

Please send seven copies of the application via mail and one electronic copy to info@capresbytery.org

For office use only

Project#: _____

**PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE
PRESBYTERIAN CHURCH (U.S.A.)**

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Assigned: _____

Presbytery: _____
Synod: _____

2421 Ashley River Road
Charleston, SC 29414
Tel.: 843-766-4219
Fax: 843-766-2804
www.pcusa.org/sdop
www.capresbytery.org



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Received: _____ / /
e-mailed to T/F: _____ / /
e-mailed to Chair: _____ / /
RQ Mailed T/F: _____ / /
Sent to Members Site: _____ / /

**LOCAL APPLICATION
DOMESTIC**

**Review Self-Development Of People's Criteria Before Filling Out This Application
*Grants Usually Do Not Exceed \$10,000***

Please PRINT or TYPE all information. Incomplete applications WILL NOT be processed.

I. Applicant Identification

Name of the Project: _____

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

Address: _____

(If P.O. Box # please provide physical address.) _____

City: _____ State: _____ ZipCode: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person

Name: _____ Position/Title _____

Telephone: 1) _____ 2) _____

Fax: 1) _____ 2) _____

Email: 1) _____ 2) _____

II. The Proposal

a) What is the project?

b) Why is the project needed?

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?

III. The Project Goal & Objectives: (In 2-3 sentences)

a) What is the project goal? (What will be different because of what the group is trying to do?)

b) How long do you expect it to take to reach the stated goal?

c) Describe the results you expect to achieve by the end of the funding period.

d) What step-by-step activities will be carried out to achieve these results?

IV. The Evaluation/Monitoring: (In 2-3 sentences)

a) How will you determine if the project is successful?

b) How will the project be evaluated?

c) Who is going to evaluate the project?

V. Decision Makers:

a) How many members are in the group?

b) How are decisions made?

c) **PLEASE LIST THE DECISION MAKERS** (majority must be below poverty level)

Name & Phone #	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	Below	Appointed	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	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	
			Above		Appointed	
			Below		Elected	
					Self-Selected	

*How does your group define poverty?

- C1. If appointed, how and by whom (and why appointed rather than elected)?
- C2. If self-selected, explain why:
- C3. Are any of the decision makers related? If so, who are they and how are they related?
- C4. Are the decision makers members of the group?

VI. RESOURCES (Please be specific)

- A. What is the exact amount you are requesting in this application from the Local Self-Development of People (SDOP)? _____
- B. What are the resources available to support this project?
 - 1. Physical property

 - 2. 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:

 - 3. Financial resources from within the group

- C. List all financial resources requested, promised and received from other sources (e.g. foundations, corporations, etc.) If other funds have been requested, please indicate. (This information must be provided.)

Organization name and address	Requested	Promised	Received	Date Received

VII. INCOME/EXPENDITURE BUDGET

A1. Does this project have any paid staff? If yes, please list by name and describe their job functions.

A2. Who has the authority to hire and/or fire the staff?

B. What is the total cost of the project?

This year _____ Last year _____ Next year _____

C. How will the group carry on the project financially in the future?

<p>D1. Has the group received SDOP funding in the past? Check all that apply:</p> <p>National SDOP: ___ Year _____</p> <p>*Local (Synod): ___ Year _____</p> <p>*Local (Presbytery): ___ Year _____</p>	<p>D2. Is the group currently applying for local SDOP funding? Check all that apply:</p> <p>*Synod: ___</p> <p>*Presbytery: ___</p>
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*Local (Synod/Presbytery) SDOP Committees are not in all areas. Check with the National SDOP office for your area.

VIII. SUPPLEMENTAL INFORMATION

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

- _____ Community Workshop (please indicate where and when)
 _____ SDOP Website
 _____ Local Church (please indicate the name of the church)
 _____ Word of mouth (please provide the name of the person)
 _____ Other (please be specific)

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 four 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	<input type="checkbox"/>	No	<input type="checkbox"/>	
Tax-exempt certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Non-profit status	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Applied for <input type="checkbox"/>
Articles of incorporation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Applied for <input type="checkbox"/>

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

Keep this page for your records

CRITERIA

The following standards are used by Self-Development of People Committees to determine whether a project is valid for funding within this ministry:

1. **A project will be presented, owned, and controlled by the group of people who will benefit directly from it.**
2. **A project will address long-term correction of conditions that keep people bound by poverty and oppression.**
3. **A project presented for funding will describe, in detail, its goal (the point of the project), its objectives (the specific steps the group will take to accomplish the goal), the way the direct beneficiaries will be involved in all stages of the project, and the methods to be used to achieve the goal and objectives.**
4. **A project will be sensitive to the environment while accomplishing its goal and objectives.**
5. **A project will not advocate violence as a means of accomplishing its goal and objectives.**
6. **A project presented for funding will describe fully the resources know 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. **A project presented for funding will 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. **A project presented for funding will specify how progress toward the stated goal and objectives will be evaluated by the group, and when the evaluation will be made.**

**Please send seven copies of the application via mail and one electronic copy to:
secretary@chas-atlpresbytery.org**

REQUIREMENTS IF FUNDED:

- A bank account.
- A letter from your bank (in the bank's letterhead) verifying that the group has an account in its name and the account number. If a fiscal agent will be used these documents will be needed from them, along with a 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 needed)
- Taxpayer Identification Number (W-9 Form) in the name of the group.