NATIONAL LEVEL APPLICATION

PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE (SDOP)
"People Investing in People"

CRITERIA

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:

Projects considered must:

1.   Be presented, owned, and controlled by the group of economically poor people who will benefit directly from it.

2.   Address long-term correction of conditions that keep people bound by poverty and oppression. This will utilize some combination of the SDOP core strategies to promote justice, build solidarity, advance human dignity and advocate for economic equity.

3.   Be sensitive to the environment while accomplishing its goal(s) and objectives.

4.   Not advocate violence as a means of accomplishing its goal(s) and objectives.

Projects presented for funding will:

5.   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. It will also specify how those methods align with the SDOP core strategies.

6.   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.

7.   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.

8.   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. This plan will also outline how progress toward the goal(s) and objectives align with the SDOP core strategies.

REQUIREMENTS IF FUNDED:

- A letter from your bank (on the bank's letterhead) verifying that the group has an account in its name and the account number (not required from the group if using a fiscal agent).
- If a fiscal agent will be used these documents will be needed from them, along with a signed letter of agreement stating that no fees will be charged, that they are simply a pass through for the funds. A letter from you explaining why a fiscal agent is needed will also be required.
- Two signatures on the bank account for all withdrawals (cannot be from same family, names are needed)
- Taxpayer Identification Number (W-9 Form) in the name of the group.
- Letter of agreement to the conditions and purpose of the grant signed by all the decision makers.

Note: It is not necessary to submit this information at this time. However, if submitted it can avoid delays in our final review process – it is not a guarantee of funding.

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PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE (SDOP)
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SDOP Core Strategies:

Promoting Justice

Building Solidarity

Advancing Human Dignity

Advocating for Economic Equity

SDOP Program Measures

While each project and community with whom SDOP partners is unique and varied, we have developed a set of program measures to cohesively tell the story and impact of our combined work. SDOP partners are asked to consider and report how their work contributes to these measures, both quantitatively and qualitatively. Projects are not expected to demonstrate progress in all of the measure areas or even in each of the examples provided. Instead, each project will report what resonates with the results of their work.

- **Develop diverse leadership/membership/engagement** includes counts of participants involved in leadership activities, their diversity and the degree of engagement.

- **Realize social justice achievements** includes justice measures that build power for the economically poor and oppressed. This can be measured, for example, in changes in policy, transformation of unjust practices, increased independence and increased representation.

- **Strengthen relationships, communication and collaboration** includes counts of outreach activities into the community and the partnerships formed or strengthened.

- **Expand education and skills development** includes counts for the number and types of trainings and technical assistance.

- **Increase economic development opportunities** includes the reporting of activities related to strengthening economic opportunities for group members.

- **Enhance quality of life** includes measures of change and improvement across a broad spectrum of issues including health, housing, food security, transportation, safety, etc.

PRESBYTERIAN COMMITTEE ON THE
Self-Development of People

"People Investing in People"
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NATIONAL LEVEL APPLICATION
Incomplete applications will not be processed.

Review SDOP's **Criteria, Core Strategies and Measures (Page 1 and 2)** Before Completing This Application.
Please send **one electronic copy to clara.nunez@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 with any questions or requests. Keep your contact information updated.
Use additional space and sheets as needed.

I. Letters of Recommendation

Three letters of recommendation from established community leaders and/or established organizations to demonstrate the group's work experience are required with each application (i.e. local government persons, persons at Community Foundations, Pastors, bank representatives, local church, United Way, Salvation Army, a well-established community organization, etc.). The letters must be on letterhead.

II. Applicant Identification   *Please PRINT or TYPE all information*

Name of the Project: _____

Name of the Organization: _____
(If different from Project)

Mailing Address: **(Provide Physical** _____
 Address Only. No P.O.BOX)

City: _____   State: _____   Zip Code: _____

Contact Person Name: _____   Title: _____

Work   Cell   Home
Phone: (   )   -   Phone: (   )   -   Phone: (   )   -   Fax: (   )   -

Email: _____   Website: _____

III. The Proposal

a) The amount you are requesting $_____ (**G**rants *usually do not exceed $15,000*).

b) Describe the project and why it is needed? (Be specific).

c) Who will benefit directly from this project?

d) Who initiated the project and how will they be involved?

e) How did the group come together?

f) Who owns and controls the project? Who makes decisions regarding funding, project implementation and personnel?

IV. **The Project Goal(s) & Objectives: (In 2-3 sentences)**
   a) What are the 1-2 main project goal(s)? (What will be different because of what the group is trying to do?)

   b) Please describe how these goals contribute to the long-term objectives of your project.

   c) Which of the SDOP core strategies does this project fulfill?

   d) Describe the specific objectives for each of the goals.

   e) Describe the step-by-step activities that will be carried out to achieve these objectives? Please include a timeline of when these activities will take place.

IV. **The Evaluation/Monitoring: (In 2-3 sentences)**
   a) What evaluation practices will you use to determine if your project is successful?

   b) Describe how the activities and objectives you have outlined above will be evaluated.

   c) For each of the evaluation indicators that you will use to determine the success of your project, indicate how they align with the SDOP measures.

   d) Who will be involved in the project evaluation and what roles will they play?

V. **Decision Makers:**

   a) 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.) _____

   b) How are decisions made?

   c) Are the decision makers members of the group?

      c1. Are any of the decision makers related? If so, who are they and how are they related?

      c2. If appointed, how and by whom (and why appointed rather than elected)?

      c3. If self-selected, explain why:

d) PLEASE LIST THE DECISION MAKERS (Governing Board) (majority must be below poverty level).
Incomplete applications will not be processed

Name & Phone number	Address (City, State & Zip code) NO Post Office Box	Job/Occupation (How each makes a living)	Poverty Level Check one		Indicate how chosen Check one	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
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			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	

d1. How does your group define poverty?

VI. RESOURCES (Please be specific)

a) What are the resources available to support this project?

a1. Physical property

a2. In-kind resources (e.g., non-monetary resources such as volunteer work, complimentary legal services, free use of office space or building, non-paid labor, donated supplies and/or equipment). List all in-kind services and/or goods that will be provided and state who will provide them and their estimated value:

a3. Financial resources from within the group

b) List all financial resources requested, promised and received from other sources for the last two years (e.g. foundations, corporations, etc.).

Organization name and address	Requested	Promised	Received	Date Received

VII. INCOME/EXPENDITURE BUDGET

a) Does this project have any paid staff? If yes, please list by name and describe their job functions.

a1. Who has the authority to hire and/or fire the staff?

b) What is the total cost of the project?

Last year_____ Current year _____ Next year_____

b1. What is the total budget of the organization (if different from above)?

Last year_____ Current year _____ Next year_____

c) How will the group carry on the project financially in the future?

d) Has the group received SDOP funding in the **past**?	d1. Is the group **currently** applying for funding?
National ___ Year _____ Synod: ___ Year _____ Presbytery ___ Year _____	Synod: ___ Presbytery: ___

Synods and Presbyteries are geographical regions in the Presbyterian Church (USA). All projects will be within the bounds of a Synod and Presbytery. Not all Synods and Presbyteries have SDOP Committees. Contact SDOP office @ 1-800-728-7228, ex. 5791 for information on the Synod and Presbytery in which you are located.

e)

REQUIRED BUDGET FORMAT

Applications without a balanced budget WILL NOT be processed.

INCOME

Other Sources	

Individual Cash Donations	$ _____
In-Kind	$ _____
Fund Raising Events	$ _____
Other (Promised and Received)	$ _____
	$ _____

SDOP Committees	

National	$ _____
Synod	$ _____
Presbytery	$ _____
TOTAL INCOME MUST EQUAL TOTAL EXPENSES	**$** _____

EXPENSES (Itemize ALL expenses over $500)	National	Synod	Presbytery	Other Sources	TOTAL
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
TOTAL EXPENSES MUST EQUAL TOTAL INCOME	$ _____	$ _____	$ _____	$ _____	$ _____

SUPPLEMENTAL INFORMATION- **Incomplete applications will not be processed.**

    a) How did the group find out about SDOP? (Please check whichever applies)

____ Community Workshop (indicate where and when) _____

____ 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 (be specific) _____

Did your group receive technical assistance to complete the
application from a Committee member or SDOP staff? If so who?

Has your group completed a pre-application (Not required)? Yes [ ] No [ ]

    b) Who completed the application? What is this person's relationship to the group?

    c) While SDOP does not require the group to have the three items below, we would like to know if you have any or all of them. Please do not include copies with your application.

By-laws	Yes	[ ]	No	[ ]	
501c3 Tax Exempt Status	Yes	[ ]	No	[ ]	Applied for [ ]
Articles of incorporation	Yes	[ ]	No	[ ]	Applied for [ ]

    d) Please check up to three categories that best describe your project (this list is not meant to exclude any categories):

Agriculture		Crafts		Housing		Training	
Arts		Domestic Violence		Human Rights		Transportation	
Capacity Building		Economic Development		Immigrant issues		Water	
Community Development		Environment		Leadership Development		Women	
Community Garden		Fair Wages		Micro-Credit		Youth	
Community Organizing		Food Security		Self-Advocacy		**Other** *(please add your category if not listed):*	
Community Re-entry		Health		Seniors			
Cooperative/Worker Owned		Homelessness		Skills Development			

    e) 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 owned and controlled by the direct beneficiaries). Please include organization's name, contact person, phone, address, city, state, email. Use additional pages if needed.

    f) Are there any additional comments the group would like to make? (Limit to one page).

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