

**JIMMY RANE FOUNDATION**

**DONATION REQUEST APPLICATION**

**SECTION 1: Organization Information**

1. Organization Name: \_\_\_\_\_
2. Contact Person/Title: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ email: \_\_\_\_\_

5. About your organization:  
Is this organization a not-for-profit corporation currently recognized as exempt by the Internal Revenue Service pursuant to the Internal Revenue Code Section 501(c)(3)? \_\_\_\_\_

Date of 501(c)(3) exemption determination: \_\_\_\_\_ Has the organization engaged in any actions that might jeopardize its tax exempt status? \_\_\_\_\_  
(attach a copy of your IRS determination letter and any confirmations of continued exemption)

What is the organization's major source of funding? \_\_\_\_\_

Does this organization receive United Way funds? \_\_\_\_\_

What percent of this organization's contributions go toward administration? \_\_\_\_\_

6. Names of Board of Directors and officers, beginning with Chair: \_\_\_\_\_  
\_\_\_\_\_

7. Describe the purpose of your organization and who it serves: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: About your project**

1. Amount requested from the Jimmy Rane Foundation: \$ \_\_\_\_\_
2. Describe the project for which the funds will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems or needs will this project address? \_\_\_\_\_  
\_\_\_\_\_
4. How was the need determined? \_\_\_\_\_  
\_\_\_\_\_
5. Explain the specific goal of this project or program in meeting the problem or need:  
\_\_\_\_\_
6. What population group and number of people would be helped by this project? \_\_\_\_\_  
\_\_\_\_\_
7. What specific steps or plans are necessary to complete this project? (Include timetable)  
\_\_\_\_\_  
\_\_\_\_\_
8. Explain how this problem is being addressed by others in the community. How will you coordinate with them? \_\_\_\_\_  
\_\_\_\_\_
9. What efforts will be made to utilize existing human, physical or financial resources within the community or population in order to maximize the requested grant? \_\_\_\_\_  
\_\_\_\_\_
10. Describe the organization's capacity to undertake the proposed project, including qualifications of staff involved along with an estimate of volunteer activities and number of hours to be allocated: \_\_\_\_\_  
\_\_\_\_\_
11. Who has given or pledged funds for this project? Where else are you seeking funds? \_\_\_\_\_  
\_\_\_\_\_
12. If this is an on-going project, how will it be financed or funded in the future? \_\_\_\_\_  
\_\_\_\_\_

13. Please list the name(s) of community leaders and organizations that endorse this project:

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14. How will the project and the expenditure of requested funds (if granted) be monitored and the results evaluated? \_\_\_\_\_

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15. Has your organization previously applied for a grant or donation from the JRF? \_\_\_\_\_

16. OTHER: Briefly share other information you feel is relevant to our consideration of this request. \_\_\_\_\_

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I understand that all decisions regarding awarding of funds will be made at the sole and exclusive discretion of the Jimmy Rane Foundation. I certify that I am an authorized agent of the above-named organization and that all information and responses above are true and correct in all respects. I understand that any omissions or misstatements in the organization's responses may cause the rejection of this application and the removal of the organization from future consideration for funding. I further certify that upon the organization's receipt of funds (if any) from the Jimmy Rane Foundation, the organization will within ninety (90) days thereof provide the Jimmy Rane Foundation with a written certification that the funds have been used in the manner and for the purposes set forth above.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Return completed application to:**  
**Jimmy Rane Foundation**  
**P.O. Box 40, Abbeville, AL 36310**