



**Rebuilding Together Spokane
Community Building Application**

Name of Organization: _____

Name of Executive Director: ☐ Mr. ☐ Mrs. ☐ Ms. _____

Mailing Address: _____

Phone: _____

City: _____

St: _____

Zip: _____

Site Address (if different) _____

City: _____

Site Contact Person: _____

Phone: _____

Purpose of organization and whom it serves: _____

What is the organization's major source(s) of funding? _____

REPAIR WISH LIST – What are four most important repairs needed?

1. _____ 3. _____

2. _____ 4. _____

Describe how the renovations will impact your clients: _____

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

Lessor's Name: _____ Phone # _____

Will the repairs done by Rebuilding Together impact the lease? ☐ Yes ☐ No (please explain): _____

Why should you be chosen as a recipient of Rebuilding Together Spokane?

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 Spokane. 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

*Return to: Rebuilding Together Spokane P.O Box 18588, Spokane WA, 99228

509-789-3714