



COMMUNITY FACILITY APPLICATION 2016-2017

Rebuilding Together Peninsula builds volunteer partnerships to rehabilitate homes and community facilities for low-income homeowners and neighbors – seniors, people with disabilities, and families – so they can live independently in warmth and safety

(650) 366-6597 | www.RTPeninsula.org

ELIGIBILITY REQUIREMENTS:

- ★ The facility must be located in San Mateo County, Mountain View, Sunnyvale, Palo Alto or Los Altos
- ★ The organization must be a registered school, church, community facility, childcare center, home daycare, or 501(c)3 nonprofit agency.
- ★ The organization must serve at least 50% low-income clients (or 25% for childcare centers and home daycares).
- ★ The organization must show a demonstrated need for our repair services; we do not provide grant funds.
- ★ The organization must own the property or have at least a two-year lease on the property

APPLICATION PROCESS: *Priority Application Deadline: October 15, 2016*

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

Rebuilding Together Peninsula
841 Kaynyne St.
Redwood City, CA 94063

FAX: (650) 366-9053

DETACH AND KEEP THIS PAGE

PROGRAM INFORMATION

REBUILDING TOGETHER PENINSULA is a volunteer program designed to provide free rehabilitation services to seniors, people with disabilities, and low-income homeowners and community facilities in San Mateo County and Northern Santa Clara County. We help homeowners who cannot physically or financially address their home repair needs themselves, and community facilities that do not have the financial resources to complete the repairs themselves. Our mission is warmth, safety and independence. *We require homeowners and community facility representatives to actively participate in the entire program.*

- All work will be completed to the best of RTP's ability by National Rebuilding Day - April 29, 2017.
- Work completed by Rebuilding Together Peninsula volunteers is FREE.
- The Project Selection Committee determines which community facilities 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. We do *not* typically do structural repairs, such as foundations or framing, etc.
- 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.

REQUIRED DOCUMENTS

- A completed application
- Confirmation of facility ownership or long-term lease agreement (i.e., a copy of the deed to the property or a copy of a **minimum two-year** lease.)
- Proof of 501 (c) (3) status *if* you are a non-profit organization
- A list of Board of Directors or School Board and their professional affiliation (if applicable)
- Any additional materials that describe the organization and its mission (optional)

CONTACT INFORMATION

Rebuilding Together Peninsula

Main Phone: (650) 366-6597

Cari Pang Chen, Associate Director Phone: 650-366-6597 x224 | Email: Cari@RTPeninsula.org

**REBUILDING TOGETHER PENINSULA
2016 - 2017
COMMUNITY FACILITY REPAIR APPLICATION**

FOR OFFICE USE ONLY

DATE RECEIVED:

Name of Organization

Executive Director

Mailing Address

City, Zip Code

Main Phone Number

Name of Person filling out application

PROJECT SITE INFORMATION

Project Site Name

Project Site Address

City, Zip Code

Site Contact Name/Title

Phone

E-mail Address

2nd Site Contact (if applicable)

Phone

E-mail Address

Describe the mission of the organization and whom it serves:

Annual Operating Budget: _____

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? _____

Please list your top repair priorities:

1. _____ 2. _____

3. _____ 4. _____

Additional repairs you would like to see done:

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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	Households			Individuals		
	Non-hispanic	Hispanic	Total	Non-hispanic	Hispanic	Total
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Pacific Islander/Native Hawaiian						
Amer. Ind/Alask. Nat and White						
Asian and White						
Amer. Ind/Alask. Nat. & Blk/Afr. Amer.						
TOTALS	Households Total:			*Individuals Total:		

Income Data

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

Income Level	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.*

^ If you do not verify income information, please estimate the number of low-income (<80% AMI) households and individuals you serve using the following chart – please note that to be eligible for repairs, your organization must serve at least 50% low-income clients (or 25% for childcare centers and home daycares).

Household Size	1	2	3	4	5	6	7
Total gross monthly income	\$5,745	\$6,566	\$7,387	\$8,208	\$8,866	\$9,525	\$10,179
Total gross annual income	\$68,950	\$78,800	\$88,650	\$98,500	\$106,400	\$114,300	\$122,150

Demographic Data Our organization does not track any of the data listed below.

Complete only the information the agency tracks, and leave the other sections blank.

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):	

How did you hear about our program? _____

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

Please note: priority will be given to first-time recipients.

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

Yes No 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:

If your facility is selected, able-bodied staff, clients and friends are expected to participate in assisting our volunteers and staff with the repairs. Please describe how your organization will support our efforts:

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