SECTION 1: GRANT REQUEST (PREREQUISITES)

- Grant Amount Requested
- Is your organization a current non-profit 501(c)(3) or does it have a Fiscal Agent?
- Organization provides services aimed at promoting the welfare of others in Knox County and/or Waldo County, Maine.

SECTION 2: ELIGIBILITY

- Did you receive a grant from UMC in 2024?
- Has your organization ever received a grant from UMC
- Please indicate the year of your most recent funding.
- Amount of Last Grant Received
- If No, briefly describe your organization (up to 250 characters)
- Organization works within one or more for the following focus areas (Please check all that apply):
 - o Food
 - Housing
 - Health & Safety
 - Economic Security
- Consent required:(Required)
 - I understand that United Midcoast Charities provides grant funding for programs and/or general operations. UMC DOES NOT ALLOW grant funding to be used for: capital campaigns, endowments, debt, lobbying, annual appeals, sponsorship of events, conferences, seminars, and does not fund private schools.

SECTION 3: DEMOGRAPHICS

- Name of the Organization
- EIN number of organization or fiscal agent
- Mission of your organization (500 characters max):
- 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
- Email

Phone

SECTION 4: 2025 GRANT PROPOSAL

- Main focus area that applies to the 2025 grant request (please select the one (1) that best fit):
 - Food
 - Housing
 - Health & Safety
 - Economic Security
- Are you applying for Program Funding or General Operating Funding
- IMPACT STATEMENT: Provide a succinct summary of intended use for this proposed grant funding (100 characters or less. NOTE: This short phrase may be used in UMC publicity to describe your work.)
- NEED: In quantifiable terms, please describe the local community need that your agency/service addresses. (Up to 1500 characters and it is ok to list as bullet points.)
- GOALS/OBJECTIVES: Please list 3-5 measurable goals to alleviate the stated need. (Up to 1500 characters and it is ok to list as bullet points.)
- Please provide the estimated number of people to be DIRECTLY SERVED with the grant funds requested.
 - in Knox County
 - o in Waldo County
- Please provide the estimated number of people that will be IMPACTED with the grant funds requested. This may include family members who are indirectly impacted by direct services provided.
 - in Knox County
 - o in Waldo County
- STRATEGY: Please list the strategies you plan to implement to achieve your stated goals
 and meet the community need. (Up to 1500 characters and it is ok to use bullet points.)
- MEASURES: How do you plan to measure the success of the stated goals and determine
 if you are making an impact on the community's needs? (Up to 1500 characters and it is
 ok to use bullet points.)
- COLLABORATIONS: If you plan to collaborate with other organizations/agencies for this
 project, please list with whom and how you plan to implement that. If you do not have a
 specific collaboration planned or you are applying for general operating funds, please
 describe a previously successful collaboration and how that amplified impact. (Up to
 1500 characters.)

 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. (Up to 500 characters.)

SECTION 5: REQUIRED DOCUMENTATION

- Budget
 - o For General Operating Requests, upload a current Fiscal Year Annual Budget for the organization. For Program grants, upload a budget that shows how the funds in this grant will be used along with the other funding sources as well as a current Fiscal Year Annual Budget for the organization.
- Additional Organization's Financials
 - Upload a profit and loss statement or budget vs. actuals for your most recent Fiscal Year (audited financials preferred)
- Key Individuals
 - List of your Board Members, and their community or professional affiliations, if available; your Executive Director, and Key Program/Project staff and their qualifications for said project/program if applicable.
- 501(c)(3) or IRS letter of determination
 - If you are applying under a fiscal agent, this would be the 501(c)(3) IRS determination letter of your fiscal agent.

ADDITIONAL OPTIONAL QUESTIONS

- Does your agency receive state or federal funding?
 - Yes, No, Not Sure
- Is any of your state funding at risk due to federal funding cuts?
 - o Yes, No, Not Sure
- What percentage of your budget is made up of potentially affected funding?
 - Yes, No, Not Sure
- Solutions-Driven Game-Changing Grants: If United Midcoast Charities were to offer a third category of grant, that was larger, one-time funding aimed at creating a solution to a current problem or changing a system that no longer works etc. would you apply?
 - o Yes, No, Not Sure
- If the sky is the limit, what would you consider a game-chaning project that would provide a solution in the Knox/Waldo region?
- How much funding do you believe you would need to achieve a game-changing solution?