

MAINE COMMUNITY FOUNDATION GRANT APPLICATION

The Maine Community Foundation grant programs vary in terms of their application requirements and interests. Please consult our website for individual grant program criteria and guidelines about how to apply to each program.

The **Grantseeker FAQ** section of the Maine Community Foundation's website includes detailed information about this grant application.

If you have questions about the application or review process that are not addressed on that page, please call MaineCF toll-free at (877) 700-6800

DIRECTIONS

- Do not send materials (including letters of support) other than those requested, and do not send any materials under separate cover. Please refer to the grant program guidelines on our website for guidance on what to submit.
- Send only one copy and do not staple or bind your application.
- This application can be completed in two ways: 1) open it in Microsoft Word and click on the shaded areas to **type** in your answers (preferred); or 2) you can type your answers on a separate sheet of paper. Please use a font size of at least 11 point.
- Please note that we do not accept electronic applications at this time.
- **Mail this application to:**

**Maine Community Foundation
Edward H. Daveis Benevolent Fund
One Monument Way, Suite 200
Portland, ME 04101**

CHECKLIST

Please use this checklist to ensure that your application contains all required information and attachments. MaineCF will not review incomplete proposals.

- Completed application form (including required signatures)
- A one-page list of key project personnel including their roles and qualifications
- A one-page list of your organization's board of directors or advisory committee, including occupations and city/town of residence

In addition, if your project:

- proposes **work with a school**, a letter of agreement from a school representative is required
- is a **collaborative project** with an organization other than a school, letters of agreement from participating organizations that explain their level of involvement are required

Please **include one** of the following items documenting the eligibility of the project to receive charitable funds:

If your organization is:

- Not a recognized 501(c)(3):** tax-exempt public charity and are applying with a fiscal sponsor, include MaineCF's Fiscal Sponsorship Agreement Form completed and signed by an authorized representative of each entity
- A public school or school district:** include a letter from principal or superintendent agreeing to accept MaineCF grant funds for your project
- A municipal library:** include a letter from the Town or City Manager confirming your organization's municipal status (Note that libraries with separate 501(c)(3) tax-exempt public charity status should instead submit a copy of their federal IRS ruling letter)
- A town/city or government/municipal agency:** include a letter from the head of agency agreeing to accept MaineCF grant funds for your project

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PART I: APPLICANT INFORMATION

LIST THE GRANT PROGRAM(S) YOU ARE APPLYING TO: [Click here for a list of programs and deadlines](#)

LEGAL NAME OF ORGANIZATION:

ADDRESS:

CITY/ STATE /ZIP:

COUNTY: [Click here for a list:](#)

TELEPHONE:

WEBSITE:

OF PAID STAFF:

OF VOLUNTEERS:

FEDERAL TAX I.D. # (EIN):

YEAR ORGANIZATION STARTED:

EXECUTIVE DIRECTOR:

TELEPHONE:

E-MAIL:

PRIMARY CONTACT FOR PROPOSAL:

TELEPHONE:

E-MAIL:

AMOUNT REQUESTED FROM MAINECF: \$

TOTAL PROJECT BUDGET: \$

COUNTY(IES) WHERE SERVICES WILL BE DELIVERED: [Click here for a list](#)

IN THE SPACE PROVIDED, WRITE A ONE-SENTENCE PROJECT DESCRIPTION:

ISSUE AREA Check the category(ies) that best describe the topic of your project.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Animal-Related | <input type="checkbox"/> Education | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Arts/Culture/Humanities | <input type="checkbox"/> Environment | <input type="checkbox"/> Human Services | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Civil Rights/Advocacy | <input type="checkbox"/> Employment | <input type="checkbox"/> Medical Research | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Community Improvement | <input type="checkbox"/> Food/Agriculture/Nutrition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> Crime/Legal-Related | <input type="checkbox"/> Health Care | <input type="checkbox"/> Philanthropy/Voluntarism | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Other (Describe): _____ | | | |

FISCAL SPONSOR INFORMATION (IF APPLICABLE)

NAME OF FISCAL SPONSOR ORGANIZATION:

FISCAL SPONSOR CONTACT PERSON:

ADDRESS:

CITY/ STATE /ZIP:

TELEPHONE:

E-MAIL:

FEDERAL TAX I.D. NUMBER (EIN):

PART II: FINANCIAL INFORMATION

Provide information about your organization’s operating budget in the space provided. Use the most recently completed financial or fiscal year. School districts and municipalities do not need to complete this section.

PLEASE USE THIS FORM. DO NOT ATTACH AUDITED REPORTS OR FINANCIAL STATEMENTS.

1. REVENUES AND EXPENSES Provide detail for last fiscal year. Fiscal year start _____

Revenue	
Contributions	
Individual/Business	\$
Foundation	\$
Government	\$
United Way	\$
MaineShare	\$
Endowment income (if any)	\$
Interest and dividends	\$
Other (specify)	\$
A. TOTAL REVENUE	\$

Expenses	
For programming	\$
For administration	\$
For fundraising	\$
Other (specify)	\$
B. TOTAL EXPENSES	\$
C. NET (A Revenue – B Expenses)	\$

2. SHORTFALLS: If your expenses exceeded revenues for the last fiscal year, explain how this shortfall was financed in the space provided.

3. ASSETS AND LIABILITIES Provide detail for last fiscal year. Fiscal Year Start and End Dates _____

Assets:		Liabilities:	
Cash	\$	Current liabilities (accounts payable)	\$
Securities & investments (stocks, endowments, etc.)	\$	Long-term liabilities (loans, mortgages, etc.)	\$
Property & equipment	\$	B. Total liabilities	\$
Accounts receivable	\$	C. Total net assets (A minus B):	\$
Other (Specify)	\$	D. Liabilities and net assets (B+C) (D must equal A)	
A. Total assets:	\$		\$

4. RESTRICTED ASSETS OR REVENUE: These represent resources whose use is limited by the donor or the source to a specific purpose within the organization or resources that are to be maintained by the organization in perpetuity. Please indicate the amount and purpose of any restricted **revenue** and/or **assets** (in the space provided).

a. Restricted Revenue:

b. Restricted Assets:

PART III: PROJECT BUDGET

The use of this form is **required**. Please be as specific as possible.

ANTICIPATED EXPENSES AND FUNDING

ITEM	1. AMOUNT REQUESTED from MaineCF for each item	2. IN-KIND DONATIONS to support each item	3. OTHER FUNDING SOURCES to support this item (include earned income and indicate if funding is already secured)			TOTAL BUDGET for each item (Add columns 1-3)
			Amount	Source	Secured?	
<i>Example: speaker fees</i>	<i>\$750</i>		<i>\$250</i>	<i>XYZ Foundation</i>	<i>yes</i>	<i>\$1,000</i>
1.	\$	\$	\$			\$
2.	\$	\$	\$			\$
3.	\$	\$	\$			\$
4.	\$	\$	\$			\$
5.	\$	\$	\$			\$
6.	\$	\$	\$			\$
7.	\$	\$	\$			\$
8.	\$	\$	\$			\$
9.	\$	\$	\$			\$
10.	\$	\$	\$			\$
TOTAL Sum of items in each column	\$	\$	\$			\$

ANTICIPATED EARNED INCOME (if applicable):

ITEM	AMOUNT
Sales:	\$
Fees for Service:	\$
Other, <i>please specify</i> :	\$
TOTAL ANTICIPATED INCOME:	\$

SUSTAINABILITY: If your project is ongoing, what are your plans to secure funding in the future?

ADDITIONAL BUDGET INFORMATION: Use this space to provide any additional budget information you wish to include:

PART IV: ORGANIZATION AND PROJECT OVERVIEWS

Directions: The following questions apply to all MaineCF competitive grant programs. Please consider and incorporate the specific guidelines for the grant program to which you are applying in your responses to these questions.

Format: Please number and write your answers on a separate page. We seek short answers to these questions, so please limit your answers to this section to **ONE** page (with a font size no smaller than 11 point.)

1. ORGANIZATIONAL HISTORY In this brief history you should include:

- the founding date of the organization
- its mission
- geographic region served
- population served
- two or three most important programs or services the organization currently provides

2. PROJECT OVERVIEW Briefly describe the project for which you seek funding. Be sure to include:

- what you hope to accomplish with this project
- how this project will strengthen or improve the community or your organization's ability to serve the community
- how you will measure the project's progress or success (your evaluation method)

3. DIRECTORS, ADVISORS, AND KEY PERSONNEL Please attach the following documents on separate sheets of paper:

- A list of key project personnel including their roles and qualifications
- a list of your organization's board of directors or advisory committee, including occupations and city/town of residence.

AGREEMENT TO GRANT TERMS

By signing this application form, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

- 1) The information contained in this application and in any attachments is true and correct to the best of your knowledge.
- 2) Your organization is a nonprofit, 501(c)(3) federal tax-exempt organization, public school, public agency working for the State of Maine, or an Indian tribal government (or its political subdivision) recognized by the Department of the Interior **or** has a written agreement with a fiscal sponsor that is a 501(c)(3) organization, public school, or public agency.
- 3) Any funds received as a result of this application will be used only for the purpose specified in the award letter. No part of any grant will be used for a political campaign or to support attempts to influence legislation of any governmental body other than through making available the results of non-partisan analysis, study, and research. No portion of the award will be granted to any secondary grantee without the express permission of the Maine Community Foundation.
- 4) Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- 5) Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period, any unexpended grant funds will be returned to the Maine Community Foundation, or a written request for an extension of time will be submitted to the foundation for approval. An evaluation report will be submitted upon completion of your project or by the due date specified in the grant award letter.

Please note that the required signature[s] on this form must be original (not photocopied).

SIGNATURE OF PRESIDENT, CHIEF ADMINISTRATIVE OFFICER, OR TREASURER

DATE

PRINT NAME

TITLE

FISCAL SPONSOR

If you applied using a fiscal sponsor, please have an authorized officer of the sponsoring organization sign below

SIGNATURE OF OFFICER OF FISCAL SPONSOR ORGANIZATION (IF APPLICABLE)

DATE

PRINT NAME

TITLE

MAINECF NON-DISCRIMINATION POLICY

Maine Community Foundation seeks to promote respect for all people. In its community-building and capacity-building grantmaking (or successor grant programs supported by those funds), the foundation will support organizations that do not intend to deny services, employment, or volunteer involvement on the basis of race, age, ancestry or national origin, sexual orientation, gender, physical or mental disability, or religion. It is not the intent of this policy to deny support for programs that serve specifically defined populations. By signing this form, the applicant organization confirms that it is in compliance with this policy. If you are applying to our **Community Building Grants Program** (including the county funds), please sign below to signal acceptance of the terms of this policy.

SIGNATURE OF PRESIDENT, CHIEF ADMINISTRATIVE OFFICER, OR TREASURER

DATE

PRINT NAME

TITLE