**Instructions and Guidelines**

Completed applications are due to the SOAR! office by **Friday, February 6, 2015**. 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 must 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 October 2014) 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**

* Cover Letter
* Complete Signed Application
* Complete 2014 NRRO Retirement Needs Analysis Sections I-V

 *(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 (4 items listed above). The PDF should be named as follows: **Congregation\_City\_State** (i.e. IHM Sisters\_Scranton\_PA.pdf)

**Hardcopy**

* Cover Letter
* Complete Original Signed Application
* Complete 2014 NRRO Retirement Needs Analysis Section I-V

(*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 (4 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)* |  |
| **Project Completion Date:** |  |
| **Contact Person/Development Director:** *(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 |  |
| **2014 NRRO Retirement Needs Analysis**UPSL % of Retirement Fund Unfunded (Page 2, Part B.4) |  |
| Project Site Statistics: |
| Total Number of Religious at Site of Project |  |
|  Total Number over 70 at Site of Project |  |
|  Median Age of Members at Site of Project |  |

|  |  |
| --- | --- |
| Congregation: |  |
| City, State: |  |
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| --- | --- |
| **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 |  |

**Project Description:** Describe the problem or need for which you are requesting funding. This description must include the long term impact of this grant.  |
|   |
| **Project Budget:** Please provide a detailed budget. If the entire amount requested is not approved for funding; 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: |  |  |
| Congregation: |  |
| City, State: |  |
|

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| --- |
| **Additional Funding:** If this project requires additional funding beyond a SOAR! grant, please indicate how this has been or will be obtained. |
|  |

**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?** Yes/No |
| **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? |
|  |
|  |  |
|  |  |
| **Signature of Major Superior** |  |
| **Date** |  |
| **Printed Name and Title** |  |