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 **Systemic Change Grant Program**

 **2023 Progress Report**

***Please type all answers in the shaded boxes below. Boxes will expand as you type if necessary, but please be as concise as possible.***

***The ‘Tab’ function may not allow you to move from field to field. If that is the case, simply click on the next field to continue typing.***

***This application is intended to be filled out electronically. If you encounter problems with it, please email Steve Uram at*** ***suram@svdpusa.org******.***

|  |  |
| --- | --- |
| **Program Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Host Conference/**  | Click or tap here to enter text. |
| **Council:** |  |

|  |  |
| --- | --- |
| **Name of President:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Contact Person/** | Click or tap here to enter text. |
| **Title:** |  |

|  |  |
| --- | --- |
| **Email:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Date of Report:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this a new or existing program for the Conference or Council?** | New |  [ ]  | Existing |[ ]

|  |  |
| --- | --- |
| **What root cause/need is your program addressing?** | Choose… |

|  |  |
| --- | --- |
| **If ‘Other’, please describe:** | Click or tap here to enter text. |

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| **Program Description** Please provide a brief description of the program activities to date. How are program activities making progress in addressing the root cause of poverty? Provide specific examples of program activities that have demonstrated success, so far. |
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| **Engaging Neighbors**Involving neighbors at all stages of systemic change planning and analysis empowers their voices, helps ground the activities in lived experiences, and expands the breadth and depth of activities. 1. Describe how your program has, so far, involved input from neighbors in need in planning and execution of your program.
2. Alternatively, what are some opportunities in the future that the program can engage the voices and perspectives of those being served?
 |
| Click or tap here to enter text. |

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| **Collaborating Partners**Collaborations can be an important part of creating systemic change. 1. Please list any organization(s) that you are partnering with and describe their role in this collaboration thus far.
2. Please list any organizational partners that you are still hoping to join your effort.
 |
| Click or tap here to enter text. |

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| **Anticipated Outcomes and Measuring Success**How does the program currently measure success? This can be quantitative data, such as the number of individuals and/or families (depending on the scope/aims of the program) that have been served to date, and/or qualitative data, such as observed changes in participants, interviews, or feedback from participants or collaborative partners. |
| Click or tap here to enter text. |

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| **Additional Information**Please share any additional thoughts, information, data, challenges, or successes that you have not previously shared. Use this space to share thoughts about how the National Council staff can support your program.  |
| Click or tap here to enter text. |

**Systemic Change Grant**

**Budget Worksheet**

Please complete an updated program expense report for the grant monies. This worksheet is only a guide: you do not need to fill in fields that are not relevant to your program. If appropriate, use the ‘Other’ fields for expenses that cannot be otherwise categorized. Unused fields can be left blank. You can also submit an Excel file with this information.

Please make sure that expenses add up to the amount your proposal requests.

|  |  |
| --- | --- |
| **Program Name:** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **INCOME** | **Proposed****Budget** | **Current****Expenses** |
| 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  | $ --- | $ --- |
| Click or tap here to enter text. | $ --- | $ --- |
| Click or tap here to enter text. | $ --- | $ --- |
| Click or tap here to enter text. | $ --- | $ --- |
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| Click or tap here to enter text. | $ --- | $ --- |
| Click or tap here to enter text. | $ --- | $ --- |
| Click or tap here to enter text. | $ --- | $ --- |
| **TOTAL PROGRAM EXPENSES $** | $ --- | $ --- |

**Submit completed reports to** **grants@svdpusa.org****.**

**Direct questions to Gerri Sample (****gsample@svdpusa.org****) and**

**Steve Uram (****suram@svdpusa.org****).**

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