



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 Synod SDOP Funding for an Existing Project

Applications should be received prior to May 1. Applications received after this date will be considered until October 1 if funds are available.

- 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 will make a site visit before making a final determination to grant funding. If you have questions regarding the application, contact the Synod office. **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 Synod SDOP funding being requested: \$ _____
a. Amount funded previously - first application \$ _____
b. Amount funded previously - second application, if applicable \$ _____
- D. 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: _____
- D. What kind of benefits do you receive from your sponsor? _____

III. PROJECT INFORMATION:

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

C. 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

3. Explain below what steps the group intends to take to accomplish the new objectives.

New Objectives	Intended Steps

D. Direct Beneficiaries

1. List below in alphabetical order by last name, the original beneficiaries & the current beneficiaries of the project.

Original Beneficiaries	Current Beneficiaries

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

3. List below in alphabetical order by last name, the original owners of the project & those who own it now.

Original Owners	Current Owners

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

IV. DECISION MAKERS - Majority must be below the poverty level

A. List the current decision makers - in alphabetical order by last name - of your project. Please **bold** or underline the names of any persons that are **different** than those named as decision makers in the original application.

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 – 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	

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

V. EVALUATION PROCESS

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

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

C. Does the group need to change or add to its evaluation process? Yes No

If yes, describe additions or changes: _____

VI. 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 **your Presbytery SDOP**:

Year	Project Name	Presbytery SDOP Funding
		\$
		\$

2. Has your group previously applied to your presbytery's SDOP for funding? Yes No

If no, explain why: _____

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

Year	Project Name	National SDOP Funding
		\$
		\$

2. Has your group previously applied to National SDOP for funding? Yes No

If no, explain why: _____

VII. RESOURCES - Please be specific. List & describe the resources available to support your project in A through E.

A. Physical Property Description

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

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

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

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

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

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

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

Name	Position	Describe job functions and any comments	Salary
			\$
			\$
			\$
			\$
Total Salaries			\$

VIII. FINANCIAL INFORMATION

A. 1. Check Writing: Who is responsible for writing checks for the organization? _____

2. Is this a change from previous funding? Yes No

3. Is there an amount above which two persons must sign the checks for your project? Yes No
If yes, what is the amount? \$_____

B. 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 and the expenses for which they were spent.

BUDGET FORMAT

For the Year Beginning: _____ and Ending: _____
Budget must be balanced. Total Income must equal Total Expenses

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1. Attach a complete and balanced budget by using the Budget format below.
 2. Give the total income from all sources, including the amount requested from Synod's Self-Development of People Committee.
 3. Indicate each expenditure your project expects to pay with SDOP funding.

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 (Synod):	\$ _____	\$ _____
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: \$ _____
 (This total should equal Total Expenses on next page)

EXPENSES

Capital Expenditures:

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

Total Project Expenses: \$ _____

CURRENT TOTAL EXPENSES: \$ _____
 (This total should equal Total Income on previous page)

IX. 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) A **Progress Report** must be submitted on the form provided by the Synod within six months from the date of the award check;
- 2) A **Self-Assessment Report** must be submitted on the form provided by the Synod within twelve months from the date of the award check

If the form is not received on time, please email Susan Wonderland sdop@syntrinity.org.

Signature Date: _____

Print Name and Title

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Additional Comments