



COMMUNITY BUILDING APPLICATION

SECTION 1 NON-PROFIT INFORMATION

Name of Organization _____

Organization Address: _____

City, State, Zip _____

Executive Director: _____ Phone: _____

Name of Facility (if different from above): _____

Facility Address: _____

City, State, Zip: _____

Facility Site Manager or Exec. Dir.: _____ Phone: _____

Mission of organization: _____

Programs offered at this facility: _____

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

Please indicate number of recipients and breakdown of ethnicity for the facility to be repaired.

Total number of people served by this facility _____

Percentage of people who are:

_____ African Americans _____ Asian Americans _____ Hispanics

_____ Caucasians _____ Native Americans _____ Pacific Islanders

_____ # of families _____ # of children under 18 _____ # of adults over age 65

Special Needs/Disabilities

Does anyone served by this facility live with a disability? _____ Yes _____ No

If yes, please indicate by checking below all that apply:

_____ Hearing impaired _____ Sight impaired _____ Using a wheelchair

_____ Using a walker _____ Mental disability _____ Other _____

SECTION 2 TYPE OF REPAIRS TO BE CONSIDERED

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Rebuilding Together.

Type of Repair			Brief Description
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Exterior painting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Interior painting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Floor repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Accessibility modifications (ramp, grab bars, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Repair Wish List: What are the four most important repairs?

1. _____
2. _____
3. _____
4. _____

Describe how the repairs/renovations will help your clients:

Why is this facility an appropriate Rebuilding Together project site?

Has Rebuilding Together Bergen County done work for your organization in the past?

Yes No If yes, when? _____

At what facility/location? _____

SECTION 3 VERIFICATION REQUIREMENTS

Rebuilding Together Bergen County is designed to serve low-income homeowners with special focus on the needs of older adults, veterans, individuals living with disabilities, and families with children. RTBC requires that all homeowners provide verification of home ownership and income of all household members. We also require similar documentation from non-profits seeking our services.

Please include the following information with this application:

- Current fiscal budget and organization’s budget for the past 2 years
- Proof of 501(c)(3) status
- Most recent Form 990
- Verification of organization’s ownership of building or permission from the owner
- Proof of insurance for the property

SECTION 4 AGREEMENT

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 the requested information could result in our application being invalid. I/we authorize Rebuilding Together Bergen County to check any references necessary to complete the processing of this application for the purpose of receiving facility repairs or renovations through RTBC programs. I/we also understand that any information I/we provided will be kept confidential and will be used strictly for determining my/our eligibility for this program.

I/we understand that Rebuilding Together Bergen County works primarily on Saturdays and that most of the work is done by volunteers (skilled, semi-skilled, unskilled) who may not be able to complete all the repairs desired.

I/we further understand that to be considered for Rebuilding Together Bergen County programs, non-profits must complete this application, participate in an orientation meeting (“Homeowner Breakfast”), have staff present at the time of the site inspection, and have staff present on the day of the Rebuilding project.

Signature of Applicant

Date

Signature of Lessor (if applicable)

Date

Please send completed application and accompanying documents to:

**Rebuilding Together Bergen County
P.O. Box 1389
Ridgewood, NJ 07450-1389**

To be considered for work to be done during National Rebuilding Month in April 2016, please return completed application by September 15, 2015.

Questions? Please call 201-447-8886 or email info@rebuildingtogetherbergen.org