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| **­­** For Office Use Only**NATIONAL LEVEL** **PRE - APPLICATION** | Office useProject Number |
| **Send a copy via email to** **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**
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| 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)**
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| * 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?
 |

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