



Rebuilding Together Twin Cities Non-Profit Center Application

(Please type or print)

SECTION 1 NON-PROFIT INFORMATION	
Name of Organization:	
Organization Address:	
City, State, Zip	
Executive Director	Phone:
Name of Facility (if different from above):	
Facility Address:	
City, State Zip:	
Facility Site Manager or Executive Director	Phone:
Mission of organization:	
Programs offered at this facility:	
Describe site to be repaired:	
Please indicate total number of recipients and breakdown of ethnicity for the facility to be repaired.	
Total number of people served by this facility _____	
____ African American ____ Asian Americans ____ Hispanics ____ Caucasians ____ Native Americans ____ Pacific Islanders	
# of families _____ # of Children under age 18 _____ # of elderly over age 65 _____	

SECTION 2 SPECIAL NEEDS/ DISABILITIES

Is anyone served by this facility living with a disability? Yes No

If yes, please indicate by checking below all that apply:

Hearing impaired Sight impaired Uses a wheelchair Uses a walker

Mental disability Other: _____

Total number of persons living with a disability served _____

Are there any health concerns we need to be aware of? _____

SECTION 3 TYPE OF REPAIRS TO BE CONSIDERED

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Rebuilding Together Twin Cities. OUR VOLUNTEERS WORK FOR 8 HOURS ON ONE DAY AND THEY MAY NOT BE ABLE TO MAKE ALL THE REPAIRS.

Type of Repair	Brief Description	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wall repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accessibility modifications (Wheelchair ramp, grab bars, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the three most important repairs needed.

- 1.
- 2.
- 3.

SECTION 4 APPLICANT HISTORY

Has Rebuilding Together Twin Cities done work for your organization in the past?

Yes No If so, when? _____

At what facility? _____

SECTION 5 AGREEMENT

Rebuilding Together Twin Cities is a one-day, volunteer repair program for limited income homeowners and non-profit facilities that are unable to complete the work themselves.

- * All work is done by volunteers who work for one 8-hour day and will be skilled, semi-skilled & unskilled. They may not be able to complete all the repairs needed in the facility.
- * None of the work is warranted or guaranteed

To be considered for the Rebuilding Together Twin Cities program, non-profits must complete this application, participate in a phone interview, have staff present at the time of the site inspection and have staff present on the day of the event. Non-profits are required to contribute to the cost of the supplies needed to repair the site requested.

Signature, Executive Director

Date

SECTION 6 VERIFICATION REQUIREMENTS

Rebuilding Together Twin Cities is designed to serve low-income homeowners with special focus on the needs of the older adults, individuals living with disabilities and families with children. Rebuilding Together Twin Cities programs require that all homeowners provide verification of ownership and income of all household members. We also require similar documentation from non-profits seeking the services of this program.

Please attach to this form a copy of the facilities' current budget; most recent Form 990; provide verification of the organizations ownership of the building or permission from the owner; and insurance for the property.

We request that all non-profits make a contribution to cover the cost of the supplies need to repair the site. If your organization is unable to contribute these funds, please state the reason below.

I certify that the above information is correct. I have provided verification of ownership or permission from the owner, proof of insurance, the budget and the Form 990 for the facility requesting the repair work.

Signature, Executive Director

Date

Please return the completed application to:

**Rebuilding Together Twin Cities
1050 33rd Ave. S.E.
Minneapolis, MN 55414**

If you have any questions, please contact us at 651-776-4273 or fax 612-767-8578.