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| **INTERNATIONAL APPLICATION** | Office useProject Number |
| **Send a copy via email to** **teresa.bidart@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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**
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| 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) | PovertyLevelCheck One | Indicate how chosenCheck 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 | [ ]  |
| Bellow [ ]  |
| 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 |
|       |       | $      | $      |
|       |       | $      | $      |
|       |       | $      | $      |
|       |       | $      | $      |
|       |       | $      | $      |
|         |       | $      | $      |
|       |       | $      | $      |
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|       |       | $      | $      |
|       |       | $      | $      |
|  |  | 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 InsuranceYES [ ]  NO [ ]  |

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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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