

MAINE COMMUNITY FOUNDATION
PEOPLE OF COLOR FUND
GRANT APPLICATION FORM

(To complete this form with a word processor, fill in the appropriate blanks.)

Applications must be postmarked no later than March 15. Proposals submitted by e-mail will not be accepted.

ORGANIZATION INFORMATION

Legal Name of Applicant Organization:			
Address:			
City:		Telephone:	
County:		Fax:	
State:		Zip:	
E-mail:		Web Site:	
Primary Contact for Proposal:			
Telephone:		Email:	
Federal Tax I.D. Number (EIN):			
Current Fiscal Year Operating Budget:		\$	
Year organization was started:			
Executive Director:			
Telephone:		Email:	
# of Paid Staff:		# of Volunteers:	
Please provide your mission statement:			
If your organization does not have municipal or 501c3 tax-exempt status, please complete the following information:			
Name of Fiscal Sponsor Organization:			
Fiscal Sponsor Contact Person:			
Address:			
City:		Telephone:	
County:		Fax:	
State:		Zip:	
Federal Tax I.D. Number (EIN):			

Select the primary field of interest addressed by your project:

<input type="checkbox"/> Arts & Cultural Heritage	<input type="checkbox"/> Education	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Youth
<input type="checkbox"/> Business and Economic Development	<input type="checkbox"/> Environment	<input type="checkbox"/> Social Services	<input type="checkbox"/>
<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Theater	<input type="checkbox"/>

In one sentence, please identify the purpose of your request:

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FINANCIAL INFORMATION

Provide information about your organization’s operating budget in the space provided. Please use the most recently completed financial or fiscal year. School districts and municipalities do not need to complete this section.

1. Current Fiscal Year Operating Budget:	\$
2. Did you submit an IRS Form 990 last year?	

3. Please detail revenue and expenses for the last fiscal year.

Fiscal Year start date:		Fiscal Year end date:	
REVENUE		EXPENSES	
Contributions:	\$	Administration:	\$
Individual/Business			
Foundation		Program related:	\$
Government			
United Way		Fundraising:	\$
MaineShare			
Program fees/sales:	\$	Other (specify):	\$
Endowment income (if any):	\$		
Interest and dividends:	\$		
Other (specify):	\$		
A. TOTAL REVENUE:	\$	B. TOTAL EXPENSES:	\$

C. Net Assets (A - B):	\$
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4. If your expenses exceeded revenues for the last fiscal year, how was this shortfall financed?
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5. If any of the organization’s revenue is restricted (see definition below) please indicate amount and purpose.
* <i>Restricted revenue is a resource whose use is limited by the donor or the source to a specific purpose within the organization</i>

NARRATIVE

Please answer the following questions. Please number your responses. (limit 4 pages)

Organization Description

1. Briefly describe the history of your organization and its current programs and services.
2. What communities are served by your work? Approximately what percentage of the people served by your organization are people of color?
3. Describe the role that people of color have in the management of your organization.

Project Description

4. Describe your project and how you propose to use funding from the People of Color Fund.
5. How will this project improve community life for people of color? In what other ways will this project benefit participants?
6. Describe your partnership(s) or collaboration(s) with other organizations for this project or your organization.
7. If your project is ongoing, what are your plans to secure funding in the future? If the project is a one-time event, how will the project have a lasting impact on the organization or community?
8. What tools will you use to help you collect the information you need to measure your success? (Evaluation Methods)
9. Complete the Project Planning Sheet (see page 5).

Project Evaluation

All grant recipients will be required to submit a Project Evaluation Report approximately 10 months after receiving payment of the grant. For guidance on how to create an evaluation plan for your project, we have provided a resource guide, **Developing a Project Evaluation Plan**, which you may find helpful in preparing your proposal.

PROJECT BUDGET

The use of this form is required. Please be as specific as possible.

Anticipated Expenses and Revenue:

ITEM	1. Amount requested from MaineCF	2. In-kind donations	3. Other funding sources			TOTAL BUDGET (Add columns 1-3)
			Include Earned Income (see below) and indicate if funding is already secured			
			Amount	Source	Secured?	
<i>Example: speaker fees</i>	<i>\$750</i>		<i>\$250</i>	<i>XYZ Foundation</i>	<i>yes</i>	<i>\$1,000</i>
TOTAL EXPENSES (Program + Personnel)						

Anticipated Earned Income (if applicable):

ITEM	AMOUNT
Sales	
Fees for Service	
Other, <i>please specify:</i>	
TOTAL ANTICIPATED INCOME:	\$

Please use this space to provide any additional information on the budget that you wish to include:

sample

PROJECT PLANNING SHEET

1. What is the goal of your project?				
<i>to increase the number of students of color in B-town who go to college</i>				
2. What activities will you do to reach that goal?				
<ol style="list-style-type: none"> <i>1. meetings to teach student about colleges in the area</i> <i>2. help students fill out applications</i> <i>3. take students to visit local campuses</i> 				
3. Explain how these activities will help you to achieve your goal.				
<ol style="list-style-type: none"> <i>1. meetings to teach student about colleges in the area - will increase their knowledge of opportunities</i> <i>2. help students fill out applications- will increase the number who complete application and actually apply</i> <i>3. take students to visit local campuses- will inspire them and help them imagine what it is like to college.</i> <p><i>All of these activities will help make college more accessible to our students and should increase the number that actually go to college</i></p>				
4. Who will participate in each activity (number of participants, age, race/ethnicity, gender)?				
ACTIVITY	PARTICIPANTS			
	#	AGE	RACE/ETHNICITY	GENDER
<i>meetings to teach student about colleges in the area</i>	<i>10</i>	<i>15-17</i>	<i>Brown</i>	<i>Boys and girls</i>
<i>help students fill out applications</i>	<i>10</i>	<i>15-17</i>	<i>Brown</i>	<i>Boys and girls</i>
<i>take students to visit local campuses</i>	<i>10</i>	<i>15-17</i>	<i>Brown</i>	<i>Boys and girls</i>
5. How will you know that the program was successful?				
<i>5 students will apply to college (last year only 2 did)</i>				
6. When do you expect to complete your project?				
<i>May 2009</i>				

PROJECT PLANNING SHEET

1. What is the goal of your project?				
2. What activities will you do to reach that goal?				
3. Explain how these activities will help you to achieve your goal.				
4. Who will participate in each activity (number of participants, age, race/ethnicity, gender)?				
	PARTICIPANTS			
ACTIVITY	#	AGE	RACE/ETHNICITY	GENDER
5. How will you know that the program was successful?				
6. When do you expect to complete your project?				

CHECKLIST

MaineCF is unable to review incomplete proposals. Please use the following checklist to ensure that your application contains all required information and attachments.

Please do not send materials other than those requested, including letters of support and do not send any materials under separate cover. Please refer to your grant programs guidelines on our website for guidance on what to submit.

Please send only one copy and do not staple or bind your application.

- Completed application form (including required signatures)
- Four-page or less narrative with numbered responses to questions 1-8 on page three of the application form
- Project budget
- A one-page list of key project personnel including their roles and qualifications
- A one-page list of your organization's board of directors or advisory committee
- A letter of agreement from a school representative, if your project proposes work with a school
- If this is a collaborative project other than with a school, letters of agreement from participating organizations that explain their level of involvement (please submit with the application)

Please include one of the following items documenting the eligibility of the project to receive charitable funds:

- If you are a 501(c)(3) tax-exempt public charity: A copy of your federal IRS 501(c)(3) ruling letter
- If you are not recognized as a 501(c)(3) tax-exempt public charity and are applying with a fiscal sponsor: MaineCF's Fiscal Sponsorship Agreement Form completed and signed by an authorized representative of each entity **and** a copy of your fiscal sponsor's federal IRS 501(c)(3) ruling letter
- If you are a public school or school district: Letter from principal or superintendent agreeing to accept MaineCF grant funds for your project
- If you are 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 should instead submit a copy of their federal IRS ruling letter)
- If you are a town/city or government/municipal agency: Letter from the head of agency agreeing to accept MaineCF grant funds for your project

**IF YOU HAVE QUESTIONS REGARDING THE APPLICATION PROCESS,
PLEASE CALL MaineCF AT 1-877-700-6800.**

AGREEMENT TO GRANT TERMS

By signing this application form, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

- 1) The information contained in this application and in any attachments is true and correct to the best of your knowledge.
- 2) Your organization is a nonprofit, 501(c) (3) federal tax-exempt organization, public school, public agency working for the State of Maine, or an Indian tribal government (or their political subdivision) recognized by the Department of the Interior **or** has a written agreement with a fiscal sponsor that is a 501(c) (3) organization, public school or public agency.
- 3) Any funds received as a result of this application 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 governmental 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 without the express permission of the Maine Community Foundation.
- 4) Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- 5) Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period any unexpended grant funds will be returned to the Foundation, or a written request for an extension of time will be submitted to the Foundation for approval. An evaluation report will be submitted upon completion of your project or by the due date specified in the grant award letter.

Signature of President, Chief Administrative Officer or Treasurer	Date
Print Name and Title	

If you applied using a fiscal sponsor, please have an authorized officer of the sponsoring organization sign below.

Signature of Officer of Fiscal Sponsor Organization (if applicable)	Date
Print Name and Title	

Please note that the required signature[s] on this form must be original (not photocopied).

Mail to: People of Color Fund, Maine Community Foundation, 245 Main St., Ellsworth, ME, 04605

MAINECF NON-DISCRIMINATION POLICY

If you are applying to our Community Building Grants Program (including the county funds), please sign below to signal acceptance of the terms of this policy. If you have questions about the policy, please call MaineCF at 1-877-700-6800.

Maine Community Foundation seeks to promote respect for all people. In its community-building and capacity-building grantmaking (or successor grant programs supported by those funds), the foundation will support organizations that do not intend to deny services, employment, or volunteer involvement on the basis of race, age, ancestry or national origin, sexual orientation, gender, 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.

Signature of President, CAO or Treasurer

Date

Mail to: People of Color Fund, Maine Community Foundation, 245 Main St., Ellsworth, ME, 04605