

Office use Only

Project#: \_\_\_\_\_

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

Office use Only

Assigned: \_\_\_\_\_  
\_\_\_\_\_  
Presbytery: \_\_\_\_\_  
Synod: \_\_\_\_\_

100 Witherspoon St.  
Louisville, KY 40202-1396  
Tel.: 1(888) 728-7228 ext 5782  
Fax (502) 569-8963  
Email: sdop@ctr.pcusa.org

**DOMESTIC APPLICATION**

Office use Only

Received: \_\_\_\_\_ / /  
Mailed to T/F: \_\_\_\_\_ / /  
Mailed to Chair: \_\_\_\_\_ / /  
RQ Mailed T/F: \_\_\_\_\_ / /

**REVIEW SELF-DEVELOPMENT OF PEOPLE'S CRITERIA BEFORE FILLING OUT THIS APPLICATION**  
**GRANTS USUALLY DO NOT EXCEED \$20,000**

Please print or type all information, incomplete applications will not be processed

**I. IDENTIFICATION**

a) Name of the Project \_\_\_\_\_

b) Name of the Group \_\_\_\_\_

Address \_\_\_\_\_

**(If P.O. Box # please provide physical address.)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

c) Contact Person \_\_\_\_\_ Position/Title \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**II. PROJECT DESCRIPTION**

a) What is the project and why it is needed? (Please be specific)

b) What is the exact amount you are requesting from Self-Development of People (SDOP)?

\$ \_\_\_\_\_

c) Briefly describe your group's history. As part of your answer, explain why the group came together.

**d).** How many are involved in the group?

**e).** Who owns and controls the project? (Be specific)

**f).** Who benefits directly from the project? (Be specific)

**g).** How will the project address systems, structures, or conditions that perpetuate poverty, oppression and injustice on a long-term basis?

**h).** What are the step-by-step things the group will do to address these conditions?

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

Name & Phone #	Address (City, State & Zip code) <b>*No Post Office Box</b>	Job/Occupation (How each makes a living)	Poverty Level		Indicate how chosen **	
			Check one		Check one	
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>
			Above	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
			Below	<input type="checkbox"/>	Elected	<input type="checkbox"/>

A. \* How does your group define poverty? \_\_\_\_\_

\_\_\_\_\_

B. \*\* If appointed, how and by whom? \_\_\_\_\_

\_\_\_\_\_

C. Are the decision makers members of the group who initiated the project and how will they benefit directly from the project? \_\_\_\_\_

\_\_\_\_\_

#### IV. EVALUATION

Describe how the group will measure the effects of this project on the lives of individual members and on the group as a whole.

#### V. RESOURCES (Please be specific)

A. What are the resources available to support the 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).  
**ESTIMATE THE VALUE**

3. Financial resources from within the group

B. List all financial resources requested, promised and received from other sources

Organization name and address	Requested	Promised	Received	Date Received

**REQUIREMENTS IF FUNDED:**

- A letter from your bank (on bank's letterhead) verifying that the group has an account in its name and the account number.
- 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.

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.

**VI. INCOME/EXPENDITURE BUDGET**

A. Please use the enclosed format to submit a complete and balanced budget. Give total income from all sources, including the amount requested from SDOP. All expenditures requested to be paid by Self-Development of People must be clearly listed.

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

C. What is the total cost of the project?

\*Last Year \$ \_\_\_\_\_ This Year\$ \_\_\_\_\_ Next Year \$ \_\_\_\_\_

\* Describe activities carried out last year.

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



## VII. SUPPLEMENTAL INFORMATION

A. How did the group find out about SDOP? (If a specific person or organization, please provide their name and how to contact them.)

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)**

## Domestic Application

### 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 or objectives.
5. A project will not advocate violence as a means of accomplishing its goal or objectives.
6. A project presented for funding will 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. 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 would be included.
8. A project presented for funding will specify how the group will evaluate progress toward the stated goal and objectives, and when the evaluation will be made.

For more information, visit our Web site at [WWW.pcusa.org/sdop](http://WWW.pcusa.org/sdop)

**Please send five copies of the application via mail. Do not send an electronic copy.**