



Greater Sacramento Area  
P.O. Box 255584  
Sacramento, CA 95825-5584  
(916) 455-1880 Phone  
(916) 731-7077 Fax  
www.rebuildingtogethersacramento.org

## FACILITY APPLICATION

Name of organization: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (cell / business?): \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ Zip code: \_\_\_\_\_

Site address (if different): \_\_\_\_\_

Nearest cross street: \_\_\_\_\_ Site phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is the purpose / mission of your organization?

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

Whom do you serve? (How many per month, demographics: age, ethnicity, income levels, Veterans, etc?)

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

Does the organization have nonprofit status?  no  yes (ID #) \_\_\_\_\_

What type of organization is it?  private  public  gov't  other \_\_\_\_\_

What is the organization's annual budget? \_\_\_\_\_ How long has it been in operation? \_\_\_\_\_

What are the major sources of funding for the organization?

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

**PROPERTY INFORMATION:** (wish list for repairs and renovation, in descending order of importance)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you  own or  lease the facility? If leased, how long is the lease? \_\_\_\_\_

Lessor's name: \_\_\_\_\_ phone: \_\_\_\_\_

Will the repairs performed by Rebuilding Together affect the lease? yes  or no

If yes - Please explain: \_\_\_\_\_

How does the space to be renovated serve your clients or programs: \_\_\_\_\_

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

Please describe how your organization strengthens the surrounding community in your area:

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

Will your clients or staff have any special needs or concerns during the disruption of a renovation spanning several days? \_\_\_\_\_

\_\_\_\_\_

**APPLICANT CONTRIBUTION:** What resources, if any, can the organization provide to aid in the renovation (such as funds, materials, **skilled** volunteers, lunch and/or morning coffee for the volunteers)?

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

We expect staff, clients, and/or friends of your organization to help the volunteers to accomplish the repairs at your site. Can we count on this help and participation? yes  or no

As part of a possible partnership with our organization – would Rebuilding Together Sacramento be able to utilize your space (at no fee) in the future? yes  or no

We also expect a representative from your organization to assist with project coordination & to work closely with Rebuilding Together Sacramento. Will you be able to provide this person? yes  or no

**\*\* If you have any additional comments – please attach an additional page if needed. \*\***

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we also authorize Rebuilding Together Sacramento to check any references necessary to complete the processing of this Application for the purpose of receiving facility rehabilitation through Rebuilding Together Sacramento. I/we also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the program.

\_\_\_\_\_  
Signature of Applicant Title Date

Please include the following information with the application:

1. Proof of non-profit status (if applicable).
2. Copy of your Mission Statement and full description of the services you provide.

RETURN COMPLETED APPLICATION TO: Rebuilding Together Sacramento  
P.O. Box 255584  
Sacramento, CA 95825