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

This document lists the questions that are on the Community Building 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 staff member who covers the county you are located in. Contact information can be found here: <https://www.mainecf.org/initiatives-impact/county-and-regional-program/>

Grant programs are very competitive. Please read the guidelines closely and complete the application correctly. Our highest success rate in matching nonprofits with donors is through our Giving Together program. Ineligible applications are not included in our Giving Together program.

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

To apply for a Community Building 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**

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# **Community Building 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): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At this point in the online application, you will see a **set of questions based on the** **Type of Funding** **you select below and the answers you provide**. If you selected Project Grant, you will complete specific questions **related to your project**. If you selected General Support Grant, you will complete specific questions **related to your organization**.

**Type of Funding - Please choose ONE option**

* **Project Grants for NEW, defined as within the first two years, projects including capital expenses** that meet the Community Building criteria **AND** your organization must:
* **Be located in Maine** defined as has a Maine address
* Have had **expenses AT or ABOVE $500,000** in the most recent completed fiscal or financial year
	+ Municipalities, government agencies, public schools, or faith-based organizations may apply regardless of expenses for their most recent completed fiscal or financial year
* **Total project budget not to exceed $100,000**
* Project expenses NOT to include endowments, annual appeals, or scholarships
* **General Support Grants** for flexible funding of any type such as new/expanding/ongoing programs and operational needs including capital expenses. Your organization’s primary work must meet the Community Building criteria **AND** your organization must:
* **Be located in Maine** defined as has a Maine address
* Have had **expenses BELOW $500,000** in the most recent completed fiscal or financial year
* NOT be a municipality, government agency, public school, or faith-based organization (These organizations may be eligible for project grants only.)

**At this point in the online application, you will see a set of questions based on whether you are applying for project or general support.**

**If you selected Project Grants, you will complete the questions in Section A. If you selected General Support Grants, you will complete the questions in Section B.**

**The red text after each question will not appear on the online application. It is included in this document to provide additional guidance as you prepare your application. If you have questions, feel free to reach out to the staff member who covers the county your organization is located in. Contact information can be found here:** [**https://www.mainecf.org/initiatives-impact/county-and-regional-program/**](https://www.mainecf.org/initiatives-impact/county-and-regional-program/)

## **Section A- Project Grants**

1. **One Sentence Proposal Description (Limit: 25 words)**

Describe your proposed project or activity by completing the following sentence in 25 words or less: We request

support...

Note: This sentence may be used in our donor portal and should be written for those unfamiliar with the project and your organization. Clearly and briefly describe the project. For example, “to engage high school students in home weatherization projects for local low-income families” or “to partner with the town to add benches to the community park and offer tai chi classes to all ages.” If awarded a grant, we may also use this description in our communications (for example, website, brochures, press releases). It works best when it is short and simple. Avoid using acronyms and jargon.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Describe the people this project will serve. (Limit: 250 words)**

We are looking for demographic information (such as age range, race/ethnicity, socioeconomic status, rural/urban, etc.) about the people who will directly benefit or be served by this project. 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 will be targeted for attendance or participation.

**Approximately how many people will be directly served? (Enter a number)**

When estimating the number of people directly served, focus on those who will most directly benefit. For example, if you are providing a program for children, the children attending the program will be the ones to directly benefit. However, you can explain when describing the people being served that there will be others who will indirectly benefit such as parents and families.

**3. WHAT is the GOAL of the project and WHAT are the SPECIFIC ACTIVITIES you propose to do? (Limit: 250 words)**

It’s fine to have one big goal or there may be 2-3 smaller, more short-term goals. The review committee is interested in WHAT you are trying to do and HOW you will do it. The committee will consider if these seem reasonable and achievable in the context of all the information provided.

**4. Which of the following will be increased for the people served in this proposed project:**

 ***Select all that apply***

* **Skills/abilities**
* **Knowledge**
* **Well-being**

**HOW will your project increase the items selected above? (Limit: 250 words)**

Be specific about what skills, type of abilities, kind of knowledge, or if well-being will be increased or improved. The review committee is trying to understand how people will benefit from your proposed activities.

**5. We will involve the people we serve in the proposed project’s:**

 ***Select all that apply***

* **Design**
* **Delivery**
* **Evaluation**

**HOW does your proposed project involve the people served in the items selected above? (Limit: 250 words)**

We believe programs that incorporate feedback, input, and insight from those closest to the issue will be the most effective. This grant program requires that there is involvement with those that the project is seeking to serve or benefit at the design stage, during delivery or implementation, or in the evaluation. The review committee will be evaluating the breadth and depth of engagement.

**6. Select one community resource your project strengthens.**

* **Organization**
* **Partnerships**
* **Buildings**
* **Natural Environment**

**HOW does your project strengthen the community resource selected above? (Limit: 250 words)**

While people are a community resource, here you want to identify a different community resource that the project will strengthen. This could be a resource that everyone in the community would have access to such as a community park or it could be a unique program that your organization provides or a partnership between the municipality and a local organization that offers a critical service to certain members of the community. The review committee is looking to see how a community resource might be improved, used more, or made more accessible.

**7. Will you be partnering or collaborating with other organizations? (Limit: 250 words)**

Other organizations can provide critical resources and strengthen a project. The review committee is interested to know about this other type of community engagement. Be sure to closely read the attachment requirements as your partnership may require a letter from your partner.

##

**Project Budget**

Instructions:

Please use only numbers. NO commas or currency signs. Example: 25000 (not $25,000)

**Expense Items:**List the specific items or expenses needed for your project.
**Amount from MaineCF:** List the amount you are requesting from MaineCF.
**Amount from Other Sources:**List the amount you will need from other sources, if that applies.
**Name of Other Sources:**List the name of the other source (this can include grants from other foundations, in-kind donations, earned income, etc.), if that applies.
**Status:** Indicate if the funding from other sources has been secured or is pending.

Important things to consider:

* You must account for all the funding you are requesting from MaineCF with this grant application.
* The total amount from MaineCF must match the amount you are requesting from MaineCF.
* List up to ten items. If you have more than ten, you can combine like items into categories (examples: project materials and supplies or volunteer and staff time).
* The Project Budget may include up to 20% of the total amount requested from MaineCF for administrative costs. These funds may be used for overhead or operating expenses (examples: rent, utilities, bookkeeping) and can be a line item labeled as “administrative costs.” You may calculate this amount based on a percentage of the total requested (not more than 20% or $2,000 of a $10,000 request) and do not need to specify how the funds will be used.
* Your total request must NOT be more than $10,000 (the maximum award amount).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense Items | Amount from MaineCF | Amount from Other Sources | Name of Other Source | Status (Pending or Secured) |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
| Total  | $ | $ |  |  |

**Total Project Budget:** $ (This information is automatically calculated based on your Project Budget. If you need to change this amount, please adjust your budget above.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional: If any budget items need additional explanation, please add that here.**

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## **Section B- General Support Grants**

**One Sentence Proposal Description (Limit: 25 words)**

1. Describe your organization’s primary work in 25 words or less by including your organization’s mission or purpose statement OR completing the following sentence: We request…

Note: This statement may be used in our donor portal and should be written for those unfamiliar with your organization. Do not mention “general support,” rather focus on the work that would be supported. For example, “to engage community members as literacy volunteers and provide literacy programs to those needing assistance including recent immigrants and refugees” or “to provide nutritious food, supplies, and clothes to onsite pantries at schools to address food and financial insecurity.” If awarded a grant, we may also use this description in our communications (for example, website, brochures, press releases). It works best when it is short and simple. Avoid using acronyms and jargon.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Describe the people you serve.(Limit: 250 words)**

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.

**Approximately how many people will be directly served? (Enter a number)**

When estimating the number of people directly served, focus on those who will most directly benefit. For example, if you provide programs for children, the children attending the programs will be the ones to directly benefit. However, you can explain when describing the people being served that there are others who indirectly benefit such as parents and families.

**3. Please list 1-3 of your primary programs. (Limit: 250 words)**

The review committee is interested in knowing WHAT you do and HOW you do it. What are your day to day activities? You can also note any new initiatives planned for the next year.

**4. Which of the following does your organization increase for the people you serve:**

 ***Select all that apply***

* **Skills/abilities**
* **Knowledge**
* **Well-being**

**HOW does your organization increase the items selected above? (Limit: 250 words)**

What is your organization doing to make a difference in the lives of the people you serve? Be specific about what skills, type of abilities, kind of knowledge, or if well-being will be increased or improved. The review committee is trying to understand how people benefit from the work of your organization.

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

 ***Select all that apply***

* **Design**
* **Delivery**
* **Evaluation**

**HOW does your organization involve the people you serve in the items selected above? (Limit: 150 words)**

We believe organizations that incorporate feedback, input, and insight from those closest to the issues being addressed will be the most effective. This grant program requires that there is involvement with those that the organization is seeking to serve or benefit at the design stage, during delivery or implementation, or in the evaluation of key programs/services. The review committee will be evaluating the breadth and depth of engagement.

***6. Select one community resource your organization strengthens.***

* **Organization**
* **Partnerships**
* **Buildings**
* **Natural Environment**

**HOW does your organization strengthen the community resource selected above? (Limit: 250 words)**

While people are a community resource, here you want to identify a different community resource that your organization strengthens. This could be a resource that everyone in the community would have access to such as a community park or it could be a unique program that your organization provides or a partnership between your organization and a municipality that offers a critical service to certain members of the community. The review committee is looking to see how a community resource might be improved, used more, or made more accessible.

**7. Why do you need flexible, unrestricted funding right now? (Limit: 250 words)**

Is there a special circumstance that makes getting funding this year different or more important than any other year? This might be a match for federal funding or another opportunity that is time sensitive. Is there a reason why flexibility of funds might be more important to your organization in the coming year? We anticipate many organizations requesting this type of funding and it would be helpful to know if there are additional reasons to prioritize among them.

# **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?

# **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.

|  |  |
| --- | --- |
| **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.\*\*\***