



HomeAid
Houston



QUALIFYING QUESTIONNAIRE

CONTACT INFORMATION

Name of Care Provider: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____ Title: _____

SHELTER INFORMATION

Name of Care Provider: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____ Title: _____

Type of Shelter (Please check all that apply):

- Emergency (1 to 5 nights)
- Short Term Transitional (1 to 6 months)
- Long Term Transitional (7 to 24 months)

Do you have 501(c)(3) exemption? _____

(Please submit a copy of your organization's Letter of Determination)

How long has the shelter been in operation (in years)? _____

Please describe the shelter's scope, mission, objectives and current programs and services:

(Please be specific – attach additional pages if necessary)

PROJECT INFORMATION

Financial: What is the total financial goal of the project?

What has been raised to date? _____

Renovation: Describe needed and if the renovation will create additional beds? (please be specific- attach additional pages if necessary):

New Construction: Describe project. How many additional beds will be created? (Please be specific – attach additional pages if necessary):

Please complete and return this form to: HomeAid Houston
Attn: Bette Moser, Executive Director and CEO
9511 W Sam Houston Pkwy N, Houston, TX 77064
Via fax: (281) 970-8971
Via email: bettemoser@homeaidhouston.org