

NATIONAL RELIGIOUS RETIREMENT OFFICE
MANAGEMENT AND CONTINUING EDUCATION ASSISTANCE
APPLICATION

NRRO ID #: _____

Name of Institute: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Major Superior: _____ Cong. Initials: _____

Official Catholic Directory Number: _____ Census: _____ Median Age: _____

Contact Person: _____

Contact's Phone #: _____ Fax #: _____

Contact's Email: _____

There are two forms of Management & Continuing Education Assistance: the first type would include those covering basic management tools while the second type is for continuing education for key management personnel. Assistance is available throughout the year for a maximum of \$5,000 per calendar year. The primary requirement for these types of grants is your institute being more than 50% unfunded for your past service liability.

MANAGEMENT ASSISTANCE: NRRO recognizes that certain basic management tools are necessary if religious institutes are to adequately address their retirement funding needs. Therefore, funds are available for tools such as:

- Computers and software for first-time computerization of accounting and/or development office records
- A financial forecast or other technical assistance with planning
- An elder care consultation or review of the cost effectiveness of elder care delivery.

Please describe the purpose for which you are requesting assistance:

Amount requested for the above needs: \$ _____ (\$5,000 maximum)

CONTINUING EDUCATION ASSISTANCE: NRRO will provide funds for on-going education for key management personnel. This may include education in financial management, elder care delivery or fundraising.

NAME & DATE OF WORKSHOP: _____

Registration ** \$ _____

Room & Board ** \$ _____

Travel ** \$ _____

Total Amount Requested \$ _____ (\$5,000 maximum)

** Please attach a copy of the registration form and/or invoice for these items.

STATEMENT OF INTENT

I hereby agree to use this Management & Continuing Education Assistance for the purpose for which it is awarded to the institute and to submit a statement of accountability as required. The accountability form will be sent with the check.

Signature of Major Superior: _____

Date Submitted: _____

Please return this application to:

Brother Robert Metzger, SM ◇ National Religious Retirement Office

3211 Fourth Street, NE ◇ Washington, DC 20017-1194

Phone: (202) 541-3219 ◇ Fax: (202) 541-3053

Email: RMetzger@usccb.org