**Systemic Change Grant Program**

**2023 Application**

*Please type all answers in the shaded boxes below. Boxes will expand as you type, if necessary, but please be as concise as possible, as there is a 250 character limit per field.*

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| **Host Conference/**  |  |
| **Council** |       |

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| --- | --- |
| **Name of President** |       |

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| --- | --- |
| **Mailing Address*****(for Check Disbursement)*** |       |

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| --- | --- |
| **Contact Person** |       |

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| **Email** |       |

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| --- | --- |
| **Date of Application** |       |

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| **Is This a New or Existing Program for the Conference or Council?** | New |  [ ]  | Existing |[ ]

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| **Signature of President*****(Verifies support for the program; electronic signature or submission by the President is acceptable)*** |       |

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| **Program Name** |       |

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| **Program Focus? *(Choose one)*** | Choose an item. |

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| **If Other, Enter Here** |       |

**If you have received a Systemic Change grant from the National Council in the past, mark the box next to the year and enter the amount:**

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| --- | --- | --- | --- |
| **2020 – 21** | [ ]  |  |  |

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| **2022 – 23** | [ ]  |  |  |

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| **Program Description**Provide a brief, basic description of the program — what it does, specific population served (if any), duration — and how it addresses a root cause of poverty. |
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| **Engagement**Does the program involve people with lived experience & their neighbors at all stages of planning? If so, how? If not, how does the program plan to engage people with lived experience? |
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| **Far-Reaching Social Impact**How does the program transform attitudes in individuals and communities? Does the project include advocacy to help shift the conditions that hold poverty in place? |
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| **Sustainability**Will the project, & the participants, eventually be self-sufficient? |
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| **Replicability**Do other Councils and/or Conferences implement a similar project? If not, can it be replicated? |
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| **Innovation**Does the approach simply increase the Council or Conference’s capacity to provide services faster or better, *or* does it reduce or eliminate the need for those services? |
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| **Collaboration**How does the program engage other organizational partners and/or sectors in the community? |
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| **Data Driven**How does the program use data to set goals, assess progress, and make necessary adjustments? What does achieved goals look like, from the perspective of data? |
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| **Additional Information**Please share any additional thoughts, information, data, etc. that you believe could be helpful in understanding your program.  |
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**Systemic Change Grant**

**Budget Worksheet**

*Please submit a simple program budget for the requested grant monies. The template below is included for convenience, but its use is not required so long as the budget requirement is met.*

*This is only a guide: only fields that are relevant to the program need be completed. If appropriate, use the ‘Other’ fields for expenses that cannot be otherwise categorized. Unused fields can be left blank.*

*Please make sure that expenses add up to the amount requested in the proposal.*

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| **Program Name** |  |

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| **INCOME** |
| Systemic Change Grant (Requested) | $  |
| **EXPENSES** |
| Administration | $  |
| Compensation and Benefits | $  |
| Development  | $  |
| Marketing Materials/Printing | $  |
| Supplies | $  |
| Physical Space | $  |
| Office Expenses | $  |
| Travel | $  |
| Outside Services (Consultants) | $  |
| Participant Support (Stipends, etc.) | $  |
| Technology  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
| **TOTAL PROGRAM EXPENSES** | $  |
| ***\*Should Equal Requested Amount*** |  |

**Submit completed proposals to Gerri Sample (****gsample@svdpusa.org****)
and send a copy to your Regional Vice President.**

**Direct questions about the application to Steve Uram and Becca Kazdoy (****systemicchange@svdpusa.org****).**

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