



Construction Workforce Initiative 2, Inc.

203-891-6897
501(c)3



HELPING NON PROFITS TO BUILD A BETTER COMMUNITY!

PRE-LIMINARY APPLICATION FOR NON PROFITS ORGANIZATIONS

Application Date:
Organization Name:
Address:
City: State: Zip:
Phone: Fax:
Email address:
Type of Work needed: (check all that may apply)
<input type="checkbox"/> General Site clean up <input type="checkbox"/> Repair or replace hand rails <input type="checkbox"/> Repair or replace sidewalk <input type="checkbox"/> Repair or replace handicap ramp <input type="checkbox"/> Repair or replace light fixtures <input type="checkbox"/> Installation of doors <input type="checkbox"/> Installation of windows <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing (ex: replacing toilets, faucet, shower heads and etc). <input type="checkbox"/> Other: _____
Please indicate any time restraints you may have of the completion of this project:
Indicate Property Location:
Contact person in case of an emergency:
Phone:
Please indicate days available: Mon Tues Wed Thur Fri Sat
Time available from: to:
Please attach your organization's mission statement and submit with application to: P.O. Box 624, New Haven CT 06510

Mission:
