



P E N I N S U L A

**COMMUNITY CENTER APPLICATION
FOR FREE REPAIR WORK
2 0 0 5**

A P P L I C A T I O N P R O C E S S

- Complete and sign the application form
- Include required paperwork
- Mail or fax to:

Rebuilding Together Peninsula

P.O. Box 4031

Menlo Park, CA 94026-4031

FAX: (650) 366-9053

*Application Deadline: **October 15, 2004***

For more information or questions call **(650) 366-6597**

Rebuilding Together Peninsula builds volunteer partnerships to rehabilitate the homes and community centers of low-income, elderly and disabled people so they can live in safety, warmth and independence.

PROGRAM INFORMATION:

REBUILDING TOGETHER[™]PENINSULA is a volunteer program designed to provide free rehabilitation services to elderly, disabled and low-income homeowners and nonprofit community centers in San Mateo and part of Santa Clara counties. We help homeowners who cannot physically or financially solve their home repair needs themselves, and community centers that do not have the financial resources to complete the repairs themselves. We require homeowners and community center representatives to actively participate in the entire program.

- There is no charge for work completed by Rebuilding Together Peninsula volunteers.
- The project selection committee determines which community centers will be selected based upon: our mission, the number of applications, the need of the agency, our ability to complete the required repairs, and the participation and involvement of the applicant.
- We are limited in the type of work we can do. Due to size and complexity of the work needed, we may not be able to do certain projects. Work completed at each site is different.
- All work will be completed to the best of our ability by April 30, 2005.
- Rebuilding Together Peninsula is committed to providing equal opportunities for all applicants for our program's services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, disability, or any other legally protected status.

ELIGIBILITY REQUIREMENTS:

- The facility must be located in San Mateo County, Mountain View, Sunnyvale, Palo Alto and/or Los Altos.
- The organization must be a registered 501(c)(3) or public school.
- The organization must serve the needs of our constituents - low income, seniors and/or persons with disabilities.
- The organization must have demonstrated need for our services.

- The organization must own the property or have a long-term lease on the property.

REQUIRED DOCUMENTS:

- A completed application
- A copy of the organization's current operating budget
- A copy of the organization's operating budget and financial statements for the last two years
- A copy of the deed to the property or a copy of a **long-term** lease.
- Proof of 501 (c) (3) status (not required for public schools)
- A list of Board of Directors/School Board and their professional affiliation
- Any additional materials that describe the organization and its mission (optional)

**REBUILDING TOGETHER PENINSULA
COMMUNITY FACILITY APPLICATION**

Name of Organization / Site Name (if different) Executive Director

Mailing Address City, Zip Code

Project Address (if different) including City & Zip Site Contact name

Main Phone Number Site Contact Phone Number Emergency Phone Number

E-mail Address Site Contact E-mail Address Person filling out application

Describe the purpose of your organization and whom it serves:

How does your organization specifically serve your clients?

What is your organization's major source of funding?

Please provide any further information about your organization that may help us in evaluating your application (i.e. extent of repairs, budget concerns, impact on clients/programs, etc.)

STATISTICAL INFORMATION:

* If you are a multi-site non-profit, please provide the breakdown of total population served and the applicant site. Note: Rough estimates are acceptable

	Total	Applicant Site*
Total Number of Clients served		
Number of Elderly		
Number of Children		
Number of persons with disabilities		
Number of low-income**		

**Please describe your basis for low-income: 80%/50%/30% of county median income

RACE CATEGORIES OF CLIENTS (Required for grant reporting)			ETHNICITY
			Check if also Hispanic
		Total /Site*	Total / Site*
1	American Indian or Alaska Native		
2	Asian		
3	Black or African American		
4	Native Hawaiian or Other Pacific Islander		
5	White		
6	American Indian or Alaska Native <i>and</i> White		
7	Asian <i>and</i> White		
8	Black or African American <i>and</i> White		
9	American Indian or Alaska Native <i>and</i> Black or African American		
10	Other		

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FACILITY INFORMATION:

Please list your top repair priorities

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

Does your roof need repair? Yes No. If yes, are there active
leaks? Yes No

Additional repairs you would like to see done:

Please explain why your center has not been able to complete the above repairs:

If your facility is selected, able-bodied staff, clients and friends are expected to participate on Saturday, April 30, 2005. Please describe how your organization will assist our volunteers:

Can this site accommodate at least 50+ volunteers for a one-day project?
YES _____ NO _____ If NO, how many volunteers? _____

How did you hear about our program? _____

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

Are there any other nonprofits that you are aware of that could benefit from our program? _____

AUTHORIZATION STATEMENT:

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

I, the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to:

Applicant Signature

Date

Please submit the required paperwork along with this application:

- A copy of the organization's current operating budget
- A copy of the organization's operating budget and financial statements for the last two years
- A copy of the deed to the property or a copy of a **long-term** lease.
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