



Community Facility Application 2024 - 2025

Rebuilding Together Peninsula (RTP) is proud to assist non-profit service organizations' facilities with no-cost repairs. The rehabilitations we complete make it possible for fellow service providers to focus budgets and resources on meeting direct needs of their clients, rather than facility maintenance.

ELIGIBILITY REQUIREMENTS

- The facility must be located in San Mateo County.
- The organization must be a registered school, church, community facility, child care center, home daycare, or 501(c)(3) nonprofit agency.
- The organization must serve at least 50% low-income clients (or 25% for childcare centers and home daycares).
- The organization must show a demonstrated need for our repair services; we do not provide grant funds.
- The organization must own the property or have at least a two-year lease on the property.

APPLICATION PROCESS

- Complete and sign the application form.
- Include required paperwork (see Required Documents section on next page).
- Mail or email completed application and paperwork to: **Rebuilding Together Peninsula**
841 Kaynyne St.
Redwood City, CA 94063
info@rtpeninsula.org

PROGRAM INFORMATION

In addition to servicing low-income homeowners throughout the year, RTP provides free, volunteer-driven rehabilitation services to community facilities in San Mateo County and northern Santa Clara County that may not have the financial resources to complete repairs on their own. Typically, work is performed on our select [Rebuilding Days](#), and we require facility representatives to actively participate in the entire program. Please note:

- Work completed by Rebuilding Together Peninsula and its volunteers is FREE to the facility.
- Which community facilities will be serviced is based upon: our mission, the number of applications currently open, the urgency of a facility's needs, our ability to complete the repairs, and the participation of the facility's representatives.
- RTP is limited in the type of work we can offer. Due to the size and complexity of work needed, we may not be able to do certain projects. e.g., We do not typically do structural repairs, such as foundations or framing, etc.
- RTP is committed to providing equal opportunities for all applicants for our program's services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, disability, or any other legally protected status.

REQUIRED DOCUMENTS

- A completed application
- Confirmation of facility ownership or long-term lease agreement (i.e., a copy of the deed to the property/recent property tax bill, or a copy of a minimum two-year lease)
- Proof of 501(c)(3) status, if you are a non-profit organization
- A list of Board of Directors or School Board and their professional affiliation (if applicable)
- Any additional materials that describe the organization and its mission (optional)

CONTACT INFORMATION

Rebuilding Together Peninsula - Main Phone: (650) 366-6597

Greg Bernard, Director of Programs - Phone: 650-366-6597 x228 Email: greg@RTPeninsula.org

REBUILDING TOGETHER PENINSULA

COMMUNITY FACILITY

REPAIR APPLICATION

2024-25

FOR OFFICE USE ONLY

Date Received:

Name of Organization

Executive Director

Mailing Address

City, Zip Code

Main Phone Number

Name of Person filling out application

PROJECT SITE INFORMATION

Project Site Name

Project Site Address

City, Zip Code

Site Contact Name/Title

Phone

E-mail Address

2nd Site Contact (if applicable)

Phone

E-mail Address

Describe the mission of the organization and whom it serves:

Annual Operating Budget: _____

What are the organization's major sources of funding?

FACILITY INFORMATION

Year the facility was built: _____ Year moved into facility: _____

Approximate number of rooms: _____

Who owns the facility? _____

Please list your top repair priorities:

1. _____ 2. _____

3. _____ 4. _____

Additional repairs you would like to see done: _____

STATISTICAL INFORMATION

Please check one of the two following boxes:

- We have multiple sites
- This is our organization's only site

*Total Clients Served at specific site: _____ (*If there are multiple sites, provide information for clients served through the specific site where repairs are requested.)

RACIAL/ETHNIC DATA

Estimates in the Racial/Ethnic Data & Income Data sections are acceptable where necessary, but the Households and Income totals must match across both sections.

Race	Households			Individuals		
	Hispanic	Other	Total	Hispanic	Other	Total
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Pacific Islander/Native Hawaiian						
Mix: Amer. Ind/Alaska. Nat & White						
Mix: Asian & White						
Mix: Amer. Ind/Alaska. Nat. & Blk/Afr. Amer.						
Mix: Other						
TOTALS	*Households Total:			*Individuals Total:		

INCOME DATA

Does your organization verify income information (income tax return, bank statements etc.?)

- Yes If yes, how is the income of clients verified/assessed? _____
- No^ If no, please see income chart^ below

Income Level	Households	Individuals
Extremely Low Income (<30% AMI)		
Very Low Income (31 - 50% AMI)		
Low Income ^ (51 - 80% AMI)		
Moderate Income (81 - 120% AMI)		
Other (> 120%)		
TOTALS	*Households Total:	*Individuals Total:

*When completed correctly, the Income Data Households and Individuals Totals will match the previous Racial/Ethnic Data Households and Individuals Totals.

^If you do not verify income information, please estimate the number of low-income (<80% AMI) households/individuals you serve using the following chart; to be eligible for repairs, your organization must serve at least 50% low-income clients (25% for childcare centers/home daycares).

Household Size (adults and children)	1	2	3	4	5	6	7
San Mateo County Total Annual Income	\$109,700	\$125,350	\$141,000	\$156,650	\$169,200	\$181,750	\$194,250
Santa Clara County Total Annual Income	\$102,300	\$116,900	\$131,500	\$146,100	\$157,800	\$169,500	\$181,200

DEMOGRAPHIC DATA (Complete only information your organization tracks and leave other sections blank.)

- Our organization does not track any of the data listed below.

Type	Households	Individuals	
Female-headed Household			
Senior-headed Household			
Children (younger than 18)			
Disabled		Mentally Disabled Individuals:	Physically Disabled Individuals:
		Total Number of Disabled (mentally + physically):	

How did you hear about our program? _____

Has your organization been a recipient in the past? _____ If so, when? _____

Please note: priority will be given to first-time recipients.

Can this site accommodate at least 50+ volunteers for a one-day project?

Yes

No If no, how many volunteers? (Circle one) 10-15 15-30 30-50

Please explain why your organization has not been able to complete the requested repairs:

Please write a short narrative about the impact this project would have on your organization:

If your facility is selected, able-bodied staff, clients and friends of your organization are expected to participate in assisting our volunteers and staff with repairs. Please describe how your organization will support our efforts:

AUTHORIZATION STATEMENT

I am not presently planning, nor do I intend to sell our building or to break the lease for this facility within the next two years. I understand and agree to have our building renovated by volunteers. I, the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to:

Applicant Signature

Date