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***“People Investing in People”***

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| **2021** 100 Witherspoon St.Louisville, KY 40202**1-888-828-7228 ext 5782****COVID-19 APPLICATION****www.pcusa.org/sdop** | Office useProject Number |
| **Send the application via email to** **clara.nunez@pcusa.org** **and copy** **sdop@pcusa.org**and follow up with an email or phone call 502-569-5782 to assure that your email arrived. **All notifications are done via email. Please call or email with any question or request.**  |

**Limited SDOP COVID-19 funding available for community organizations/groups (not individuals) in the United States working with low income communities.**

A required final report (narrative, evaluation and financial) will be due at the end of the grant

Deadlines – Applications will be received September 30 until October 15. Award Announcements will be made after the December 2021 National Committee meeting.

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| 1. **PROJECT INFORMATION**
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| Name of the Project: |       |
| Organization: |       |
| Physical Mailing Address (No P.O.BOX): |       |
| City, State and Zip Code: |       |
| Website/social media (if applicable): |       |

**SECONDARY CONTACT PERSON**

**PRIMARY CONTACT PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Full Name: |       |
| Title: |       | Title: |       |
| Cell: |       | Cell: |       |
| Work Phone: |       | Work Phone: |       |
| Home Phone: |       | Home Phone: |       |
| Email: |       | Email:  |       |

 **Amount requested**       **(grants are up to $8,750)**

1. Describe your organization’s mission, history and goals including how long the organization has been in existence.
2. How has COVID-19 affected your organization?
3. Is your organization working with low income residents? YES [ ]  NO [ ]
4. Describe your COVID-19 project
5. How is the vulnerable and marginalized community in your context benefitting from this grant? (for ex. but not limited to: immigrant, Native, communities of color, seniors etc.).

**REQUIRED BUDGET** (use additional page if needed)

 **EXPENSES - Total expenses must equal total income**

 **Itemize expenses over $1,000 (Example: number of bags of soil, number of events)**

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| **Item** | **Purpose/Rationale** | **SDOP** | **Other Funders/ Sources** |
| Example: Office rent | Example: Provide group work and meeting space | $500 | $300 |
|       |       | $      | $      |
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|  |  | TOTAL | $      | $      |

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| **INCOME Source** | **Amount** | **Received?**  | **Committed?** |
| SDOP | $      | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| Individual Cash Donations | $          | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| In-Kind (such as goods or services provided at no charge) | $         | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| Fund Raising Events | $         | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| Other Funders/Sources       | $          | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| TOTAL | $      | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |

 **ADDITIONAL INFORMATION**

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| 1. While SDOP **does not require** the group to have the items below to award a grant, we would like to know if you have any or all of them. Please do not include copies with your application.
 |
| By-lawsYES [ ]  NO [ ]  | 501c3 Tax Exempt StatusYES [ ]  NO [ ]  | Articles of incorporationYES [ ]  NO [ ]  | General Liability InsuranceYES [ ]  NO [ ]  |
| 1. Will the group be using a fiscal agent?

 YES [ ]  NO [ ]  | If yes, provide the name of the fiscal agent:       | (no administrative fees to be paid with the SDOP grant to the fiscal agent) |

**COMMENTS**

For additional information visit [www.pcusa.org/sdop](http://www.pcusa.org/sdop)

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1-888-828-7228 ext 5782