Dear Friend,

Thank you for your interest in Rebuilding Together Seattle! We are a 501(c)(3) nonprofit organization that provides donated repair services for low income homeowners and nonprofit facilities in need. We offer these improvements at no cost to the individuals served.

Rebuilding Together Seattle operates our programs monthly and we accept applications year round. If your nonprofit is interested in applying to Rebuilding Together Seattle, please give us a call to discuss your needs prior to completing an application. If you do submit an application, please read the following application instructions prior to sending it to our office and save this sheet for your records.

1. In order to be considered for our program, please provide the following, along with a completed application:

- A copy of your (tax exempt) letter of determination from the IRS
- A copy of your most recent IRS form 990 (or relevant document)

2. Please complete all pages of our Nonprofit Facility Application

3. Please mail, email, or fax your completed application and materials to:

   Rebuilding Together Seattle
   info@rtseattle.org
   500 Aurora Ave N, #305
   Fax: 206.682.8962
   Seattle, WA 98109

4. Please allow approximately two weeks for your application to be processed. After your application has been reviewed, we will contact you to arrange a time for members of our Site Preview Committee to visit you at your facility and access the requested repairs. These individuals will help determine whether or not your facility is a good fit for our programs.

5. Please note that Rebuilding Together Seattle does not provide emergency repairs, major remodel work, or roof replacements. We provide nonprofit facility repairs that help meet our mission focus points of warmth, safety, and independence. We will consider requests for repairs that allow you to better serve your mission and community.

Thank you for your interest in Rebuilding Together Seattle! For other questions concerning our program, please contact our office at (206) 682-1231. For more information on our organization, please visit www.rtseattle.org. We hope to hear from you!
## Nonprofit & Facility Contact Information

<table>
<thead>
<tr>
<th>Nonprofit Organization Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit Website Address</td>
<td></td>
</tr>
<tr>
<td>Nonprofit Tax ID # and code</td>
<td></td>
</tr>
<tr>
<td>Primary Contact Name</td>
<td></td>
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<tr>
<td>Primary Contact Phone and Email address</td>
<td></td>
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<tr>
<td>Secondary Contact Name and Phone Number</td>
<td></td>
</tr>
<tr>
<td>Facility (Repair Site) Address</td>
<td></td>
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<tr>
<td>Facility Insurance Provider</td>
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</tbody>
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## Questions for the Nonprofit Representative

1. Has your organization applied to Rebuilding Together Seattle before? **YES** **NO**
   
   *If yes, did we perform work at your facility? **YES** **NO** When? _______________________

2. How did you hear about us? ____________________________________________________________

3. Does your organization serve any of the following individuals? (*Please circle all that apply)*:

   - Elderly
   - Disabled
   - Families with Children
   - Veterans
   - Other: ________________

4. If selected, RTS expects your employees and Board Members to support this project and be engaged throughout the planning process and on the rebuilding day. Is this something your organization can commit to? **YES** **NO**

## Repairs Needed (please mention all that apply!)

<table>
<thead>
<tr>
<th>Area to be repaired</th>
<th>Brief description of work needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td>Siding</td>
<td></td>
</tr>
<tr>
<td>Floors/Flooring</td>
<td></td>
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<tr>
<td>Insulate/Weatherization</td>
<td></td>
</tr>
</tbody>
</table>
### Exterior/Interior Walls, Ceilings

### Security Improvements

### Windows/Doors

### Bathroom

### Electrical

### Plumbing

### Porch/Steps/Ramp

### Grab Bars/Handrails

### Trash/Clutter Removal and/or Cleaning

### ADA Accessibility

### Energy, Appliances/water heater

### Painting

| New Light Bulbs and/or Shower Heads | *Quantity of light bulbs needed: ________ | *Quantity of shower heads needed: _______, |

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### Other requests not mentioned above:

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### NONPROFIT SERVICES AND ADDITIONAL INFORMATION

5. Please provide the names of two of your Board Members who are in support of your application, and their contact information:

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Board Title</th>
<th>Email Address or Phone Number</th>
</tr>
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</table>

6. In the space below, please give an overview of the following (you may attach a separate document that outlines this information, if preferred):

- ✓ Your mission
- ✓ The services your organization provides
- ✓ The individuals you serve, including an estimated number of individuals served each year
7. Does your organization own your space? **YES** **NO**

If yes, is your mortgage/ownership in good standing? **YES** **NO** **N/A**

8. Does your organization lease your space? **YES** **NO**

If yes, in the space below, please mention the **end date** of your current **lease** and information on how much longer your organization expects to remain in your facility, or any other circumstances of your lease. Please also provide information on the owner and/or manager of your property:

9. In the space below, please write your organization’s **total facility maintenance budget** for the current fiscal year. Please also describe your organization’s current circumstances (such as financial and/or physical limitations) that warrant your need for Rebuilding Together Seattle’s support:

10. Does your nonprofit have any relationships with local businesses or individuals in the construction industry (or other relevant fields) that may be interested in serving as a partner in this project? If yes, please write details in the space below:

**NONPROFIT REPRESENTATIVE DISCLOSURE AGREEMENT**

Please sign below if you understand and agree to the following statements below. Your signature is required to complete your application.

I certify that the above information is true and correct. I realize that the failure to provide all information requested could prevent Rebuilding Together Seattle (RTS) from processing my application. I authorize RTS to check any references and/or verify information to complete the processing of this application. I understand that RTS offers primarily a one day project for selected homeowners and nonprofit facilities, and that a group of volunteers – both skilled and unskilled – will complete the work at my facility. I understand that acceptance of this program is not guaranteed and is subject to available sponsors and volunteers and the capacity of RTS. I certify that my organization (including my Staff and Board) is in support of this application.

Representative’s Signature ___________________________ Date ________

Representative’s Printed Name ______________________________________