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| |  |  | | --- | --- | | **1 - ENTITE CREDIT AGRICOLE A L’ORIGINE DE LA DEMANDE** | | | **Entité** | | |  |  | | **Nom du contact** | | |  |  | | **Téléphone** | | |  |  | | **E-mail** | | |  |  | | **2 - STRUCTURE BENEFICIAIRE** | | | **Nom de la structure bénéficiaire** | | |  |  | | **Type d’établissement à caractère non lucratif** | | |  | o          EHPAD public  o          EHPAD public hospitalier  o          EHPAD privé non lucratif  o          Association d’aide à domicile  o          Autres | | **Si autres ci-dessus, alors précisez ici** | | |  |  | | **Adresse** | | |  |  | | **Contact au sein de la structure** | | |  |  | | **Téléphone du contact** | | |  |  | | **Adresse mail du contact** | | |  |  | | **3 - BESOIN** | | | **Catégorie du besoin** | | |  | o            Achat d’EPI,  o            Achat de matériel médical  o           Achat de matériel informatique et téléphonie  o           Autres : | | **Descriptif du besoin (objectif, délai, coût)** **– 10 lignes maxi** | | |  |  | | **Bénéficiaires** | | |  | o            Patients  o            Soignants | | **Nombre de bénéficiaires** | | |  |  | | **Montant demandé (en euros)** | | |  |  | | **4 - Pièces à joindre** | | | **Statuts** | | |  |  | | **Facture/devis ou attestation sur l’honneur du besoin** | | |  |  | | **RIB** | | |  |  | |