



# Rebuilding Together Dutchess County

## Non-Profit Application

(Please Type or Print)

<b>SECTION 1 NON-PROFIT INFORMATION</b>	
Name of Organization:	
Address:	
Address:	
Executive Director:	Phone: Website Address:
Mission of Organization:	
Programs Offered at this Facility:	
Name and Address of Site to be Repaired:	
Describe site to be repaired:	
Contact Name at Site:	Phone:
Please indicate total number of recipients and breakdown of ethnicity at the site to be repaired: ___ White    ___ African American    ___ American Indian    ___ Alaskan Native ___ Hispanic    ___ Asian/Pacific Islander    ___ Middle Eastern    ___ Other	
Total number of people in the household/shelter/group home _____ Number of Males _____    Number of Females _____    Number of Children under 18 _____	
<b>SECTION 2 SPECIAL NEEDS/ DISABILITIES</b>	
Is anyone in the household/shelter/group home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate below by checking all that apply:	
<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Sight impaired <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Uses a walker <input type="checkbox"/> Mentally challenged <input type="checkbox"/> Other: _____	
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 in April, 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. Please keep in mind that we may not be able to make all of the repairs listed.

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 done work for your organization in the past?

Yes       No      If yes, when?

### SECTION 5 AGREEMENT

Rebuilding Together Dutchess County's repair/renovation program is a one-day volunteer home repair program for limited-income homeowners and non-profit agencies who are unable to complete the work themselves.

- All work is done during one 8 hour day by volunteers who are skilled, semi-skilled, and unskilled. They may not be able to complete all the repairs in the household, shelter, or facility.
- None of the work is warrantied or guaranteed.

To be considered for the Rebuilding Together 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 of Executive Director

\_\_\_\_\_  
Date

## SECTION 6 VERIFICATION REQUIREMENTS

Rebuilding Together is designed to serve low-income homeowners with special focus on the needs of the elderly and disabled. Rebuilding Together's program requires that all homeowners provide verification of ownership and income of all household members. We are also requiring similar documentation from non-profits seeking the services of this program.

Please attach to this form:

- A copy of the facility's budget
- Documentation of your organizations 501(c)(3) status
- A copy of your most recent Form 990
- Verification of the organization's ownership of the building.
- A resolution from your Board of Directors stating that Rebuilding Together Dutchess County is allowed to perform repairs on the facility mentioned above
- Proof of Insurance

We request that all non-profits make a contribution to cover the cost of the supplies needed 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 and that I have provided the required documentation/verification being requested.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

Please return the completed application to:

**Rebuilding Together Dutchess County**  
**PO Box 3695**  
**Poughkeepsie, NY 12603**

If you have questions, please contact us as 845.454.7310 or fax 845.454.7378