

HomeAid Inland Empire Initial Information Questionnaire

CONTACT INFORMATION

Agency Name _____

Address _____

Executive Director's Name _____

Office Phone _____ Cell Phone _____

Email _____ Fax _____

SHELTER INFORMATION

What are you proposing for HomeAid assistance? (circle 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 501-c-3 _____

Summarize your agencies current program _____

AGENCY INFORMATION (continued)

Summarize the additional programming made possible by the HomeAid project.

How many 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? Professional _____ **Support** _____

FINANCIAL INFORMATION

What is your agencies 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 to this project? _____

Please return completed form to: HomeAid Inland Empire, 41172 Oak Drive, Forest Falls, CA 92339

Thank you for your interest