



Our mission is to build dignified housing where homeless families and individuals can rebuild their lives

HOMEAID HOUSTON QUALIFYING QUESTIONNAIRE

AGENCY INFORMATION

Name of Care Provider: _____

Address: _____

Telephone: _____

Website address: _____

Contact person: _____

Telephone: _____ Email address: _____

Please provide the following information:

Your mission statement

Your organization's scope, objectives, current programs and services

How long has your organization been in operation

Does your organization have experience operating and managing residential shelter(s)?

If yes, please describe

Your 501C3 letter of determination

Your most recent audited financial statement(s)

Your most recent tax return

PROJECT INFORMATION

Type of project you are interested in:

New Construction

Remodeling

Please describe your project. Include how this project will enhance your ability to deliver on your mission and how many additional beds will be created, if applicable.

Please send or email to:

HomeAid Houston

Bette Moser, Executive Director

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Houston, Texas 77064

bettemoser@homeaidhouston.org