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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 use  Project Number |
| **Send the application via email to** [**clara.nunez@pcusa.org**](mailto:clara.nunez@pcusa.org) **and copy** [**sdop@pcusa.org**](mailto: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** |  |
| 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 | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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-laws  YES  NO | 501c3 Tax Exempt Status  YES  NO | Articles of incorporation  YES  NO | General Liability Insurance  YES  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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