



Complete the following information to be considered for the next Rebuilding Together repair project. Please call (510) 644-8979 if you need help completing the form. We cannot consider incomplete applications.

Send completed applications to: **Rebuilding Together, 732 Gilman Street,
Berkeley, CA 94710**

I. Organizational Information

Name of Organization _____

Executive Director _____

Contact Person _____

Site Street address _____

City _____ Zip _____

Closest cross street _____

Phone number _____ Email _____

Website (if any) _____

Is the public facility owned by your nonprofit or public agency and is open to the public?

Yes ___ No ___

Mission of Organization Please describe the organization's programs:

II. SERVICE POPULATION

A: Income Level, Household Structure

Income Level of Service Population	Number of clients*
1. Extremely Low Income (up to 30% AMI)	
2. Low Income (31 - 50% AMI)	
3. Moderate income (51- 80% AMI)	
4. Over moderate income (81%+ AMI)	
Total:	_____
Household Type of Service Population	
1. Female Headed Households	
2. Elderly Household (one member 62+ years old)	
3. Disabled Household (one member disabled)	

*Please use actual values rather than percentages. Income Thresholds table appears on next page.

ANNUAL INCOME LIMITS – FY 2021 Guideline						
INCOME LEVEL# of persons	1	2	3	4	5	6
Poverty	\$12,043	\$17,242	\$20,231	\$25,554	\$29,509	\$32,925
Extra Low (to 30% AMI)	\$26,050	\$29,750	\$33,450	\$37,150	\$40,150	\$43,100
Low Income (31-50% AMI)	\$43,400	\$49,600	\$55,800	\$61,950	\$66,950	\$71,900
Moderate (51-80% AMI)	\$69,000	\$78,850	\$88,700	\$98,550	\$106,450	\$114,350

B: Race & Ethnicity Demographics

Race	# of clients
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 Nat.& Black/African American	
10. Other Multi-Racial	
Total:	

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.

How many program participants identify as Hispanic and Non-Hispanic?

Hispanic _____

Non-Hispanic _____

(Total number should equal the number total reported.)

C: Age of Population Served

Age/Other	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					

III. NEEDED SAFETY REPAIRS:

(PLEASE note that this is only of repairs you HOPE to have completed. Rebuilding Together does not guarantee that all requested items can/will be addressed if your facility is selected. Our goal is to make facilities safer and more accessible.)

1.	
2.	
3.	
4.	
5.	
6.	

Please note: Must fill out client information. Application is incomplete without it - please call with questions.



IV. 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:

All the information that has been submitted on the Community Facility Application is complete and correct.

The applicant organization is a non-profit organization or a government agency.

The facility to be repaired is located in the city of Albany, Berkeley or Emeryville.

The organization will continue to operate and serve Low-to-Moderate Income Clientele for a minimum of five years **after** the project completion date.

The applicant organization will reimburse RTEBN for all debris boxes, portable toilets, building permits, and tool rental costs, as well as any materials purchased and necessary for the completion of the project.

I authorize RTEBN and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair this facility.

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 for the applicant organization is utilizing a space owned by the City of Berkeley, please send to COB staff for signature.

Signed by _____
(Authorized signature) (Printed name) (Title) (Date)

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

AGREEMENT & Release From Liability

In the event that my application is selected for a Rebuilding Together East Bay-North Community facility repair project:

I give permission for Rebuilding Together East Bay-North, its volunteers and/or participating trades workers to perform repairs on our facility located at: _____.

I understand that Rebuilding Together East Bay-North, along with its National Rebuilding Day program, 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. I further give Rebuilding East Bay-North, 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 Rebuilding Together East Bay-North, its volunteers and participating trades workers disclaim all warranties, expressed or implied concerning the repair(s).

The applicant organization agrees to reimburse RTEBN for all debris boxes, portable toilets, building permits, and tool rental costs, as well as any materials purchased and necessary for the completion of the project.

I agree that I will cooperate with the Rebuilding Together East Bay-North representatives and repair teams.

In consideration of the repairs(s), I further hold Rebuilding Together East Bay-North, 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 Rebuilding Together East Bay-North permission to take or have taken, still and moving photographs and films, including television pictures of our facility. I consent and authorize Rebuilding Together East Bay-North, its advertising agencies, news media and other persons interested in Rebuilding Together East Bay North 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 Rebuilding Together East Bay-North 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.

FACILITIES REPRESENTATIVE _____
Date

WITNESS _____
Date