

THIS DOCUMENT CAN NOT BE SUBMITTED AS AN APPLICATION

This document lists the questions that are on the Black, Indigenous, and People of Color Fund 2021 grant application. We have created it to help applicants review the questions and draft their applications. Please note that there is a 150-word maximum limit on most questions. To apply for a Black, Indigenous, and People of Color Fund grant please go to our online grant application system, at www.mainecf.org and click the "Apply" button at the top of the page or click here: https://mainecf-grants.smapply.io/

Organizational Overview

| Organization Name and EIN | |
|--|--|
| Organization Legal Name: | |
| DBA (doing business as): | |
| EIN (Employee Identification Number): | |
| | |
| Organization Address: Please enter your organization's | Grant Application Contact: This is the person MCF will |
| primary mailing address. | contact for questions about the application. |
| Street: | First Name: |
| City: | Last Name. |
| State: | Title: |
| Zip code: | Phone: |
| County: | Eilidii. |
| Phone: Website: | |
| Website | |
| Organization Mission: Briefly describe the organization's mission or purpose and the primary population(s) served. (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: |
| | real lounded. |
| Organization CEO/President, lead officer: List the name | Fiscal Sponsor (If Applicable) |
| of the person in the leadership role for this organization | Fiscal Sponsor: |
| First Name: | Contact Name/Title: |
| Last Name: | |
| Title: | |
| Phone: | |
| Fmail: | |



Proposal Information

| | nt Requested from Maine | eCF (max \$10,000): \$al support requests, enter r | reguest amou | int): \$ | |
|-----------------------------|--|--|---------------|---|--|
| One Se Describ suppor | entence Proposal Descrip be your proposed project t | | he following | sentence in 25 words | |
| Interes | | ng areas that best describe | the focus of | your project or orga | nization. |
| | Animal-Related Arts/Culture/Humanitie Civil Rights/Social Action Community Improveme Crime/Legal-Related Diseases/Disorders/Med Education Employment Environment Food/Agriculture/Nutrit Health Care Housing/Shelter | n/Advocacy nt/Capacity Building dical Disciplines | | Human Services Medical Research Mental Health/Crisi Philanthropy/Volun Public/Societal Ben Public Safety/Disast Recreation/Sports Science/Technology Social Science Unknown/Other Youth Development | nteerism efit ter Preparedness/Relief y |
| Туре о | f Funding - Please choose | ONE option | | | |
| | efficiency, and/or effect communities. | • • | at serve Blac | k, Indigenous, and/o | r people of color |
| Identif | y County Served y the ONE county that wi | | | • • • | ation. Select Statewide if 3 |
| | Androscoggin Aroostook Cumberland Franklin Hancock | □ Kennebec□ Knox□ Lincoln□ Oxford□ Penobscot | | Piscataquis Sagadahoc Somerset Waldo Washington | □ York □ Statewide |



Timing

| Identify the start and end dates of the activities you plan to fund with a ${	t N}$ | MaineCF grant. Please note that MaineCF grants |
|---|--|
| may not be used for expenses already incurred. This grant program canno | ot provide funding for activities that occur |
| before June 1. | |
| Starting Date (mo/yr): | |
| Ending Date (mo/yr): | |
| | |

Priorities

Tell us if your or work fits into any of the Black, Indigenous, and People of Color Fund priority areas. This is not a requirement. Other types of requests may also be supported.

| Health: Increase access to or understanding of health and wellness |
|---|
| Leadership Development: provide skill building, training and/or mentorships |
| Economic Opportunity: improve access to employment, education, professional development, business |
| development and innovation |

Proposal Description

Note: We've provided examples of answers to help explain the questions and how to answer them. These are not examples of things that will definitely be funded or things that you must say.

1. What is the goal of your work?

Describe what you are trying to achieve for your community. This should expand on your one sentence description to give us the big picture of your project.

Examples:

We want to build community awareness of the problem. This will help generate creative solutions.

We want to better serve our clients by having more up to date information in our database about them.

2. What specific activities are you planning to do?

List of up to five activities or things you will do to achieve the goals you described above. If applying for general support, list any ongoing programs or activities that this request would support.

Examples: We will have weekly training sessions for youth in our community. These will include.... We will train board members to raise money. We will identify new donors. We will schedule meetings...

3. What are the results you want to achieve?

Describe up to three results that you hope to achieve. Try to include specific details whenever possible.

Participants will be able to describe new ideas for how they can improve their health.

We will talk to 10 potential donors.

We will increase donations by 10%.

4. How will you know if you are making progress?

Describe how you will keep track of your progress and know if you are reaching the results you described above. *Examples:*

We will give our participants a fun quiz every week to find out what they learned. We will compare...

We will count the number of people who attend.



5. About how many people will benefit from your work?

This is an estimate of the number of people who will participate in your project or are served by your organization. *Examples:*

We expect 20 people will participate in our volunteer program.

Our organization has 1,000 clients.

Black, Indigenous, and People of Color Fund Grant Criteria

Explain how your organization or project meets the Black, Indigenous, and People of Color Fund program criteria. You may have described some of this in your description of results. This will help the review committee understand exactly how your proposal will meet the grant criteria.

6. Who are the Black, Indigenous, and/or people of color leaders in your work?

The Black, Indigenous, and People of Color Fund only supports organizations that have Black, Indigenous, and/or people of color in leadership positions. List the names and positions of up to 4 Black, Indigenous, and/or people of color in leadership positions on your board and staff.

7. How does your work support racial equity?

Explain how your project or organization will:

- improve access to resources and opportunities for Black, Indigenous, and/or people of color
- help Black, Indigenous, and/or people of color overcome barriers
- build the knowledge, skills and/or resilience of Black, Indigenous, and/or people of color

Examples:

We will help our clients get jobs by teaching them how to prepare for interviews and to write resumes. We will develop cultural competency programs for nurses to improve the care for older community members.

8. How will you involve Black, Indigenous, and/or people of color in your work?

Describe how Black, Indigenous, and/or people of color in your community will be involved in designing, delivering or evaluating your work.

Examples:

We had community meetings with member and designed the program based on the feedback people gave us. We train students to deliver programs to their peers. All participants complete evaluations.

9. What community resources will you use?

Community resources include people, partnerships, organizations, buildings, natural environment, etc. *Example:*

We are partnering with local churches. We are using their spaces for meetings.

Parents and business owners are important partners. They are helping us do outreach in our community.

10. Who are the key organizational or project staff?

List the specific roles, responsibilities, and qualifications of key staff for your organization or this project. Please do not include resumes.

11. Will you be partnering or collaborating with other organizations?

List any organizations that you will partner with to make your work successful. Include a brief description of what each partner organization will do (examples: engage members, provide training, share resources, etc.).



Proposal Funding

| Amount Requested from MaineCF (max \$10,000): \$ |
|--|
| Total Project Budget: \$ |
| |

Budget Description

Describe how you plan to use the grant funds if you receive them.

Important Note: Black, Indigenous, and People of Color Fund grants cannot be used for any of the following:

- Major Capital Expenses: This includes purchasing assets such as buildings, land, or vehicles.
- Camperships: This includes funding for admission, enrollment, tuition, or other costs related to short-term programs that are primarily recreational or social.
- Endowments, Capital Campaigns, or Annual Appeals

| | | , | |
|--|--|---|--|

Revenues

List all the funding sources you have identified for your proposal. This includes this MaineCF request, grants from other foundations, in-kind donations (donations of time, goods, or services from your organization or others), and earned income (fees for services or income from sales). The total amount must match your Total Project Budget listed above.

| Name of Funding Source | Amount | Status (Pending or Secured) |
|------------------------|--------|-----------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Budget

List the specific items or expenses needed for your project under Expense Items.

For each item, list the amount you request from MaineCF in Amount from MaineCF.

List the amount you will need from other sources in *Amount from Other Sources* if that applies. 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 Requested from MaineCF listed above.
- You can list up to ten items in the Project Budget. If you have more than ten, you can combine like items into categories (examples: project materials and supplies or volunteer and staff time).
- Your Project Budget may include up to 20% of the total amount requested from MaineCF for indirect costs (overhead expenses). These funds may be used for overhead or operating expenses (examples: rent, utilities, bookkeeping), but you must label this line in your budget as "Indirect" in the Expense Items column. (DO NOT specify how the Indirect funds will be used.)
- Your total request must NOT be more than \$10,000 (the maximum Community Building grant).



| Expense Item | Amount from MaineCF | Amount from Other Sources |
|--------------|---------------------|---------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Organizational Financial Information

Please note: Public Schools and Municipalities do not need to complete this section. All other applicants should refer to your organization's IRS 990 form, Part I and Part IX for information for this section.

Operating Budget

Fiscal Year Operating Budget- \$: _

Please provide information from the most recent completed fiscal or financial year. If your organization is new this year, please estimate the current fiscal year's information. If your organization is exempt from this requirement type "N/A" in the two fields below.

| Fiscal Year Start and End Dates (mo/yr-mo/yr): |
|--|
| Revenues |
| This includes all income your organization received, through grants, donations, fees and other sources of funding. |
| \$: |
| Expenses |
| This includes all costs related to running your organization, including staff wages and benefits, rent, utilities, and |
| program expenses. \$: |
| Deficit Explanation |
| If your expenses exceeded revenues for the last fiscal year, please explain how this shortfall was financed: |
| |

Attachments

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

Required for all applicants: List all the members of your organization's board or advisory committee.

Other documents that may be required:

Review the following conditions to determine what additional documents are required with your application.



| Condition | Required Document |
|---|--|
| If your group does not have an assigned tax | MaineCF's Fiscal Sponsorship Agreement Form completed and |
| status and you are applying with a fiscal sponsor | signed by an authorized representative of each entity. The form |
| | and frequently asked questions can be found here. |
| If you are applying for a project that includes | A letter of agreement from a school representative that explains |
| working with a school | the school's level of involvement |
| If you are applying for a project that includes a | A letter of agreement from the partner organization that explains |
| partnership with another organization (other | their level of involvement. |
| than a school) | |
| If your organization is a public school or school | A letter from the principal or superintendent agreeing to accept |
| district | 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 <u>Cover Sheet</u> and mail these materials to the Maine Community Foundation.

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. |
| 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. At the end of this period any unexpended grant funds should be returned or a written request for an extension of time should be submitted to 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.