

Section 1: NEW APPLICANT, REPEAT OR MULTI-YEAR?

Has your organization ever received a grant from UMC?

Yes/No

Section 2: DEMOGRAPHICS (NEW APPLICANT)

Name of organization

Is your organization a current non-profit 501(c)(3) or does it have a Fiscal Agent:

Yes/No

EIN number of organization or fiscal agent

Briefly describe your organization

Organization works within one or more for the following focus areas

- Food
- Housing
- Health & Safety
- Economic Security

Organization provides social services aimed at promoting the welfare of others in Knox County and/or Waldo County, Maine

yes/No

Please confirm the following statement:

I understand that United Midcoast Charities provides grant funding for programs and/or operations. UMC does not provide grant funds for the following: capital expenses, endowments, private schools, sponsorship of events, lobbying, funding to support annual appeals, conferences or seminars

What is the mission of your organization?

Number of paid staff workers, regardless of hours

Number of volunteers for your organization

Physical Address

Mailing Address (if different from physical location)

Contact Name/Responsible Party:

Title

Phone

Email (NEW APPLICANT)

SECTION 3: 2021 GRANT PROPOSAL (NEW APPLICANT)

Main focus area that applies to the 2021 grant request (Please select the one (1) best

fit.):

- Food
- Housing
- Health & Safety

Grant funding requested:

NEED: Please describe the basic need within the community that will be addressed by your grant request:

In Knox County

In Waldo County

Describe the demographic that will be served:

IMPACT: How does the organization plan to impact the focus area using these grant funds?

IMPACT SUMMARY: Provide a summary of intended use for this proposed grant funding:

STRATEGY/MEASURES: Please provide details to your impact statement in terms of measurable goals, objectives, milestones, timeline for this proposed grant.

PARTNERS/COLLABORATIONS: List collaborations you anticipate with this grant (i.e., other organizations, municipalities, State agencies, businesses, etc.), especially any that increase the value of the proposal and/or prevent a duplication of services.

ADDITIONAL INFORMATION: Please add any other critical information you'd like us to know in order to make a fully informed decision on your application:

Section 5: REQUIRED DOCUMENTATION

NEW APPLICAN ONLY: Please upload a copy of your 501(c)(3) status OR a letter of agreement and 501(c)(3) documentation from your fiscal agent.

- [document1.pdf](#)

GRANT BUDGET: For Program grants, upload a budget that shows how the funds in this grant will be used. Operating grants, upload a current budget for the organization showing the proposed use of UMC funds.

- [document2.pdf](#)

ORGANIZATION'S FINANCIALS: upload a profit and loss statement or budget vs. actuals for your most recent Fiscal Year (audited financials preferred)

- [document3.pdf](#)

KEY INDIVIDUALS: List of your Executive Director, Key Program Staff, Board Chair and Board Members, and their community or professional affiliations, if possible

- [document4.pdf](#)