**Instructions and Guidelines**

Completed applications are due to the SOAR! office by the **first Friday in February**. Regular Grant Applications will not be accepted after the due date. The Grant Review Committee meets once a year in April.  Regular grants will be announced and awarded in late Spring.

Congregations may submit an application for a single project. SOAR! will not accept multiple applications from a single congregation. If the project encompasses more than one location please detail the request in a single application. Additional information (updated February 2013) on the grant application and program is available by visiting the SOAR! website [www.soar-usa.org](http://www.soar-usa.org) or by contacting Sister Kathleen Lunsmann at 202.529.7627 or klunsmann@soar-usa.org.

All submissions must be **typed, single sided**. Applications should be **both emailed and sent in hardcopy**.

**Scanned Email**

 ●Complete Signed Application

 ●Complete NRRO Retirement Needs Analysis

 *(please note that these are often 2 sided – make sure that the scan captures the entire document, usually 3-4 pages)*

 ●Copies of 2 Bids *(should be no more than 1-2 page summary)*

Please send an email to Sister Kathleen Lunsmann at klunsmann@soar-usa.org. The email subject should read: Grant Application – Congregation Name – City, State. Attach a single scanned pdf of the entire application package (3 items listed above). The PDF should be named as follows: **Congregation\_City\_State** (i.e. IHM Sisters\_Scranton\_PA.pdf)

Please do not send a cover letter with the emailed application unless it is in the body of the email. The emailed application should include 1 attachment only.

**Hardcopy**

 ● Complete Original Signed Application

 ● Complete NRRO Retirement Needs Analysis

 *(please note that these are often 2 sided – make sure that the scan captures the entire document, usually 3-4 pages)*

 ● Copies of Bids *(should be no more than 1-2 page summary)*

Please mail entire original package (3 items listed above) to Sister Kathleen Lunsmann at:

 Support Our Aging Religious, Inc

 The Hecker Center for Ministry

 3025 4th Street, NE Suite 14

 Washington, DC 20017

Copies of audits and financial statements do not need to be submitted but should be available upon request.

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| --- | --- |
| **Congregation:**  |  |
|  Name |  |
|  Address |  |
|  City |  |
|  State |  |
|  ZIP *XXXXX-XXXX* |  |
|  Phone *(XXX) XXX-XXXX* |  |
|  Website |  |
| **Major Superior:** |  |
|  Name/Title |  |
|  Address |  |
|  City/State/Zip |  |
|  Phone *(XXX) XXX-XXXX* |  |
| **Amount Requested:** | $ |
| **Project Description:** (10 words or less)*(Request summary, for example: Elevator Upgrade, Whirlpool Replacement)* |  |
| **Contact Person:** *(Name of person completing application)* |  |
|  Name |  |
|  Address |  |
|  City/State/ Zip |  |
|  Phone *(XXX) XXX-XXXX* |  |
|  Email |  |
| Congregation Statistics: |  |
|  Gender (Male/Female) |  |
|  Total Number of Religious |  |
|  Total Number over 70 |  |
|  Median Age of Members |  |
|  NRRO Retirement Needs Analysis UPSL % of Retirement Fund Unfunded   *(Page 2, Part B.4)* |  |
|  Total Number of Religious at Site of Project |  |
|  Total Number over 70 at Site of Project |  |
|  Median Age of Members at Site of Project |  |
| **SOAR! Grant History:** *(Please provide information on the last two SOAR! grants received)* |  |
|  Date Received *MM/DD/YYYY* |  |
|  Amount Received | $ |
|  Purpose |  |
|  Date Received *MM/DD/YYYY* |  |
|  Amount Received | $ |
|  Purpose |  |

**Proposal Information Sheet**

|  |  |
| --- | --- |
| Congregation: |  |
| City, State: |  |
| **Project Description:** Describe the problem or need for which you are requesting funding. This description must include the long term impact this grant would have.  |
|   |
| **Project Budget:** Please provide a detailed budget. SOAR! awards often do not fund the entire amount requested. Please indicate which items in your project budget are most necessary.  |
|  |
| If additional space is needed please attach those pages to the application.**Cost Estimates:** Please list the estimates from at least 2 bids for the project. Attach actual estimates to the hard copy. |
|  | **Contractor Name** | **Cost Estimate** |
| Estimate 1: |  |  |
| Estimate 2: |  |  |
|  |  |
| **Additional Funding:** If this project requires additional funding beyond a SOAR! grant, please indicate how this has been or will be obtained. |
|  |

**Financial Information Sheet**

|  |  |
| --- | --- |
| Congregation: |  |
| City, State: |  |
|  |
| **Does the Congregation have:**  |
|  An existing retirement fund? | Yes/No |
|  If yes, funds available. | $ |
|  A charitable trust? | Yes/No |
|  If yes, funds available. | $ |
| **Do members of your congregation receive \_\_\_\_\_\_ Social Security Benefits or \_\_\_\_\_\_\_SSI?** |
| **Is your congregation affiliated with or does it have a foundation?**  | Yes/No |
| If yes, cite the name and location: |  |
| **Does your congregation have plans to consolidate provinces, facilities or combine with other religious institutes to share accommodations or the expenses of caring for your elderly?** If so, please provide details and potential dates? |
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| --- | --- |
|  |  |
| **Signature of Major Superior** |  |
| **Date** |  |
| **Printed Name and Title** |  |