



Non-Profit Application

Rebuilding Together Boston (RTB) is a non-profit organization working in partnership with the community, volunteers and skilled labor, to stabilize and revitalize homes in our city at no cost to the recipients. We are able to provide our services because of the generosity of individuals, foundations, and corporations. Volunteers give their time and energy to help provide families with necessary home renovations and repairs.

If you have further questions or need assistance completing this application, please call our office at 617-971-0058 or take this application to your social service agency for assistance.

If you are a Boston-based non-profit organization and own your facility/facilities in the City, you are eligible for RTB's services. Services are provided to non-profits that, due to budget constraints, cannot afford to undertake the needed repairs and renovations to their building(s).

Please note: This application requires that you send us copies of ALL the following documents in order for us to determine your financial eligibility:

- Documentation of your organization's 501(c) (3) status
- A copy of your most recently filed audit or Form 990
- Marketing materials and/or service descriptions that will help RTB in its understanding of the programs/services you provide to Boston residents.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS COMPLETE

Non-Profit Organization Information

Organization Name: _____

Address of site: _____

City: _____ Zip: _____ Telephone: _____

Your Agency Contact: _____ Telephone: _____

Position: _____ Email: _____

Agency Website Address: _____

Is your agency: (circle one) private public governmental or nonprofit ?

Federal Tax ID #: _____

Non-Profit Annual Income: \$ _____

Whom do you serve in the community: _____

How many clients do you serve annually? _____ How long has the agency existed? _____

What is your Annual Budget? _____

What are your major sources of funding? _____

Does your agency own the building? _____ If No, What is the length of lease? _____

Please describe the Mission of your organization: (Please attach copies of brochures, etc.)

What are the improvements that the agency would like to have done? Please list improvements in order of importance, whether or not you consider the work to be extensive. This helps RTB get an idea of the proposed project: _____

How did you hear about Rebuilding Together Boston? _____

Property Description

Number of **individuals** living in the facility full-time: _____

Number of floors in the facility (**do not** include basement or attic): _____

Is there a **basement**? (Y/N): _____

How many **bedrooms**? _____

Is there an **attic**? (Y/N): _____

How many **bathrooms**? _____

Are you or anyone in the facility disabled? ____Yes ____No

If Yes, Please briefly describe the disability: _____

Are any of your clients veterans? ____Yes ____No

Are there Pets living in the facility? ____Yes ____No

If Yes, please list them: _____

(RTB requires that all pets be removed from the facility during renovations for the safety of animals and volunteers).

Will the residents of the facility and their family members be able to work with the volunteers?

If No, Please explain: _____

--It is a requirement that all who are physically able participate on National Rebuilding Day.--

Please describe any problems in the facility that you feel may be a safety hazard. _____

Are you receiving any additional help from other social service agencies? If Yes, please explain:

Work Needed

Please list below the repairs you feel are necessary to make your facility safe and secure.

Please check all that apply:

roof repair/replacement

lighting

trash/debris removal

gutter repair/replacement

trees/shrub removal

front/back porch repair

exterior painting

front/back step repair

sidewalk repair

fence/gate maintenance

waterproofing/caulking

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|---|--|
| <input type="checkbox"/> stair handrails | <input type="checkbox"/> painting |
| <input type="checkbox"/> stair repair | <input type="checkbox"/> bathtub/sink caulking |
| <input type="checkbox"/> wall patching/repair | <input type="checkbox"/> furnace repair |
| <input type="checkbox"/> ceiling patching/repair | <input type="checkbox"/> hot water heater repair |
| <input type="checkbox"/> kitchen cabinet repair/replacement | <input type="checkbox"/> window caulking |
| <input type="checkbox"/> new flooring/carpet | <input type="checkbox"/> window repairs |
| <input type="checkbox"/> door repair/replacement | |

Do you have any of the following needs?

Electrical: _____

Plumbing: _____

Other : _____

Please provide us with any additional information that you feel we should know as we consider your application: _____

Can your facility be closed for renovation over a weekend? _____

Does the contact person for your organization have decision making authority? _____

What resources, if any, can you provide to aid in the renovation (funds, materials, skilled volunteers, etc.) ? _____

Due to the growing need for these services, we generally receive more applications than we can accept. We will inform you about your status as soon as possible and we thank you for your interest in RTB.

***Please send this application and supporting material back to:
 Rebuilding Together Boston, PO Box 301209, Jamaica Plain, MA 02130***

If you have any questions while you are filling out your application, please feel free to call our office @ 617-971-0058