



Greater Sacramento Area
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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