



## NON-PROFIT FACILITY APPLICATION INSTRUCTIONS

811 Harrison St  
Seattle, WA 98109  
P: 206.682.1231  
F: 206.682.8962  
[www.rtseattle.org](http://www.rtseattle.org)

Dear Friend,

Thank you for your interest in Rebuilding Together Seattle! We are a 501 (c) 3 non-profit organization that provides donated repair services for homeowners and non-profit facilities in need. By endeavoring to spread the spirit of volunteerism, we are able to offer these repairs to your facility **at no cost to your organization.**

Please read the following application instructions prior to sending it to our office. We recommend saving 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 501 (c) 3 letter of determination from the IRS.
- A copy of your most recent annual report **or** IRS form 990.
- Proof of facility ownership (If not owned, please include a copy of relevant pages of your lease agreement, along with your landlord name and contact information).

2. Please complete all pages (1-3) of our Non-Profit Facility Application.

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

Rebuilding Together Seattle  
811 Harrison St  
Seattle, WA 98109

[info@rtseattle.org](mailto:info@rtseattle.org)

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 determine whether or not your facility is a candidate for our program.
5. Our annual rebuilding days occur in April and October. If Rebuilding Together Seattle is able to find the necessary financial and volunteer support, we will consider projects dates outside of April and October.
6. Please note that Rebuilding Together Seattle **does not provide** emergency repairs, major remodel work, or roof replacements.

Thank you for your interest in Rebuilding Together Seattle! For other questions concerning our program, please contact our office at **(206) 682 -1231**. We hope to hear from you!



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## NON-PROFIT CONTACT INFORMATION

Non-Profit Name		Facility Phone #	
Primary Contact		P. Contact Phone #	
Secondary Contact		S. Contact Phone #	
Mailing Address, City, ST, Zip		P. Contact Email Address	
Federal Tax ID #		Non-Profit Type/Status	

## WORK SITE INFORMATION

Work Site Contact		Contact Phone	
Site Address, City, ST, Zip		Property Insurance Carrier	
Insurance Policy #		Year Built	
Annual Property Taxes		Assessed Value	

*Please include a copy of your Property Insurance Policy or Insurance Verification with this application.*

### QUESTIONS FOR THE NON-PROFIT REPRESENTATIVE *(Please circle "yes" or "no")*

1. Has your organization applied to Rebuilding Together Seattle before?   **YES**                   **NO**  
     *If yes, did we visit you or make repairs?*       **YES**                   **NO**
2. How did you hear about us? \_\_\_\_\_
3. Does your organization serve veterans?   **YES**   **NO**    Notes: \_\_\_\_\_
4. We expect you and/or your employees and board members to help the volunteers accomplish the repairs, if necessary. Is this something you can assure will happen?       **YES**                   **NO**
5. Are you comfortable having volunteers make repairs at your facility?   **YES**                   **NO**
6. Who maintains the facility today? \_\_\_\_\_

7. Is there a history of criminal activity at this location within the past 5 years? **YES**    **NO**

If Yes, Please explain: \_\_\_\_\_

**REPAIRS NEEDED** (please mention all that apply!)

Area to be repaired	Brief description of work needed
Foundation	
Siding	
Floors/Flooring	
Insulate/Weatherization	
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: _____

*Other requests not mentioned above:*

**NON-PROFIT SERVICES AND ADDITIONAL INFORMATION**

Please provide 2 professional references for your non-profit:

Name	Relationship	Phone Number

**MISSION/SERVICES:** Please give a brief description of your mission, the services your organization provides, and the individuals you serve (you can also attach a brochure to your application, or provide a website link that outlines this information):

**Annual Revenue (Sources):** \_\_\_\_\_

**Annual Revenue (Total Amount):** \_\_\_\_\_

**Other Assets or Accounts (Valued at more than \$15,000):** \_\_\_\_\_

**NON-PROFIT 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, verify income and assets as necessary to complete the processing of this application. I understand that RTS offers primarily a one-day project for selected homeowners and non-profit 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. RTS cannot guarantee that all requested work will be done.

\_\_\_\_\_

*Representative's Signature*

\_\_\_\_\_

*Date*