



# SELF - DEVELOPMENT OF PEOPLE The Synod of the Trinity

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## Request for SDOP Funding - Project Proposal 2009 Deadline: May 1, 2009

**Please Note:** Prior to completing your proposal, be sure to read and understand the criteria on the enclosed guidelines. They must be met in order to qualify as a valid project for SDOP funding purposes. Incomplete applications will not be considered. The committee may make a site visit before making a final determination to grant funding and again at the end of the funding year. Projects may apply up to three years.

### HELP IS AVAILABLE!

If you have questions regarding the criteria, guidelines, or application, do not hesitate to contact the Synod office. We will attempt to answer your questions and match you with a local SDOP committee member.

New proposal: How did you hear of the SDOP program? \_\_\_\_\_

Please **print or type** all answers. Use additional paper as necessary.

#### I. IDENTIFICATION OF GROUP REQUESTING FUNDS:

A. Name of Project: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

B. Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

C. Amount of SDOP funding being requested: \$ \_\_\_\_\_

D. Funds to be used for: Please detail each item and the amount of SDOP funding that will be used.

Expense Item(s):	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	\$

E. Name of organization to which check should be made payable: \_\_\_\_\_

**II. NAME OF SPONSORING GROUP:**

A. If there is a sponsoring group, name it: \_\_\_\_\_

Within Group requesting Funds?  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

B. Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

C. Relationship to project & group: \_\_\_\_\_

**III. SELF-DEVELOPMENT NEEDS**

A. List in a concise manner the self-development needs that your project will address. Refer to the Criteria.

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B. How were the above self-development needs identified? \_\_\_\_\_

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C. How will the group requesting funds be involved in all aspects of your project? \_\_\_\_\_

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D. How does your project propose to help build a relationship with the surrounding community and institutions? \_\_\_\_\_

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E. Are services your project offer (or remedies for the conditions being addressed) available through other agencies/organizations? \_\_\_Yes \_\_\_No If yes, name each entity, what services it provides, & why it is not being used to address the problem(s) your project proposes to address: \_\_\_\_\_

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**IV. PROJECT INFORMATION:**

A. If an individual recommended that you apply for SDOP funding, please name the person and attach a letter of recommendation. Recommender: \_\_\_\_\_

B. Project Originators:

1. Who completed this application, what is that person's relationship to your project, and how will the person completing this application benefit from your project? \_\_\_\_\_

2. Briefly describe the organization or group submitting this proposal and tell why you came together.

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C. Description of your project:

1. Describe your project. \_\_\_\_\_

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2. Why is your project needed? \_\_\_\_\_

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D. Goal and Objectives:

1. What is the main purpose of your project - its goal? \_\_\_\_\_

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2. List each of the immediate conditions your project proposes to address and tell what steps the group will take to address the problems. \_\_\_\_\_

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3. List each of the long-term conditions your project proposes to address and tell what steps the group intends to take to address the problems. \_\_\_\_\_

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4. What are the step-by-step things the group plans to do to reach your project's goal? \_\_\_\_\_

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E. Direct Beneficiaries:

1. Give the names of the people who **own** your project. Tell how they relate to the group requesting funds.

Names of those who <u>own</u> project	Explain the relationship to the group requesting funds
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. Give the names of the persons who **benefit** from your project. Indicate how they benefit. Tell how they relate to the group requesting funds.

Names of those who <u>benefit</u> from project	Detail how each person benefits	Explain the relationship to the group requesting funds
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

3. Decision Makers – majority must be below poverty level

a. How does your group define “poverty”? \_\_\_\_\_

b. Is there a policy-and-decision-making body for the group requesting funds? \_\_\_Yes \_\_\_No

c. Are the people in the group requesting funding part of the decision making body? \_\_\_Yes \_\_\_No

If the answer is no, explain why no one in the group requesting funding is part of the decision making body? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Give the names of the Decision Makers for your project and provide all of the other information requested in the chart below – majority must be below poverty level

Name & Phone #	Address, City, State, Zip	Job/Occupation	Poverty Level	How chosen?		How does he/she benefit from your project?
		State how each makes a living	Above or Below?	Elected by	Appointed by	

Continued - DECISION MAKERS FOR YOUR PROJECT – Majority must be below the poverty level

Name & Phone #	Address, City, State, Zip	Job/Occupation	Poverty Level	How chosen?		How does he/she benefit from your project?
		State how each makes a living	Above or Below?	Elected by	Appointed by	

f. To whom are the decision makers accountable? \_\_\_\_\_

g. Are the decision makers the same as your project's Board of Directors? \_\_\_\_ Yes \_\_\_\_ No

h. If the answer is no, on a separate paper and with the same headings and format as the chart for decision makers, provide the same information for the Board of Directors as is required for the decision makers.

i. Indicate how the decision makers and the Board of Directors relate to each other. \_\_\_\_\_

3. If the names listed in items #1,2,and 3 are not identical, explain why: \_\_\_\_\_

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**V. EVALUATION PROCESS**

A. How will the effectiveness and progress of your project towards its goal be measured? \_\_\_\_\_

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B. How will the effectiveness & progress of the steps the group is taking towards correction of the conditions being addressed be measured? \_\_\_\_\_

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C. State how often assessments A and B will take place and name the person(s) who will conduct the assessments. \_\_\_\_\_

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D. How will the effects of this project on members' lives individually be measured? \_\_\_\_\_

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E. How will the effects of this project on members' lives as a group be measured? \_\_\_\_\_

F. State how often assessments D and E will take place and name the person(s) who will conduct the assessments. \_\_\_\_\_

G. How will the group requesting funds be involved in the evaluations of your project and its effectiveness?

**VI. SELF-DEVELOPMENT FUNDING**

A. Amount of money being requested from SDOP this year \$ \_\_\_\_\_

B. What previous Self-Development funding has your organization received from the Synod?

Year	Project Name	SDOP Funding
		\$
		\$
		\$
		\$

C. Have you applied (or do you plan to apply) for funding from:

1. Your Presbytery's SDOP Committee \_\_\_\_\_ Yes \_\_\_\_\_ No

2. National SDOP Committee \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If no, why not? \_\_\_\_\_

b. If yes, provide information requested below:

Applied to or will apply to	Date	Project Name	Amount	Received & date or Anticipated & date
			\$	
			\$	

**VII. RESOURCES** - Please be specific

1. Physical Property description:

Property Name, Address, City, State, Zip	Rent or Own?	If owned, Current Value
		\$
		\$
		\$
		\$
		\$
		\$

2. In-Kind & Volunteer Resources: Non-money resources such as complimentary legal services, free use of office space or building, donated supplies, and/or equipment, etc.

Source	In-Kind Items/Volunteer Functions	Comments	Total Estimated Value
			\$
			\$
			\$
			\$
			\$
TOTAL ESTIMATED VALUE			\$

3. Financial resources within the group requesting funds: \$ \_\_\_\_\_

4. List all financial resources requested, promised, & received from other sources:

Name of Organization, Address, City, State, Zip	Amount requested & date requested	Amount promised/ date expected	Amount received
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>	\$	\$	\$

**IX. FINANCIAL INFORMATION**

A. When did/does your project begin: \_\_\_\_\_

B. If an ongoing project, **attach** a copy of your project's closing financial statement for the prior year.

C. Is the statement attached an audited financial statement? \_\_\_\_\_ Yes \_\_\_\_\_ No

D. How will the group carry on your project financially in the future & when do you anticipate it will become self-sustaining? \_\_\_\_\_

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E. Are you a 501C3 (not-for-profit organization)? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of application: \_\_\_\_\_

E. If you are not a 501C3, describe the relationship of your program to the sponsoring organization: \_\_\_\_\_

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G. Complete, sign, and **attach** an IRS Form W-9 (available from the IRS or its website).

H. Who is responsible for writing checks for the organization? \_\_\_\_\_

I. Is there an amount above which two persons must sign the checks for your project and what is the amount? \_\_\_\_\_ Yes Above \$ \_\_\_\_\_  
\_\_\_\_\_ No If no, explain: \_\_\_\_\_

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J. Who makes the financial decisions for the organization? \_\_\_\_\_

K. Who controls your project if other than the previously-named decision makers and/or Board of Directors? Explain: \_\_\_\_\_

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L. Human Resources – If your project does or will have paid employees, provide the information for each



# BUDGET FORMAT

**Budget must be balanced. Total Income must equal Total Expenses**

For the Year Beginning: \_\_\_\_\_ and Ending: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Group submitting Project: \_\_\_\_\_

Number of years this project has been in existence: \_\_\_\_\_

## INCOME

### Grants:

#### Foundations:

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Sub-Total: \$ \_\_\_\_\_

#### Funds:

	\$ _____
	\$ _____
	\$ _____

Sub-Total: \$ \_\_\_\_\_

Self-Development of People: \$ \_\_\_\_\_

Total Grants: \$ \_\_\_\_\_

### In-Kind/Volunteer Resource Contributions:

Membership fees	\$ _____
Individual cash donations	\$ _____
Fund-raising events	\$ _____
In-Kind/Volunteer Resource Contributions (non-Monetary)	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Other Contributions: \$ \_\_\_\_\_

**TOTAL INCOME: \$ \_\_\_\_\_**

## EXPENSES

### Capital Expenditures:

	To be paid w/funds from Other Sources	To be paid w/ SDOP funds	Total
Real Estate Purchase	\$ _____	\$ _____	\$ _____
Vehicle Purchase	\$ _____	\$ _____	\$ _____
Building Renovation	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Total Capital Expenses: \$ \_\_\_\_\_

(continued on next page)

**EXPENSES** (continued)

	To be paid w/funds from Other Sources	To be paid w/ SDOP funds	Total
<u>General Operating Items:</u>			
Space Rental	\$ _____	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____	\$ _____
Salaries	\$ _____	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Phone	\$ _____	\$ _____	\$ _____
Office Equipment	\$ _____	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____
Copying	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Total General Operating Expenses:** \$ \_\_\_\_\_

	To be paid w/funds from Other Sources	To be paid w/ SDOP funds	Total
<u>Project Expenses:</u>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Total Project Expenses:** \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**X. SUPPLEMENTAL INFORMATION**

A. While the Self-Development program does not require the group to have the items listed below, please check if you have:

- Articles of incorporation
- By-Laws
- Tax-exempt certificate
- Non-profit status

B. If there are any additional comments you would like to make concerning your project being submitted, please include them below or on the next page and limit to one page. \_\_\_\_\_

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The undersigned understands that there are two reports required by the Synod SDOP Committee of the group receiving funding:

- 1) within six months from the date of the award check (on a form provided by the Synod) a progress report must be submitted;
- 2) within 12 months from the date of the award check (on a form provided by the Synod), a Self Assessment report is required.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

## Additional Comments