**THRIVE2027 CAPACITY BUILDING APPLICATION QUESTIONS**

**Links to Applications**:

*Please only click the link once* because each time it is clicked, it creates a new application. To sign into your saved application, do not click the original link below, but instead retrieve your draft here: [Application Portal](https://bbgm-apply.yourcausegrants.com/apply/applications)

[Capacity Building Application](https://bbgm-apply.yourcausegrants.com/apply/programs/a449927d-4dd4-4014-9033-4e4e8a51389a)

**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

**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.*

Organization Name and website; Collaboration Name (if applicable)

Organization or Collaboration description (200 words):

Our organization primarily serves people of color. True/False

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

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.

**Project Information**

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

**Focus of Request:** *(check all that apply)*

* To advance a racial equity initiative(s), or
* To better measure/evaluate programmatic work to be able to report on Thrive2027 shared performance measures.

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

**Description of Activities:** Provide a full description of how you intend to use these funds to either advance a racial equity initiative(s) or to better measure/evaluate programmatic work. Please include how this work will help advance Thrive2027 in Southern Maine, specifically through your selected strategy(ies). NOTE: These investments are focused on building capacity in support of these two areas only. This investment is not meant to expand regular programmatic work or general operating expenses. Applicants may apply for a second year of funding if they are applying under a new focus or are continuing to the next phase of currently funded work. *(750 words)*

What are the ways you will measure the success of your project? *(200 words)*

If your organization is chosen for funding, do you have opportunities for volunteers to help build capacity through offering skilled volunteer support? *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.

Which Thrive2027 strategy or strategies will your work support? (Please select at least one and up to two strategies.) NOTE: If you need help with this question, applicant support is also available or refer to the Workbook on our website.

Strategy 1: Drop-down box

Strategy 2: Drop-down box

Geographic Area Served and roughly what % of your project falls into each county *(enter number only, no % sign):* \_\_\_% Cumberland County; \_\_\_% York County

**Budget Information**

Funding Amount Requested *(maximum of $10,000)*; Total Project Budget; and Organization’s Total Annual Budget

Provide an explanation of your project budget in addition to completing and submitting the budget form for this application. Include how UWSM funding fits with any other funding received for this project. *(300 words)*

If you plan to continue the project after the end of this funding, share your plan for funding the work. Optional. *(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 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); Project Budget *(use your own form or this* [*Template*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fuwsme.org%2Fwp-content%2Fuploads%2F2024%2F12%2FFY26-Capacity-Building-Budget-Template.xlsx&wdOrigin=BROWSELINK)*);* and Organization Budget

Required Financial Documents (as applicable based on budget size)

* 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 Friday, January 17, 2025, at 11:59 p.m. (Applicant support is available until 5:00 p.m.)**