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## UMC 2020 GRANT APPLICATION

Step 1 of 6

16%

### SECTION 1: Eligibility Requirements

#### About your organization \*

- My organization is a current non-profit 501(c)(3)
- We have a letter of agreement from our 501(c)(3) fiscal agent

**Please upload a copy of your 501(c)(3) status OR a letter of agreement and 501(c)(3) documentation from your fiscal agent. \***

No file chosen

Can accept pdf, jpg, gif, and png files only

#### My organization works within one or more for the following focus areas: \*

- Food
- Housing
- Health & Safety
- Economic Security

Please check all that apply

**My organization provides social services aimed at promoting the welfare of others in Knox County and/or Waldo County, Maine \***

- Yes

\*

- I understand that United Midcoast Charities funds general operations and programming but does not fund capital projects or endowments.

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## UMC 2020 GRANT APPLICATION

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### Section 2: Demographics

**Name of organization \***

**EIN number of organization or fiscal agent \***

**What is the mission of your organization? \***

0 of 500 max characters

500 characters max (approx. 100 words)

**Number of paid staff workers, regardless of hours \***

**Number of volunteers for your organization \***

**Physical Address \***

Street Address

Address Line 2

City

Maine



State

ZIP Code

**Mailing Address (if different from physical location)**

Street Address

Address Line 2

City

Maine



State

ZIP Code

**Contact Name \***

First

Last

**Title \***

**Phone \***

**Email \***

Enter Email

Confirm Email

We may use this email address for grant award notifications.

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## UMC 2020 GRANT APPLICATION

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### Section 3: Interim Grant Results Report

Did you receive a grant from UMC in 2019? \*

Yes

2019 UMC Grant Amount \*

Please enter a number greater than or equal to 0.

The 2019 UMC grant was for: \*

General Operating

Programming/Project Support

Other

Main focus area that applies to the 2019 grant \*

Food

Housing

Health & Safety

Economic Security

PLEASE SELECT THE 1 BEST FIT - ONLY ONE.

Number of people served by this grant so far In Knox County: \*

Please enter a number greater than or equal to 0.

This is a required field. Please enter 0 if you are not serving people in this county.

Number of people served by this grant so far In Waldo County: \*

Please enter a number greater than or equal to 0.

This is a required field. Please enter 0 if you are not serving people in this county.

**List up to five accomplishments to date or progress toward meeting your goals and objectives \***

+

At least 1 accomplishment is required.

**Have there been any delays or obstacles in meeting objectives of your 2019 UMC grant? \***

**Please explain any delays or obstacles in meeting objectives.**

0 of 700 max characters

700 characters max

**How much of your 2019 grant has been spent to date? \***

**Interim Expense Reporting \***

**Expense (what has the grant been spent on?)**

**Amount Spent**

<input type="text"/>	<input type="text"/>
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+

At least 1 Expense entry is required.

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## UMC 2020 GRANT APPLICATION

Step 4 of 6

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### Section 4: 2020 Grant Proposal

**Instructions:** Please answer the following questions regarding your 2019 grant request, focusing specifically on the proposed project or program, or in the case of general operating grants, on your entire organization.

#### Type of funds requested \*

- General Operating Support
- Program/Project

**General Support Grants will be awarded for 2 years. The awards will be split and distributed evenly in 2020 and 2021. How much are you requesting in total for the next two years: \***

Please enter a number greater than or equal to 0.

**Estimated number of people that will be served by your organization (if requesting operational funds) or by this proposal (if requesting programming/project funds): \***

**Number of people to be served by this grant in Knox County: \***

Please enter a number greater than or equal to 0.

This is a required field. Please enter 0 if you are not serving people in this county.

**Number of people to be served by this grant in Waldo County: \***

Please enter a number greater than or equal to 0.

This is a required field. Please enter 0 if you are not serving people in this county.

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## UMC 2020 GRANT APPLICATION

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### Section 5: Narrative Questions

**IMPACT: What focus area need will be met with this grant? How does the organization plan to make an impact in the focus area using these grant funds? \***

0 of 1000 max characters

What is the outcome of meeting this need? What demographic will be served? 1000 characters max (approx 250 words)

**IMPACT SUMMARY: Please summarize what your organization will use this grant funding for in 20 words or less. This short phrase will be used as UMC publicly and proudly shares the work of our grantees. \***

0 of 100 max characters

e.g. "Home and hospice care for 55 elders & their families in Knox & Waldo counties" "500 meals for homebound seniors in Knox County" "One free college course for 12 returning adult students " "Operations support to..." 20 words/100 characters max

**List 1-5 goals for this grant and the objectives related to those goals. \***

**Goals (What)**

**Objectives (How)**

**How we will measure progress (data point)**



At least 1 Goal and Objective are required. GOAL: a broad statement of what you wish to accomplish. A goal is about the final impact or outcome that you wish to bring about and should link back to your need statement. OBJECTIVE: a step toward accomplishing a goal. In contrast to the goal, an objective is narrow, precise, tangible, concrete, and can be measured. Use the S.M.A.R.T. method of writing your objectives. Specific, Measurable, Attainable, Realistic, and Time-bound.

**SHARED OUTCOMES: Which of these outcomes does your proposal most closely address? \***

- Hunger Reduction (access to adequate, affordable, available, quality, culturally appropriate food for everyone)



- Adequate Housing (access to affordable, available, appropriate, quality housing for everyone)
- Poverty Reduction (universal basic education; access to vocational, technical, and higher education and credentials of value; access to decent employment including transportation and childcare; access to fair financial services & wealth building; adequate support for those with permanent barriers to employment)
- Health & Safety: Social Context (Social & economic inclusion; equal access to justice; reducing violence & discrimination; durable prosocial relationships; communities designed for health & inclusion)
- Health & Safety: Highest attainable standard of health (universal access to affordable, available, acceptable & quality health care; equitable health outcomes for everyone)

**OUTCOME SUMMARY: Explain in 30-50 words how this proposal aligns with the selected outcome. \***

0 of 300 max characters

50 words/300 characters max

**TIMELINE: When does your organization plan on using these grant funds? \***

0 of 200 max characters

Program awards will be available for the grant period from September 2020-October 2021 . General Support grants will be distributed in two equal awards in September 2020 and 2021 - to be used by September 30, 2022.

**COLLABORATIONS:**

+

List any collaborations for this grant (other organizations, municipalities, State agencies, businesses, etc.) - especially any that increase the value of the proposal and/or prevent duplication of services.

**Other critical information we need to know in order to make a decision on this application?**

0 of 700 max characters

700 characters max

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## UMC 2020 GRANT APPLICATION

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### Section 6: Required Documentation

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**GRANT BUDGET: For Project or Program grants, upload a proposal budget that shows how the funds in this grant will be used. Operating grant requests should upload a current approved budget for the organization showing the expected use of UMC funds. \***

Drop files here or

Select files

(PDF only)

**ORGANIZATION'S FINANCIALS: Please upload a profit and loss statement or budget vs. actuals for YOUR MOST RECENT COMPLETED FISCAL YEAR (audited financials preferred) \***

Choose File No file chosen

(Upload PDF only) OR [DOWNLOAD FILLABLE INCOME AND EXPENSE STATEMENT PDF HERE](#). Note that you must save the pdf after filling it in and then upload it here.

**List of your Executive Director, Key Program Staff, Board Chair and Board Members, and their community or professional affiliations, if possible. \***

Choose File No file chosen

(PDF only)

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