

HomeAid Atlanta
Initial Information Questionnaire



CONTACT INFORMATION

Agency Name _____ Contact & Title _____

Address _____

City _____ State & Zip _____

Phone _____ Cell Phone (optional) _____

E-mail _____ 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 _____

AGENCY INFORMATION (continued)

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

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? _____

Have you completed any capital campaign planning? _____

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

If filling out through Adobe Acrobat, please print before sending in case changes do not save.
If changes do not save, scan and e-mail or fax.

Please return completed form to: HomeAid Atlanta 1 Dunwoody Park S., Atlanta, Georgia 30338
info@homeaidatlanta.org or fax 770.934.8363

Thank you! Contact: Mandy Crater, Executive Director 678.775.1401