



## FACILITY APPLICATION

### Rebuilding Together East Bay-North

To be considered for RTEBN's free renovation and repair services, please provide all of the following information. We cannot consider incomplete applications. If you have questions about completing this form, call our office at (510) 644-8979.

After filling out your application and obtaining the required signatures please scan and email your application to [dorothy@rtebn.org](mailto:dorothy@rtebn.org).

#### I. ORGANIZATIONAL INFORMATION

Name of Organization: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Albany

Berkeley

Emeryville

Richmond

Executive Director: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

If "no" - Does the organization have at least a 5-year lease? Yes  No

What is the organization's mission?

Please describe the organization's programs.

## II. PROPOSED RENOVATIONS

Please list the renovations or repairs that your organization would like to have completed, noting that RTEBN's projects must be completed in one day (sometimes with one prep day). RTEBN does not guarantee that all requested items can or will be addressed if your facility is selected. Our primary goal is to make facilities safer and more accessible, and upon inspection of the facility we may suggest additional or alternate priorities.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### III. APPLICANT CERTIFICATION

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

I understand that RTEBN 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 RTEBN 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, Richmond or Emeryville, California.
4. The organization has no intention of selling or transferring ownership of this facility until at least 12 months after the facility's project date.

In addition,

5. I authorize RTEBN and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair this facility.
6. I understand that RTEBN is a neighbor-helping-neighbor organization and I will do everything possible to encourage employees, friends, and clients to help volunteers help the organization.

I am aware that RTEBN 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 by \_\_\_\_\_  
(Authorized signature) (Printed name) (Title) (Date)

If the authorized signer is a lessor, an authorized agent of the owner must also sign the application below.

Signed by \_\_\_\_\_  
(Owner/Agent) (Printed name) (Title) (Date)

#### IV. AGREEMENT & RELEASE FROM LIABILITY

In the event that my application is selected for by Rebuilding Together East Bay-North (RTEBN):

I give permission for RTEBN, its volunteers and/or participating trades workers to perform repairs on our facility located at \_\_\_\_\_(address) in \_\_\_\_\_ (city), CA, Zip\_\_\_\_\_.

I understand that RTEBN, is a volunteer initiative and that promises cannot be made as to the specific work that will be done.

I understand that the general plan for the repair(s) will be explained to me and that input from the applicant will be sought. I further give RTEBN, its volunteers and participating trades workers full authority to determine the extent of the repair(s) to be performed even if they should fail to notify me of any change from the original plan.

I understand that that repair(s) will be performed free of charge by volunteers and/or participating trades workers, and RTEBN, its volunteers and participating trades workers disclaim all warranties, expressed or implied, concerning the repair(s).

I agree that I will cooperate with the RTEBN representatives and repair team.

In consideration of the repairs(s), I further hold RTEBN, its officers, directors, employees, agents, donors, volunteers, participating trades workers and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to our property, directly or indirectly arising from any improperly performed repair(s) or defects in material or workmanship.

I also grant RTEBN permission to take or have taken, still and moving photographs and films, including television pictures, of our facility. I consent and authorize RTEBN, its advertising agencies, news media and other persons interested in RTEBN and its works, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

No inducements or promises have been made to me to secure my signature to this release other than the intention of RTEBN to perform the repairs and improvements and to use such photographs, film and pictures for the primary purpose of promoting and aiding its program and its works.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
FACILITIES REPRESENTATIVE WITNESS

## V. SERVICE POPULATION

This information, while not required for your application, is extremely useful for reporting purposes, and we request that you provide as much as possible.

Annual Income Limits—2017 Guideline						
Income Level / # of persons	1	2	3	4	5	6
Poverty	11,770	15,930	20,090	24,250	28,410	32,570
Extreme Low	20,500	23,400	26,350	29,250	31,600	33,950
Low	34,150	39,000	43,900	48,750	52,650	56,550
Moderate	52,650	60,150	67,650	75,150	81,200	87,200

Race / Ethnicity					
	Not Hispanic	Hispanic	Total		
1. White					
2. Black/African American					
3. Asian					
4. American Indian*/Alaskan Native					
5. Native Hawaiian/Pacific Islander					
6. American Indian/Alaska Native and White					
7. Asian and White					
8. Black/African American and White					
9. American Indian/Alaska Native and Black/African American					
10. Other Multi-Racial					
Total:					
Income					
1. Extremely Low Income					
2. Income					
3. Moderate income					
4. Over moderate income					
Total:					
Age, Gender, Situation					
	Female	Male	Disabled	Homeless	Female Head of Household
0-5					
6-11					
12-17					
18-24					
25-44					
45-54					
55-61					
62 and over					
Unknown					

**American Indian or Alaska Native**—A person having origins in any of the original peoples of North, Central and South America, and who maintains tribal affiliation or community attachment.

**Asian**—A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American**—A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Balance/Other**—For multi-racial combinations not included above.

**Hispanic**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, should also have a race designation.