



For Office Use Only

Presbytery/Synod Name: _____

Received: _____

MID COUNCIL SDOP COMMITTEE GRANT APPLICATION PACKET

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) 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> 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

I. 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: _____

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?



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	<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"/>		

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