

SOAR!
APPLICATION FOR RETIREMENT NEEDS GRANT

Congregation: *(Site of fund request)*

Name _____
Address _____
City _____
State _____
Zip *XXXXX-XXXX* _____
Phone *(XXX) XXX-XXXX* _____
Website _____

Amount Requested:

\$ _____

Project Description: (10 words or less)

(Request summary, for example: Elevator Upgrade, Whirlpool Replacement)

Contact Person: *(For grant correspondence)*

Name _____
Address _____
City _____
State _____
Zip *XXXXX-XXXX* _____
Phone *(XXX) XXX-XXXX* _____
Email _____
Fax *(XXX) XXX-XXXX* _____

Major Superior:

Name _____
Title _____
Email _____
Signature _____

Congregation Statistics:

Gender (Male/Female) _____
Apostolic/Contemplative _____
Total Number of Religious _____
Total Number of Retired/Infirmed *(at site)* _____
Median Age of Members _____
Median Age of Members at Site _____
Percent of Members Over 70 _____
Number of Retired/Infirmed Religious _____
Median Age _____
NRRO Retirement Needs Analysis _____
UPSL % of Retirement Fund Unfunded
(Page 2, Part B.4) _____

Last SOAR! Grant:

Date Received *MM/DD/YYYY* _____
Amount Received \$ _____

Note: All applications must be typed and submitted by email to dvornbrock@soar-usa.org and in hardcopy with a signed original, and NRRO Retirement Needs Analysis.
Copies of bids and the communities most recent audited financial statements should be available to SOAR! upon request.

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Proposal Information Sheet

Congregation: _____
City, State: _____

Project Description: Describe the problem or need for which you are requesting funding. Please explain the long term impact this grant will have.

Project Budget: Please provide a detailed budget in the space provided. SOAR! awards often do not fund the entire amount requested. Please indicate which items in your project budget are most necessary.

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.

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Financial Information Sheet

Congregation: _____
City, State: _____

Does the Congregation have an existing retirement fund? Yes/No

Can unrestricted funds be used for retirement? Yes/No

Do you have any other funds/assets designated for retirement needs? Yes/No

If yes how much? \$ _____

How much is available in your current retirement fund? \$ _____

How much is available in your unrestricted fund? \$ _____

How much is available in your restricted fund? \$ _____

Does the congregation have a charitable trust? Yes/No

If yes, can this fund cover operating expenses? Yes/No

How much is in the charitable trust? \$ _____

Do members of your community 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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