



**APPLICATION FOR ACCESSIBILITY
RENOVATION & CONSTRUCTION PROJECTS**

Total Accessibility Project Cost \$ _____	Amount Requested \$ _____
Project Summary: In one or two sentences, describe your proposed project, e.g., renovate two restrooms for accessibility, install platform lift, etc.	

A. General Information

- Congregation Name: _____
- Denomination: _____
- Congregation Website: _____
- Address: _____
- City: _____, IL Zip: _____ County: _____ Office Phone: _____
Congregations located in Cook, DuPage, Lake, Kane, Kendall, and McHenry Counties, Illinois are eligible to apply.
- Employer ID Number (EIN): _____
- Principal Clergy Name and Title: _____
Clergy phone number: _____ E-mail address: _____
- Name and title of accessibility project contact person, if other than clergy. *Please be sure the contact person has a copy of the completed application and is available to answer questions about the accessibility project.*
Name: _____ Title: _____
Daytime Phone: _____ E-mail Address: _____
- How did you learn about the Accessible Faith Grant Program?
- Signatures and Attestation: This page must be signed by the principal clergy and the contact person, if other than the clergy. **Signatures attest that the information in this application is accurate.**

Signature
Principal Clergy

Date

Signature
Project Contact Person

Date

B. Congregation Membership Information

1. Date congregation founded: _____
2. Total number of congregation members: _____
3. Average weekly attendance at worship services: _____ *Number of individuals attending, not families*
4. Estimate the percentage of members who are: Under 65 years ____% 65 years or older ____%
5. Describe race/ethnicity or other demographic characteristics of your congregation by estimated percentage.
6. Annual household income of congregants; if exact figures are not known, **please estimate**.
 \$24,999 or less ____% \$25,000-\$49,999 ____% \$50,000-\$89,999 ____% over \$90,000 ____%
7. Do you anticipate a change in your congregation's leadership within the next two years? If yes, please describe.

C. Congregation Financial Information: If your congregation operates a school, please do not include school budget data.

1. Dates of Past Completed Fiscal Year (from _____ to _____)

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

C. continued:

2. If your congregation's financial statement shows a significant surplus or deficit, please explain. If there is a significant deficit, describe your congregation's plan to reduce it.
3. Does your congregation anticipate any unique financial situation for the current fiscal year compared to the last fiscal year? If yes, explain.
4. Does your congregation have any endowments? If yes, what are the amounts and how are they used? Explain any restrictions.
5. Does your congregation have other reserves? If yes, what are the amounts and how are they used? Explain any restrictions.
6. Is your congregation paying off a mortgage or other loan? If yes, provide the balance and the amount of the monthly payment.
7. If your congregation receives a grant, how will you raise the additional funds needed to complete the project? **Describe specific types of events or other strategies your congregation will use to raise sufficient funds to complete the project within the required time frame - 18 months for construction projects.**
8. Describe your congregation's prior experience in raising large amounts of money for other projects.

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. Briefly describe how each of your building(s) is used by your congregation and the larger community. (Add an extra sheet if needed).

Name of Building	Description of Use

D. Continued:

3. Use the table below to show the **programs, services, and activities your congregation operates** that involve older congregation members. **Please do not include information about worship services.** Include general activities older adults participate in with other members, such as choir, food pantry, faith-sharing groups, church council, etc., as well as activities that are solely for older adults, such as Senior Clubs. (Add an extra sheet if needed.)

Type of Activity	In which building does the activity take place?	Frequency of Activity <i>Per week, month, or year</i>	Average <u>number</u> of attendees 65 years or older per activity

4. Use the table below to show all programs, services, or activities for which any outside groups, e.g., social service organizations, community groups, polling place, local government agencies, community theaters, sororities, dance groups, book clubs, etc. use your facility. (Add an extra sheet if needed.)

Sponsoring Organization	Type of Activity	In which building does the activity take place?	Frequency of Activity <i>Per week, month, or year</i>	Average <u>number</u> of attendees 65 years or older per activity

5. Do any other religious congregations use your facility? Yes ____ No ____
If yes, provide information, e.g., name of congregation(s), frequency of use of your facility, and an estimate of the number of their members who are 65 years or older. (Add an extra sheet if needed.)

Other Congregation Name	Frequency of Use <i>Per week, month, or year</i>	Estimated <u>number</u> of congregation members 65 years or older

E. Accessibility Project Information

1. Need and Description (Add an extra sheet if needed.)

- a. What is the current accessibility issue 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. In which building(s) will the project take place?

- c. Describe the proposed project in detail and explain how it will solve the accessibility problem.

- d. How will you measure or demonstrate that the project increases the ability of older adults in activities at your facility?

- e. How will you inform your congregation and the public about the increased accessibility of your facility if you carry out the project?

- f. Do you plan to add new programs for older adults when the project is completed? If so, describe.

- g. Has your facility had prior accessibility renovations? If so, describe them and the dates they were completed.

- h. Has your congregation received an Accessible Faith Grant in the past? Yes ___ No ___
If yes, what year was the grant awarded? _____
If yes, complete Section E-2, Results of Prior Grant.
If no, proceed to Section E-3.

E. Continued:

2. **Results of Prior Accessible Faith Grant** – Respond to the following questions (a ó f) only if you received an Accessible Faith Grant in the past.

- a. Estimate how many additional older adults now participate in your services, programs, and activities than before the accessibility project was completed.

- b. What new programs or activities, if any, have you started since completing the project?

- c. What feedback about the project have you received from congregation or community members or others?

- d. What new outside groups, if any, use your space since you completed the accessibility project?

- e. How has a more accessible facility helped with fundraising for your congregation or increasing your rental revenue?

- f. What other benefits resulted from completing the Accessible Faith Grant project?

3. **Project Financial Information**

a. What is the estimated total cost of your accessibility project? \$ _____

Please be sure it is the same amount as on the top of Page 1 and in the Total of Item 3.d on the following page.

b. What is the amount of your grant request? \$ _____

May be up to 50% of the project cost, but cannot exceed \$30,000.

c. How much have you spent to date for the proposed accessibility project, and for what goods or services?

\$ _____

E. Continued:

- d. Details of cost estimate - Your architect, contractor, and/or equipment vendor should be able to provide this information. Not all categories apply to all projects ó provide applicable information below, if known.

<i>Architectural or design fees</i>	\$
<i>Equipment</i>	\$
<i>Materials</i>	\$
<i>Labor</i>	\$
<i>Contractor/installer fees</i>	\$
<i>Contingency amount</i>	\$
<i>Permit fees</i>	\$
<i>Surveys, soil samples, environmental hazard mitigation</i>	\$
<i>Other – describe</i>	\$
TOTAL <i>This should be the same amount as on the top of Page 1 and in 3.a on the previous page.</i>	\$

Attach the official cost estimate from the contractor/architect/lift or elevator supplier showing detailed line items.

- e. How much funding has been received for the project to date? \$ _____
- f. How much has been pledged, but not yet received? \$ _____
- g. Describe any ongoing costs relating to your project once it is completed, e.g., maintenance contract for elevator, lift, etc.

4. Project Schedule and Legal Requirements

- a. Proposed project start date _____ Proposed completion date _____

Final grant decisions are generally made in November. If a grant is awarded, funds would be available in mid-December.

- b. If the project has already started, describe what has been completed as of the date this application is submitted.

E. Continued:

c. Is a building permit required for your project? Yes ____ No ____
Most renovations and construction projects will require a permit. If you are not sure, check with your architect and/or local building code official. Some municipalities waive the building permit fee for houses of worship. Check with your local officials.

d. If a building permit is required, have you already applied for it? Yes ____ No ____

(i) If yes, when was the application submitted? _____

(ii) If you have already received the building permit, please include a copy.

(iii) If you have not already applied, when do you expect to apply? _____

e. Will your project require any zoning changes or variances? If yes, explain.

f. Year your building was constructed, if known. _____

g. Is your facility a designated historic structure? Yes ____ No ____

If yes, describe designation, e.g., federal, state, city.

h. **Attach the architectural drawings for the project.**

Submit the preliminary designs for your accessibility renovation/construction project. These may be small format drawings (8½ X 11 inches, 11 X 17 inches, or 14 X 20 inches) that **show specific dimensions** and demonstrate that the project will comply with government accessibility guidelines of the Department of Justice's 2010 Accessibility Standards; the Illinois Accessibility Code (IAC); and local county or municipal codes for accessibility, if any. It is not sufficient simply to show a restroom, ramp, or elevator/lift sketch with the notation "All measurements will meet Americans with Disabilities Act (ADA) standards."

These dimensioned drawings are essential. If you, your architect, contractor, lift or elevator installer is not clear about what is required, contact The Retirement Research Foundation. By taking the detailed measurements to show in the drawings, the architect might find that the proposed restroom, lift, or elevator will not fit in the originally designed space and may need to be redesigned in order to meet all accessibility and other building codes. The Retirement Research Foundation cannot fund projects that do not comply with legal requirements.

E. Continued:

5. Project Implementation Contacts

- a. Name and contact information for the Illinois licensed architect you have consulted or engaged for your project. Provide a photocopy of the architect's license.

- b. Name and contact information for the contractor you have engaged for your project. If you have not selected a contractor yet, describe your process for selecting one.

- c. Name and contact information for the equipment vendor/installer for your project, if applicable.

- d. Name and contact information of the building permit authority in your municipality, if your project requires a permit.

SAMPLE

F. Checklist

Please fill out the following checklist of items that should be submitted with your completed application. Place an X next to each item to show that you have included it. If an item does not apply to your project, **please mark it N/A and explain why it does not apply**. Share this checklist with your architect, contractor, or equipment vendor/installer to obtain assistance as needed. All materials become the property of The Retirement Research Foundation and will not be returned.

Please do not use a ring binder, folder, plastic sleeve, or any other binding or cover.

1. One signed original of the application and attachments.
2. One photocopy of the application and attachments.
3. One set of photos showing where your accessibility project will take place. Write the name of your congregation and the date the photos were taken on the back of the photos. Identify what the photo depicts, i.e. current women's restroom, stairs at building entrance, etc.
4. IRS letter documenting 501(c)(3) status or other evidence of federal non-profit status.
5. Your congregation's detailed financial statement for the most recent completed fiscal year, showing actual income and expenses.
6. The preliminary designs for your accessibility renovation/construction project. These may be small format drawings (8½ X 11 inches, 11 X 17 inches, or 14 X 20 inches) that **show specific dimensions** and demonstrate that the project will comply with government accessibility guidelines of the Department of Justice's 2010 Accessibility Standards; the Illinois Accessibility Code (IAC); and local county or municipal codes for accessibility, if any. It is not sufficient simply to show a restroom, ramp, or elevator/lift sketch with the notation "All measurements will meet Americans with Disabilities Act (ADA) standards."

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7. A copy of the official cost estimate from the contractor/architect/lift or elevator supplier showing detailed line items.
8. A photocopy of architect's current Illinois professional license.
9. A photocopy of the building permit or permit application, if applicable and available.
10. For elevators or platform lifts, provide brochures, cut sheets, specification sheets, or photos that show the lift or elevator.