



HomeAid Care Day Application

Agency Name:		Date:	
Executive Director:		Phone:	
Primary Contact:		Phone:	
Agency Street Address:		City, Zip	
Work Site Street Address (if different):		City, Zip	
Contact Email Address:		Website:	

Agency Information

Federal Tax ID#:	501(c)3: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Type:	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Shelter <input type="checkbox"/> Other		
Do you carry Property Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you carry Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your agency own the work-site building: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your work site is not owned, are you allowed per lease agreement to make physical changes to location? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide the lease or written agreement from the landlord if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other pertinent information regarding your lease:			
Individuals Served Annually?	#	Annual Program and Agency Budget:	\$
Top three current funding sources:		Amount:	
1.		\$	
2.		\$	
3.		\$	
Describe the individuals or families your program and agency serves:			

Describe the services your program and agency provides:

HomeAid Care Day Project Information

List, prioritize and describe the four critical repairs or cosmetic upgrades needed at your facility:
1.
2.
3.
4.

Please include a copy of your agency’s IRS letter of determination with your HomeAid Care Day Application.

Please return this application to:

HomeAid Atlanta
 1484 Brockett Road
 Tucker, GA 30084

Fax: 770-934-8363

Email: info@homeaidatlanta.org

Questions? 678-775-1401