**FY26 Liz Cotter Schlax Capacity Building Application**

*This is a condensed list of the fields you will complete in the application in Blackbaud.*

**Organization & Fiscal Agent Information**  

* 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, please provide information on the organization seeking funding, including organization or collaboration name and website.*
* Contacts: Application completed by; Primary Contact; Reporting Contact; CEO/Executive Director; Board Chair

**Organization & Project Descriptions**

*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.*

* **Organization Description:** (or collaboration if applying as a collaboration). Please describe your organization and the people you serve. *(200 words)*
* *Please provide a 5-9 word description of your program for marketing purposes. (ex. Delivers high quality childcare for children ages 6-8; Provides afterschool programs with wraparound services for families.)*
* **Project Description:** Describe how you will utilize this capacity building investment to increase the effectiveness and/or sustainability of your organization. (750 words)
* **Measure of Success:** What are the ways you will measure the success of your project? (200 words)
* **Alignment:** Please describe how your work aligns with Thrive2027. (500 words)
* **Volunteers:** If your project is chosen for funding, would you be interested in working with United Way of Southern Maine to develop volunteer opportunities (including group, virtual, hands-on, and/or capacity building) that strategically impact the Thrive2027 goals? *This question is optional and will not impact funding decisions.* 
  + Select Yes/ No (checkbox)
  + If yes, please provide the organization’s volunteer contact name and email.
* **Geographic Area**: What % of your organization’s work falls into each county (an estimate is fine). *Select both if applicable; enter number only, no % sign*
  + Cumberland County \_\_%  York County \_\_%

**Budget Information**

* Total Project Budget and Organization’s Total Annual Budget:
* Provide a description of your project budget, including how UWSM funding fits with any other funding received for this work. *(300 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 work.

**Attachments**

*Please upload the appropriate attachments.* NOTE: You can only upload one document per field, so combine multiple files into one before uploading.

Required Organizational Documents

* Board Member List (include names and positions of each board member);
* Project Budget: You may submit your own budget form and indicate on it which expenses will fall under UWSM funding or you may complete and submit the budget template provided;
* Organization Budget
* Partnership Chart (If applicable); Official Partnership Documents (If applicable)

Required Financial Documents

* 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).

**Deadline:** Wednesday, October 22, 2025, at 11:59 p.m. (Applicant support is available until 5:00 p.m.)

**Contacts:**  For technical issues: Sarah Warren, [swarren@uwsme.org](mailto:swarren@uwsme.org); For general application questions: Karen Stephenson, [kstephenson@uwsme.org](mailto:kstephenson@uwsme.org)