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Home Builders Care Foundation

July, 2010

Dear Colleague,

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

HBCF is the 501 (c) (3) charitable foundation of the Maryland-National Capital Building Industry Association (MNCBIA), serving the District of Columbia as well as five counties of suburban Maryland – Calvert, Charles, Montgomery, Prince George’s and St. Mary’s. Our mission is to complete construction projects, with particular focus on shelter-related projects, by utilizing the industry’s specialized building construction skills and by collaborating with community organizations serving the homeless and others at-risk.

Often, 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, it is able to provide beneficiary organizations with labor and materials that would otherwise cost significantly more.

Potential new projects are evaluated constantly by the HBCF Board of Directors and its Project Selection Committee. Part of our project analysis process involves not only site visits to the project location, but also meetings with an organization's management to coordinate a high-quality, cost-effective solution to improve their shelter facilities.

Organizations with the best chances of being selected as an HBCF project partner have 1) solid community support for their project 2) a good track record of enabling clients to attain a stable lifestyle 3) operational funding in place to support client programs 4) the capability to raise the necessary funding to ensure completion of the project if needed.

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. We do begin the review process of new applications for assistance as soon as possible. Our average turn-around time to accept and begin a project takes an average of six 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 receiving your application.

Sincerely,

Patti B. Kane  
Program Manager  
Home Builders Care Foundation

**Home Builders Care Foundation, Inc.**

1738 Elton Road • Suite 200 • Silver Spring, Maryland 20903  
Phone: (301) 445-5410 • Fax: (301) 445-5499 • Web: [www.hbcf.org](http://www.hbcf.org)

A 501 (c) (3) Non-profit Community Outreach Program affiliated with the  
Maryland-National Capital Building Industry Association





# Home Builders Care Foundation

## Application for In-Kind Assistance

*HBCF is the charitable affiliate of the Maryland-National Capital Building Industry Association*  
 1738 Elton Road Suite 200 Silver Spring, MD 20903 (phone) 301-445-5410 (fax) 301-445-5499

Email: [projects@hbcf.org](mailto:projects@hbcf.org) Web: [www.hbcf.org](http://www.hbcf.org)

<b>Care Provider / Agency Name:</b>		Date:	
Name of Shelter / House / Work Site:			
Executive Director:		Main Phone:	
Primary Contact for this request:		Office:	
Primary Contact Email:		Website:	
Agency Address:		Cell:	
		Fax:	
Work Site Address <i>(if different)</i> :		Work Site Contact & Phone <i>(if different)</i> :	

### Care Provider Agency 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 (term):			
Capacity (number of beds):		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>(please attach proof)</i>	
Insurance Agent & Phone:		Annual Budget:	\$
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?	
<b>Does your agency own the work site building?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state how long. If no, please describe the terms of your lease agreement and attach copy of lease:			
<b>Is your agency <u>in compliance</u> with local zoning and licensing requirements to operate your program at its current level at this location?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (please document as necessary)			
<b>Description of Repairs:</b> Please list the critical repairs, renovations or upgrades needed at your housing facility (work site) Please list items in prioritized order. Attach information as necessary:			
1.			
2.			
3.			
4.			
5.			
Has your agency received any estimates for all or a portion of the work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach or describe.			
Approximate Cost of Construction:		Any other potential sources of construction financing?	
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