



SYNOD OF LAKES AND PRAIRIES SDOP COMMITTEE

GRANT APPLICATION PACKET

(Application must be submitted by July 15, 2022)

For Use by Community Groups Applying for Mid Council SDOP Committee Grants

Review SDOP's criteria at <http://www.pcusa.org/sdop> before completing this application. Please contact the local committee directly that you have been working with if you have questions.

I. PROJECT INFORMATION

Name of the Project: _____

Organization: _____

Organization Phone Number: _____

Organization Email: _____

Physical Mailing Address (Not PO BOX): _____

City, State and Zip Code: _____

Website/social media (if applicable): _____

PRIMARY CONTACT PERSON

SECONDARY CONTACT PERSON

Full Name: _____

Full Name: _____

Title: _____

Title: _____

Cell: _____

Cell: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Name of person who completed this application, if different from above: _____

2. PROJECT DESCRIPTION

- A. Number of members in the group? _____ SDOP seeks to partner with communities; it is unusual for a community group of less than 5 people to receive funding.
- B. Describe the project to show how the grant will be used and how the group will meet the SDOP funding criteria. All group members need to make decisions, control the project and directly benefit from the grant and project. Add additional pages if needed.

What is the project and why is it needed?

Who makes decisions and who benefits from the project?

What are the immediate goals?

What long term goals will this project address and how will the group achieve them?

- C. How will you evaluate the success or impact of the project?

- D. Does the project have any paid staff and what are their responsibilities?

3. Membership

A. Who are the decision makers for the project? Please complete the chart below:

LIST THE DECISION MAKERS Add additional pages if needed.

NAME PHONE & EMAIL ADDRESS	ETHNICITY	JOB/OCCUPATION	INDICATE HOW CHOSEN Elected (E) Appointed (A) Self-Referral (S)	INCOME LEVEL* Above poverty (A) Below (B) No Income (N)

B. *How does the group define poverty?

4. INCOME/EXPENDITURE BUDGET

Please complete this budget section as instructed, using the BUDGET FORMS below.

- Provide total income from all sources, including the amount requested from SDOP.
- List all expenditures and identify those requested to be paid by SDOP.
- Total expenses must equal total income

A. EXPENSES Add additional pages if needed.

Itemize operating expenses over \$1000 (Example: monthly rent, bags of soil, number of events, tool costs)

PROGRAM ITEMS/ GENERAL OPERATION	PURPOSE	USE SDOP FUNDS	OTHER SOURCES
TOTAL			

B. INCOME Add additional pages if needed.

SOURCE	AMOUNT	RECEIVED Yes/No	COMMITTED Yes/No
SDOP			
Individual Cash Donations			
In-Kind (goods & services provided at no charge)			
Fund Raising Events			
Other (identify here)			
Other (identify here)			
Other (identify here)			
TOTAL			

5. BUDGET CONFIRMATION

A. What amount is requested from Self-Development of People this year? \$ _____

B. What is the total cost of the project?

Last Year \$ _____ This Year \$ _____ Next Year \$ _____

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

D. Has the group previously applied to SDOP? _____

If yes, please note committee level(s), when (year) and if proposal was awarded:

National: _____

Presbytery: _____

Synod: _____

E. Criteria for Validation

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

- i. Be submitted and controlled by the same group of economically poor people who will benefit directly from it.
- ii. 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 stronger communities and seek economic equity.
- iii. Be sensitive to the environment while accomplishing its goals and objectives.
- iv. Use peaceful means to accomplish its goals and objectives.
- v. Describe the goals (the point of the project), the objectives (the specific steps the group will take to accomplish the goals), the way the direct beneficiaries will be involved in all stages of the project, and the methods to be used to achieve the goals and objectives.
- vi. Describe the resources known to be available for 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.
- vii. Contains a balanced income and expenditure budget and includes a financial plan showing expected income and expenditures for the funding period of the project.
- viii. Specify an evaluation plan that includes how progress towards the stated goals and objectives will be evaluated, and when the evaluation will be made.

6. ADDITIONAL INFORMATION TO HELP SDOP MAKE STRONGER CONNECTIONS TO COMMUNITY GROUPS

How did the group find out about SDOP? Please check all that apply:

- Community Workshop (Where and when) _____
- Presbyterian Church (USA) event (Where and when) _____
- Presbytery, Synod, SDOP Website or another website (indicate website) _____
- Word of mouth (name of person if recall) _____
- Presbytery/Synod person _____
- Other _____

Please list and provide contact information for organizations that could help promote SDOP:

1. _____
2. _____

Please check up to three categories that best describe your project:

- | | |
|--|--|
| <input type="checkbox"/> Affordable Housing/Homelessness | <input type="checkbox"/> Health |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Arts/Craft | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Capacity Building | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Micro Credit |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Self-Advocacy |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Community Re-Entry | <input type="checkbox"/> Skills Development |
| <input type="checkbox"/> Cooperative/Worker Owned | <input type="checkbox"/> Training |
| <input type="checkbox"/> Education | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Water |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Women |
| <input type="checkbox"/> Fair Wages | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Other (Please add what is not listed) |

APPLICANT STOP HERE. END OF APPLICATION. PLEASE SUBMIT COMPLETED APPLICATION TO

Self-Development of People
 Synod of Lakes and Prairies
 Attn: Elona Street-Stewart
 2115 Cliff Drive
 Eagan, MN 55122-3327
 Phone: 651-357-1149 | FAX: 651-357-1141
estreetstewart@lakesandprairies.org
Application Deadline: July 15, 2022