

2020

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 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 vulnerable families and individuals.

We are continuously seeking new shelter-related construction projects—both large and small - on which to contribute our time, construction expertise, and resources. Our work empowers agencies to focus 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.

Attached is an application for our new **Turn Key Project Grant Program**, designed to assist 501(c)(3) Maryland and DC-based nonprofits with smaller scale construction needs such as simple maintenance or repair projects that can be completed quickly with one or few trades. As with all HBCF programs, eligible projects must be shelter-focused, serve vulnerable populations, and have local community support. For more info, please visit our website.

Turn Key Project Funding is limited each year and our goal is to commit to projects within a timely manner. Grants are capped at \$5,000 per project/one project per organization/per year. Our Board of Directors expects to review your application within 30 days of its receipt. If your project is selected, funds will not be released until you are under contract and scheduled to begin your project. Turn Key Project Grant funds may only be used for its stated purpose and short list of deliverables for project reporting and publicity purposes is required upon completion. Any grant funds unexpended at the end of the grant period must be promptly returned to HBCF.

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.



**BUILDING  
for the homeless  
& others at risk  
since 1984.**

the official charity of the



Home Builders  
Care Foundation  
(HBCF) proudly  
bears the SEAL OF  
EXCELLENCE.



Accreditation by the  
Standards for  
Excellence Institute,  
a national initiative,  
is an honor bestowed  
on select non-profit  
organizations that  
achieve the highest  
standards of ethics,  
effectiveness, and  
accountability in  
nonprofit govern-  
ance, management,  
and operations.

rebuilding in the District as



### 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](http://www.hbcf.org) \* Email: [build@hbcf.org](mailto:build@hbcf.org) \* MBIA: [www.marylandbuilders.org](http://www.marylandbuilders.org)

The Home Builders Care Foundation is a 501 (c) (3) nonprofit organization. Donations to our organization are tax-deductible to the fullest extent allowed by law. Our Federal Tax Identification Number is 52-1389604. A copy of our most recent financial statement is available upon request by contacting our office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.



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



*HBCF's new Turn Key Program is designed to assist 501(c)(3) Maryland and DC-based nonprofits with smaller scale construction needs such as simple maintenance or 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 \$5,000 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.*

<b>Organization</b>		Year Founded:	
Executive Director		Main Phone:	
ED Email		Website:	
Organization Address			
<b>Project Name</b>			
Project Site Address <i>(if different):</i>		Project Contact & Phone <i>(if different):</i>	
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 <small>(please attach IRS verification)</small>	
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? <i>(letters of support from local officials and/or members of MBIA are encouraged)</i>	<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 <i>(if applicable):</i>			
Site Capacity <i>(nightly number of beds or units available):</i>		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?	
<b>Does your charity own the project site?</b> <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 &amp; building owned by a nonprofit/government. Please describe lease agreement terms and attach a copy of lease.</i>			
<b>Is your charity in compliance 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 <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
<b>Description of Needs:</b> Please list the critical repairs, renovations or upgrades needed at your housing facility (project site) <i>Please list items in prioritized order. Attach information as necessary:</i>			
1.			
2.			
3.			
Has your charity received any estimates or proposals for all or a portion of the work? <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 construction 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>			
Do you have a set of architectural plans? Have you applied for a building permit (if needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach</i>			
Timing of needed repairs or other project timeframe information:			
<b>Agreement:</b> 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.



Official charity of the





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The official charity of the Maryland Building Industry Association  
11825 W. Market Place, Fulton, MD 20759 (phone) 301-776-6212  
Email: [build@hbcf.org](mailto:build@hbcf.org) Web: [www.hbcf.org](http://www.hbcf.org)

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## SAMPLE TURN KEY GRANT MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU) establishes the guidelines and obligations for the grant award between the Home Builders Care Foundation (HBCF) and its nonprofit partner – the below named Turn Key Project Grant Awardee (Awardee).

Turn Key Project Grant Awardee: \_\_\_\_\_

Awardee Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Date Award Distributed: \_\_\_\_\_ Award Amount: \_\_\_\_\_

Turn Key Project Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Project Report Due Date: \_\_\_\_\_

### INTRODUCTION

HBCF is the official charity of the Maryland Building Industry Association (MBIA). HBCF's mission is to give back by utilizing the skills and resources of MBIA building industry members on shelter-related construction projects for the homeless and others at-risk.

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 or 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.

This MOU outlines the expected responsibilities of the Awardee upon acceptance of the Turn Key Project Grant Award. This MOU incorporates herein the Awardee's Turn Key Grant Application and supporting documents thereto.

### DURATION

- The terms of this MOU are effective on the above-listed date that the Turn Key Project Grant Award is distributed.
- The project is expected to be commenced within three (3) months of the Date Award Distributed (set forth above) and completed no later than six (6) months from the Date Award Distributed.

### RESPONSIBILITIES of AWARDEE

#### The Awardee shall:

- Use the Turn Key Project Grant funds only for stated purpose above and set forth in the Awardee's Turn Key Application and for no other purpose. Any unexpended Turn Key Grant Funds shall be promptly returned to HBCF upon completion of the project.
- Maintain open communications with HBCF to achieve the goal and purpose of this grant award as well as to provide for further cooperation between HBCF, the Awardee and the community served.

- Notify all persons who provided a letter of support with your Turn Key Grant Application of the grant award.
- Publicize the use of the grant award on social media platforms, in annual reports and other public communications. All social media posts on Facebook, Twitter and Instagram should tag HBCF as set forth below and use the hashtag #homebuilderscare:
  - Facebook page [facebook.com/HomeBuildersCareFoundation](https://www.facebook.com/HomeBuildersCareFoundation)
  - Twitter account. [twitter.com/HomeBldersCare](https://twitter.com/HomeBldersCare)
  - Instagram [instagram.com/homebuilderscaremaryland/](https://www.instagram.com/homebuilderscaremaryland/)
- Document and report to HBCF the progress of your Turn Key project on or before the Project Report Due Date (listed above).

**EXPECTED DELIVERABLES** may be emailed to: [build@hbcf.org](mailto:build@hbcf.org) and include:

1. PDF copies of any invoices related to the project (invoices should list the scope of work completed and billed amounts from contractor or trade partner).
2. A minimum of 3 quality JPG photos to be taken and delivered to HBCF for its use:
  - At least 1 “Before” construction photo
  - At least 1 “Work in progress” photo (ideally to have persons at work in photo – with permission from worker)
  - At least 1 “After” construction photo
3. A minimum of 1 short video OR written testimonial from Awardee and/or Awardee’s Client(s)
  - Please share or describe how the completed project will benefit the quality of life of its clients/users/guests/patients and the Awardee’s overall program..

**AMENDMENTS OR TERMINATION**

This memorandum may be amended or terminated by mutual written agreement of the parties, provided, however, that any request by Awardee to terminate this MOU requires 30-days advance notice to HBCF.

In the event that the Turn Key Project is not commenced or completed within the specified time or at all or this MOU is terminated, Awardee agrees to promptly return all of the Turn Key Grant Funds to HBCF.

*By signing the below, Awardee hereby certifies and agrees that: (1) it is fully able to and shall comply with the terms of the MOU; (2) that the Awardee’s tax exempt status is in good standing and shall remain in good standing during the duration of the Project; and (3) that Awardee obtained permission for HBCF’s use of the photos Awardee provided from each person depicted in said photos.*

**Awardee:** \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Date: \_\_\_\_\_

**On behalf of Home Builders Care Foundation:**

\_\_\_\_\_  
Patti B. Kane, Foundation Director

\_\_\_\_\_  
Date