



Re: Application for Facility Repair

Dear Friends:

Thank you for your interest in **Rebuilding Together Silicon Valley's** community facility repair program. Repair work, painting, and maintenance projects are completed to assist organizations that do not have the resources to accomplish the work on their own. The goal of the program is to assist organizations with their facility repair needs so that they can focus their resources on programs and services. RTSV has repaired and rehabilitated the homes of low-income homeowners and nonprofit facilities in Santa Clara County since 1991. All work is done at absolutely no cost to the recipient homeowner or agency.

Priority of service is given to agencies that provide housing, shelter facilities or services for low-income families. Facility ownership is not mandatory, but stable, long-term commitment of lease/tenancy is preferred. *Rebuilding Together* previews each facility, selects those appropriate for our program, and devises a work plan for each based on our mission of "repairing homes, revitalizing communities, rebuilding lives."

All labor is volunteered. There is a great deal of scraping and painting that goes on; but we also do minor electrical and plumbing repairs, carpentry, weather stripping, and safety improvements. Applications are accepted year-round for projects that would occur on our Rebuilding Days which are in late October and April, with an occasional project at other times of the year. We will be contacting you to schedule a preview visit as soon as your application and documentation are complete. If you have any questions about the application, please contact us at (408) 578-9519.

Sincerely,

A handwritten signature in black ink that reads "Deanne Everton". The signature is written in a cursive, flowing style.

Deanne Everton
Associate Director

Rebuilding Together Silicon Valley
1701 S. 7th Street, Ste.10 San Jose, CA 95112
P) (408) 578-9519 F) (408) 578-9359
www.rtsv.org info@rtsv.org

Rebuilding Together Silicon Valley Community Agency Repair Application

1. Name of Organization _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Name of Executive Director _____

Site Address, if different _____

City _____ Zip _____ Nearest Cross Street _____

Site Contact Person _____

Phone No. _____ E-Mail _____

Date organization founded _____ Number of paid staff _____ Number of volunteers _____

Description of organization (including the agency's mission statement) _____

What is the organization's main source(s) of funding? _____

2. Describe the work you would like to have done in order of preference. Please be as specific as possible.

1. _____

2. _____

3. _____

4. _____

3. How will these improvements help your agency? Please provide any information about your organization that will be helpful to us in evaluating your application.

We would like the staff and/or friends to help the volunteers accomplish the repairs at your site. Will the staff/friends be able to help? Yes No If not, why? _____

Why do you think this is an appropriate **Rebuilding Together** project?

4. Who does your organization serve? _____

How do clients qualify for services? _____

Number of clients served? Monthly: _____ Yearly: _____ Number or % of low-income clients: _____
Number of clients who would benefit by requested repairs? Monthly: _____ Yearly: _____

5. Property Information: Facility Square Footage _____ Year Built _____
Number of Rooms _____ Bathrooms _____

Is this space? Leased Owned

If leased, what are the conditions and length of the lease?

Lessor's Name and Address _____ Phone # _____

Will the repairs done by **Rebuilding Together** impact the lease? Yes No

Please explain _____

Do you have property and liability insurance on this property? Yes No

Insurance Carrier and Policy Number _____

A certificate of insurance must accompany this application.

We will need to be listed as additionally insured when your project is selected.

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- Current and previous year's financials and budget
- Most recent audited statements or year end financial statements, including balance sheet
- Proof of 501(c) (3) status
- List of Board of Directors and their professional affiliation
- Certificate of Insurance

6. Each year **RTSV** shares our story with the community through the news media. This coverage helps spread the word about our services and often means more financial support from the community. If your application is approved, it is expected that you be willing to speak with reporters (newspaper, TV, radio) should the opportunity arise. "I (we) understand and agree to cooperate." Yes No

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we authorize **RTSV** to check references necessary to complete the processing of this application for the purpose of receiving facility rehabilitation. I/we also understand that any information received will be kept confidential and used strictly for determining an agency's eligibility for this program.

Signature and Title of Applicant

Date _____

Print Name and Title of Signer

Signature of Lessor (If applicable)

Date _____

Print Name of Lessor

Mail application to: Rebuilding Together Silicon Valley, 1701 S. 7th Street, Ste. 10, San Jose, CA 95112

Date Received: _____ (Office Use Only)