

**HomeAid Atlanta**  
**Initial Information Questionnaire**



**CONTACT INFORMATION**

Agency Name \_\_\_\_\_ Contact & Title \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

**SHELTER INFORMATION**

What are you proposing for HomeAid assistance? (check one)

Expand existing facility

Remodel existing facility

Build new facility

How will you obtain the building lot? \_\_\_\_\_

What is the estimated square foot size of the proposed project? \_\_\_\_\_

What is the estimated cost of the total project? \_\_\_\_\_  
(including site preparation, architectural services, construction, fees, etc.)

Describe where you are in the process of completing this project? (i.e. dream, developed vision. architect plans complete, obtained building permit, etc.)

**AGENCY INFORMATION**

How long has your agency been in operation \_\_\_\_\_ Are you a 501c3? \_\_\_\_\_

Summarize your agency's current program \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**AGENCY INFORMATION (continued)**

Summarize the additional programming made possible by the proposed HomeAid project.

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How many, if any, new beds will the HomeAid project add? \_\_\_\_\_

Which of the following best describes the type of shelter provided by your proposed HomeAid project?

Emergency  
(1 to 5 nights)

Short-term Transitional  
(1 to 6 months)

Long-term Transitional  
(7 to 24 months)

How many staff does your agency employ? *Staff*: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
*Social Workers*: Full time \_\_\_\_\_ Part time \_\_\_\_\_

**FINANCIAL INFORMATION**

What is your agency's current annual operating budget? \_\_\_\_\_

Please list your major sources of operating income

Source	Amount
1. _____	_____
2. _____	_____
3. _____	_____

How much would the new HomeAid project increase your annual operating costs? \_\_\_\_\_

How do you anticipate obtaining the funds necessary to complete this project? \_\_\_\_\_

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Have you completed any capital campaign planning? \_\_\_\_\_

How much money do you currently have to apply toward this project? \_\_\_\_\_

Please return completed form to: HomeAid Atlanta 1484 Brockett Road Tucker, GA 30084

[homeaid@atlantahomebuilders.com](mailto:homeaid@atlantahomebuilders.com) or fax 770.934.8363

Thank you! Staff contact: Jean Hilyard, Executive Director 678.775.1401