



Founders' Grant

available during the 30th Anniversary year

Congregation

Name: _____

Address: _____

City, State, ZIP: _____

Website: _____

2015 NRRO Retirement Needs Analysis

% of Unfunded Past Service Liability (Page 2, Part B.4): _____

Major Superior/President

Name/Title: _____

Address: _____

City, State, ZIP: _____

Phone (xxx) xxx-xxxx: _____

Contact Person/Development Director *(Name of person completing application)*

Name: _____

Address: _____

City, State, ZIP: _____

Phone (xxx) xxx-xxxx: _____

Email: _____

Grant Amount Requested: \$ _____

Project Category: (Choose one) Adaptive equipment
 Furniture

Project Description: (250 words or less)

Explain how this project keeps the aging religious member active in ministry.

Include the following:

- *Age of religious member in need of assistance*
- *Describe the ministry of the religious member*
- *City and state where the grant will be used*
- *Cost estimate of items*

Signature of President _____ **Date**_____

Submit this form along with a cover letter on congregation letterhead from the superior/president. Applications are due March 15, 2016.

Submit applications to:
Sister Kathleen Lunsmann, IHM or email Klunsmann@soar-usa.org
SOAR!
3025 4th Street, NE Suite 14
Washington, DC 20017