Presbyterian Committee on the
Self-Development of People
People Investing in People

MID COUNCIL SDOP COMMITTEE APPLICATION
GRANT APPLICATION PACKET

For Use by Community Groups Applying for Mid Council SDOP Committee Grants

Review SDOP's criteria (on page 4 or at www.pcusa.org/sdop) before completing this application.

Please contact the local committee directly that you have been in contact with if you have questions. If unsure of the local committee to contact, click at https://www.presbyterianmission.org/ministries/sdop/for-synods-and-presbyteries/#tab-1

to access a map listing local SDOP Committees to find the name of the committee for your area.

PART A: Pg. 1 to 4 - Completed by Applicant Community Group
Use the tab key to navigate through this form

I. PROJECT INFORMATION

Name of the Project: _____

Organization: _____

Organization Phone Number: _____

Organization Email: _____

Physical Mailing Address (No P.O.BOX): _____

City, State and Zip Code: _____

Website/social media (if applicable): _____

PRIMARY CONTACT PERSON	SECONDARY CONTACT PERSON
Full Name: _____	Full Name: _____
Title: _____	Title: _____
Cell: _____	Cell: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Email: _____	Email: _____

Name of the person who completed this application, if different from above: _____

The amount requested $ _____

1. Number of group members (SDOP seeks to partner with communities; it is unusual for a community group of less than 5 people to receive funding).

2. Describe the project including how the grant will be used and how the group members will meet the SDOP funding criteria of **benefitting directly, owning, and controlling the project.** (Group members need to make decisions and benefit from the grant and project). Use the space provided or add additional pages.

3. How will you evaluate the success or impact of the project?

4. Who are the decision makers for the project (please complete decision maker grid below).

LIST THE DECISION MAKERS (majority must be low income **REQUIRED**) (use additional page if needed)

NAME	ETHNIC BACKGROUND	JOB/OCCUPATION (if applicable)	INDICATE HOW CHOSEN Elected (**E**), Appointed (**A**) or Self-Selected (**S**)

5. Are the majority of the decision makers at low income or have no income?   Yes   or   No   Check one

6. How does the group define poverty?

ADDITIONAL INFORMATION

How did the group find out about SDOP? (Please check whichever applies)

      Community Workshop (indicate where and when)
      Presbyterian Church (USA) event
      Presbytery, Synod, SDOP Website or another website (indicate website)
      Local Church (indicate the name and location of the church)
      Word of mouth (provide the name and contact information of the person)
      Mid Council SDOP Committee member (Provide the name and contact information of the person)
      SDOP National Committee Member (Provide the name and contact information of the person)/SDOP National Office
      Other (Please Indicate)

Has your group/organization previously applied for a SDOP for a grant? Yes   or   No
If Yes, what Year(s)?_____   and what level (s) (Select all that apply) National   Presbytery   Synod

Please list and provide contact information for other grassroots organizations and/or organizations working with these organizations that could help SDOP in our outreach efforts. (These organizations do not need to meet SDOP criteria of being controlled by the direct beneficiaries). Please include organization's name, contact person, phone, address, city, state, email. Use additional pages if needed.

EXPENSES - Total expenses must equal total income

Itemize expenses over $1,000 (Example: number of bags of soil, number of events)			
Item	Purpose/Rationale	SDOP	Other Sources
Example: Office rent	Example: Provide group work and meeting space	$500	$300
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
	TOTAL	$	$

INCOME			
Source	Amount	Received?	Committed?
SDOP	$	Yes or No Choose one	Yes or No Choose one
Individual Cash Donations	$	Yes or No Choose one	Yes or No Choose one
In-Kind (such as goods or services provided at no charge)	$	Yes or No Choose one	Yes or No Choose one
Fund Raising Events	$	Yes or No Choose one	Yes or No Choose one
Other	$	Yes or No Choose one	Yes or No Choose one
TOTAL	$		

1. The following standards are used by Self-Development of People Committees to determine whether a project is valid for funding within this ministry. The standards include the following criteria:

2. Be submitted and controlled by the same group of economically poor people who will benefit directly from it.

3. Address long-term correction of conditions that keep people bound by poverty and oppression. This will utilize some combination of the SDOP core strategies: Promote justice, build stronger communities, seek economic equity.

4. Be sensitive to the environment while accomplishing its goal(s) and objectives.

5. Use peaceful means to accomplish its goals and objectives.

6. Describe, in detail, its goal(s) (the point of the project), its objectives (the specific steps the group will take to accomplish the goal(s)), the way the direct beneficiaries will be involved in all stages of the project, and the methods to be used to achieve the goal(s) and objectives.

7. Describe fully the resources known to be available for its support, including a description of a) those within the community, b) those available to the community, and c) the in-kind and other financial resources sought or to be sought.

8. Contain a balanced income and expenditure budget. A financial plan showing expected income and expenditures over the funding term of the project will be included.

9. Specify an evaluation plan that includes how progress towards the stated goal(s) and objectives will be evaluated, and when the evaluation will be made.

Please check up to three categories that best describe your project:

Affordable Housing/Homelessness	☐	Human Rights	☐
Agriculture	☐	Immigration	☐
Arts/crafts	☐	Leadership Development	☐
Capacity Building	☐	Micro-Credit	☐
Community Development	☐	Self-Advocacy	☐
Community Garden	☐	Seniors	☐
Community Organizing	☐	Skills Development	☐
Community Re-entry	☐	Training	☐
Cooperative/Worker Owned	☐	Trafficking	☐
Education	☐	Transportation	☐
Domestic Violence	☐	Water	☐
Economic Development	☐	Women	☐
Environment	☐	Youth	☐
Fair Wages	☐	Other (please add your category if not listed):
Food Security	☐	
Health	☐	

Date Application Completed: _____

APPLICANT STOP HERE. END OF APPLICATION. PLEASE SUBMIT TO THE LOCAL COMMITTEE.

PART B: Completed & Submitted to National Office by Mid-Council SDOP Committee *When Requesting Payment.*

PROJECT EVALUATION AND REQUEST FOR PAYMENT

For Mid Council SDOP Committee. Use only after application is reviewed against SDOP criteria, site visit completed, and funding decision is made.

Date   Amount granted $

Full Name of Project

Address of Project

Name of the SDOP Synod/Presbytery Committee

Address

All Checks are made payable to the Synod or Presbytery and mailed to the Synod/Presbyteries offices

Site Visit Date   Site Visitor name(s)

Chairperson or Committee member Signature

PART C: Completed by Mid-Council SDOP Committee *After* Project is Funded. Report due on date specified on agreement addendum (Funding letter).

NARRATIVE PROGRESS REPORT

For Mid Council SDOP Committee. Use to report *after* project is funded. Failure to return the report will result in the Mid Council Committee not being able to submit further funding requests. Report due no later than date specified on agreement addendum (Funding letter).

Full Name of Project

Amount Awarded to Project $

Year Project Awarded Grant

Address of Project

Name of the SDOP Synod/Presbytery Committee

Address

Have the funds been spent by the group as approved by the Mid Council SDOP Committee?

Chairperson or Committee member Signature   Date

Presbyterian Committee on the
Self-Development of People