

2023



Dear Colleague,

The Home Builders Care Foundation (HBCF) is the 501 (c) (3) official charity of the Maryland Building Industry Association (MBIA), serving 85% of 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.

The goal of our efforts is to help community non-profits and local governments meet the challenges of sheltering and caring for our low-income neighbors in need. Our foundation understands that there is a continuous need to preserve and adapt our community's inventory of safety net shelter and supportive housing facilities that are available to impoverished and vulnerable families and individuals.

We are continuously seeking new shelter-related construction projects—both large and small - on which to contribute our time, residential construction expertise, and resources. Our work empowers agencies to focus their limited resources on direct client services that lead to stability. In our experience, many of our partnering agencies might receive funding for program operations, but maintenance and improvement funds are harder to come by. We help make projects feasible.

Our Board of Directors evaluate potential new construction projects regularly. Most often, organizations with the best chances of being selected as an HBCF project partner:

- 1) offer housing and supportive services to help disadvantaged persons attain stability
- 2) have solid community support for their program and construction project
- 3) the property involved is non-profit owned or leased very long-term for a token amount from the government or other non-profit
- 4) are in compliance with local zoning, registration and licensing requirements
- 5) have stable operational funding in place
- 6) have the capability to potentially raise necessary matching funding and
- 7) are committed to using the property for its stated charitable purpose for ten years

Attached is a general request for in-kind assistance form, which asks for information needed by HBCF to review potential projects. Applicants may use the form or simply use it as a guideline in making their request.

Please contact us if you have any questions or have a larger project you wish to discuss. We'd love to hear from you.

Sincerely,

Patti B. Kane

Director, Home Builders Care Foundation, Inc.

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





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: build@hbcf.org Web: www.hbcf.org



Organization		Date:	
Executive Director		Main Phone:	
ED Email		Website:	
Organization Address			
Project Site			
Project Site Address <i>(if different):</i>		Work Site Contact & Phone <i>(if different):</i>	
Primary contact for this request:		Office:	
		Cell:	
Contact Email			

Mission of Organization:			
Describe the program services your agency provides:			
Federal Tax ID #:		501 (c) 3 nonprofit: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach IRS ltr.)</i>	
Housing 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 vulnerable individuals or families your agency serves (check all that apply):			
<input type="checkbox"/> low-income 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"/> seniors in poverty <input type="checkbox"/> wounded veterans <input type="checkbox"/> pregnant women / young mothers <input type="checkbox"/> victims of domestic violence <input type="checkbox"/> mentally-disabled <input type="checkbox"/> physically-disabled <input type="checkbox"/> people with serious life-threatening illnesses <input type="checkbox"/> ex-offenders <input type="checkbox"/> people with substance abuse issues <input type="checkbox"/> other _____			
General Liability Insurance Carrier:		Insurance Policy #:	
Are you a registered Maryland Charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(proof of insurance will be needed if project is accepted)</i>	

Top Operational Funding Sources: (+ any sources for this construction project)	Amount:	Purpose:
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Project Information

Approximate year project site building was constructed:		How long your agency has operated at project site?	
Does your agency own the project site property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state how long. If no, we expect the lease to be very long term & building owned by a nonprofit/government. Please describe lease agreement terms and attach copy of lease.</i>			
Is the project site in a Priority Funding Area (PFA) as defined by the State of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(to check, please visit https://mdpgis.mdp.state.md.us/PFA/publicinfotemplate/index.html)</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 (project site) <i>Please list items in prioritized order. Attach information or photos as necessary:</i>			
1.			
2.			
3.			
4.			
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>			
Does your organization have any funds it can put towards the project?			
Are there any other covenants, conditions and restrictions (CC&Rs) to be considered?			
Approximate Cost of Construction:		Other Potential Project or Community Partners:	
Do you have a set of architectural plans? Have you applied for a building permit (if needed)?			
Timing of needed repairs or other information that will help in coordinating work:			

Please include the following documentation with this application:

- IRS letter of determination or verification.
- Proof of comprehensive liability insurance.
- If building is not owned, please include a copy of lease agreement.
- Any estimate(s) or proposal(s) received for work.
- Priority Funding Area Map printout pinpointing project site address.
- Any additional information you deem necessary.



<i>Signature of person completing this application</i>	<i>Printed name and title</i>
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