



Rebuilding Together Santa Rosa

P.O. Box 1787, Santa Rosa CA 95402
 rebuild@rtsantarosa.org 707.548.4779

Nonprofit Community Organization Application

(Please print)

SECTION 1 NON-PROFIT INFORMATION	
Name of Organization:	
Address:	
Address:	
Executive Director:	Phone:
Mission of Organization:	
Name and Address of site to be repaired:	
Describe requested repairs:	
Describe how repairs will benefit the organization and/or community:	
Contact Name at site:	Phone:
Please indicate total number of recipients and breakdown of ethnicity at the site to be repaired: ___ White ___ African American ___ American Indian ___ Alaskan Native ___ Hispanic ___ Asian/Pacific Islander ___ Middle Eastern ___ Other Total number of people in the facility/shelter/group home _____ Males _____ Females _____ Children under 18 _____ Veterans _____	

SECTION 2 SPECIAL NEEDS/ DISABILITIES

Is anyone in the facility/shelter/group home disabled? Yes No

If yes, please describe: _____

SECTION 3 APPLICANT HISTORY

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

Yes No If yes, when and what work was done?

SECTION 4 AGREEMENT

Rebuilding Together Santa Rosa’s National Rebuilding Day is a one-day volunteer home repair program for limited-income homeowners and non-profit agencies that are unable to complete the work themselves.

- All work is done during one 8 hour day by volunteers who are skilled, semi-skilled, and unskilled. They may not be able to complete all the repairs in the household, shelter, or facile
- None of the work is warranted or guaranteed.
- All applications will be evaluated by Rebuilding Together. There is no guarantee that this application will be accepted. If accepted, the participant/s must sign a release of liability and consent to publicity efforts for Rebuilding Together Santa Rosa regarding your participation in the program.

To be considered for the Rebuilding Together program, non-profits must complete this application, participate in a phone interview, have staff present at the time of the site inspection, and have staff present on the day of the event.

Signature of Executive Director

Date

SECTION 5 VERIFICATION REQUIREMENTS

Rebuilding Together is designed to serve low-income homeowners with special focus on the needs of the elderly, disabled, vets and families with children. Rebuilding Together’s program requires that all homeowners provide verification of ownership and income of all household members. We are also requiring similar documentation from non-profits seeking the services of this program.

Please attach to this form:

- A copy of the facility’s budget
- Verification of the organization’s ownership of the building or permission from the owner.
- A copy of the organization’s 501(c) 3

As the authorized representative, I certify that the above information is correct to the best of my knowledge. I have provided verification of ownership and all other requested information.

Signature

Title

Date

Please return completed application & documentation to PO Box 1787 Santa Rosa, CA 95403