



# HAYNES FOUNDATION INC.

LIFE SKILLS THROUGH HEALTH, EDUCATION & SPORTS

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Email: info@haynesunited.org  
Web: www.haynesunited.org

## DONATION REQUEST APPLICATION

### CONTACT INFORMATION:

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Shipping Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### ORGANIZATION INFORMATION:

Organization: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Major Accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization's Purpose and Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Governance - Participant Selection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board Members: \_\_\_\_\_

Recent Financial Statement(s): Please attach your most recent financial statement(s)

Are you a 501(c)(3) Charity? \_\_\_ If Yes, Please attach your IRS 501(c)(3) determination letter.

Are you a NGO? \_\_\_ If Yes, Please attached your Authorized Society under the Friendly Societies Act letter.

PROJECT/PROGRAM/EVENT INFORMATION:

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_ Product Need-By Date: \_\_\_\_\_

Accountability for Delivery and Utilization: (Describe the accountability for delivery and utilization of product.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitoring and Evaluation: What are your plans for monitoring and evaluating success? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this activity (project, program or event) use sport as a tool for development? \_\_\_\_\_

Will this activity (project, program or event) use education as a tool for development? \_\_\_\_\_

Will this activity (project, program or event) use health as a tool for development? \_\_\_\_\_

How long has this project been in existence? \_\_\_\_\_

What is the duration of time that this donation request will cover? \_\_\_\_\_

What is the number of direct beneficiaries of this project? \_\_\_\_\_

Of the total project value/budget, what percentage is coming from other funders? \_\_\_\_\_

What other funders are currently funding this project? \_\_\_\_\_

Does this project ultimately seek to benefit youth? \_\_\_\_\_

If Yes, What are the circumstances faced by these youth?

Economic Exclusion \_\_\_ Gender \_\_\_ Homeless \_\_\_ Lack of Access to Play Areas \_\_\_ Mental Disability \_\_\_  
Minority Status \_\_\_ Physical Disability \_\_\_ Stigma from Disease or Illness \_\_\_ Trauma \_\_\_ Other \_\_\_

If Other, Please specify: \_\_\_\_\_

Does this project attempt to change local cultural attitudes on the participation of girls in sport? \_\_\_\_\_

Does this project promote literacy/physical activity? \_\_\_\_\_

Does this project have a central sport-related theme/idea other than increasing physical activity levels? \_\_\_\_\_

Does this project seek to implement one of these programs where one has never existed before (to your knowledge)? \_\_\_\_\_

Does the project explicitly seek to improve the individual/personal development of young people? \_\_\_\_\_

If Yes, What aspects? \_\_\_\_\_

If Yes, Does the project have an impact?

No Impact \_\_\_\_

Expected Impact, But Not Measured \_\_\_\_

Expected Impact and a Plan to Measure \_\_\_\_

Measured Impact \_\_\_\_

Does your project have a unique innovation to remove a barrier to access to sports/education/health? \_\_\_\_\_

What is the scope of the intended impact? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Geographic Area Served: Local Community \_\_\_\_ Regional \_\_\_\_ National \_\_\_\_ International \_\_\_\_

Ethnicity: Please indicate the ethnic groups to receive this product to the best of your knowledge. \_\_\_\_\_

\_\_\_\_\_

Age: Please indicate the age ranges to receive this product to the best of your knowledge. \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Do you accept USED items: \_\_\_\_ YES \_\_\_\_ NO

Description of Donation Request (Please be specific on gender, quantity, sizes, colors, etc. Examples: 20 – USA Size 7 Black Male Shoes, 14- 32qt Stainless Commercial Grade Pots or 40 pairs of school uniforms – 40 (White) Boys Medium Short Sleeves Shirts and 40 Navy Blue (Waist 16inches, Inseam 30inches) Long Pants): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose / Need for Donation - How will it make a difference? (Use additional pages as needed) \_\_\_\_\_

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What resources are in place to sustain your program other than donation request from the Haynes Foundation?

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Please attach a detail budget of the program you are seeking funding.

Please attach other sources of funding for your project.

We are unable to provide support for the following, but not limited to:  
Individuals, Religious groups, Political causes, candidates or campaigns, Capital and/or operational improvements, Recruiting and/or diversity initiatives, Marketing sponsorships, Business conferences and Startup projects, programs or businesses.

We will consider support to organizations that meet the following criteria:  
Organization has a USA 501 (c) (3) tax-exempt or Guyana NGO under the Friendly Societies Act statuses.  
Organization applying has no outstanding lawsuits or pending legislation against it.  
Organizations must not discriminate in any way with regard to sex, race, religion, creed or national origin.  
Cause to be supported meets one or more of our stated goals.

ALL sections of this donation Request Application MUST be completed along with ALL request attachments.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Please Mail, Fax or Email your application form, distribution agreement and all other supporting documents to the Haynes Foundation for review.

Mail: P.O. Box 869 Sicklerville, NJ 08081

Fax: (586) 314 – 2013

Email: Please scan your application and email to [info@haynesunited.org](mailto:info@haynesunited.org)