



520 3rd Street, Suite 109
Oakland, CA 94607
Tel: 510-625-0316
Fax: 510-625-0436

COMMUNITY FACILITY APPLICATION 2018-2019

TO APPLY

1. Complete and sign the attached application.
2. Include copies of:
 - ✓ Organization budgets for 2 years (including current fiscal year.)
 - ✓ Proof of nonprofit status.
 - ✓ Copy of Mission Statement and description of services provided.
 - ✓ List of Board of Directors, including professional affiliations and phone numbers.
3. Return the completed application and supporting documentation to Rebuilding Together Oakland | East Bay (RTO|EB).

Eligibility

- ✓ Facility must be located in Oakland and Hayward
- ✓ Facilities must be registered as a 501c3 non-profit organization.
- ✓ The facility must serve low-income communities.
- ✓ The organization must own the property or have at least a two-year lease on the property.

Rebuilding Together Oakland | East Bay (RTO|EB) is part of the largest volunteer organization in the U.S. dedicated to rehabilitating homes for low-income seniors and people with disabilities. We complete **upgrades on facilities** located in Oakland and Hayward that serves low-income communities. We want those we help to be able to remain in their homes safely and with dignity.

Repairs are **Free** to the facility and come with no strings attached. However, if you are accepted into the program, we require that you do not sell or let go of your lease for two years after our work is complete. All projects are completed by community volunteers and facility staff working side-by-side. The costs of the repairs and modifications are fully covered through fees paid by sponsoring organizations and grants, so **there is never any cost to the facility**.

Everyone we work with has financial need; and every facility we work on needs significant work. We have limited resources and receive applications from many more facilities than we can help. We do not maintain a waiting list. However, you may reapply if your facility is not chosen.

Please feel free to contact me if you have any questions.

A handwritten signature in blue ink that reads "Lucie Johnova".

Lucie Johnova
Program Manager
510-625-0316 x 102
lucie@rtoakland.org

DETACH AND KEEP THIS PAGE



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COMMUNITY FACILITY REPAIR APPLICATION 2018-2019

For Office Use Only **Date Received:** _____

Proof of Budgets Nonprofit status Mission Statement List of Board of Directors _____

Organization Information

Name of organization: _____

Executive Director: _____

Phone Number: _____ **Fax Number:** _____

Mailing Address: _____ **City, Zip Code:** _____

Project Site Information

Project Site Name: _____

Project Site Address: _____ **City, Zip Code** _____

Site Contact Name/Title: _____

Email: _____

Primary Phone # ____ - ____ - ____ home/mobile/work **Alternate Phone #** ____ - ____ - ____ home/mobile/work

Mission Information

Describe the mission of the organization and whom it serves: _____

Annual Operating Budget: _____ **How long has it been in operation?** _____

What are the organization's major sources of funding: _____

Facility Information

Year the facility was built: _____ Year moved into facility: _____

Approximate number of rooms: _____ Who owns the facility? _____

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 Oakland | East Bay affect the lease? NO YES

 Please explain; _____

Please list your top repair priorities: (wish list for repairs and renovation, in descending order of importance)

1. _____

2. _____

3. _____

4. _____

Additional repairs you would like to see done:

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?

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

Statistical Information

Please check one of the two following boxes: we have multiple sites this is our organization's only site

★ **Total Clients Served at specific site:** _____

If your organization has multiple sites, please provide information for the clients served through the **specific site** where repairs are needed. If the following information is reported to any other agency, please provide a copy of said report in addition to completing this section.

Racial/Ethnic Data

Estimates in the racial/ethnic data & income data section are acceptable where necessary but totals must agree.

Race/National Origin	Households			Individuals		
	Non-Hispanic	Hispanic	Total	Non-Hispanic	Hispanic	Total
American Indian or Alaskan Native						
Asian						
White						
Black or African American						
Native Hawaiian or Other Pacific Islander						
American Indian or Alaska Native & White						
Asian & White						
Black or African American & White						
American Indian/Alaska Native & Black/African American						
Other Multi-Racial						
TOTALS	Households Total:			Individuals Total:		

Income Data

Does your organization verify income information (income tax return, bank statements etc.?) NO YES

Income Data	Households	Individuals
Extremely Low Income (<30% AMI)		
Very Low Income (31 – 50% AMI)		
Low Income (51 – 80% AMI)		
Moderate Income (81 – 120% AMI)		
Other (>120%)		
TOTALS	Households Total:	Individuals Total:

*These three numbers will be identical if each chart is completed correctly.

Demographic Data

Complete only the information the agency tracks, and leave the other sections blank (if the organization tracks none of the information listed please check the box below the chart).

Type	Households	Individuals	
Female-headed Household			
Senior-headed Household			
Children (younger than 18)			
Disabled		Mentally Disabled Individuals:	Physically Disabled Individuals:
		Total Number of Disabled (mentally + physically):	

Organization does not track any of the data listed above.

How did you hear about our program? _____

Has your organization been a recipient in the past? _____ If so, when? _____


Can this site accommodate at least 50 + volunteers for a one-day project?

NO YES If not, how many volunteers? 10-15 15-30 30-50

Please explain why your organization has not been able to complete the requested repairs?

Please write a short narrative about the impact this project would have on your organization that project leaders could use in their volunteer recruitment:

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? NO YES  If "no," why not?

Authorization Statement

I/we are not presently planning, nor do I intend to sell our building or to break the lease for this facility within the next five years. I understand and agree to have our building renovated by volunteers.

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 | East Bay to check any references necessary to complete the processing of this application, including access to our client intake files by a HUD representative as evidence of statistical information related to clients served, for the purpose of receiving facility rehabilitation through Rebuilding Together Oakland | East Bay. 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, AIDS, ARC, disability or veteran status.

Applicant Signature

Title

Date