



2017 RETIREMENT NEEDS GRANT APPLICATION

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

Phone (XXX) XXX-XXXX

Email

Congregation Statistics:

Gender (Male/Female)

Total Number of Religious

Total Number over 70

Median Age of Members

2016 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

SOAR! Grant History:

(Please provide information on the last two SOAR! grants received)

Date Received MM/DD/YYYY

Amount Received

Project

Date Received MM/DD/YYYY

Amount Received

Project



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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 attach a detailed budget to the application; please indicate below 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:		



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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