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FACILITY APPLICATION

April Rebuilding Program and October Block Building Program

Name of organization: _____

Contact name: _____ Title: _____

Phone: _____ Fax: _____

Mailing address: _____

City _____ Zip code _____

Site address (if different) _____

Nearest cross street: _____ Site phone: _____

E-mail address: _____

What is the purpose of your organization and whom do you serve (age, ethnicity, # clients served annually)?

Does the organization have nonprofit status? no yes ID # _____

What type of organization is it? private public gov't other _____

What is the organization's annual budget? _____ What are the major sources of funding for the organization? _____

How long has it been in operation? _____

PROPERTY INFORMATION: (wish list for repairs and renovation, in descending order of importance)

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

Applicant: _____

Do you own or lease the facility? If leased, how long is the lease? _____

Lessor's name: _____ phone: _____

Will the repairs performed by Rebuilding Together affect the lease? yes or no

Please explain: _____

How does the space to be renovated serve your clients or program: _____

Will your clients or staff have any special needs or concerns during the disruption of a renovation spanning several days?

APPLICANT CONTRIBUTION: What resources, if any, can the organization provide to aid in the renovation (such as funds, materials, **skilled** volunteers, lunch and/or morning coffee for the volunteers)?

We expect staff, clients, and/or friends of your organization to help the volunteers to accomplish the repairs at your site. Can we count on this help and participation? yes or no If "no," why not?

Additional comments (use the other side or attach additional pages if needed): _____

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we also authorize Rebuilding Together Oakland with Christmas in April to check any references necessary to complete the processing of this Application for the purpose of receiving facility rehabilitation through Rebuilding Together Oakland with Christmas in April. I/we also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the program. The selection decision is not and shall not be made on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, or veteran status.

Signature of Applicant

Title

Date

Please include the following information with the application:

1. Organizational budgets for the past two years (including current fiscal year).
2. Proof of nonprofit status (if applicable).
3. Copy of Mission Statement and description of services provided.
4. List of Board of Directors, including professional affiliations and phone numbers.

RETURN COMPLETED APPLICATION TO:

Rebuilding Together Oakland
1111 Pine Street, Suite A
Oakland, CA 94607
(510) 625-0316
info@rtoakland.org