



## Community Project Application

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Requested Site Address (if different) \_\_\_\_\_ City: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of organization and whom it serves:

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

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REPAIR WISH LIST – What are the four most important repairs needed?

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Is this space Leased or Owned? YES NO\_\_If leased, what is the length of the lease? \_\_\_\_\_

Lessor's Name and Phone Number \_\_\_\_\_

Will the repairs done by Rebuilding Together Duneland affect the lease? \_\_\_\_\_

Describe how the renovations will help you serve your client better? \_\_\_\_\_

We ask that staff and/or friends will volunteer on your project on work day. Will your organization be able to provide volunteer support on work day? YES NO If no, why? \_\_\_\_\_

**ORGANIZATION MUST INCLUDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:**

- **Organization's budget for the past 2 fiscal years**
- **Current fiscal year's budget**
- **Proof of 501(c)(3)**

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in this application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving facility rehabilitation through Rebuilding Together-Duneland. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

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

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

\_\_\_\_\_  
Signature of Lessor (if applicable) Date

APPLICATION DEADLINE FOR COMMUNITY PROJECTS  
IS JANUARY 31<sup>ST</sup>

ALL APPLICATIONS ARE REVIEWED BASED ON THE DATE RECEIVED DUE TO THE LIMITED TO THE NUMBER OF PROJECTS THAT WE CAN WORK ON EACH YEAR. WORKDAY IS THE LAST SATURDAY IN APRIL

**PLEASE MAIL APPLICATION and DOCUMENTATION TO:**

**Rebuilding Together-Duneland  
P.O. Box 644, Chesterton, IN 46304**

**OR**

**EMAIL TO: [info@rtduneland.org](mailto:info@rtduneland.org)**