



100 W College Ave #50F
Appleton, WI 54911
920-730-2156
www.rtfv.org

Rebuilding Together Fox Valley

Community [Re]vitalization Application

Name of Organization: _____	
Name of Executive Director: _____	
Mailing Address: _____	Tel No: _____
City: _____	St: _____ Zip: _____
Site Address (if different) _____	City: _____
Site Contact Person: _____	Phone: _____

Purpose of organization and whom it serves:

MODIFICATION AND REPAIR WISH LIST – What are the four most important modifications/repairs needed?	
1. _____	3. _____
2. _____	4. _____

Describe how the changes will impact your clients: _____

Is this space <input type="radio"/> Leased <input type="radio"/> Owned? If leased, what is the length of the lease? _____
Lessor's Name: _____ Phone # _____
Will the repairs done by Rebuilding Together impact the lease? <input type="radio"/> Yes <input type="radio"/> No (please explain): _____



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We expect the staff and/or friends to help the volunteers accomplish the modifications and repairs at your site.

Will this be possible? Yes No If No, Why? _____

Why is this an appropriate Rebuilding Together site?

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THE APPLICATION:

— Proof of 501(c)(3) status

*I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving facility rehabilitation through Rebuilding Together- Fox Valley. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature of Applicant

Date

Return to: Rebuilding Together Fox Valley 100 W College Ave 50f, Appleton, WI 54911
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