



Rebuilding in the District as



Home Builders Care Foundation Application for In-Kind Assistance

HBCF is the charitable affiliate of the Maryland Building Industry Association

11825 W. Market Place, Fulton, MD 20759 (phone) 301-776-6212 (fax) 410-265-6529

Email: projects@hbcf.org Web: www.hbcf.org

Organization		Date:	
Executive Director		Main Phone:	
Organization Email		Website:	
Organization Address			
Project Site			
Project Site Address (if different):		Work Site Contact & Phone (if different):	
Contact for this request		Office:	
Contact Email		Cell:	

Organization Information

Mission of Organization:			
Describe the services and programs your agency provides: (attach additional info as needed)			
Federal Tax ID #:		501 (c) 3 nonprofit: <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach IRS ltr.)	
Annual Organization Budget:		Annual Program Budget:	
Program Type:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Permanent Supportive <input type="checkbox"/> Other		
Average Stay (if applicable):			
Capacity (nightly number of beds or units):		Number of Individuals Served Annually:	
Describe the individuals or families your agency serves (check all that apply):			
<input type="checkbox"/> families <input type="checkbox"/> single adult women <input type="checkbox"/> single adult men <input type="checkbox"/> children alone <input type="checkbox"/> youth aging out of foster care <input type="checkbox"/> veterans			
<input type="checkbox"/> pregnant women / young mothers <input type="checkbox"/> victims of domestic violence <input type="checkbox"/> elderly <input type="checkbox"/> mentally-disabled <input type="checkbox"/> physically-disabled			
<input type="checkbox"/> people living with HIV/Aids <input type="checkbox"/> ex-offenders <input type="checkbox"/> people with substance abuse issues <input type="checkbox"/> other _____			

General Liability Insurance Carrier:		Insurance Policy #: <i>(proof of insurance will be needed if project is accepted)</i>	
Insurance Agent & Phone:			
Top Funding Sources (most recent year):		Amount:	Purpose
1.		\$	
2.		\$	
3.		\$	
4.		\$	

Project Information

Approximate year work site building was constructed:		How long agency has been at work site location?	
Does your agency own the work site building? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state how long. If no, please describe the terms of your lease agreement and attach copy of lease:</i>			
Is your agency <u>in compliance</u> with local zoning and licensing requirements to operate your program at its current level at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please document as necessary)</i>			
Description of Repairs: Please list the critical repairs, renovations or upgrades needed at your housing facility (work site) <i>Please list items in prioritized order. Attach information as necessary:</i>			
1.			
2.			
3.			
4.			
5.			
Has your agency received any proposals/estimates for all or a portion of the work? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach or describe.</i>			
Are there any other permission(s) or approvals needed prior to the project moving forward?			
Have you applied for a building permit (if needed)?			
Approximate Cost of Construction:		Resources available for construction funding:	
Timing of needed repairs or other information that will help in coordinating work:			

Please include the following documentation with this application:

- A copy of the agency's IRS letter of determination.
- Proof of general comprehensive liability insurance coverage.
- If building is not owned, please include a copy of lease agreement.
- Any estimate(s) received for work.
- Any additional information you deem necessary



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