



ACCESSIBLE FAITH GRANT

FUNDED BY
THE RETIREMENT RESEARCH FOUNDATION

APPLICATION 2011

(Submit original and one copy of application and attachments; submit one set of photos.)

Total Accessibility Project Cost \$	Amount Requested \$
--	----------------------------

A. General Information

1. Congregation name _____
2. Denomination (if applicable) _____
3. Address _____
4. City _____ Zip _____ County _____ Office phone _____
(Only projects located in Cook, DuPage, Lake, Kane, Kendall, and McHenry County, Illinois are eligible.)
5. Employer ID Number (EIN): _____
6. Congregation website address, if available _____
7. Principal clergy name and title _____
Clergy phone number _____ E-mail address _____
8. Name and title of accessibility project contact person, if other than clergy
Name _____ Title _____
Daytime phone _____ E-mail Address _____
9. Where or from whom did you learn about the Accessible Faith Grant Program? Please provide as much detail as possible to help us with our future marketing of the program.
10. Did you complete the application checklist on the last two pages? Yes _____ No _____
11. Signatures and Attestation: This page must be signed by the principal clergy member and the contact person, if other than the clergy. Signatures attest that the signers have read "Program Description" and "Completing Your Accessible Faith Grant Application," and that the information in this application is accurate.

Signature

Signature

Check here if you want to be added to the RRF email group list.

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

B. Congregation Membership Information

1. Date congregation founded _____ 2. Date building(s) constructed (if known) _____
3. Briefly describe the number and use of all the buildings on your property or campus:
(e.g., worship space, clergy residence, gym/assembly room, school building, etc.)
4. Total members _____ 5. Average weekly attendance at worship services _____
(Number of individuals, not families)

Describe congregation in approximate percentages for items 6, 7, and 8 below.

6. Age: Under 21 years _____% 21-59 years _____% 60 years and older (older adults) _____%
7. Race/ethnicity: Describe race/ethnicity or other diversity characteristics of congregation by %.
8. Annual household income: *(If exact figures are not known, provide an estimate.)*
 \$24,999 or less _____% \$25,000-\$49,999 _____% \$50,000-\$89,999 _____% over \$90,000 _____%

C. Congregation Financial Information

1. Past Completed Fiscal Year (*from* _____ *to* _____)

<u>Income</u>		<u>Operating Expenses</u>	
Total	\$ _____	Total	\$ _____
Collections	_____ %	Bldg. Maint.	_____ %
Pledged giving	_____ %	Programs	_____ %
Fundraising	_____ %	Salaries	_____ %
Gifts/bequests	_____ %	Debt-related	_____ %
Denominational support	_____ %	Other (explain)	_____ %
Rental/lease of properties	_____ %	Total = _____ 100%	
Other (explain)	_____ %		
Total = _____ 100%			

2. If the congregation's financial statement shows a significant surplus or deficit, please explain. If there is a significant deficit, describe the congregation's plans for reducing it.

3. Does the congregation anticipate any unique financial situation for the current fiscal year compared to the last fiscal year. If yes, explain.

4. Does the congregation have an endowment? If yes, what is the amount and how is it used? Are there restrictions?

5. Are there other reserves? If yes, include the amount and describe their use. Are there restrictions?

6. Is the congregation paying off a mortgage or other loan? If yes, provide information.

D. Current Use of Facility

1. Does your congregation own its facility? Yes _____ No _____
(Congregations using leased space are not eligible for Accessible Faith Grants.)

2. In a few sentences, please describe how your building or buildings are used by your congregation and the larger community in ways other than worship services.

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

3. Fill in the columns below to show programs, services, or activities your congregation operates that benefit or involve older members of the congregation. Do not include information about worship services. This list should include not only activities that are solely for older adults, such as Senior Clubs, but all those that they participate in, such as choir, food pantry, faith-sharing groups, church council, etc. Do not simply attach a list of all congregation or church activities and programs.

Type of activity	Facility in which activity takes place	Frequency of activity (per week, month, or year)	Average number of older adults per activity

4. Fill in the columns below to show programs, services, or activities for which any outside groups (e.g., social service organizations, community groups, polling place, local government agencies, community theaters, etc.) use your facility.

Sponsoring organization	Type of activity	Facility in which activity takes place	Frequency of activity (per week, month, or year)	Average number of older adults per activity

5. Do any other religious congregations use your facility for worship or other activities?
 Yes _____ No _____

If yes, provide information, e.g., name of congregation(s), frequency of use of your facility, and approximate number of attendees at their services or other events. Include any other information about the participation of older adults in their worship or other activities at your facilities. Provide an estimate of the number of their members who are older adults.

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

E. Project Information

1. Need and Description. Please answer questions “a” through “h” below, using additional pages if necessary. Be as detailed as possible.
 - a. What is the current accessibility problem your project will address? What is the evidence that this is a problem for your congregation and community? How does the problem limit participation by older adults in activities held in this facility?
 - b. Describe the proposed project and explain how it will solve the accessibility problem. In which building will the project take place?
 - c. Do you plan to add other programs for older adults when the project is completed? If so, describe.
 - d. How will you measure or demonstrate that the project increases the ability of older adults in your congregation or in the broader community to participate in activities at your facility?
 - e. How will you let your congregation’s members and the public know about the increased accessibility of your facility if you carry out the project?
 - f. Has your facility had any prior accessibility renovations? If so, describe them and provide dates completed.
 - g. How much have you spent to date for the proposed new accessibility project, and for what goods or services?
 - h. If your congregation receives a grant, how will you raise additional funds needed to complete the project? Describe specific types of events or other strategies you will use to raise sufficient funds to complete the project within the required time frame (12 months for equipment projects and 18 months for construction projects).

2. Project Financial Information

- a. What is the estimated total cost of the accessibility project? \$ _____
(Include all costs, e.g., design fees, materials, labor, permit fees, surveys, soil samples, contractor fees, etc.)
- b. How much has your congregation received or allocated for the project to date? \$ _____
- c. How much has been pledged, but not yet received? \$ _____
- d. What is the amount of your grant request? \$ _____
(May be up to 50% of the project cost, but cannot exceed \$30,000)

3. Project Schedule and Legal Requirements

- a. Proposed project start date _____ Proposed completion date _____
- b. Is a building permit required for your project? Yes _____ No _____
(Note: Most projects will require a permit. If you are not sure, check with your architect and/or local building code official.)
- c. If a building permit is required, have you already applied for it? Yes _____ No _____
If yes, when was the application submitted? _____
If you have not already applied, when do you expect to apply? _____
(Note: Some municipalities waive the building permit fee for houses of worship. Check with your local officials.)
- d. Will your project require any zoning changes? If yes, explain.
- e. Is your facility a designated historic structure? If yes, describe designation (e.g., federal, state, city).

BE SURE TO COMPLETE THE CHECKLIST ON THE NEXT PAGES AND INCLUDE ALL THE REQUIRED ATTACHMENTS. SEND THE CHECKLIST WITH THE APPLICATION TO:

**RETIREMENT RESEARCH FOUNDATION
8765 W. HIGGINS RD., SUITE 430
CHICAGO, ILLINOIS 60631**

PHONE: 773-714-8080

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

F. Checklist to be filled out and included with application.

Put a check next to each item to show that you have included it. Show this list to your architect, contractor, or equipment vendor/installer to obtain assistance as needed. **(If an item does not apply to your project, mark it N/A.)**

1. One SIGNED original of the application and attachments. Do not put any of these in a ring binder, folder, plastic sleeves, or any other binding or cover.
2. One copy of the application and attachments. Do not put any of these in a ring binder, folder, plastic sleeves, or any other binding or cover.
3. One set of glossy photos showing where the accessibility project will take place. Make sure the name of congregation and current date are written on back of photos. Identify what the photo is, e.g., current women's restroom, stairs at building entrance, etc.
4. The congregation's letter of tax-exempt status under section 501(c)(3) of the U.S. Internal Revenue Service. ***This is not the Illinois Department of Revenue tax-exempt status letter. Many congregations can obtain a copy of the federal tax-exempt letter from their judicatories or denominational headquarters.*** If you are unclear about this information, discuss it with officials from your judicatory. You may also contact The Retirement Research Foundation if you have questions
5. The congregation's detailed financial statement for the past fiscal year, showing actual income and expenses.
6. A simple site layout diagram, line drawing, sketch, or floor plan of your existing facility. Indicate on it where the project is to take place.
7. Preliminary plans or designs for the accessibility project, if applicable. These should be small format drawings (8½ x 11 inches, 11 x 14 inches, or 14 x 20 inches). Drawings must show dimensions and demonstrate that the project will comply with the Americans with Disabilities Act Accessibility Guidelines (ADAAG), Illinois Accessibility Code (IAC), and local codes for accessibility. Do not send a full set of construction documents.
8. The detailed cost estimate by the architect, contractor, or vendor that shows all costs, including architectural or engineering fees, labor, materials, contingency amount, building permit fees (if any), any required surveys, etc. The total should match the cost shown in item E.2.a on page five.
9. A sheet with the name, address, and phone number of licensed architect who prepared the accompanying drawings required in Item 7, above, if applicable.
10. A photocopy of architect's current Illinois professional license.
11. A sheet with the name, address, and phone number of equipment vendor/supplier, if applicable.

12. A sheet with the name, address, and phone number of the installer, *e.g.*, assistive listening system, if applicable.
13. A sheet with the name, address, and phone number of building code department that will provide or has provided a building permit, if one is needed.
14. Photocopy of the building permit or permit application, if available.
15. Brochures, cut sheets, specification sheets, or photos that show the lift or elevator, if your project involves installing one. Brochures or other materials describing any other equipment to be installed, such as an assistive listening system.
16. A sheet with the name, address, and phone number of contractor proposed or selected for construction of the accessibility project. If contractor is not yet selected, attach a sheet with a description of your process for selecting one.
17. A sheet with information on maintenance contract costs for elevator, lift, or other equipment, if applicable.
18. Other Supporting Material - You may include any supplemental material that further explains the nature of the project, the congregation's financial need, activities for older adults that occur in the building(s), or other relevant information. All materials submitted become the property of The Retirement Research Foundation and will not be returned.

We strongly encourage you to read the following documents, available on our website at <http://www.rrf.org> to assist you in completing this application:

- **Detailed Program Description**
- **Completing Your Accessible Faith Grant Application**
- ***Tips for Maximizing Accessibility Improvements*, available at <http://www.rrf.org>**
- ***The Obligations of Religious Organizations under the ADA*, available at http://www.ada-il.org/questions/q_religious_orgs.php.**

UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY

(Revised 12/21/2010)