

## A. Contact Information

**Organization Name:**

The RAFL Foundation

**Organization Address:**

3 Fisher Dr

Milltown, New Jersey 08850

**Organization Web Address:**

<http://www.giverafl.com>

**Contact Name:**

PJ Strahm

**Contact Email:**

[peterjstrahm@gmail.com](mailto:peterjstrahm@gmail.com)

**Phone Number:**

7324392250

## B. Organization Information

**1. In a few sentences state the overall mission of your organization.**

To help ensure the sustainability and welfare of our communities by making it easy for people to raise money for the causes they care about. Our Vision is a world full of thriving communities.

**2. Please select the boxes (check as many as apply) to identify and briefly describe the population(s) for which your organization provides services, be sure to include information on characteristics such as age, disability or income, that might be used in establishing eligibility for your services.**

Children/Families, Disabled, Seniors/Elderly, Low-income generally, Student/Youth Programs

**3. In a few sentences describe the types of (legal?) services provided by your organization.**

We are developing an online portal (like GoFundMe) to help communities, organizations, small businesses, certified charities, and verified individuals create and start quantifiable fundraising goals and campaigns. We are trying to identify the tangible needs of our communities so that we can publicize each goal, raise more awareness, and take donating to the next level through a more easily accessible and simple to use platform. We also want to explore if or how we can (and cannot) implement games of chance, prizes, or other perks and rewards to add additional value to the donation processes.

**4. Service area:**

Statewide, County based (please list counties served)

**Please identify the state of the service area.**

New Jersey

**Please specify the county or counties where your services would be applicable**

All Counties

**C. Pro Bono Opportunities**

**5. Please use the boxes below, by checking the general topic area and any specific sub-specialties, to indicate the substantive areas in which you are seeking pro bono support.**

Transactional

**You selected Transactional please select any sub specialties**

Community Development

**6. Does your organization provide substantive training to volunteer attorneys?**

Yes, In some cases

**If yes, please describe:**

Yes, we can collaborate to get on the same page about how the processes work, who's involved, the technical backend software, and other important aspects of platform.

**7. Please select any of the following support your organization provides. Next you'll be ask to explain further.**

Litigation support

**You selected Litigation support please explain further**

One of our main goals is to be as transparent as possible with the public about how we allocate every dollar. Therefore, we want to make sure our business model and structure is aligned exactly as it needs to be to adhere to any state by state rules and regulations. Also, we mentioned above that implementing games of chance would be extremely helpful to be more knowledgeable about, because we don't want to try these strategies in any way that could result in getting our 501c3 status revoked.

**8. What, if any, supervision does your organization provide for volunteer attorneys?**

As much as reasonably necessary.

**9. Does your organization provide malpractice coverage for volunteer attorneys?**

No

**10. Does your organization require volunteer attorneys to carry malpractice insurance?**

No

**11. Has the New Jersey Supreme Court approved your program for a Madden exemption?**

No