



**United Way of Kennebec Valley**  
**2024 Community Investment Process – Application for Funding**

Funding Period: April 2024 – March 2025

Due Date for Application: January 31, 2024, at 4:00pm

**Instructions**

This Application for Funding will be live in e-CImpact on December 1, 2023. Use this template, if desired, to draft your Application before entering it into the e-CImpact grant management platform. You cannot submit your Application as a Word document or PDF. Character counts include spaces.

Programs with successful Letters of Intent were notified via email on November 30, 2023. Successful programs will move onto the second and final phase, the Application for Funding, which will open on December 1, 2023, and be due on January 31, 2024, at 4:00pm.

*Note for Programs:* This application is for one year of funding. Note: In future years, every application will be for two years of funding.

**Link to e-CImpact application:** <https://agency.e-cimpact.com/login.aspx?org=21010>

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**Application Questions**

*Note: Many responses will auto-fill based on your responses in the Letter of Intent.*

**Organization & Contact Information**

No new responses required in this section. All questions have been auto-filled from Letter of Intent.

**Organization Attachments**

Upload the following attachments. All documents may be in your own format unless otherwise noted.

- 501c3 letter of determination
- Organizational chart
- Board member list (include names, positions and affiliations for each board member)
- Organization budget

## DO NOT SUBMIT

- Required financial documents (most recent year only)
  - Organizations with revenue more than \$2,000,000 are required to submit an audit.
  - Organizations with revenue more than \$1,000,000 but less than \$1,999,999 are required to submit an audit or Review of Financial Statement.
  - Organizations with revenues in the preceding year of less than \$1,000,000 are required to submit IRS Form 990.
- IRS Form 990 (If an organization has not yet filed a Form 990 due to a recent incorporation date, or is not required to file a Form 990 for various reasons, please submit a brief statement explaining the situation. If your organization already uploaded its 990 in the "Required financial documents" field, please upload your 990 again here for consistency's sake.)
- Fiscal agent MOU (only if applicable)
- Anti-Terrorism Compliance Form (download UWKV's form, sign, and upload)

## Program Information

- Is this a new program or existing program at your organization? New/Existing  
*auto-fills, uneditable*
- Program Name for which funding is being requested: *auto-fills, uneditable*
- Program Description: Provide a brief description of the program for which you are requesting funding. (750 characters)
- What is the need for this program in the community? (1250 characters)
- Provide a summary of the best evidence available that supports your approach. Please include evidence-based approaches and/or data from credible sources wherever possible. (1250 characters)
- How do you collaborate with outside stakeholders and partners to leverage resources in your program? If appropriate, how do you ensure your program isn't unnecessarily duplicating services offered elsewhere in Kennebec County? (1250 characters)
- *(If an Existing Program)* Provide current and most relevant internal data for your program. (Examples: 75% of participants applied for full scholarships, and 55% received them; We served 25,000 meals, which was an increase of 5% over last year; The program has increased volunteers from 25 to 35 since last year.) (1250 characters)

DO NOT SUBMIT

- *(If an Existing Program)* Provide a success story from this program. Note: This story may be used in UWKV marketing materials moving forward. Please anonymize names if needed. (2000 characters)
- Is this an application for a Collaboration? (A collaboration is a formal partnership among 2 or more organizations working together to provide a program. If you list a Collaboration organization, you must provide an MOU among your Program Attachments. In addition, all Collaboration organizations must have an Impact2032 Statement of Endorsement on file at UWKV.)
  - Yes
    - If YES, includes these questions:
      - Collaboration Name:
      - Collaboration Website, if available:
      - Number and list of organizational partners:
      - Collaboration Description (750 characters):
  - No

### **Strategies and Measures Preview (within Program Information section)**

Please review the Impact2032 Vision framework in detail before completing the following section.

- Please select which Impact2032 Vision Statement your program will best contribute to achieving, based on each vision's measurements and strategies. *(Choose which one best fits.) autofills*
  - Vision for Health - Children and adults in Kennebec County will have opportunities to engage in healthy behaviors and leverage prevention and wellness services.
  - Vision for Education - Children and families in Kennebec County will have access to quality early learning experiences prior to kindergarten.
  - Vision for Financial Stability - Adults and families in Kennebec County will have employment, income and resources to achieve financial stability.
- Provide an overview of how you plan to align with Impact2032 through this program. (750 characters) (Note: You provided this overview language within your Letter of Intent; you can adjust this language as you see fit.)

### **Strategies & Measures**

Prior to completing this embedded form, select a Vision Area on the Program Information form.

Select 1-3 Impact2032 Outcomes underneath your selected Vision that best align with your program. Note: Your score is not improved by choosing more than one.

DO NOT SUBMIT

Once an Outcome is selected, choose 1-2 Key Strategies for each Outcome that you will employ to achieve the Outcome. Key Strategies may be from the UWKV-provided list for each Outcome (see: Impact2032 Framework) or of your own choosing. We define “key strategy” as a plan of action designed to achieve the Outcome.

For each Key Strategy that you provide, please include 1-2 Measures of your own choosing. In this section, please only include quantitative Measures. Examples: Increase number of educational materials distributed from 600 to 900. Decrease number of people turned away from the shelter from 100 to 50.

## Implementation Plan

- Please provide a list of the expected implementation milestones based on the following time periods. Please consider key activities, projected dates of completion, and outputs/outcomes. *Note: You will only be required to submit one grant report to UWKV (due March 2025).*

Period 1: April 2024 – September 2024 (750 characters)

Period 2: October 2024 – March 2025 (750 characters)

## Demographics Served

1. How many unique individuals (unduplicated) do you anticipate your program will serve with UWKV funding? **Reminder: Applicants must use funding to serve Kennebec County exclusively. This number should include only the number of people that UWKV funding specifically would help, which may differ from total number of people served through the program.**
2. Describe the program’s target population and the demographics it serves (such as different races/ethnicities, disability/ability status). Explain how you identify community need for this population and any specific outreach that the organization does to reach your target population. (1250 characters)
3. Describe how this particular program focuses on diversity, equity and inclusion. What specific actions have you taken to identify and address disparities and/or promote DEI in this program? (1250 characters)
4. Please indicate which demographics data your program collects. Please only select demographics information on which you will be able to report data back to UWKV. If you cannot report data, please do not select the category.

- The program anticipates collecting data on household income (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>) – Yes/No
  - If yes, the program anticipates serving people with the following household income:
    - Below Federal Poverty Level
    - Federal Poverty Level
    - Low-Income (Between the Federal Poverty Level and 185% of Federal Poverty Level)
    - Above Low-Income (185% of the Federal Poverty Level)
    - Income Unknown
  
- The program anticipates collecting data on gender identity – Yes/No
  - If yes, the program anticipates serving people who identify as:
    - Females
    - Males
    - Transgender
    - Gender non-conforming
  
- The program anticipates collecting data on age – Yes/No
  - If yes, the program anticipates serving people in the following age groups:
    - 0-9 years
    - 10-14 years
    - 15-20 years
    - 21-35 years
    - 36-50 years
    - 51-65 years
    - 66-80 years
    - 81+ years
  
- The program anticipates collecting data on race/ethnicity – Yes/No
  - If yes, the program anticipates serving people of the following race/ethnicity:
    - Asian American, Pacific Islander
    - Black, African American
    - Latinx/Hispanic
    - Middle Eastern, North African, Arab
    - Native American
    - White, European American
    - Multiracial
    - Other, please specify: \_\_\_\_\_

- The program anticipates collecting data on geographic area served (*when reporting, you will be expected to report on number served from each town selected*) – Yes/No

The program anticipates serving people who live in the following towns:

All of the following

Albion

Augusta

Belgrade

Benton

Chelsea

China

Clinton

Farmingdale

Fayette

Gardiner

Hallowell

Litchfield

Manchester

Monmouth

Mt. Vernon

Oakland

Pittston

Randolph

Readfield

Rome

Sidney

Vassalboro

Vienna

Waterville

Wayne

West Gardiner

Windsor

Winslow

Winthrop

No assigned town (e.g., homeless population)

- The program anticipates collecting data on sexual orientation – Yes/No

If yes, the program anticipates serving people with the following sexual orientation:

- Heterosexual

- Bisexual

- Gay

- Lesbian

- Asexual

- Queer
- The program anticipates collecting data on disability/ability status – Yes/No  
If yes, the program anticipates serving people with the following disability/ability statuses:
  - Sensory impairment
  - Learning disability
  - Long-term medical illness
  - Mobility impairment
  - Mental health disorder
  - Temporary impairment due to illness or injury
- The program anticipates collecting data on the primary language spoken at home – Yes/No  
If yes, please list the languages spoken at home that you anticipate: \_\_\_\_\_
- The program anticipates collecting data on whether a person can speak, write, and/or read English – Yes/No
- The program anticipates collecting data on veteran status – Yes/No  
If yes, the program anticipates serving people with the following veteran status:
  - United States Armed Forces Veteran
  - Not a United States Armed Forces Veteran
- Is there any other demographics information that your program collects that you want to make UWKV aware of? (200 characters)

### **Budget Narrative Information**

- Funding Amount Requested for the Program (Reminder: Program may only request between \$5,000 and \$50,000): \$
- Total Program Budget (Reminder: Your funding request cannot exceed 35% of the program/project budget): \$
- In a few sentences, please describe how you plan to use the funds being requested from UWKV (not the individual budget line amounts). (Note: We've included your response to this question from the LOI as a reminder of your plan. It is read-only and cannot be edited. We expect the following question about the budget narrative to provide more details.)

DO NOT SUBMIT

- In addition to completing and submitting the Program Budget Template (next section), provide an explanation/narrative of your program/project budget. Include how UWKV funding fits with any other funding received for this program, including funding received through the American Rescue Plan Act. (750 characters)
- If you plan to continue the program after the end of this funding, share your sustainability plan for funding the work. (750 characters)
- Does your organization have an endowment or similar investment account as a source of ongoing financial support? Yes/No

### Program Budget Template

Note: This is a template that you will complete within the form itself. Screenshots are included below for reference.

Please complete this budget template for the program for which you are requesting funds, NOT for the entire organization budget.

Reminders: 1) Funding must support a specific program or project, not general operations. 2) The funding request must not exceed 35% of the program/project budget. 3) Program's administrative (indirect) expenses may not exceed 20%.

<b>Income</b>	<b>Year 1: Proposed Program/Project Budget</b>	<b>Year 1: Proposed Budget for UWKV Funds</b>
United Way of Kennebec Valley Funding	<input type="text"/>	
<a href="#">Foundations (specify)</a>	0	0
Federal/State grants	<input type="text"/>	
American Rescue Plan Act	<input type="text"/>	
Fundraising Projects/Special Events	<input type="text"/>	
<a href="#">Other (specify)</a>	0	0
<b>Total Income</b>		
	<b>Year 1: Proposed Program/Project Budget</b>	<b>Year 1: Proposed Budget for UWKV Funds</b>
Total Income		



DO NOT SUBMIT

### Program Expenses

	Year 1: Proposed Program/Project Budget	Year 1: Proposed Budget for UWKV Funds
? Personnel (salaries and wages)	<input type="text"/>	<input type="text"/>
? Benefits and taxes	<input type="text"/>	<input type="text"/>
? Travel	<input type="text"/>	<input type="text"/>
? Equipment	<input type="text"/>	<input type="text"/>
? Supplies	<input type="text"/>	<input type="text"/>
? Contractual Services	<input type="text"/>	<input type="text"/>
<a href="#">Other (Specify)</a>	0	0
Subtotal Program (Direct) Expenses		

### Administrative Expenses

	Year 1: Proposed Program/Project Budget	Year 1: Proposed Budget for UWKV Funds
Fundraising, Management and General	<input type="text"/>	<input type="text"/>
<a href="#">Other (Specify)</a>	0	0
Subtotal Administrative (Indirect) Expenses (NO MORE THAN 20% INDIRECT)		

### Total Expenses

	Year 1: Proposed Program/Project Budget	Year 1: Proposed Budget for UWKV Funds
Total Expense		

### Percent of Budget

	Year 1: Proposed Program/Project Budget
Percent UWKV Funding	

## Program Attachments

Upload the following attachment, in your own format, only if applicable. Note: If not applicable, click "Save/Upload Attachments and Mark as Completed" to finish this page.

- Formal Collaboration MOUs (required if you list any formal collaborations)