SELF-DEVELOPMENT OF PEOPLE COMMITTEE
PRESBYTERY OF WESTERN NORTH CAROLINA

For office use only

Received: _____

Amount
requested: _____

Assigned to visit: _____

_____

Presbytery of WNC
114 Silver Creek Road
Morganton, NC 28655
Phone: 828-438-4217
Fax: 828-437-8655
gboyer@presbyterywnc.org

Presbytery SDOP Grant Application

Review Self-Development Of People's Criteria Before Filling Out This Application

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: _____

<u>Contact Person</u>

Name: _____ Position/Title _____

Telephone: 1) _____ 2) _____

Fax: 1) _____ 2) _____

Email: 1) _____ 2) _____

1

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		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
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					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		Self-Selected	
			Above		Appointed	
					Elected	
			Below		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 Presbytery 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?

D1. Has the group received SDOP funding in the **past**? Check all that apply:	D2. Is the group**currently** applying for SDOP funding? Check all that apply:
Presbytery SDOP: __ Year _____ Synod: __ Year _____ National SDOP: __ Year _____	Presbytery: __ Synod: __ National: __

E. REQUIRED BUDGET FORMAT

Applications without a balanced budget will not be processed.

INCOME

Individual Cash Donations $ _____

In-Kind $ _____

Fund raising Events $ _____

SDOP

Presbytery SDOP $ _____

Synod SDOP $ _____

National SDOP $ _____

Other Sources $ _____

   $ _____

   $ _____

*TOTAL INCOME   **$** _____

*(TOTAL INCOME MUST EQUAL TOTAL EXPENSES)

EXPENSES Itemize all expenses over $500	**Presbytery SDOP**	**Other SDOP (Synod/ National)**	**Other Sources**	**Total**
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____

*TOTAL EXPENSES $ _____ $ _____ $ _____ $ _____

*(TOTAL INCOME MUST EQUAL TOTAL EXPENSES)

VIII. SUPPLEMENTAL INFORMATION

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

    _____ Community Workshop (please indicate where and when)

    _____ Presbytery website www.presbyterywnc.org or
National SDOP Website www.pcusa.org/sdop

    _____ 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 ☐	No ☐	
Tax-exempt certificate	Yes ☐	No ☐	
Non-profit status	Yes ☐	No ☐	Applied for ☐
Articles of incorporation	Yes ☐	No ☐	Applied for ☐

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 mail, fax, or email your completed application to the Presbytery of Western NC, 114 Silver Creek Road, Morganton, NC 28655. Fax 828-437-8655, Email gboyer@presbyterywnc.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.

Revised 10/9/10