**THIS DOCUMENT CANNOT BE SUBMITTED AS AN APPLICATION**

This document lists the questions that are on the Black, Indigenous, and People of Color Fund online grant application. We created it to help applicants review the questions and draft their proposals.

Additional guidance is in red and will not appear on the online application. It is included in this document to help you prepare your application. If you have questions, feel free to reach out to the Community Partner who staffs this program, Gloria Aponte Clarke, at gaponteclarke@mainecf.org.

Please note that there is a 250-word maximum limit on most questions.

To apply for a BIPOC Fund grant, please go to our online grant application system at [www.mainecf.org](http://www.mainecf.org) and click the “Log In” button at the top of the page and then click the “Log In Here” button for the “Online Grant System” or click here: <https://mainecf-grants.smapply.io/>

# **Organizational Overview**

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| --- |
| **Organization Name and EIN**Organization Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DBA (doing business as, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EIN (Employee Identification Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organization Mailing Address**: Please enter your organization's primary mailing address. Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Grant Proposal Contact**: This is the person we will contact for questions about the proposal.First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organization Mission:** Briefly describe the organization's mission or purpose. (Limit: 100 words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Programs and Services:** Briefly describe one or two of your organization's most important programs. (Limit: 100 words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Staff : \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_Year founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | **Fiscal Sponsor (If Applicable)**If your group does not have an assigned tax status you may be eligible for fiscal sponsorship. Please review our grant guidelines and fiscal sponsorship pages before proceeding. If using a fiscal sponsor, you must upload the fiscal sponsorship agreement form in the Attachments section of the application.Fiscal Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# **Black, Indigenous, and People of Color Fund 2024**

**Primary County Served**

Identify the **ONE** county that will most directly benefit from funding requested in this application. Any funds awarded must be spent within the county selected because of funding requirements. If your organization serves two counties and you are applying for general support, you must select the county in which your organization or main office is located. Select Statewide if 3 or more counties will directly benefit from the funding requested in this application. Note: Your answer will determine which committee will review your proposal.

* Androscoggin
* Aroostook
* Cumberland
* Franklin
* Hancock
* Kennebec
* Knox
* Lincoln
* Oxford
* Penobscot
* Piscataquis
* Sagadahoc
* Somerset
* Waldo
* Washington
* York
* Statewide

**Interest Area**

Select up to three of the following areas that best describe the focus of your proposed project or, if applying for general support, of your organization.

* Animal-Related
* Arts/Culture/Humanities
* Civil Rights/Social Action/Advocacy
* Community Improvement/Capacity Building
* Crime/Legal-Related
* Education
* Employment
* Environment
* Food/Agriculture/Nutrition
* Health Care
* Historical Societies/Historic Preservation
* Housing/Shelter
* Human Services
* Libraries
* Mental Health/Crisis Intervention
* Public Health
* Public/Societal Benefit
* Public Safety/Disaster Preparedness/Relief
* Recreation/Sports
* Science/Technology
* Substance Abuse Dependency/Prevention/Treatment
* Transportation Assistance
* Youth Development
* Unknown/Other

**Population Served**

**The majority of people served by the work proposed are or will be (choose all that apply):**

* Asian/Pacific Islander/Asian American
* Black/African/African American
* Indigenous/American Indian/Native American
* Latino/Latinx/Hispanic
* Middle Eastern/Arab/Arab American
* Multiethnic and/or multiracial
* White
* Immigrants/refugees/asylum seekers
* Incarcerated or formerly incarcerated
* Low-income
* LGBTQ+
* People with disabilities
* Women/girls/female-identifying
* Young Children (0-5)
* Children (5-18)
* Young Adults (18-24)
* Older Adults (65+)
* No specific population

**Timing**

I understand that this program cannot provide funding for activities that occur before June 1. I agree that if our organization receives a grant, it will not be used for expenses already incurred and will be spent within the year. If we are unable to use the funding during the year, we will contact grants@mainecf.org.

* I agree

**Amount Requested from MaineCF** (max $10,000): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Funding Available:**

**Two-year General Support Grants for organizations who meet the following required criteria.**

* **Located in Maine, defined as has a Maine address**
* **Offered programming for the community in the last year focused on serving mostly Black, Indigenous, and/or people of color**
* **Involve Black, Indigenous, and/or people of color in leadership positions, on board and staff of the organization**
* **Involve Black, Indigenous, and/or people of color in the design, delivery, and evaluation of the programs and services**

***Please note: Maximum award amount for all organizations is $10,000 per year. The first cohort of grants will be awarded in 2024. The $10,000 for the second year of funding will be sent after a progress report is complete. No new applications will be accepted for general support until 2026.***

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**1. Organization Mission:**

**What is your organization’s mission or purpose statement? (Limit: 150 words or less)**

This statement may be used with our donors and should be written for those that don’t know your organization. If a grant is given, we may also use this description in our website, brochures, and press releases. It works best when it is short and simple.

**2. Describe the people you serve. (Limit: 200 words or less)**

We are looking for demographic information (such as age range, race/ethnicity, socioeconomic status, rural/urban, etc.) about the people who directly benefit from your work or are served by your organization. It can also be helpful to know if they are underserved or have less access to resources. If the audience is the general public, then provide demographic information based on the community that you have targeted for attendance or participation.

**About how many people will be reached by your program? (Enter a number)**

Please use numbers from work that has taken place over the last year. For example, if you had 12 support groups last year with 10 people attending each group, the number reached is 120.

A criterion of the BIPOC Fund is that the organization has offered programming for the community in the past year. If your organization has not offered programming in the last year, the organization is not eligible to apply.

**3. Please list 1-3 of your most important programs. (Limit: 250 words or less)**

The review committee is interested in knowing WHAT you do and HOW you do it. What are your day to day activities?

**4. Which of the following does your organization make better for the people you serve?**

 ***Select all that apply***

* **Improve access to resources**
* **Improve access to opportunities**
* **Improve life outcomes *(examples of what we mean by life outcomes are increasing how many people graduate from high school, increasing how many people have health insurance, increasing how many people have housing)***

**How does your organization improve the items selected above? (Limit: 250 words or less)**

What is your organization doing to make a difference in the lives of the people you serve? Be specific about what resources will be improved, opportunities will be increased or improved, or how life outcomes will be improved. The review committee would like to understand how people benefit from the work of your organization.

**5. We involve the people we serve in:**

 ***Select all that apply***

* **Leadership positions as staff and board**
* **Design, delivery, and evaluation of programs and services**

**HOW does your organization involve the people you serve in the items selected above? (Limit: 250 words or less)**

Organizations that listen and respond to those they serve will be the most helpful to the community. This grant program requires the involvement of the people the organization serves. Ideas that come from the community during the design stage, delivery/implementation, and in the evaluation of programs/services truly meet the needs of the community. The review committee will talk about if the people you serve are involved in designing and planning your work.

**6. Key Project Staff**

**List the specific roles and responsibilities of important staff and/or volunteers for your organization. (Limit: 250 words or less)**

# **Organizational Financial Information**

This information helps us understand the size and scope of your organization.

Please note: If eligible for funding, public schools and municipalities do not need to complete this section. In this case, enter “N/A” in any required fields. Please confirm eligibility with the specific grant program by checking the website or contacting the appropriate staff member.

For Community Building ONLY: If your last fiscal year expenses were more than $500,000, you are not eligible to apply for general support. Please apply for project support instead.

FY=Fiscal Year

Last FY Total Revenues (Actual): $

Last FY Total Expenses (Actual): $

Last FY Net Income (Revenues minus Expenses): $ [allow for negative number]

Optional comments: [text box]

Current FY Start and End Dates:

Current FY Budgeted Revenues: $

Current FY Budgeted Expenses: $

Current FY Budgeted Net Income: $ [allow for negative number]

Optional comments: [text box]

What are your organization’s most significant financial challenges and/or opportunities? [text box]

# **Attachments**

(In the online grant application system, you will be able to upload these items as attachments.)

**Required for all applicants:** List of all the members of your organization's board or advisory committee, including town/city of residence and occupation.

**Program Requirements:** Some programs require additional documentation. Please consult the program webpage for specifics.
**Other documents that may be required**: Review the following to determine what additional documents are required with your application.

Please note, letters are REQUIRED if the success of your work depends on the participation of a specific partner or partners. Missing letters will result in your application not being eligible for funding. If you are unsure if you need a letter, please contact staff.

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| --- | --- |
| **Condition** | **Required Document** |
| If your group does not have an assigned tax status and you are applying with a fiscal sponsor | **MaineCF's Fiscal Sponsorship Agreement Form** completed and signed by an authorized representative of each entity. The completed form must be submitted with the application. The form and frequently asked questions can be found [here](https://www.mainecf.org/apply-for-a-grant/help-for-applicants/fiscal-sponsorship/). |
| If you are applying for a project that includes working with a school | **A letter of agreement from a school** **representative** that explains the school's level of involvement |
| If you are applying for a project that includes working with a tribe | **A letter of agreement from a tribal representative** (Aroostook Band of Micmacs, Houlton Band of Maliseet Indians, Passamaquoddy Tribe at Indian Township, Passamaquoddy Tribe at Sipayik, Penobscot Nation) that explains the tribe's level of involvement |
| If you are applying for a project that includes a partnership with another organization (other than a school) | **A letter of agreement from the partner organization** that explains their level of involvement |
| If your organization is a public school or school district | **A letter from the principal or superintendent** agreeing to accept MaineCF grant funds for your project |
| A municipal library | **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 do not need this letter). |
| A town/city or government/municipal agency | **A letter from the head of agency** agreeing to accept MaineCF grant funds for your project |

If you do not have electronic versions of these materials, please download this [Cover Form](https://mainecf-grants.smapply.io/protected/resource/eyJoZnJlIjogMTA0MTE4MjMxLCAidnEiOiAxNzAzMTR9/)and mail these materials to the MaineCF. Materials must be postmarked by the program deadline.

Please DO NOT INCLUDE:

* Audited financials or 990 forms
* 501(c)(3) letters of determination
* Annual Reports
* General letters of support

# **Terms and Conditions**

By checking the boxes below, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

* The information contained in this proposal and in any attachments is true and correct to the best of your knowledge.
* The applicant organization is one of the following: 1. A nonprofit, charitable organization tax-exempt under section 501(c)(3) of the Internal Revenue Code and also classified as an organization described in section 509(a)(1) or 509(a)(2); 2. A municipality; 3. A public school; 4. A public agency working for the State of Maine; 5. An Indian tribal government (or political subdivision) recognized by the Department of the Interior; or 6. A group without any tax status with a fiscal sponsor that is one of the above eligible organizations.
* Any funds received as a result of this proposal 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 government 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 through a competitive process.
* Any funds received as a result of this proposal will be returned if the grant recipient loses its exemption from the federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
* Grant funds should be expended within 12 months after payment is issued. If you need to request an extension or need to discuss changing the purpose for which you received your grant, please contact us at grants@mainecf.org.
* MAINECF NON-DISCRIMINATION POLICY Maine Community Foundation seeks to promote respect for all people. In its competitive grant programs, the foundation will support organizations that do not intend to deny services, employment, or volunteer involvement on the basis of race or ethnicity, age, ancestry or national origin, sexual orientation, gender identity or gender expression, 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.
* The applicant organization authorizes MaineCF to share this proposal in its entirety with other potential funding sources at its discretion.

Digital Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*This is the end of the application.\*\*\***