



SELF - DEVELOPMENT OF PEOPLE The Synod of the Trinity

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Request for Synod SDOP Funding - Project Proposal 2011 Deadline: May 1, 2011

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 Synod 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 Synod's 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:

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.

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

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

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

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: _____

IV. PROJECT INFORMATION:

A. If an individual recommended that you apply for Synod 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. _____

C. Description of your project:

1. Describe your project. _____

2. Why is your project needed? _____

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?	
		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

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.

h. 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: _____

V. EVALUATION PROCESS

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

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

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

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

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 Synod's 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:

Presbytery's SDOP? National's SDOP?	Date	Project Name	Amount	Received & date or Anticipated & date
			\$	
			\$	

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

Name	Position	Describe Job Functions/Comments	Salary
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL

M. Income/Expenditure Budget

1. **Attach** a complete and balanced budget. Use the Budget format attached.
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.

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: \$ _____

Synod Self-Development of People: \$ _____

Total Grants: \$ _____

In-Kind/Volunteer Resource Contributions:

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

Total Other Contributions: \$ _____

TOTAL INCOME: \$ _____

EXPENSES

Capital Expenditures:

Real Estate Purchase _____
Vehicle Purchase _____
Building Renovation _____

To be paid w/funds from Other Sources	To be paid w/ SDOP funds	Total
------------------------------------------	-----------------------------	-------

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

Total Capital Expenses:

\$ _____

(continued on next page)

EXPENSES (continued)

To be paid w/funds
from Other Sources

To be paid w/
SDOP funds

Total

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

General Operating Items:

- Space Rental _____
- Mortgage _____
- Salaries _____
- Fringe Benefits _____
- Utilities _____
- Phone _____
- Office Equipment _____
- Office Supplies _____
- Postage _____
- Copying _____
- _____
- _____

Total General Operating Expenses: \$ _____

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

Total Project Expenses: \$ _____

TOTAL EXPENSES: \$ _____

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) 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