

# FY26-27 UWSM COMMUNITY INVESTMENT APPLICATION WORKBOOK

## Goal-Specific & Cross-Goal Applications

Use this workbook to draft your application before entering it into the Blackbaud system.

United Way of Southern Maine (UWSM) is accepting applications to address Thrive2027 goals in York and Cumberland Counties (minus Brunswick and Harpswell) until **Friday, January 17, 2025, at 11:59 p.m.** (Applicant support will be available until 5:00 p.m.)

### Essential resources to help you complete your application including:

- Word Doc Application Template
- Workbooks for detailed help drafting your application
- Thrive2027 Goals Framework
- Shared Outcome Measures
- Budget Template
- UWSM Staff Contact Information (for questions)
  - We welcome the opportunity to meet with applicants to answer any questions in advance of the application deadline. We strongly suggest new applicants meet with UWSM prior to submitting an application. Click [here](#) to schedule a time with UWSM staff.
- Information on past funding amounts, including average award size and the largest award size for the prior two years. The minimum award amount is \$10,000.

### **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](#)

Goal Specific Applications: [Goal 1 Application](#) | [Goal 2 Application](#) | [Goal 3 Application](#) | [Cross-Goal Application](#)

### **Eligibility Requirements**

NOTE: In order to be eligible, your organization must be able to say “yes” to all of the following questions.

1. Our organization is a non-profit 501(c)(3) federal tax-exempt organization, public school, municipal entity, Indian Tribal government or can demonstrate a legal relationship with an established 501(c)(3) acting as our fiscal agent.
2. Our organization certifies that all UWSM funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.
3. Our organization operates consistent with applicable federal, state, and local laws, regulations, and ordinances. Compliance with this policy by agencies shall be a pre-condition of UWSM funding.
4. Our organization is able to provide the required financial documents as listed below:
  - i. Applicants with an annual revenue that exceeds \$750,000 in the preceding year will have an independent audit performed with financial statements prepared in conformance with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations.
  - ii. Applicants with an annual revenue between \$250,000 - \$750,000 in the preceding year can either submit an audit, *or* a review of financial statements, *or* answer a series of questions that detail some of their financial processes.

- iii. Applicants with an annual revenue of less than \$250,000 in the preceding year are required to submit an IRS Form 990.
- 5. Our organization and all partners represented in the application confirm endorsement of Thrive2027's (Thrive2027.org) three, ten-year goals.
- 6. Our organization is requesting at least \$10,000.
- 7. The program for which we are seeking funding serves Southern Maine, defined as residents of York County or Cumberland County minus Brunswick and Harpswell.
- 8. Our organization submitted the most recent required final grant report. (NOTE: This is only if you received a grant previously from UWSM.)

## Organization & Fiscal Agent Information

Please answer all questions, entering "n/a" if not applicable. \* Denotes required field.

<b>Applying Organization or Fiscal Agent</b>	
* <b>Type of Applicant</b> (Organization or Collaboration):	
* <b>Organization Name or Fiscal Agent Name:</b> <i>(This is the holder of the 501(c)(3) Federal Tax ID)</i>	
* <b>Tax ID or EIN:</b>	
* <b>Address</b> (Street, City, State, Zip Code):	
* <b>Organization Website:</b>	
<b>Applying Organization (if Fiscal Agent is listed above)</b> <i>If a Fiscal Agent is listed above, please provide information on the organization running the program seeking funding below. You can find more information about fiscal agents on <a href="#">this website</a>.</i>	
<b>Organization Name:</b>	
<b>Organization Website:</b>	
<b>Collaboration Name</b> (if applicable):	
<b>If you are applying for funding as part of a formal partnership with other organizations, please include a full list of (organizational) partners:</b> <i>You will be asked to upload official agreements later in the application.</i>	
* <b>Organization or Collaboration (if applying as a collaboration) description:</b> (200 words)	
<b>Collaboration Website</b> (if applicable):	

<b>* Application Completed By:</b> (Name, Title, Phone, Email)	
<b>* Primary Contact:</b> (Name, Title, Phone, Email)	
<b>* Reporting Contact:</b> (Name, Title, Phone, Email)	
<b>Our organization is led by a person of color.</b> (Your response does not impact the review of your application.) o True    o False	
<b>* Board Chair:</b> (Name, Title, Phone, Email) Note: This information will be used in contracting for applications receiving funding.	
<b>* CEO/Executive Director:</b> (Name, Title, Phone, Email)	

## Program Information

### Helpful Tip: Word Counts

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 the data trends that show 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? Please include:**

- A description of any racially and/or ethnically marginalized populations you aim to serve through intentional strategies,
- We also recognize that equity is important across many marginalized communities. Please include a description of initiatives that build any form of equity capacity (equity needs of *any* marginalized population), such as training, community outreach, policy advocacy, or systemic reforms. See Helpful Tip Below. (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.*

Yes     No            If yes, please provide the organization's volunteer contact name and email.

### **Helpful Tip: Racial Equity Question**

We recognize that there is no one correct answer here, and that partners are at varying stages in this work. We are all learning together, in partnership, and this question is a way to continue to elevate the conversation. Your response could include your organization's journey to reach where you are now in thinking and action about racial equity in program development and implementation.

We encourage your response to include both the organizational level and programmatic level. It is ok to indicate where thinking and action in one area may be more advanced than another (e.g., equity has been a focus at the organizational level in establishing priorities and goals, and practices are evolving to implement these priorities at the programmatic level).

As a resource, please find here the United Way of Southern Maine Diversity and Inclusion Statement: <https://uwsme.org/diversity-inclusion/>. If you have a similar statement within your organization, it may provide key elements of your response to this question. Though it may be a helpful starting point, our volunteer reviewers are looking for more than your diversity statement alone.

Though a large portion of this response is around racial equity, we also invite you to share where you are in your thinking and action in support of equity across other marginalized communities.

## **Strategies and Measures**

### **Helpful Tips: Strategies & Shared Outcome Measures**

**Selecting your strategy(ies):**

Select up to two strategies from the Thrive2027 Goals Framework document (at link above) 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. Selecting two strategies does not convey a stronger fit than an application with one strategy. Being able to measure the related shared outcome measures with that strategy(ies) is more important.

If you are applying for Cross-Goal funding, you must *select one strategy from each of your two chosen goals from the Thrive2027 list that aligns with your program.*

**Selecting your shared outcome measures:**

For each Thrive2027 open strategy you choose for your application, you must choose at least one of the corresponding shared outcome measures listed in the Shared Outcome Measures document (at link above). NOTE: Strategies and corresponding measures are grouped together in the document in boxes by color. Strategies cannot be matched in your application with a measure other than those grouped together.

For example, if you select strategy S1.1, you must select one of the two shared outcome measures listed in the bullet points below S1.1. You would not select an outcome measure from the bullet points below S1.2. If you select two strategies, please do not select the same shared outcome for both strategies.

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, please remember that technical assistance is also available.

<p><b>*Strategy 1:</b> This will be a drop-down selection in Blackbaud.</p>	<p>List strategy here.</p>
<p>*How many people will be served by your program using the first selected strategy?</p>	<p>Enter number only.</p>

<p><b>*Shared Outcome Measure #1:</b> This will be a drop-down selection in Blackbaud.</p>	<p>List shared outcome measure here.</p>
<p>*How many people will be served by your program for this outcome?</p>	<p>Enter number only.</p>
<p>*What percent will achieve the outcome measure chosen?</p>	<p>Enter number only (do not enter % symbol).</p>
<p>*What instrument(s) or program data will be used?</p>	<p>(50 Words)</p>

<p><b>Shared Outcome Measure #2:</b> Optional. This will be a drop-down selection in Blackbaud.</p>	<p>List shared outcome measure here.</p>
<p>How many people will be served by your program for this outcome?</p>	<p>Enter number only.</p>
<p>What percent will achieve the outcome measure chosen?</p>	<p>Enter number only (do not enter % symbol).</p>
<p>What instrument(s) or program data will be used?</p>	<p>(50 Words)</p>

<b>Strategy 2:</b> <i>Selecting a second strategy is optional. This will be a drop-down selection in Blackbaud.</i>	<i>List strategy here.</i>
How many people will be served by your program using the first selected strategy?	<i>Enter number only.</i>

<b>Shared Outcome Measure #3:</b> <i>This shared outcome measure is required if you select a second strategy. This will be a drop-down selection in Blackbaud.</i>	<i>List shared outcome measure here.</i>
How many people will be served by your program for this outcome?	<i>Enter number only.</i>
What percent will achieve the outcome measure chosen?	<i>Enter number only (do not enter % symbol).</i>
What instrument(s) or program data will be used?	<i>(50 Words)</i>

<b>Shared Outcome Measure #4:</b> <i>Optional. This will be a drop-down selection in Blackbaud.</i>	<i>List shared outcome measure here.</i>
How many people will be served by your program for this outcome?	<i>Enter number only.</i>
What percent will achieve the outcome measure chosen?	<i>Enter number only (do not enter % symbol).</i>
What instrument(s) or program data will be used?	<i>(50 Words)</i>

<b>Are there additional ways that you will measure the impact of your program/project?</b> <i>(200 words)</i> <i>Optional.</i>

## Demographics Served

**Helpful Tip: 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 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.

- Goal 1: ALICE households
- Goal 1: Multilingual learners
- Goal 2: ALICE households
- Goal 2: Renter households
- Goal 3: ALICE households
- Goal 3: Individuals with co-occurring diagnosis: e.g., substance use disorder / mental illness / trauma

**\*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** (select all that apply)

United Way of Southern Maine wants to learn more about ALICE (Asset Limited, Income Constrained, Employed) individuals and families in our area. Identifying ALICE requires three key pieces of information: 1) the county they live in, 2) their total household income, and 3) their family size. We understand that most programs do not collect this information from participants.

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. Provide your best guess estimate.

For example: Poverty = 20%; ALICE = 50%; Moderate = 0%; Above Moderate = 0%; Income Unknown = 30%. For background on income by family size, see this link: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

(Enter number only, no % sign.)

**Poverty** - At or Below the Federal Poverty Level (ALICE): \_\_\_\_%

**Low Income** - Between the Federal Poverty Level and 275% of the Federal Poverty Level (ALICE): \_\_\_\_%

**Moderate Income** - Between 275% and 500% of the Federal Poverty Level: \_\_\_\_%

**Above Moderate Income** - Over 500% of the Federal Poverty Level: \_\_\_\_%

**Income Unknown:** \_\_\_\_%

**\*Age Group** (select all that apply)

- 0-4 years
- 5-8 years
- 9-19 years
- 20-64
- 65+ years

**\*Race/Ethnicity** (select all that apply)

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

**\*Geographic Area Served** What % of this program'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

<b>*Funding Amount Requested</b> (minimum of \$10,000):	\$
<b>*Total Program Budget:</b>	\$
<b>*Organization's Total Annual Budget:</b>	\$
<b>* Total cost per unit</b> (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. <i>(100 words)</i>	
<b>*Provide an explanation of your program/project budget in addition to completing and submitting the budget form for this application.</b> 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. <i>(300 words)</i>	
<b>*If you plan to continue the program after the end of this funding, share your plan for funding the work.</b> <i>(300 words)</i>	
<b>*Could you implement any portion of this program with partial funding? Please explain if you have a minimum amount to move the program forward.</b> <i>(100 words)</i>	
Helpful Tip: Our reviewers have to make difficult funding recommendations and want to support as much good work as possible. If you think you could do some part of your program (given the opportunity to update above targets), please share that here. We acknowledge that some projects will be able to do this, and some will not.	
<b>*Do you have any legal processes pending?</b> 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.

### Helpful Tip: Uploading a document in Blackbaud

- Click the "Choose File" button
- Browse to the document on your computer
- Select the document, then click OK. You will return to the Blackbaud page.



Note: You can only upload one document per field. Please combine multiple files into one before uploading. If you upload a document that does not pertain to the attachment requested, it will not be included in the review. Also, when opening templates to complete, where they open depends on your web browser and your settings. You may see a downloaded file to open (often found either in the lower left-hand corner or upper-right hand corner of your web browser) or, it may open in a new tab in your browser.

- \*Organizational Chart
- \*Board Member List (include names and positions of each board member, along with length of service)
- \*Two-year Program Budget: (*use Template at the link at the top of this document*)
- \*Organization Budget
- \*Required Financial Documents – see Helpful Tips below for required documents by budget size
  - a. Financial Audit (*if applicable*)
  - b. Review of Financial Statements (*if applicable*)
  - c. Simplified Financial Review Worksheet (*if applicable*)
  - d. Last three month's bank statements (*if applicable*)
- Partnership Chart (*if applicable*)
- Official Partnership Documents (*if applicable*)

#### Helpful Tip: Required Financial Documents

- 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** will submit a form 990

#### Next Steps:

- As a reminder, the deadline is Friday, January 17, 2025, at 11:59 p.m. (Applicant support is available until 5:00 p.m.)
- When the application is submitted, you will be automatically e-mailed a record of completion.

#### Contacts:

For technical issues: Blaine Flanders, [bflanders@uwsme.org](mailto:bflanders@uwsme.org).

For general application questions: Karen Stephenson, [kstephenson@uwsme.org](mailto:kstephenson@uwsme.org)