



For Office Use Only

Office use
Project Number

NATIONAL LEVEL APPLICATION

Send a copy via email 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 any question or request.

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.

II. PROJECT INFORMATION

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

PRIMARY CONTACT PERSON

Full Name: _____
Title: _____
Cell: _____
Work Phone: _____
Home Phone: _____
Email: _____

SECONDARY CONTACT PERSON

Full Name: _____
Title: _____
Cell: _____
Work Phone: _____
Home Phone: _____
Email: _____

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

***Keep your contact information updated**

III. STATUS/HISTORY OF YOUR ORGANIZATION:

(No more than 300 words for each answer. You can use bullet points)

- When was the group/organization founded, by whom and for what purpose (include the mission statement if available)?
- 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.)
- Who owns and controls the group/organization?
- Is the majority of the group below poverty level? YES NO
- How does the group define poverty?
- Who makes decisions and how are they made?
- How will the group members benefit directly from this project?

8. Does the group's mission include some or all of the SDOP core strategies (promote justice, build solidarity, advance human dignity and advocate for economic equity)? YES NO

If yes, select all that apply: Promote Justice Build Stronger Communities Seek Economic Equity

IV. THE PROPOSAL (Review SDOP's Criteria Before Completing This Application)

- a. The amount you are requesting \$ _____ (Grants usually do not exceed \$15,000)
- b. Describe the project and why it is needed.
- c. What are the 1-2 main project goal(s)? (What will be different because of what the group is trying to do?)
- d. How do you propose to achieve the goals (include specific timelines of activities)?
- e. How will you measure success?

V. DECISION MAKERS

- a. Are any of the decision makers related? If so, who are they and how are they related?

b. LIST THE DECISION MAKERS (majority must be below poverty level **REQUIRED**)

Name	Ethnic background	Job/Occupation (if applicable)	Poverty Level Check One	Indicate how chosen Check One	
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Elected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>
			Above <input type="checkbox"/>	Elected	<input type="checkbox"/>
			Bellow <input type="checkbox"/>	Self-Selected	<input type="checkbox"/>
				Appointed	<input type="checkbox"/>

VI. REQUIRED BUDGET

EXPENSES - Total expenses must equal total income

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

This budget covers the following dates: Click or tap to enter a date. **to** Click or tap to enter a date.

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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Individual Cash Donations	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
In-Kind (such as goods or services provided at no charge)	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fund Raising Events	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TOTAL	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

VII. ADDITIONAL INFORMATION

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

b. While SDOP does not require the group to have the 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 | 501c3 Tax Exempt Status | Articles of incorporation | General Liability Insurance |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

- | | | | |
|---------------------------------|--------------------------|---|--------------------------|
| 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"/> | Other (please add your category if not listed): | |
| Food Security | <input type="checkbox"/> | | |
| Health | <input type="checkbox"/> | | |

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.

COMMENTS/FEEDBACK: We value your feedback and invite you to share any suggestions for how to improve the application process.