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For Office Use Only

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Project Number

NATIONAL LEVEL APPLICATION

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| **Send a copy via email to** [clara.nunez@pcusa.org](mailto:clara.nunez@pcusa.org) **and copy** [sdop@pcusa.org](mailto:sdop@pcusa.org)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 any question or request.** |

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| 1. **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. |

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| 1. **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): |  |

**SECONDARY CONTACT PERSON**

**PRIMARY 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: | | | |

**\*Keep your contact information updated**

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| 1. **STATUS/HISTORY OF YOUR ORGANIZATION:**   **(No more than 300 words for each answer. You can use bullet points)** | |
| 1. When was the group/organization founded, by whom and for what purpose (include the mission statement if available)? | |
| 1. 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.) | |
| 1. Is the majority of the group below poverty level? Choose one | |
| 1. How does the group define poverty? | |
| 1. 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? Choose one   If yes, select all that apply:  Promote Justice  Build Stronger Communities  Seek Economic Equity |
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| 1. **THE PROPOSAL (Review SDOP’s Criteria Before Completing This Application)** |
| * 1. The amount you are requesting $       (Grants are up to $15,000) |
| * 1. 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. |
| * 1. What are the 1-2 main project goal(s)? (What will be different because of what the group is trying to do?) |
| * 1. How do you propose to achieve the goals (include specific timelines of activities) and how will you measure success? |

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| 1. **DECISION MAKERS** |
| 1. Are any of the decision makers related? If so, who are they and how are they related? |
| 1. Are the majority of the decision makers low income? Choose one |

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| c. **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**) |
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**REQUIRED BUDGET** (use additional page if needed)

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

**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 Sources** |
| Example: Office rent | Example: Provide group work and meeting space | | $500 | $300 |
|  |  | | $ | $ |
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|  |  | | $ | $ |
|  |  | TOTAL | $ | $ |

**INCOME**

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

1. **ADDITIONAL INFORMATION**
2. How did the group find out about SDOP? (Please check whichever applies)

Community Workshop (indicate where and when)

Presbyterian Church (USA) event

SDOP Website, another website or social media (indicate)

Local Church (indicate the name and location of the church)

Word of mouth (provide the name and contact information of the person)

SDOP National Committee Member/SDOP National Office (provide the name)

Other

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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-laws  Choose one | | 501c3 Tax Exempt Status  Choose one | | Articles of incorporation Choose one | General Liability Insurance  Choose one | | |
| 1. Will the group be using a fiscal agent?   Choose one | | | | If yes, provide the name of the fiscal agent: | | | (no administrative fees to be paid with the SDOP grant to the fiscal agent) |
| 1. Please check up to three categories that best describe your project: | | | | | | | |

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| 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 |  |

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| 1. **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. |
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**COMMENTS/FEEDBACK:** We value your feedback and invite you to share any suggestions for how to improve the application process. `

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