

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, please call our office (phone numbers listed on page one of the application) or e-mail marjorie@cascadespresbytery.org

Please send 1 copy of the application to the Presbytery of the Cascades address listed on the first page of this application via mail. Do not send an electronic copy.

Office use Only

Project#:

**PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE
Presbytery of the Cascades**

Office use Only

Assigned:	_____
Presbytery:	_____
Synod:	_____

0245 SW Bancroft St., Suite D
 Portland, OR 97239
 Tel.: 503-227-5486 ext 205
 Tel.: 1(800) 495-4114 ext 205
 Fax (503) 227-6045
 Email: marjorie@cascadespresbytery.org

Office use Only

Received:	_____ / _____ / _____
Mailed to T/F:	_____ / _____ / _____
Mailed to Chair:	_____ / _____ / _____
RQ Mailed T/F:	_____ / _____ / _____

DOMESTIC APPLICATION

**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 _____ Zip Code _____

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) *No Post Office Box	Job/Occupation (How each makes a living)	Poverty Level Check one	Indicate how chosen ** Check one
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected
			Above Below	Appointed Elected

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?

REQUIRED BUDGET FORMAT

Applications without a balanced budget will not be processed

INCOME

Individual Cash Donations	\$	
In-Kind	\$	
Fund raising Events	\$	
SDOP	\$	
Other	\$	
	\$	
	\$	
	\$	
*TOTAL INCOME	\$	

EXPENSES

	Other Sources	SDOP	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
*TOTAL EXPENSES	\$	\$	\$

***(TOTAL INCOME MUST EQUAL TOTAL EXPENSES)**

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**)