

**REQUEST FOR PROPOSALS**

**PRESBYTERIAN SELF-DEVELOPMENT OF PEOPLE GRANTS**

**LAKE MICHIGAN PRESBYTERY**

**Invitation**

The Lake Michigan Presbytery invites proposals for funding by the Presbyterian **Self-Development of People (SDOP)** program from local grassroots groups organizing for their economic and social empowerment and to create a more just community. By our support of such efforts we seek to show the love and justice of Jesus Christ.

**Description**

The **Self-Development of People** program is a ministry affirming God’s concern for humankind. It seeks to empower grassroots groups of economically poor, oppressed, and/or disadvantaged people who are organizing to improve their own lives in ways that will lead to progressive social change, economic opportunity, and justice, as reflected in the *Gospel of Matthew* Chapter 25.

Eligible projects may be either nonprofit or for-profit. In either case, the group operating the project must share decision-making and leadership. Those who have the responsibility for executing the project must own, control, and benefit from it. Demonstrating broader community or social benefit of the project is desirable; however, this should not be a substitute for showing that applicant group members actually benefit directly from it. Projects should be peaceful and not harmful to the environment. There is no religious requirement for a group to be considered for funding.

The **Self-Development of People** program is financially supported by the One Great Hour of Sharing, an annual offering received from Presbyterian churches in several mid- and lower-Michigan counties during Lent. A portion of the offering returns to the Lake Michigan Presbytery to fund projects selected the **Self-Development of People Committee**. Projects are typically awarded amounts of $5,000 or less.

***The Grant Proposal Outline on the following pages describes how to prepare your proposal. CONTACT: Nancy Maleitzke, Convener, Presbyterian Self-Development of People Committee, 269-615-3269 or visit the SDOP website at*** [***www.lakemichiganpresbytery.org***](http://www.lakemichiganpresbytery.org) ***, ministries, SDOP for further information if needed.***

**THERE IS NO DEADLINE FOR SUBMITTING PROPOSALS. FUNDS ARE AWARDED FOR AS LONG AS MONEY IS AVAILABLE. APPROVED PROJECTS MAY NOT RECEIVE FUNDING UNTIL AFTER MAY 1ST THE *FOLLOWING* *YEAR* WHEN ADDITIONAL FUNDS ARE AVAILABLE.**

***Please send your proposal by U.S. mail to: Presbytery of Lake Michigan SDOP, 1511 Helen Avenue, Portage, MI 49002, ATTN: Nancy Maleitzke, Convener. If possible, ALSO send your complete proposal by email as an attachment to:*** [***office@lakemichiganpresbytery.org***](mailto:office@lakemichiganpresbytery.org)

*We welcome the opportunity to consider assisting your group in Self-Development of People!*

**Self-Development of People Grant Program**

**Lake Michigan Presbytery**

**1511 Helen Avenue**

**Portage, MI 49002**

**HOW TO APPLY**

**PRESBYTERIAN SELF-DEVELOPMENT OF PEOPLE GRANT**

**NO DEADLINE**

***The Lake Michigan Self-Development of People (SDOP) receives funds for grants in the spring of each year. A group will receive funding as soon as the grant proposal is approved. If all available SDOP grant money has been awarded, approved groups will be notified in writing that their project will be funded next year.***

***To apply for an SDOP grant, please fill out the outline below and develop a proposal that includes all the information requested. Proposals should be typed. There is a Word file and a fillable PDF, and should not exceed eight (8) pages. Send one copy of your grant proposal by U.S. mail to the Presbytery office at the address above AND IF POSSIBLE email the proposal to*** [***office@lakemichiganpresbytery.org***](mailto:office@lakemichiganpresbytery.org)***. Incomplete proposals will not be funded.***

*For general information about the Self-Development of People program visit:* [*www.pcusa.org/sdop*](http://www.pcusa.org/sdop)*.*

**GRANT PROPOSAL OUTLINE**

**There is no application form for you to complete. Please fill out this outline and save it.**

1. **General Information (1 page)**

On a cover page please provide this information about your request:

1. Name of group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Project name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Amount of grant request for one year - $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name, address, phone, fax (if you have one) and email for contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. If someone other than the contact person prepared this grant request, please list their name and how to contact them by phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How did you find out about the SDOP grant program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Group Information (2 pages)**

SDOP supports formal or informal groups who are organizing for self-improvement and socio-economic empowerment. Leadership, decision-making and benefits must be widely shared among participants. While members of a family may be involved, the majority of group members must not be related. *A majority of group decision-makers must have incomes below the poverty level.*

Give a brief description of your group and its history. Be sure to include:

* When you started to meet and what brought the group together \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* The purpose of the group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What you have accomplished in the last year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* The number of people currently involved in group activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* The size of your decision-making team, how they are chosen, whether they are volunteers or paid, and how decisions are made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Where you hold meetings and activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* If you have any paid staff or consultants and what they do \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What is your mission statement if you have one \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Indicate if you have by laws, tax-exempt certificate, a non-profit ruling letter or articles of incorporation (none are required to qualify for funding)

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For **Group Leadership**, list the decision-makers for your group. Please include for each person their phone number, address, occupation (if any), and if they are above or below the poverty level.

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1. **Project Description – Activities and Evaluation**

Eligible projects are ones that are small and can be started and carried out by the group under their own direction and for their own benefit. The group may be nonprofit or for-profit, but in either case, must use widely shared decision-making and leadership. Projects with professional staff or consultants must not be controlled by them. If a project is already well-established, it is likely that funding sources other than a Lake Michigan SDOP grant may be appropriate.

Describe your project and explain what problem you want to address with this project and why it is needed. Be sure to describe:

* What is the point of the project and the project goals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Who will benefit from the project and in what ways \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What you expect to accomplish by the end of the first year of this project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* The specific activities you plan to undertake in the next 12 months to achieve your goals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Who is responsible for implementing the activities and the success of the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How the people who will benefit from the project will be involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How the project will promote social change, economic opportunity and justice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How you will know you have been successful \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How you will measure the effects of this project on individuals and the group as a whole \_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Project Resources**

Many kinds of resources may be available to help you achieve your goals. The following list describes some typical sources of support.

1. What resources does your group plan to use and how will they support the project? Include all of the categories that apply.
   * In-kind resources (e.g. free office space, volunteer time, free legal services, donated supplies or equipment)

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* + Financial resources provided by your group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + Expected revenue from project activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + Other grants and fundraising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you applied for financial assistance from sources other than SDOP? If so, please list them. If any other funds have been received or pledged or are pending, please list where the funds are from and the amounts.

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1. If this project needs additional funds in the future, where do you expect to get that support? \_\_\_\_\_\_\_\_\_\_\_\_\_

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1. To receive funding, the group must have a W-9 Taxpayer ID number and a letter from their bank attesting that they have a two-signature account in the group’s name.

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1. **Project Budget**

Please show project expenses and all sources of income that you plan to use to pay those expenses. For each expense line indicate the amount that will be provided with SDOP funds and the amount to be covered from other sources. **The total income amount and the total expense amount should be equal.** Specify the time period to be covered by your budget.

Please follow the budget format provided below:

**INCOME**

**Source Amount**

SDOP Grant $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial resources from your group $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual donations from others $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraising events $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other grants $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revenue from project activities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please describe in detail) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Projected Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPENSES**

**Category Source of Income to Cover Costs in that Category**

SDOP Other Sources Total

\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Total Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The period of time this budget will fund this project is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***YOU WILL BE NOTIFIED IN WRITING WHETHER YOUR GROUP WILL RECEIVE A GRANT. THE SDOP COMMITTEE MAY REQUIRE A SITE VISIT PRIOR TO AWARDING THE GRANT.***

***THANK YOU FOR YOUR INTEREST IN THE SELF-DEVELOPMENT OF PEOPLE!***