



MID COUNCIL SDOP COMMITTEE APPLICATION GRANT APPLICATION PACKET

Presbytery of the Twin Cities Area
2115 Cliff Dr., Eagan MN 55122
651.357.1150

Applications received between June 1 & September 1
For additional information contact: Rev. David Stewart
h david.stewart@gmail.com / 651.270.6756

PART A: Pg. 1 to 4 - Completed by Applicant Community Group

Use the tab key to navigate through this form

I. PROJECT INFORMATION

Name of the Project: _____

Organization: _____

Organization Phone Number: _____

Organization Email: _____

Physical Mailing Address (No P.O.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: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Email: _____	Email: _____

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

The amount requested \$ _____

1. Number of group members (SDOP seeks to partner with communities; it is unusual for a community group of less than 5 people to receive funding).
2. Describe the project including how the grant will be used and how the group members will meet the SDOP funding criteria of **benefitting directly, owning, and controlling the project**. (Group members need to make decisions and benefit from the grant and project). Add additional pages as needed.

CRITERIA FOR VALIDATION

1. 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:
2. Be submitted and controlled by the same group of economically poor people who will benefit directly from it.
3. 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.
4. Be sensitive to the environment while accomplishing its goal(s) and objectives.
5. Use peaceful means to accomplish its goals and objectives.
6. 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.
7. 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.
8. 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.
9. 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.

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

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

Date Application Completed: _____

APPLICANT STOP HERE. END OF APPLICATION. PLEASE SUBMIT TO THE LOCAL COMMITTEE.