

The Presbyterian Committee on the Self-Development of People



100 Witherspoon Street
Louisville, KY 40202-1396
Phone: (502) 569-5791 or 5677
New FAX: (502) 569-8001
www.pcusa.org/sdop

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D - 3
R/E - 3

REC'D DEC 29 2014

Certification Application Mid Council

Last Workshop - 8-11-2014 - GavataK

Synod or Presbytery Name: Upper Ohio Valley Presbytery

Address: 907 National Road

City/State/Zip: Wheeling, WV 26003

Phone: 304-232-3490 Fax: 304-232-3553

E-Mail: uovp@uovpresby.org

Chairperson's Name: Rev. Stephen D. Cramer
(Chairperson of Self-Development of People Committee)

Address: 781 S. Lincoln Ave.

City/State/Zip: Salem, OH 44460

Phone: 330-921-1115 Fax: 330-382-0409

E-Mail: trinitypastor@trinityelo.org

Staff person's Name (ex-officio): Our Presbytery's staff includes an Administrative Assistant and a very part-time Stated Clerk. We have no program staff.
(Name of staff person who works with Self-Development of People Committee)

Address: _____
(If different from Presbytery/Synod address above)

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Executive Name: None E-mail: _____

Stated Clerk Name: Frank Lewis E-mail: felewis@frontier.com

Please answer the following questions and complete the membership list (on page 4)

- | Operations: | YES | NO |
|--|----------------------------|--------------------------|
| 1. This committee has an agreement with its mid council to operate as a Self-Development Committee, abiding by the Mandate and Criteria of the 181st General Assembly. | x <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This committee functions as an independent committee, reports directly to its mid council, but has authority to make final funding decisions. | x <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This Self-Development of People Committee works cooperatively with the appropriate council/committee(s) to interpret the work of Self-Development to the area constituents. | x <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The committee has established a system of membership rotation. | x <input type="checkbox"/> | <input type="checkbox"/> |

1. This Committee will use the following materials and methods for interpreting Self-Development:

A. For interpretation to Presbyterians:

- SDOP information, including application, on Presbytery/Synod website
- Articles in Presbytery/Synod Newsletters
- Reports from Projects Funded
- Distribution of Materials from National Office
- Distribution of brochures, flyers, and informational material produced by Presbytery/Synod SDOP Committee
- Presentation on the Floor of Presbytery and Synod by Local Committee Member, National Committee Members, National Staff, and/or Project People
- Other Means: _____

B. For communicating the existence of this fund to groups of poor and oppressed people: (Please attach a copy of each piece of interpretative material generated by the committee.)

C. Please submit stories and pictures of the projects which have been funded by your committee to the National Office for use in National Publicity about SDOP. We are glad to receive stories and pictures anytime of the year.

2. When was the last time your committee had a training workshop conducted by a national staff or national committee member?

SDOP Certification Application. Page 3 of 4

MEMBERSHIP

- | | YES | NO |
|---|----------------------------|--------------------------|
| 1. This committee has at least five (5) members, but not more than 31 | x <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The majority of the committee members are racial/ethnic persons | x <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This committee has a membership, the majority of whom are Presbyterian, and the committee's chairperson is Presbyterian | x <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This committee has either (a) a mid council staff member who meets with the committee, who is ex-officio and without vote, or (b) at least one Presbyterian clergyperson as a member of the committee | x <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The committee members were appointed or elected mainly because of skills/experience, understanding of and sensitivity to people in need, and/or previous experience with efforts of self-development | x <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This committee is free of conflict-of-interest. (No one on the committee is a paid staff member, or a board member of any group whose project would be under consideration by this committee. No one on this committee could benefit financially from any of the grants made by this committee.) | x <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "no" answers: _____

AGREEMENT:

This Self-Development of People Committee agrees to apply the "Criteria and Guidelines" prescribed by the 181st General Assembly of the former United Presbyterian Church, USA, in the validating and funding of proposals.

Chairperson's signature for the Mid Council Self-Development of People Committee

Date

SDOP Certification Application. Page 3 of 4

MEMBERSHIP

- | | YES | NO |
|---|-------------------------------------|--------------------------|
| 1. This committee has at least five (5) members, but not more than 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. The majority of the committee members are racial/ethnic persons | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. This committee has a membership, the majority of whom are Presbyterian, and the committee's chairperson is Presbyterian | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 5. The committee members were appointed or elected mainly because of skills/experience, understanding of and sensitivity to people in need, and/or previous experience with efforts of self-development | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Please explain any "no" answers: _____

AGREEMENT:

This Self-Development of People Committee agrees to apply the "Criteria and Guidelines" prescribed by the 181st General Assembly of the former United Presbyterian Church, USA, in the validating and funding of proposals.

Stephen D. Cramer
 Chairperson's signature for the Mid Council Self-Development of People Committee

1/11/15
 Date

Certification Application. Membership List. Page 4 of 4

Name of Mid Council (Presbytery or Synod): _____

Membership's Contact Information (Please print)		Racial/Ethnic Identification	Denomination	Vocation or Relevant Experience	Years Served
1. Ms. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Other: _____ Name: <u>Rev Marcie Allen</u>	Street: <u>P.O. Box 6155</u> City: <u>Wheeling</u> State: <u>WV</u> Zip: <u>26003</u>	<u>African American</u>	<u>Baptist</u>	<u>pastor</u>	<u>2</u>
Phone: <u>304-232-2630</u> E-mail: <u>laughlinchapel@comcast.net</u>					
2. Ms. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Other: _____ Name: <u>Rev. Danny Mason</u>	Street: <u>P.O. Box 6155</u> City: <u>Wheeling</u> State: <u>WV</u> Zip: <u>26003</u>	<u>African American</u>	<u>Baptist</u>	<u>pastor</u>	<u>1</u>
Phone: <u>304-233-4000</u> E-mail: <u>laughlinchapel@comcast.net</u>					
3. Ms. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Other: _____ Name: <u>Rev Stephen C. Mason</u>	Street: <u>781 S. Lincoln</u> City: <u>Salem</u> State: <u>OH</u> Zip: <u>44460</u>	<u>Caucasian</u>	<u>Presby</u>	<u>Pasta</u>	<u>3</u>
Phone: <u>330-921-1115</u> E-mail: <u>TrinityPastor@trinityco.org</u>					
4. Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____ Name: <u>CRE Conny Quinn</u>	Street: <u>217 Clifton Ave</u> City: <u>Mingo Junction</u> State: <u>OH</u> Zip: <u>43955</u>	<u>Caucasian</u>	<u>Presby</u>	<u>CRE</u>	<u>3</u>
Phone: <u>740-535-0347</u> E-mail: <u>conny_quinn@comcast.net</u>					
5. Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____ Name: <u>Jannife Banks Vickers</u>	Street: <u>149 Hazelwood</u> City: <u>Steubenville</u> State: <u>OH</u> Zip: <u>43953</u>	<u>African American</u>	<u>Presby</u>	<u>OLE</u>	<u>3</u>
Phone: <u>740-264-2545</u> E-mail: <u>jbanksvickers@gmail.com</u>					
6. Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____ Name: _____	Street: _____ City: _____ State: _____ Zip: _____				
Phone: _____ E-mail: _____					