



For Office Use Only

NATIONAL LEVEL APPLICATION

Project Number

Please send **one electronic copy** to clara.nunez@pcusa.org and **follow up** with an email or phone call to assure that your email arrived. **All notifications are done via email. Please call or email with any questions or requests. Keep your contact information updated.**

I. Letters of Recommendation

Three letters of recommendation from established community leaders and/or established organizations to demonstrate the group’s work experience are required with each application (i.e. local government persons, persons at Community Foundations, Pastors, bank representatives, local church, United Way, Salvation Army, a well-established community organization, etc.). The letters must be on letterhead.

Use the tab key to navigate through this form

I. Applicant Identification

PROJECT INFORMATION

Name of the Project:
Name of the Organization:
(If different from Project)
Physical Mailing Address: No P.O.BOX) Street:
City, State and Zip:
Website:

CONTACT INFORMATION

Person Contact Name:
Title:
Work #:
Cell #:
Home #:
Fax #:
Email:

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

Status/history of your organization:

1. When was the group/organization founded?
2. Who founded the group/organization and why?
3. How many people are currently in the group/organization?
4. Who owns and controls the group/organization?
 - a. Is the majority of the group below poverty level? How does the group define poverty?
 - b. Who makes decisions and how are they made?
5. How will the group members benefit directly from this project?
6. What is the mission of the group/organization?
 - a. Does this include some or all of the SDOP core strategies (promote justice, build solidarity, advance human dignity and advocate for economic equity)? Yes/No
 - b. If yes, select all that apply:
 - Promote Justice Build Stronger Communities Seek Economic Equity

The Proposal *(Review SDOP’s Criteria Before Completing This Application)*

- a) The amount you are requesting \$ (Grants usually do not exceed \$15,000).
- b) How many members are in the group? (SDOP seeks to partner with communities; it is unusual for a community group of less than 10 people to receive funding.)
- c) Describe the project and why it is needed? (Be specific).
- d) What are the 1-2 main project goal(s)? (What will be different because of what the group is trying to do?)
- e) How do you propose to achieve the goals (include specific timelines of activities)?
- f) How will you measure success?



IV. Decision Makers

- a) Are any of the decision makers related? If so, who are they and how are they related?
- b) How does your group define poverty?
- c) List Ethnic Backgrounds (Optional for data tracking purposes only)
- d) PLEASE LIST THE DECISION MAKERS/Governing Board (majority must be below poverty level)

REQUIRED

Name & Phone number	Address (City, State & Zip code) NO Post Office Box	Job/Occupation (How each makes a living)	Poverty Level check one		Indicate how chosen Check one		
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>



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

- Community Workshop (indicate where and when)
- Presbyterian Church (USA) event
- 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)
- Other (be specific)

b) While SDOP does not require the group to have the three items below, we would like to know if you have any or all of them. Please do not include copies with your application.

- | | | | |
|---------------------------|------------------------------|-----------------------------|--------------------------------------|
| By-laws | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applied for <input type="checkbox"/> |
| 501c3 Tax Exempt Status | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applied for <input type="checkbox"/> |
| Articles of incorporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applied for <input type="checkbox"/> |

c) Please check up to three categories that best describe your project (this list is not meant to exclude any categories) and the number of anticipated beneficiaries in each category selected:

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

Total number of beneficiaries of this project (unduplicated):

d) 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.

Are there any additional comments the group would like to make? (Limit to one page).