**FY26 WOMEN UNITED APPLICATION QUESTIONS**

Women United is a giving circle of United Way focused on the advancement of single mothers and their children in Southern Maine. Through philanthropy, volunteerism, and advocacy, we are leading critical work that will positively influence single mothers’ ability to meet basic needs, give their kids a strong start, and live longer, better lives. We are seeking to fund programming aligned with both Women United’s stated mission of advancing single mothers and their families as well as United Way of Southern Maine’s Thrive2027 framework and shared outcome measures. Currently funded Women United programs will receive at least 70% of their FY25 funding amount in FY26. NOTE: All funding levels are contingent upon Women United’s fundraising success from year to year.

**Organization & Fiscal Agent Information**
*This is a condensed list of the fields you will complete in the application.*

**Applying Organization or Fiscal Agent –**

Type of Applicant; Organization or Fiscal Agent Name; Tax ID or EIN; Address; Organization website

**Applying Organization (if Fiscal Agent is listed above)**

*If a Fiscal Agent is listed above, please provide information on the organization running the program seeking funding below, including organization or collaboration name and website.*

If you are applying for funding as part of a formal partnership with other organizations, please include a full list of (organizational) partners. NOTE: You will be asked to upload official agreements later in the application.

Organization or Collaboration description *(200 words)*

Contacts: Application completed by; Primary Contact; Reporting Contact; CEO/Executive Director; Our organization is led by a person of color (True/False) *(this does not impact the review of your application);* Board Chair

**Program Information**

*We have listed the suggested number of words to include in your response to each question. Though we strongly encourage you to remain close to these word counts, limits in Blackbaud are set higher to provide flexibility and reduce barriers.*

**Program Name** for which funding is being requested.

**Program Description:** Provide a short (no more than 3 sentences) description of the program for which you are requesting funding. This will be used for volunteer reviewers. *(100 words)*

**Description of Activities:** Please provide a description of the program for which you are requesting funds. Please be sure to specifically address *(1,000 words)*:

* How your program specifically engages and supports single mothers and their children.
* How the organization will work collaboratively to implement the program.
* Plans to implement, sustain, and/or scale up one or more of the following areas:
	1. Early Childhood Education
	2. Family Economic Supports
	3. Family Development and Social Capital
	4. Health & Wellbeing

Please describe your program implementation timeline/plan (or continuation timeline/plan for ongoing work). (*500 words)*

If this is a continuing program within your organization, what are your data trends that show past impact/success? If this is a new program, what are the evidence-informed (evidence-based practices and/or culturally responsive) practices, that point to proven impact/success? *(500 words)*

ALICE (Asset Limited, Income Constrained, Employed) individuals are those in our community earning more than the Federal Poverty Level, but not enough to afford the basics where they live. Sixty-nine percent of single female-headed households in Southern Maine are ALICE. Please explain how you serve this population in your program. (500 words)

How does your organization’s commitment to equity influence and shape the design and implementation of your work, specifically for the program you are seeking funding for? NOTE: See workbook for more information. (*300 words)*

Women United provides the unique experience of investing as well as advocating and volunteering. Please share if you could strategically engage Women United member volunteers in your program (including group, virtual, hands-on, and/or capacity building). *This question is optional and will not impact funding decisions.*

Yes/ No (checkbox)

If yes, please provide the organization’s volunteer contact name and email

**Strategies and Measures**

*Please select at least one, and up to two, strategies from the Thrive2027 list that aligns with your program. Provide your projected target numbers related to how many people are served and what percent will achieve the outcome during the grant period. If you use the backbone strategy it must be used in conjunction with one other strategy. If this program was not funded in FY25 by Women United, you must apply under a priority strategy. NOTE: If you need help with this question, applicant support is available or refer to the Application Resources found on our website in the link above.*

**Strategy 1:** *a dropdown menu to select your strategy*

How many people will be served by your program using the first selected strategy? *Enter Number.*

**Strategy 1 Shared Outcome Measure #1** -*dropdown menu*

* How many people will be served by your program for this outcome? *Enter number.*
* What percent will achieve the outcome measure chosen? *Enter number only (no % sign).*
* What instrument(s) or program data will be used? *(50 Word Limit)*

**Strategy 1 Shared Outcome Measure #2** (if applicable) - *dropdown menu*

* How many people will be served by your program for this outcome? *Enter number.*
* What percent will achieve the outcome measure chosen? (if applicable) *Enter number only (no % sign).*
* What instrument(s) or program data will be used? *(50 Word Limit)*

NOTE: The same structure above for Strategy 1 is offered for a second strategy for your selection.

**Demographics Served**

*This is your estimate at this stage. You will be asked to report actual numbers of people served in your final report.*

**Description of Target Population** -Please provide a population description here, including how this encompasses the priority population(s) above, if selected. Please provide an explanation of how you identify community need for this population, how serving this population will advance Women United goal(s), and any specific outreach the organization does to reach your target population. *(500 words)*

**Household Income** - While we work with partners like you to find the simplest way to identify ALICE, we ask that you provide estimated household income percentages of the people you intend to serve for each of the income ranges (*Enter number only, no % sign.):*

\_\_\_% Below Federal Poverty Level;

\_\_\_% Low-Income – Between the Federal Poverty Level and 275% of Federal Poverty Level\*;

\_\_\_% Moderate-Income - Between 275% and approximately 500% of Federal Poverty Level;

\_\_\_% Above Moderate-Income
NOTE: See Workbook for more information. ALICE: *Asset Limited Income Constrained Employed – People who are employed, but still not making enough to survive. (*[*https://www.unitedforalice.org/state-overview/maine*](https://www.unitedforalice.org/state-overview/maine)*)*

**Age Group** *(select all that apply):* 0-4 years; 5-8 years; 9-19 years; 20-64 years; 65+ years

**Race** *(select all that apply):*

American Indian or Alaskan Native; Asian; Black, African, or African American; Middle Eastern/North African; Native Hawaiian or other Pacific Islander; White/Caucasian; More than one race, Hispanic or Latino

**Geographic Area** served and roughly (an estimate is fine) what % of your work falls into each county *(Enter number only, no % sign)*: \_\_\_% Cumberland County; \_\_\_% York County

**Budget Information**

Funding Amount Requested (minimum of $10,000); Total Program Budget; and Organization’s Total Annual Budget

Provide an explanation of your program/project budget in addition to completing and submitting the budget form for this application. Include how Women United funding fits with any other funding received for this program. If requesting an increase in funds received through Women United, explain why additional funds are needed. *(300 words)*

If you plan to continue the program after the end of this funding, share your plan for funding the work including other revenue and in-kind support beyond funding from Women United. *(300 words)*

Could you implement any portion of this program with partial funding? Please explain if you have a minimum amount to move the program forward. *(100 words)*

Do you have any legal processes pending? If so, please explain the situation and any potential impact on the organization and its ability to deliver on the proposed services.

**Attachments**
*Please upload the applicable documents listed below.*

Note: You can only upload one document per field, so combine multiple files into one before uploading.

Organizational Chart; Board Member List (include names and positions of each board member, along with length of service); Program Budget *(use Template);* and Organization Budget

Required Financial Documents (as applicable based on budget size)

* Applicants with an organizational budget over $750,000 are required to attach an audit.
* Applicants with an organizational budget between $250,000 - $750,000 can either attach an audit or a review of financial statements or answer a series of questions in the Simplified Financial Review Worksheet (worksheet template provided) and last three months’ bank statements.
* Applicants with an organizational budget under $250,000 can submit a Form 990 (if not submitting one of the options above).

Partnership Chart (if applicable); Official Partnership Documents (if applicable)

**Deadline is Tuesday, March 25, 2025, at 11:59 p.m. (Applicant support is available until 5:00 p.m.)**