**THRIVE2027 CROSS-GOAL 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)

[Cross-Goal Application](https://bbgm-apply.yourcausegrants.com/apply/programs/9f982a0c-b568-4be0-8e02-dd3134f87ab6)

**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; 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.* Organization Name and website

Collaboration Name (if applicable); Collaboration Website (if applicable)

Organization or Collaboration description (if applicable) *(200 words)*

Does your organization primarily serve people of color? Y/N

Contacts: Application completed by; Primary 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; Reporting Contact

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.

**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: How will this program contribute to achieving the Thrive2027 goals? Address each of these components that apply to your program *(1,000 words)*:

* The specific activities that will be used to implement the Thrive2027 strategy/ies that you have chosen to address in this application.
* How the activities, including any evidence-informed (evidence-based practices and/or culturally responsive) practices, will impact the headline indicator.
* Any collaboration in program creation, implementation, and/or evaluation, including why collaboration is important to the success of this program.

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)*

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)*

If your program 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 or No

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

**Strategies and Measures**

*Select one strategy from each of your two selected goals from the* [*Thrive2027 list*](https://uwsme.org/wp-content/uploads/2024/12/Shared-Outcome-Measures-FY26-FY27-color-version-.pdf) *that align with your program. 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 UWSM, you must apply under a priority strategy. NOTE: Please enter targets for Year One only. If funded, you will be asked to provide Year Two targets in your mid-point report. If you need help with this question, applicant support is also available or refer to the Application Resources found on our website.*

**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)*

**Strategy 2:** *a dropdown menu to select your strategy*

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

**Strategy 2 Shared Outcome Measure #3** -*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 2 Shared Outcome Measure #4** (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)*

Are there additional ways that you will measure the impact of your program? *Optional (200 words)*

**Demographics Served**

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

In addition to Priority Strategies, this year, Goal Cabinets have also identified the populations below as Priority Populations. Please check if your work serves either or both populations and indicate in your narrative how the population is served. *(select all that apply)*

* Multilingual Learners, and/or ALICE households (These are your options in the Goal 1 application.)
* Renter households, and/or ALICE households (These are your options in the Goal 2 application.)
* Individuals with co-occurring diagnosis: e.g. substance use disorder / mental illness / trauma, and/or ALICE households (These are your options in the Goal 3 application.)

**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 the Thrive2027 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

\_\_\_% Income Unknown

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

Total cost per unit (total expenses divided by total units). Please explain what a unit is in your program (e.g., individuals served, meals provided, etc.) and include a dollar amount. This information is for data collection only and is not included in application evaluation. *(100 words)*

Provide an explanation of your program/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 program. If requesting an increase in funds received through UWSM, 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. *(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*](https://uwgp2.sharepoint.com/sites/CommunityDev/Shared%20Documents/Community%20Investment%20Annual%20Process/Community%20Investment%20FY26/Applications,%20Word%20Docs,%20Workbooks,%20Budget%20forms/FY26-27%202-year%20Budget%20Template.xlsx)*);* 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 Questions 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.)**