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,

Deanne Everton
Associate Director
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.

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.

_________________________________________________________ Date________________________
Signature and Title of Applicant

_________________________________________________________ Date________________________
Print Name and Title of Signer

_________________________________________________________ Date________________________
Signature of Lessor (If applicable)

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

rev. 4/16/2019
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)