|  |  |
| --- | --- |
| **MID COUNCIL SDOP COMMITTEE GRANT APPLICATION PACKET**  **For Office Use Only**  Presbytery/Synod Name:  Received: | **Office use**  Project Number |
| **For Use by Community Groups Applying for Mid Council SDOP Committee Grants**  **Review SDOP’s criteria (on page 4 or at** [**www.pcusa.org/sdop**](http://www.pcusa.org/sdop)**) before completing this application**  **Please contact the local committee directly that you have been in contact with if you have questions. If unsure of the local committee to contact, click at** [**https://www.presbyterianmission.org/ministries/sdop/for-synods-and-presbyteries/#tab-1**](https://www.presbyterianmission.org/ministries/sdop/for-synods-and-presbyteries/#tab-1)  **to access a map listing local SDOP Committees to find the name of the committee for your area.** | |

**PART A: Pg. 1 to 4 - Completed by Applicant Community Group**

**Use the tab key to navigate through this form**

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

1. The amount requested $
2. Number of group members (SDOP seeks to partner with communities; it is unusual for a community group of less than 5 people to receive funding).
3. 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.
4. How will you evaluate the success or impact of the project?
5. Who are the decision makers for the project (please complete decision maker grid below).

|  |  |  |  |
| --- | --- | --- | --- |
| **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**) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Are the majority of the decision makers at low income or have no income? YES  NO
2. How does the group define poverty?

**ADDITIONAL INFORMATION**

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

Community Workshop (indicate where and when)

Presbyterian Church (USA) event

Presbytery, Synod, 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)

Mid Council SDOP Committee member (Provide the name and contact information of the person)

SDOP National Committee Member (Provide the name and contact information of the person)/SDOP National Office

Other (Please Indicate)

Has your group/organization previously applied for a SDOP for a grant? YES  NO

If Yes, what Year(s)?       and what level (s) (Select all that apply) National  Presbytery  Synod

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.

**EXPENSES - Total expenses must equal total income**

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

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

CRITERIA FOR VALIDATION

1. The following standards are used by Self-Development of People Committees to determine whether a project is valid for funding within this ministry. The standards include the following criteria:
2. Be submitted and controlled by the same group of economically poor people who will benefit directly from it.
3. Address long-term correction of conditions that keep people bound by poverty and oppression. This will utilize some combination of the SDOP core strategies: Promote justice, build stronger communities, seek economic equity.
4. Be sensitive to the environment while accomplishing its goal(s) and objectives.
5. Use peaceful means to accomplish its goals and objectives.
6. Describe, in detail, its goal(s) (the point of the project), its objectives (the specific steps the group will take to accomplish the goal(s)), the way the direct beneficiaries will be involved in all stages of the project, and the methods to be used to achieve the goal(s) and objectives.
7. Describe fully the resources known to be available for its support, including a description of a) those within the community, b) those available to the community, and c) the in-kind and other financial resources sought or to be sought.
8. Contain a balanced income and expenditure budget. A financial plan showing expected income and expenditures over the funding term of the project will be included.
9. Specify an evaluation plan that includes how progress towards the stated goal(s) and objectives will be evaluated, and when the evaluation will be made.

|  |
| --- |
| **Please check up to three categories that best describe your project:** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

Date Application Completed:

**APPLICANT STOP HERE. END OF APPLICATION. PLEASE SUBMIT TO THE LOCAL COMMITTEE.**

**PART B: Completed & Submitted to National Office by Mid-Council**

**SDOP Committee *When Requesting Payment*.**

|  |
| --- |
| **FOR OFFICE USE ONLY**  **FOR COMPLETION BY MID COUNCIL SDOP COMMITTEE DUE NOVEMBER 1**  **PROJECT EVALUATION AND REQUEST FOR PAYMENT**  For Mid Council SDOP Committee. Use only after application is reviewed against SDOP criteria, site visit completed, and funding decision is made.  Date       Amount granted $    Full Name of Project  Address of Project  Name of the SDOP Synod/Presbytery Committee  Address  All Checks are made payable to the Synod or Presbytery and mailed to the Synod/Presbyteries offices  Site Visit Date       Site Visitor name(s)  Chairperson or Committee member Signature |
|  |
|  |

**PART C: Completed by Mid-Council SDOP Committee *After* Project is Funded.**

**Report due on date specified on agreement addendum (Funding letter).**

**NARRATIVE PROGRESS REPORT**

For Mid Council SDOP Committee. Use to report *after* project is funded. Failure to return the report will result in the Mid Council Committee not being able to submit further funding requests. Report due no later than date specified on agreement addendum (Funding letter).

Full Name of Project

Amount Awarded to Project $

Year Project Awarded Grant

Address of Project

Name of the SDOP Synod/Presbytery Committee

Address

Have the funds been spent by the group as approved by the Mid Council SDOP Committee?

Chairperson or Committee member Signature

Date

Cn Rev. 10/15/2020