



Common Application Questions

Important: This document provides a list of questions on our online application. We designed it to help you prepare answers for your application in advance of logging on to our online application system. It is **NOT** the actual grant application, and **cannot be** submitted as one.

Section 1 ORGANIZATION INFORMATION

Organization Name and EIN

Enter the exact legal name of the organization. If your organization does business under a different name, please complete the DBA "doing business as" field. An Employee Identification Number (EIN) is a nine digit number issued by the IRS.

Address

Please enter your organization's primary mailing address. Grant decisions will be sent to the address you provide.

Grant Application Contact Information

This is the person we will contact for questions about the project

Mission

Describe your organization's mission or purpose, and the primary populations you serve in 100 words or less.

Programs or Services

Describe one or two of your organization's most important programs in 100 words or less.

Year Founded

Number of Staff

Number of Volunteers

Executive Officers, CEO/President

List the name and contact information for the person in the leadership role for this organization

Fiscal Sponsor

If your organization does not have 501c3 status you must have a fiscal sponsor to be considered for a grant. See the Fiscal Sponsorship Agreement form on our website under Grant Related Documents. (<http://mainecf.org/GrantsNonprofits/HelpforGrantApplicants/Grant-RelatedDocuments.aspx>)

Section 2 PROJECT INFORMATION

Amount Requested from MaineCF

Total Project Budget

Type of Request

Issue Area

Additional Program Information

Primary County Served

One-Sentence Project Description

Complete the following sentence in 25 words or less: We request support to...

Narrative Section: Use up to 200 words for each of the following unless otherwise specified.

Overview

Provide a description of your project, including the overall goal and community need(s).

Outcomes

List up to three specific results you hope to achieve. Include a brief explanation of how you will track your progress and/or measure your results.

Impact

For project requests: Explain how this project will make the community stronger

For capacity building requests: Explain how this project will make your organization stronger

Activities

List up to five specific activities you will do to achieve the results and impact you described above.

Partnerships and Collaboration

List any organization that you will partner with to make this project successful. Include a brief description of what each partner organization will do in this project.

Population Served (50 words or less)

Describe the people who will most benefit from this project. (If this is a capacity building request, describe the people your organization serves.) Include an estimate of the number of people who will directly benefit from or participate in your project.

Underserved Populations

Select all of the groups that will be directly served by your project

Community Involvement

Select all of the ways that community members will be involved in this project

Key Personnel

List the specific roles, responsibilities and qualifications of key personnel for this project

Section 3 PROJECT FUNDING

Project Timing

Identify the start and end dates of the activities you plan to fund with a MaineCF grant. Please note that MaineCF grants may not be used for expenses already incurred, and that grants may not be awarded until 12 weeks after the application deadline.

Project Revenues

In this section, list all of the funding sources you have identified for your project. This includes grants from other foundations, in-kind donations (donations of time, goods or services from your organization or others), or earned income (fees for services or income from sales).

Example:

Name of Funding Source	Amount	Status (Pending or Secured)
Total		

Project Expenses

Please 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.

Example:

Expense Items	Amount from MaineCF	Amount from Other Sources	Total Expense
Total			

Budget Narrative

Describe how you plan to use the grant funds if you receive them in 200 words or less. Please check the grant program guidelines for a list of what is eligible for support.

Section 4 ORGANIZATION FINANCIAL INFORMATION

Public schools and Municipalities do not need to complete this section. Refer to your organization's IRS 990 form for information for this section.

Operating Budget

Please provide information from the most recently completed fiscal or financial year. If your organization is new this year, please estimate the current fiscal year's information.

Fiscal Year Operating Budget

Fiscal Year start and end dates (mo/yr- mo/yr) _____

Revenues

Individual and Business Contributions \$ _____

Foundation Grants \$ _____

Government Funding \$ _____

United Way Contributions \$ _____

Program Income \$ _____

Interest and Dividends and Endowment Income \$ _____

Other Revenue \$ _____

Total Revenue \$ _____

Other Revenues Explanation

If you listed an amount for "Other Revenues" please identify the sources here.

Expenses

For programming \$ _____

For administration \$ _____

For fundraising \$ _____

Other Expenses \$ _____

Total Expenses \$ _____

Other Expenses Explanation

If you listed an amount for "Other Expenses" above, please identify them here.

Total Revenues minus Expenses \$ _____

Deficit Explanation

If your expenses exceeded revenues for the last fiscal years, please explain how this shortfall was financed.

Assets

Cash	\$ _____
Securities and Investments	\$ _____
Property and Equipment	\$ _____
Accounts Receivable	\$ _____
Other Assets	\$ _____
Total Assets	\$ _____

Liabilities

Current liabilities	\$ _____
Long term liabilities	\$ _____
Total liabilities	\$ _____

RESTRICTED ASSETS OR REVENUE

Restricted Assets or Revenues are limited by the donor or funder to a specific purpose. They also include resources that are to be maintained in perpetuity (endowed). Please indicate the amount and purpose of any restricted revenue and/or assets.

Amount of Restricted Assets	\$ _____
Purpose of Restricted Assets	_____
Amount of Restricted Revenue	\$ _____
Purpose of Restricted Revenue	_____

Board Members or Advisory Committee

List all of the members of the governing body of your organization (board or advisory committee), and include each member's occupation and city/town of residence