

The Home Builders & Remodelers Association Charitable Foundation

REQUEST FOR ASSISTANCE



Name of Organization/Person support is to be provided:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please Check One: Organization/Public Entity \_\_\_\_\_ Individual \_\_\_\_\_

Is the organization recognized by the IRS as a charitable organization: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Tax Identification #: \_\_\_\_\_

How long has the organization been in existence? \_\_\_\_\_

Person Completing This Application: \_\_\_\_\_ Signature: \_\_\_\_\_

Person's Relationship to Above Organization: \_\_\_\_\_

Are you a member of the Home Builders Association? (Membership is not a requirement for approval): \_\_\_\_\_

Amount of Funding Requested through this application: \$ \_\_\_\_\_ Date of Application: \_\_\_\_\_

**For Organizations submitting an application, please provide the following information.**

Please provide a written statement about your request for funding that includes as much of the following information as possible.

- Please specify the mission of the organization,
- What the funds will be used for,
- Is there a budget established for this project (please provide a copy),
- Is this a new project/program,
- How the grant will improve your organization and it's programs/services,
- How many people will be impacted by the donation
- How will you promote the grant, if received, in the media?
- Please confirm your agreement to provide the Foundation a written report detailing your use and expenditure of the funds within six months of receiving the grant.

**For Individuals submitting an application,** please specify the purpose(s) of the funds, what the funds will be used for, other sources for funding that have been approached – and if you have turned down for alternative funding.

Please provide any additional information that is relevant and supportive of this application.

Please submit all information and supporting documents to:

**HBRA Charitable Foundation**  
**2189 Silas Deane Highway, suite #8**  
**Rocky Hill, CT 06067**

We will notify you upon receipt of your application and indicate when your application will be addressed.