



**BUILDING
for the homeless
& others at risk
since 1984.**

*Home Builders Care is the
Charitable Affiliate of the*



Home Builders
Care Foundation
(HBCF) proudly
bears the SEAL OF
EXCELLENCE.



*Accreditation by the
Standards for
Excellence Institute,
a national initiative,
is an honor bestowed
on select non-profit
organizations that
achieve the highest
standards of ethics,
effectiveness, and
accountability in
nonprofit govern-
ance, management,
and operations.*

rebuilding in the District as



2016

Dear Colleague,

Thank you for interest in the Home Builders Care Foundation (HBCF).

HBCF is the 501 (c) (3) charitable foundation of the Maryland Building Industry Association (MBIA), serving Maryland as well as the District of Columbia. Our mission is to give back by utilizing the skills and resources of building industry members on shelter-related construction for the homeless and others at-risk.

Our efforts help community non-profits and local governments meet the challenges of caring for our neighbors in need. Typically, our involvement with a shelter project helps our collaborative partners preserve valuable resources for ongoing supportive social programs for their clients. Because HBCF has access to the resources of the building industry, we are able to provide beneficiary organizations with labor and materials that would otherwise cost significantly more.

Potential new projects are evaluated regularly by the HBCF Board of Directors and its Project Committee. Organizations with the best chances of being selected as an HBCF project partner 1) have solid community support for their project, 2) are in compliance with local zoning, registration and licensing requirements, 3) offer supportive services to help clients achieve and maintain stability, plus have operational funding for program services to continue, and 4) have the capability to raise necessary matching funding - if needed - to ensure completion of the project.

Emergency needs for repairs that threaten the safety of a facility are taken into consideration, however, because HBCF solicits a large number of in-kind donations of materials and labor from the local building industry, we cannot guarantee that your construction needs will be met immediately. Our turn-around time to accept and begin a project may take months, depending on the scope of work needed and availability of resources.

Attached is a request for in-kind assistance form, containing general information needed by HBCF to review your project needs. You may use the form or simply use it as a guideline to make your request.

We look forward to learning more about your project needs.

Sincerely,

Patti B. Kane
Director
Home Builders Care Foundation, Inc.
HomeAid Washington DC LLC

Home Builders Care Foundation, Inc.

The Maryland Center for Housing * 11825 W. Market Place * Fulton, Maryland 20759

Phone: (301) 776-6212 * Web: www.hbcf.org * Email: build@hbcf.org * MBIA: www.marylandbuilders.org

The Home Builders Care Foundation is a 501 (c) (3) nonprofit organization. Donations to our organization are tax-deductible to the fullest extent allowed by law. Our Federal Tax Identification Number is 52-1389604. A copy of our most recent financial statement is available upon request by contacting our office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.



Rebuilding in the District as



Home Builders Care Foundation Application for In-Kind Assistance

HBCF is the official charity of the Maryland Building Industry Association

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

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:	
		Cell:	
Contact Email			

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.)	
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:	
Annual Organization Budget:		Property Square Footage:	
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>	
Are you a registered Maryland Charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Top Funding Sources: (current)		Amount:	Purpose
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

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, we expect the lease to be long term and building owned by a nonprofit/government. Please describe the lease agreement terms and attach copy of lease.</i>			
Is your agency in compliance 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.



Official charity of the

