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| **INTERNATIONAL APPLICATION** | Office use  Project Number | |
| **Send a copy via email to** [**teresa.bidart@pcusa.org**](mailto: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.** | |

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

**SECONDARY CONTACT PERSON**

**PRIMARY CONTACT PERSON**

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| --- | --- | --- | --- |
| 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. Who owns and controls the group/organization? |
| 1. Is the majority of the group below poverty level? YES  NO |
| 1. How does the group define poverty? |
| 1. Who makes decisions and how are they made? |
| 1. How will the group members benefit directly from this project? |

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| 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? YES  NO |
| 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 usually do not exceed $15,000) |
| * 1. Describe the project and why it is needed. |
| * 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)? |
| * 1. 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? |

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| 1. 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 | |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Elected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
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| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |
|  |  |  | Above | Appointed |  |
| Elected |  |
| Bellow |
| Self-Selected |  |

1. **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.

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| **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  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 | $ | YES  NO | YES  NO |
| TOTAL | $ | YES  NO | YES  NO |

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 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

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| 1. While SDOP does not require the group to have the items below, we would like to know if you have insurance. Please do not include a copy with your application. |
| 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) | |

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| 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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