



## MID COUNCIL COMMITTEE SDOP APPLICATION

**Review SDOP's criteria (on page 4) before completing this application.**

Use the tab key to navigate through this form

Applicant Identification

### PROJECT INFORMATION

Name of the Project:

Name of the Organization:  
(If different from Project)

Physical Mailing Address (No P.O. Box) Street:

City, State and Zip:

Website:

### CONTACT INFORMATION

Keep your contact information updated

Contact Person Name:

Title:

Work #:

Cell #:

Home #:

Fax #:

Email:

1. The amount you are requesting \$ \_\_\_\_\_
2. 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.)
3. Describe the project and why it is needed? (Be specific).
4. Who initiated the project and how will they be involved?
5. How did the group come together?
6. How will the group members benefit directly from this project?
7. How do the group members own and control the project?
8. How will you evaluate the success of the project?
9. What is the total cost of the project? \$ \_\_\_\_\_ and what is the organization's total budget \$ \_\_\_\_\_
10. What are the 1-2 main project goal(s)? (What will be different because of what the group is trying to do?)

### ADDITIONAL INFORMATION

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

- Community Workshop (indicate where and when)
- Presbyterian Church (USA) event
- Presbytery, Synod, 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)



Who are the decision makers for the project (please complete decision maker grid below), how will they benefit from the project, and how are they involved in it?

Name & Phone number	Address (City, State & Zip code) <i><u>NO Post Office Box</u></i>	Job/Occupation (How each makes a living)	Poverty Level check one		Indicate how chosen Check one		
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
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			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>
			Above <input type="checkbox"/>	Below <input type="checkbox"/>	Appointed <input type="checkbox"/>	Elected <input type="checkbox"/>	Self-Selected <input type="checkbox"/>



## REQUIRED BUDGET FORMAT

Applications without a balanced and itemizes budget WILL NOT be processed.

### INCOME

#### Other Sources

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

#### SDOP Committees

Presbytery \$ \_\_\_\_\_  
 Synod \$ \_\_\_\_\_  
 National \$ \_\_\_\_\_

**TOTAL INCOME**  
**MUST EQUAL TOTAL EXPENSES** \$ \_\_\_\_\_

### EXPENSES

(Itemize expenses over \$1,000)

	Presbytery	Synod	National	Other Sources	TOTAL
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**TOTAL EXPENSES**  
**MUST EQUAL TOTAL INCOME** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



## **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. The standards include the following criteria:

Be submitted and controlled by the same group of economically poor people who will benefit directly from it.

Address long-term correction of conditions that keep people bound by poverty and oppression. This will utilize some combination of the SDOP core strategies: Promote justice, build stronger communities, seek economic equity.

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

Use peaceful means to accomplish its goals and objectives.

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.

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.

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.

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.