



2010 Community Building Application

Name of Organization: _____		
Name of Executive Director: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. _____		
Mailing Address: _____	Tel No: _____	
City: _____	St: _____	Zip: _____
Site Address (if different) _____	City: _____	
Site Contact Person: _____	Phone: _____	

Purpose of organization and whom it serves:

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

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

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Is this space Leased Owned? If leased, what is the length of the lease? _____
Lessor's Name: _____ Phone # _____

Will the repairs done by Rebuilding Together affect the lease? Yes No (please explain):

Describe how the renovations will help your clients:

We expect the staff and/or friends to help the volunteers accomplish the repairs at your site. Will this happen? YES NO If no, why?

Why is this an appropriate Rebuilding Together site?

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THE APPLICATION:

- Organization budget – past 2 years
- Current fiscal budget
- Proof of 501(c)(3) status

*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 our 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 (affiliate name). 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

Date

Signature of Lessor (if applicable)

Date

*Return to: Rebuilding Together, P.O. Box 644, Chesterton, IN 46304 926-3233

➤ Applications received by 12/31/2009 will receive first consideration