

What is Rebuilding Together Montgomery County?

Rebuilding Together Montgomery County (RTMC) is a non-profit organization that works in partnership with community volunteers to provide free home repairs and accessibility modifications to help low-income homeowners remain safely and independently in their homes.

Additionally, we support between 2-5 nonprofits a year by providing critical facility repairs at no cost to the selected 501(c)(3) organization(s) through Facility Facelifts. The Facility Facelifts program operates year-round and is contingent upon both volunteer engagement and funding.

How to qualify for Facility Facelifts:

- ⇒ Any applying organization must be a registered 501(c)(3) organization in Montgomery County, MD.
- ⇒ The organization must primarily serve low-income clients.
- ⇒ The organization must either own a property or have, at a minimum, a 3-year lease on the facility.

How to apply for Facility Facelifts:

- ⇒ Complete the Facility Facelift program application, collect the required support documents, and submit by email, mail or fax to Rebuilding Together Montgomery County c/o:

RTMC Contact Info

Program Department
RE: RTMC Facility Facelift Program
18225-A Flower Hill Way, Gaithersburg, MD 20879
lluhn@rebuildingtogethermc.org
(f) 301-947-9411

Document Checklist

Completed application
Documentation of facility ownership or rental agreement
Proof of 501(c)(3) status
Complete list of your organization's board members and their affiliations

- ⇒ RTMC will confirm receipt of all applications.
- ⇒ Select members of RTMC staff and board will determine which facilities will be selected each year, based on the following criteria: alignment with RTMC's mission, the organization's need, and RTMC's ability to find a "fit" between the volunteer group and the applicant's need.
- ⇒ Organizations that are selected for the program will be notified upon availability of funding and the identification of an appropriate match with a volunteer team.

Additional Information

- ⇒ Repairs are made to improve our selected nonprofit partner's ability to serve their client population, at no cost to the selected organization.
- ⇒ Selected organizations will be required to cross promote the work done by Rebuilding Together Montgomery County in their newsletter and/or e-communications.
- ⇒ Selected organizations (organizational staff) must work in-tandem with RTMC staff to scope the project appropriately and engage in the repairs as needed.

Rebuilding Together Montgomery County FACILITY FACELIFTS APPLICATION

SECTION 1 ORG. & FACILITY INFORMATION		For Office Use Only
<p>Organization's Name: _____</p> <p>Organization's Primary Address: _____</p> <p>Address of Facility in Need of Repair: _____</p>	<p>Date Received: _____</p> <p>Received By: _____</p>	
<p>Organization's 25-word Statement:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Primary Point of Contact: _____</p> <p>Primary PoC Phone: _____</p> <p>Primary PoC Email: _____</p>	<p>Secondary Point of Contact: _____</p> <p>Secondary PoC Phone: _____</p> <p>Secondary PoC Email: _____</p>	
<p>Year facility was built: _____</p> <p>Approximate square footage: _____</p> <p>Please select the number volunteers that can work at your facility at any given time: <input type="checkbox"/> 15-30 <input type="checkbox"/> 30-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75-100</p> <p>Please describe the availability of parking at the facility: _____ _____</p>	<p>Does the organization own the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered 'no' to the above question, how many years do you have left on your current lease? _____</p> <p>Have you been cited for any code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy of the notification.</p>	

Please provide information about the clients served at your facility:

Total Clients Served: _____

Client Demographics:

Income Level		Number of Individuals	Number of Families
Extremely Low	<30% AMI		
Very Low	31-50% AMI		
Low	51-80% AMI		
Moderate	81-120% AMI		
Other	>120% AMI		

Are any of your clients disabled? _____ If yes, what population would you estimate are disabled? _____

Have you ever applied to or received services from Rebuilding Together? Yes No When? _____

I learned about Rebuilding Together from:

- Web
 Referral
 County Government
 Print Publication
 Previous Recipient
 Other _____

SECTION 2 REPAIRS NEEDED (Please rank and describe the organization's top repair priorities)

Repair type	Brief description of repair needed, what rooms

SECTION 3 PROJECT IMPACT

Please describe the potential impact of RTMC’s services by completing the following sentences:

RTMC’s repairs will enable us to:

RTMC’s repairs will support our clients by:

We’ve applied to RTMC specifically because:

SECTION 5 ORGANIZATIONAL AGREEMENT

If selected...

I am willing I am not willing ...for Rebuilding Together Montgomery County to host our logo, and share information and images related to the work done at our facility, on their website, with funders and to supporters.

I hereby declare that the application and information included in it is true to the best of my knowledge and belief. I also understand that any intentionally omitted information or information provided under false pretenses will automatically eliminate my application for consideration in RTMC’s Facility Facelifts program.

Representative’s Signature _____ Date _____

Representative’s Signature _____ Date _____

Return all information via email, mail or fax to:

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