (please fill out BOX 2 below but ignore BOX 3) <input type="checkbox"/> A financial support for one or several specific project? (please fill out BOX 2 AND BOX 3 below; if your request involves several projects, please fill out one Preliminary Information Form for each project)

BOX 2: ORGANIZATION

Founders and leading team (name and roles)	
Number of employees (full time equivalent, excluding volunteers)	
Number of volunteers supporting your activities (if any)	
Main activities and current projects (10 lines max)	
Number of beneficiaries supported in all the activities (please specify the number of men and women)	
Main zone(s) of activity	
Funding model Please describe your strategy of funding for the next 2 years (objectives, main funding partners, allocation of resources and expenses, affiliation to lucrative entity(ies) if applicable)	
Annual budget (in €) Please attach your last annual report	
Website link presenting your organization (if available)	
Internal changes due to the Covid-19 crisis/impact of the pandemic on your organization (if any, 10 lines max)	

BOX 3: PROJECT

Name of the project	
Name of the project manager	
Email address	
Phone number	

<p>Project management type (please select)</p>	<p><input type="checkbox"/> Direct: your organization is managing all the project itself</p> <p><input type="checkbox"/> Indirect: your organization is delegating the project/part of the project to other(s) entity(ies)</p> <p>If your organization is indirectly managing the project, to what extent is the project delegated? (please select)</p> <p><input type="checkbox"/> All the project</p> <p><input type="checkbox"/> Parts of the project – please specify which ones:</p>
<p>Main stakeholders of the project (please select, several answers possible)</p>	<p><input type="checkbox"/> Associations:</p> <p><input type="checkbox"/> Local communities:</p> <p><input type="checkbox"/> Government/public sector:</p> <p><input type="checkbox"/> Multinationals/private sector:</p> <p><input type="checkbox"/> Foundations:</p> <p><input type="checkbox"/> International Organizations:</p> <p><input type="checkbox"/> NGOs:</p> <p><input type="checkbox"/> Impact Funds:</p> <p><input type="checkbox"/> Incubators/Accelerators:</p> <p>Please specify names and roles for each of them</p>
<p>Project area (country/zone/city/neighbourhood)</p>	
<p>Activities covered by the project Please attach a Slide Deck of presentation (if available)</p>	<p>Please indicate whether the project is related to one or several of our priorities (please select, several answers possible):</p> <p><input type="checkbox"/> help women to get out of poverty</p> <p><input type="checkbox"/> combat domestic and/or sexual violence and provide assistance to survivors</p> <p>Please also Indicate If the women or girls targeted are affected by other types of vulnerabilities:</p> <p><input type="checkbox"/> In situation of disability</p> <p><input type="checkbox"/> Refugees</p> <p><input type="checkbox"/> Other topic(s), please specify (10 lines max):</p> <p>Please also indicate the leverage(s) used to support the women and girls targeted:</p> <p><input type="checkbox"/> Emergency relief</p> <p><input type="checkbox"/> Social Integration</p> <p><input type="checkbox"/> Professional Integration</p> <p><input type="checkbox"/> Access to education</p> <p><input type="checkbox"/> Other topic(s), please specify (10 lines max):</p>
<p>Context of your project (20 lines max)</p>	
<p>Description of your project (20 lines max)</p>	
<p>Needs addressed by your project (20 lines max)</p>	
<p>Objectives of your project (20 lines max)</p>	

Phase of project development (please select)	<input type="checkbox"/> Design/ideation phase – expected starting date: () <input type="checkbox"/> In implementation phase, since () <input type="checkbox"/> In operation phase, since ()
Expected duration of the project	
Impact of the Covid-19 pandemic on the project (if any, 10 lines max)	Please specify whether the pandemic triggered the launch of the project, or if changes were made to the project due to the pandemic
Project targeted impact (total number of women enrolled/helped in the project)	
Project targeted outreach (total number of indirect beneficiaries: neighbourhoods, households, etc.)	
Scale of the project (planned evolution of number of beneficiaries and geographical scope of activity) (please fill out)	(i) Currently (if applicable): (ii) in 1 year: (iii) in 2 years: (iv) in 3 years: Please specify the different steps of the project (10 lines max) :
Project Key Performance Indicators	
Strengths of the project (20 lines max)	
Potential risks and challenges (20 lines max)	
Project awards and certifications (if any, 10 lines max)	
Project total budget (in €) Please attach detailed budget (with lines of expenses and resources)	

BOX 4: FINANCE	
Amount of donation requested from the L'Oréal Fund for Women (in €) Please note that requests under 5000 € are not eligible (see Annex 1) Please indicate in the budget which lines of expenses are requested to be covered by the L'Oréal Fund for Women	
Percentage of indirect costs (if applicable) Please note that the priority of the L'Oréal Fund for Women is given to activities benefitting directly to the final beneficiaries. Requests with Indirect Recovery Costs will be subjected to discussion	
Other sources of private/public funding (in €), amounts and status (funds received, on hold, in process)	

BOX 5: LIST OF SUPPORTING DOCUMENTS TO ATTACH TO THIS FORM
(PDF/PPT/Excel/Word)

- Accreditations of your organization (BOX 1)
- Last annual report of your organization (BOX 2)
- Last annual budget of your organization, if not included in your annual report (BOX 2)
- Website link of your organization (BOX 2, if available)
- Presentation of your organization (BOX 2, if available)
- Project description (BOX 3, if applicable)
- Detailed budget of your project (BOX 4, if applicable)

ANNEX 1: LIST OF SELECTION CRITERIA

Relevance of the request:

- 1** Clear identification of the context, needs and objectives which must be tied to the mission of the Fund.
- 2** Solid strategy to achieve set goals.
- 3** Clear presentation of the resources required, based on a detailed budget.
- 4** Requests below 5000 € will not be eligible.
- 5** The grant requested is coherent with the needs and represents around 30% of the total budget of the project/annual budget of the organization. The requests for operating costs will be subjected to discussion.
- 6** Other sources of funding have been obtained, Identified or requested.
- 7** The priority of the L'Oréal Fund for Women is given to activities benefitting directly to the final beneficiaries. Requests with indirect costs will be subjected to discussion.

Impact and monitoring:

- 1** Qualitative and/or quantitative impact clearly identified and explained.
- 2** Capacity and resources to measure and report results.