



Date: _____

NOT-FOR-PROFIT APPLICATION

Name of Organization _____ Tax ID No. _____

Name of Executive Director or Main Contact: Mr. _____ Title _____
 Mrs. _____
 Ms. _____

Mailing Address _____ Office No. _____

_____ Cell No. _____

City _____ State _____ Zip _____ E-Mail _____

Project Site Address (if different) _____

City _____ State _____ Zip _____

Project Site Contact _____ Phone _____

Purpose of organization and whom it serves:

What is the organization's main source of funding? (Please list top 4 donors.)

Repair Wish List: (Please list four most important repairs needed.)

1. _____ 3. _____

2. _____ 4. _____

Project start date: _____

No. of volunteers to complete Project _____

Will there be a need for skilled labor? Yes No

If skilled labor needed, what trades? _____

Describe how the renovations will help your clients:

Is this space: Leased Owned? If leased, what is the length of the lease? _____

Lessor's Name: _____ Phone: _____

We expect the staff and/or friends to help the volunteers accomplish the repairs at your site.
Will this happen? Yes No
If not, why? _____

Why is this an appropriate Rebuilding Together site?

Demographic Statistics:

(Please fill in number of persons as appropriate)

Elderly (over 65)	_____	Hispanic	_____
Children (under 18)	_____	Other	_____
Disabled	_____	Men	_____
African American	_____	Women	_____
Caucasian	_____	Veterans	_____

Please include the following information with the application:

- Organization budget – past 2 years
- Current fiscal budget
- Proof of 501 (c) (3) status
- List of Board of Directors and their professional affiliation

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide **all** information requested could result in our application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving facility rehabilitation through Rebuilding Together North Suburban Chicago. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature of Applicant

Date

Signature of Lessor *(if applicable)*

Date

Please return completed application to:

**Rebuilding Together North Suburban Chicago
P.O. Box 626
Glenview, IL 60025**

If you have any questions, please call (847) 869-0900