



Albany Berkeley Emeryville

3318 Adeline Street • Berkeley, California 94703 • Telephone 510/644-8979 • Facsimile 510/644-6213

COMMUNITY FACILITY APPLICATION

Name of Organization: _____

Executive Director: _____ Contact Person _____

Site Address: _____

City: _____ Zip Code: _____

Cross Streets of Site: _____

Phone Number: _____ Fax Number: _____ Email: _____

Website: _____

Does the organization own the building to be repaired? Yes No

Property Owner: _____ Phone Number _____

Purpose of Organization: _____

Please describe the organization's programs: _____

Repair wish list — what specific repairs or modifications would you like to have at your facility?

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Please describe the area(s) in need of repair:

Please provide the following information on the total number of clients served by your organization:

Table with columns for Ethnicity and Age, listing categories like Asian/Pacific Islander, African American/Black, etc., with corresponding lines for data entry.

Female _____ Male _____ # In female-headed households _____ Average client income \$ _____

Applicant Certification:

As a representative of _____, I have asked Rebuilding Together to assist me by providing free repairs and safety modifications to the community facility at _____ (address) in _____ (city), CA, Zip _____.

I understand that Rebuilding Together is funded by charitable donations and grants to provide assistance to community facilities for repairs and safety modifications that are essential to the health and safety of employees and clients.

I also understand that Rebuilding Together is obligated to use its charitable donations and government funds only for assistance to eligible organizations. By signing my name to this statement, I guarantee that the organization described above is eligible to receive this assistance, as follows:

1. All the information that has been submitted on the Community Facility Application is complete and correct.
2. The applicant organization is a non-profit, non-denominational organization or a government agency.
3. The facility to be repaired is located in the city of Albany, Berkeley, or Emeryville, California.
4. The organization has no intention of selling this facility or transferring ownership of this facility for the next 12 months from April _____, 200__.
5. The applicant organization will reimburse Rebuilding Together for all debris box, portable toilet, building permit, material and tool rental costs necessary for the completion of the project.

In addition,

6. I authorize Rebuilding Together and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair this facility.
7. I understand that Rebuilding Together is a neighbor helping neighbor organization and I will do everything possible to encourage employees, friends, and clients to help volunteers help the organization.
8. I am aware that Rebuilding Together is a one-day, volunteer initiative and that promises cannot be made as _____ to the specific work that will be done. Furthermore, I understand that in many cases, it will not be possible _____ for volunteers to return after the workday.

Signed: _____
(Authorized Signature) (Printed Name) (Title) (Date)

If the authorized signer for the applicant organization is not also an authorized representative of the owner of _____ facility, please have an authorized agent of the owner also sign the application below.

Signed: _____
(Authorized Signature) (Printed Name) (Title) (Date)

The City of Berkeley's Department of Housing provides partial funding for the Rebuilding Together program.