



Home Builders Care Foundation

Turn Key Project Grant Application

HBCF is the official charity of the Maryland Building Industry Association
 11825 W. Market Place, Fulton, MD 20759 (phone) 301-776-6212

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HBCF's **Turn Key Program** is designed to assist 501(c)(3) Maryland and DC-based nonprofits with smaller scale construction needs such as simple maintenance and repair projects that can be completed quickly. As with all HBCF programs, eligible projects must be shelter-focused, serve vulnerable populations, and have local community support. Turn Key Program funding is limited each year. The maximum Turn Key grant is capped at \$7,500 per project/per organization/per year. If approved, your project must be completed within a calendar year and a Project Report must be submitted within six months of the date an award is distributed. If your organization has larger project needs, please contact our office directly for the appropriate application process.

Organization		Year Founded:	
Executive Director		Main Phone:	
ED Email		Website:	
Organization Address			
Project Name			
Project Site Address (if different):		Project Contact & Phone (if different):	
Contact for this request		Office:	
		Cell:	
Contact Email			

Organization Information

Mission of Organization:			
Describe the program / support services your organization provides at the project site:			
Federal Tax ID #:		501 (c) 3 nonprofit: <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach IRS verification)	
Are you a registered Maryland Charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the project have the support of your local community leaders? (letters of support from local officials and/or members of MBIA are encouraged)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your charity have a social media presence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Type:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional/Temporary <input type="checkbox"/> Permanent Supportive <input type="checkbox"/> Other _____		
Average Length of Stay at Site (if applicable):			
Site Capacity (nightly number of beds or units available):		Number of Individuals Served Annually at Site:	

Annual Organization Budget:		Site Bldg Square Footage:	
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 with major illness <input type="checkbox"/> ex-offenders <input type="checkbox"/> people with substance abuse issues <input type="checkbox"/> other _____			
Organization's Top Operational Funding Sources:		Amount:	Purpose:
1.		\$	
2.		\$	
3.		\$	

Project Information

Approximate year project site building was constructed:		How long agency has been at work site location?	
Does your charity own the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state how long. If not, we require a remaining lease term of no less than 5 years & building owned by a nonprofit/government. Please describe lease agreement terms and attach a 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 charity 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>			
Does the facility suit your program needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there plans to move from this site in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Needs: Please list the critical repairs, needs or upgrades at your housing facility (project site) <i>Please list items in prioritized order. Attach information as necessary:</i>			
1.			
2.			
Has your charity received any cost estimates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach.</i>			
<i>If yes, is the contractor licensed in Maryland?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, provide license registration number</i> _____			
Estimated project budget:		Are there additional needs at this project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual maintenance budget for project site:		Other potential resources for funding project:	
Does your organization have any matching funds it can put towards the project to ensure its completion (if needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please provide amount available</i> _____			
Are there any other covenants, conditions and restrictions (CC&Rs) to be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please advise</i>			
If needed, do you have a set of architectural plans? Have you applied for a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach</i>			
Timing of needed repairs or other project timeframe information:			
Agreement: I certify to the best of my knowledge, that all information included in this application is truthful and that the tax exempt status of our charity is in good standing. If a grant is awarded to this organization, then its proceeds will be used only for the manner proposed and will not be distributed or used to benefit any other organization or individual, nor will be it used for unlawful activities.			
Signature of Executive Director _____		Date _____	

Please include the following documentation with this application:

- Proof of nonprofit 501 (c)(3) status.
- Any proposal(s) received for work.
- Other additional information you deem necessary.

