



2017 RETIREMENT NEEDS GRANT APPLICATION

Congregation:

Name
Address
City, State
ZIP XXXXX-XXXX
Phone (XXX) XXX-XXXX
Website

Horizontal lines for congregation information

Major Superior:

Name/Title
Address
City/State/Zip
Phone (XXX) XXX-XXXX

Horizontal lines for major superior information

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

Horizontal lines for contact person information

Congregation Statistics:

Gender (Male/Female)
Total Number of Religious
Total Number over 70
Median Age of Members

Horizontal lines for congregation statistics

2016 NRRO Retirement Needs Analysis

UPSL % of Retirement Fund Unfunded (Page 2, Part B.4)

Horizontal line for NRRO analysis

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

Horizontal lines for project site statistics

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

Horizontal lines for SOAR! grant history



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- 1. Project Description:** Describe the problem or need for which you are requesting funding. This description must include the long term impact of this grant.

- 2. 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.

- 3. 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:	<hr/>	<hr/>
Estimate 2:	<hr/>	<hr/>



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

5. Does the Congregation have:

An existing retirement fund?

Yes No

If yes, funds available.

\$

A charitable trust?

Yes No

If yes, funds available.

\$

6. Do members of your congregation receive Social Security Benefits or SSI Yes No

7. Is your congregation affiliated with or does it have a foundation?

Yes No

If yes, cite the name and location:

8. 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
