

# 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](mailto: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.

**SOAR!**  
**APPLICATION FOR RETIREMENT NEEDS GRANT**  
**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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