COMMUNITY FACILITY APPLICATION 2019-2020

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.

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
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.

<table>
<thead>
<tr>
<th>Race/National Origin</th>
<th>Households</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Hispanic</td>
<td>Hispanic</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native &amp; White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian &amp; White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American &amp; White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native &amp; Black/African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Multi-Racial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Total:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Income Data**

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

<table>
<thead>
<tr>
<th>Income Data</th>
<th>Households</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low Income (&lt;30% AMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Low Income (31 – 50% AMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income (51 – 80% AMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Income (81 – 120% AMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (&gt;120%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Total:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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).

<table>
<thead>
<tr>
<th>Type</th>
<th>Households</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed Household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior-headed Household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (younger than 18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>Mentally Disabled Individuals:</td>
<td>Physically Disabled Individuals:</td>
</tr>
<tr>
<td></td>
<td>Total Number of Disabled (mentally + physically):</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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