



SELF - DEVELOPMENT OF PEOPLE The Synod of the Trinity

3040 Market Street
Camp Hill, PA 17011
Phone: 800-242-0534 FAX: 717-737-8211
E-mail: sdop@syntrinity.org



Request for Additional SDOP Funding for an Existing Project-2009 Deadline: May 1, 2009

- Proposal is for: Second Year SDOP Funding
 Third Year SDOP Funding

Please Note: Progress and/or Self-Assessment reports must have been received or accompany this proposal. The committee may make a site visit before making a final determination to grant funding and again at the end of the funding year. If you have questions regarding the application, contact the Synod office.

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: \$ _____
a. Amount funded previously - first application \$ _____
b. Amount funded previously - second application, if applicable \$ _____
- D. Funds to be used for: Please detail each item & the amount of SDOP funding that will be used.

Expense Item(s):	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$

- 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. What is the project & why is it needed? _____

- B. List the original needs of the project. If there have been any changes in the needs stated in your original application what are they?

Original Needs	Changed Needs

IV. PROJECT INFORMATION:

- A. 1. Briefly describe the project addressed in the initial application. _____

2. List the project's original goals & objectives. List any changes to the original goals and objectives.

Original Goals & Objectives	Changes/Additions to Goals & Objectives

- B. Explain below what steps the group intends to take to accomplish the new objectives. _____

- C. Direct Beneficiaries

1. List below the original beneficiaries & the current beneficiaries of the project.

Original Beneficiaries	Current Beneficiaries

2. Provide an explanation of any changes from the original beneficiaries. _____

D. 1. List below the original owners of the project & those who own it now.

Original Owners	Current Owners

2. Provide an explanation of any changes from the original owners. _____

Continued - DECISION MAKERS – 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	

2. If there have been changes to the original decision makers, explain the reasons why: _____

VI. EVALUATION PROCESS

A. Briefly describe the evaluation process addressed in the initial application. _____

B. Describe the results of the evaluation to date. _____

C. Describe additions/changes you propose to the evaluation process with this proposal. _____

VII. SELF-DEVELOPMENT FUNDING

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

B. Amount of Self-Development funding your project has received from the Synod?

Year	Project Name	Synod SDOP Funding
		\$
		\$

C. 1. Amount of Self-Development funding your project has received from the Presbytery:

Year	Project Name	Presbytery SDOP Funding
		\$
		\$

2. If your group has not previously applied to your presbytery's SDOP for funding, explain why not:

D. 1. Amount of Self-Development funding your project has received from National:

Year	Project Name	National SDOP Funding
		\$
		\$

2. If your group has not previously applied to National SDOP for funding, explain why not:

VIII. RESOURCES - Please be specific

List & describe the resources available to support your project in 1 & 2 below.

1. Physical Property description

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

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

Name of Source	In-Kind Item or Volunteer Function	Comments	Estimated Value
In Kind Items:			\$
			\$
			\$
			\$
			\$
Volunteer Resources:			\$
			\$
			\$
			\$
			\$
Total Estimated Value			\$

3. Financial resources within the group: Tell us about the financial resources within the group: _____

4. All Financial Resources: List all financial resources requested, promised & received from all sources:

Name of Organization, Address, City, State, Zip	Amount requested & Date requested	Amount promised/ Date expected	Amount received
			\$
			\$
			\$
			\$
Totals	\$	\$	\$

5. Current Human Resources: If this project does or will have paid employees provide the information for each employee below:

Name	Position	Describe job functions/Comments	Salary
			\$
			\$
			\$
			\$
Total Salaries			\$

IX. FINANCIAL INFORMATION

A. Check Writing – If there has been a change in who is responsible for writing checks for the origination from the person(s) listed in the original application, provide the name(s) & contact information including telephone numbers:

Name	Position/Title	Contact Information

B. Two signatures – If there has been a change to the amount above which two persons must sign the checks indicate the new amount here: \$_____

C. Income/Expenditure Budget:

1. If the group is requesting funding for the same equipment that was requested in the project's initial application, state the reasons why: _____

2. Use the Budget Format Form on the next page to provide a detailed accounting of all funds the project received & the expenses for which they were spent.

BUDGET FORMAT

Budget must be balanced. Total Income must equal Total Expenses

For the Year Beginning: _____ & Ending: _____

Name of Project: _____

Name of Group submitting Project: _____

INCOME

Grants:	Previous Year	<u>Current Year</u>
Foundations:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Sub-Total:	\$ _____	<u>Sub-Total:</u> \$ _____
Funds:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Sub-Total:	\$ _____	<u>Sub-Total:</u> \$ _____
Self-Development of People:	\$ _____	\$ _____
Previous Total Grants:	\$ _____	Current Total Grants: \$ _____

Other Contributions:		
Membership fees _____	\$ _____	\$ _____
Individual cash donations _____	\$ _____	\$ _____
Fund-raising events _____	\$ _____	\$ _____
In-Kind/Volunteer Resource Contributions (non-Monetary) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<u>Previous Total Other Contributions:</u>	\$ _____	Current Total Other Contributions: \$ _____

CURRENT TOTAL INCOME: \$ _____

(continued)

EXPENSES

Capital Expenditures:

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

Total Capital Expenses: \$ _____

General Operating Items:

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

Total General Operating Expenses: \$ _____

Project Expenses:

	To be paid w/funds from Other Sources	To be paid w/ SDOP funds	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total Project Expenses: \$ _____

CURRENT 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. _____

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