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| **­­**  For Office Use Only  **NATIONAL LEVEL**  **PRE - APPLICATION** | Office use  Project Number |
| **Send a copy via email to** [**margaret.mwale@pcusa.org**](mailto:margaret.mwale@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 (502)569-5792** | |

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| 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): |  |

**PRIMARY CONTACT PERSON**

|  |  |
| --- | --- |
| Full Name: |  |
| Title: |  |
| Cell: |  |
| Work Phone: |  |
| Home Phone: |  |
| Email: |  |

**\*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. 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? |
| 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? |

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