



## HBA Cares Assistance Application Form

**HBA Cares Mission:** HBA Cares partners with other nonprofits, engaging industry resources to support transitional and accessible housing and other community projects.

### Contact Information

Full Name: \_\_\_\_\_

Company Name (applicant): \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Organization Information

Date organization was established: \_\_\_\_\_

Is your organization currently a 501(c)3 not for profit entity? \_\_\_\_\_

Purpose and goals of the organization: \_\_\_\_\_

Is your organization local? \_\_\_\_\_ Number of local full-time staff: \_\_\_\_\_

Number of local part-time staff: \_\_\_\_\_ Number of local volunteers: \_\_\_\_\_

Number of individuals you serve locally each year: \_\_\_\_\_

Is your application a project requesting help with accessible housing, transitional housing, or other? \_\_\_\_\_

What is your organization's Mission/Purpose Statement?

How does your mission align with HBA Care's Mission?

**Project Information**

Describe assistance request/project scope of work:

Have you secured funds for the project? \_\_\_\_\_ If so, what percentage: \_\_\_\_\_

Do you use a third-party fundraiser? \_\_\_\_\_

If yes, please provide third-party name and phone number: \_\_\_\_\_

Describe the potential impact to the organization if you do NOT receive the requested assistance:

Please provide any additional information that will help us understand you and your organization better, and that will help us make a more informed decision regarding your request:

**Notice of Agreement:** This application serves as an agreement between the "applicant" and HBA Cares for repayment of support at the conclusion of the project. Repayment shall be determined by total cost savings of the project, or 10% of total cost; whichever is greater. Funds from your project will be used to support future projects.

Questions? Contact Lisa Weidenbach at 719-592-1800  
or via email at [lisa@cshba.com](mailto:lisa@cshba.com)

