



2013 Franklin Avenue, San Diego, CA 92116  
Phone: (619) 231-7873 Fax: (619) 231-7870  
www.rebuildingtogethersd.org

## **Non-Profit Facility Renovation Application**

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

Organization Web Site Address: \_\_\_\_\_

Name of Executive Director: o Mr. o Mrs. oMs. \_\_\_\_\_

Address of site to be renovated: \_\_\_\_\_

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

Mailing address (*if different from renovation site*) \_\_\_\_\_

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

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Your Agency Contact for the Rebuilding Together Project: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does the contact person for your organization have decision-making authority? Yes / No

Is your agency: (circle one) Private, Public, Governmental, or non-profit? (Please attach proof of tax status).  
Purpose of organization and whom it serves:

\_\_\_\_\_  
\_\_\_\_\_

How many clients do you serve annually? \_\_\_\_\_ How long has the agency existed? \_\_\_\_\_

What is your annual budget? \_\_\_\_\_

What are your major sources of funding? \_\_\_\_\_

Is this Space Leased? Owned? If leased, what is the length of the lease? \_\_\_\_\_

Owners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

IN 30 WORDS OR LESS, PLEASE DESCRIBE YOUR MISSION:  
(Please attach 2 copies of any brochures, pamphlets or newsletters about your program).

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**Brief Work Description**

What are the improvements that the agency would like to have done? Please list improvements in order of importance, and whether or not you consider the work to be extensive. This is to help RTSD get an idea of your proposed project.

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How does this space serve the agency's clients/programs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the proposed improvements impact your program? \_\_\_\_\_  
\_\_\_\_\_

Can the facility accommodate 50+ volunteers on a one-day project? Yes / No  
If not, about how many people? \_\_\_\_\_

We expect the staff, Board Members and/or friends to help the volunteers accomplish the repairs at your site.  
Will this happen? Yes / No  
If no, please explain why? \_\_\_\_\_

Can the facility provide volunteers coffee and a snack and/or lunch? Yes / No

Can your facility be closed for renovation over a weekend? Yes / No

Would your staff have any concerns if the project spanned more than one day? Yes / No

What resources, if any, can the organization provide to aid in the renovation?  
(Funds, material, skilled volunteers, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is your agency unable to perform these repairs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any other comments you wish to make here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about Rebuilding Together's Facility Renovation program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THE APPLICATION:**

- Proof of 501(c)(3) status
- List of Board of Directors and their professional affiliation

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 San Diego. 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

**Please mail or fax this completed application and all additional requested information to:**

Rebuilding Together San Diego  
2013 Franklin Avenue, San Diego, CA 92113  
Tel: (619) 231-7873 Fax: (619) 231-7870

*Thank You for your interest in Rebuilding Together San Diego!*