

FAST TRACK | Strategic Investment Grants FY26-28

PROGRAM DEADLINE: January 13, 2025 at 04:00 PM EST

Program Contact Information

Organization Info

Name of Organization (this should match with the name provided in the ORGANIZATION INFO application)

Primary Program Contact

Name *

Title/Role *

Email *

Phone (Direct/Cell) *

Reporting Contact

Name *

Title/Role *

Email *

Phone (Direct/Cell) *

Program Info

Program Overview

Program Name *

Briefly describe this program by completing the following sentence: We request a HoMEUW Fast Track Grant to support... *

If selected, this statement will be used on our website and in press releases. Please keep it as succinct as possible.

Max Number of Words: 50

Is this a new or existing program? *

- Existing
 New

Grant request per year *

 \$

The maximum grant request per program per year is limited to \$10,000. In addition, your request cannot exceed 35% of your program budget, not agency budget
(2500 to 10000)

Program primarily targets individuals in these counties *

- Hancock
- Penobscot
- Piscataquis
- Somerset
- Waldo
- Washington
- Other

Indicate counties in which you are actively serving clients, recruiting, or providing outreach as it relates to the program/Bold Goals. Just a minimum 10% threshold (i.e., 10% or more of the program efforts are targeting X county.)

Please review our [Opportunity 2028 Measurement Framework](#).

Select the Opportunity 2028 Bold Goal under which you are applying: *

- Bold Goal #1: Meet basic needs and promote self-sufficiency for all
- Bold Goal #2: Prevent, treat, and support recovery from substance use disorder
- Bold Goal #3: Ensure all children have quality early learning experiences

Program Narrative

PLEASE NOTE: Word counts provided indicate a maximum. We do not expect applicants to use every available word. We strongly encourage succinct responses and ask that applicants avoid repetition when possible. Remember, volunteers review all applications; try to keep responses clear and to the point as much as possible!

Expand on the 1 sentence from above

Program Description *

Expand on the 1 sentence from above

Max Number of Words: 500

Describe how your program aligns with the Opportunity 2028 Bold Goal under which you are applying and how your work will help contribute to meeting the headline indicator. *

Max Number of Words: 250

Describe how your organization strives to promote diversity, equity and inclusion through your programs, staff, board and volunteers. How will this program help further HoMEUW's commitment to Diversity and Inclusion? If your work targets underserved and/or marginalized populations, please explain. *

Max Number of Words: 250

Tell us a story! Please share with us a story about one of your clients and how your program impacted them. *

Stories help paint a picture of your program and help the grant reviewers understand your work on a deeper level. HoMEUW also shares stories in a variety of ways, including on our website, social media, print publications, videos, at hundreds of campaign presentations, etc.

Max Number of Words: 500

List of up to five specific activities you will do in your project *

Max Number of Words: 250

Describe up to five results that you hope to achieve. Try to include specific details whenever possible.

What are the evidence-based strategies and/or best practices that this program's work is built upon? *

Please share any additional details about your program that you feel are important. This space is intended to be an opportunity for you to provide further insight, details, or clarification about your program, program delivery, activities, performance measurement, etc. Do not duplicate any information that is included in your responses above.

Program Finances

Program Budget

Upload (see [TEMPLATE](#)) *

Select File

Choose File

No file selected

Maximum File Size: 10MB

No file attached

Funding Request from HoMEUW to support program:

Automatically updated (hover for details)

 \$

This value automatically populates from the value entered earlier in the application (under Program Info - Program Overview - Grant Request per Year) and can not be edited here.
(2500 to 10000)

Program Total Revenue *

 \$

Program Total Expenses *

 \$

Please describe how HoMEUW funds will be utilized by your program? *

Max Number of Words: 250

Is there any additional information you would like to provide about your budget?

Measurement & Indicators

Opportunity 2028 Bold Goals

IMPORTANT INSTRUCTIONS!

Please review our Opportunity 2028 Measurement Framework. As a reminder, our Bold Goals are identified as:

Goal #1: Meet basic needs and promote self-sufficiency for all

Goal #2: Prevent, treat, and support recovery from substance use disorder

Goal #3: Ensure all children have quality early learning experiences

Linked above, you will find options for the Shared Community Indicators your program may target.

You may select between 2 and 5 indicators

2 indicators must be selected under the Bold Goal of your application (as selected in the Program Info section)

Additional indicators, up to 5 total, may be selected.

These additional indicators may be chosen from the primary Bold Goal, or under other goal areas. It is not required to select more than 2.

In the first field, select your chosen indicator from the dropdown. For number of individuals impacted under each indicator, enter a number that represents an annual total (not a cumulative total over the 3-year period). Provide responses to the questions about shared performance measures for each of the indicators you select. Leave the fields you do not need blank.

You will be responsible to track and report (at 6 and 12 month intervals) on your progress toward each of the indicators selected.

Please contact grants@homeunitedway.org with any questions or concerns.

Shared Community Indicator *

Number of individuals impacted *

Describe the activities, strategies, and/or services your program is using to address the goal. *

Max Number of Words: 150

Please describe your data collection method(s) and how you will ensure accurate data collection and assessment. *

Max Number of Words: 150

Shared Community Indicator *

Number of individuals impacted *

Describe the activities, strategies, and/or services your program is using to address the goal. *

Max Number of Words: 150

Please describe your data collection method(s) and how you will ensure accurate data collection and assessment. *

Max Number of Words: 150

Shared Community Indicator

Number of individuals impacted

Describe the activities, strategies, and/or services your program is using to address the goal.

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Demographics

Demographics

On an annual basis, please indicate the targeted number of individuals served through this program. *

On an annual basis, please indicate the targeted percentage of individuals served through this program broken down by age demographics. Enter 0 if the age range is not applicable to your program.

% of individuals ages 0-8: *

 %

(0 to 100)

% of individuals ages 9-17: *

 %

(0 to 100)

% of individuals ages 18-24: *

 %

(0 to 100)

% of individuals ages 25-54: *

 %

(0 to 100)

% of individuals ages 55 and up: *

 %

(0 to 100)

Total percentage should equal 100. Please make corrections if necessary.

 %

(0 to 100)

On an annual basis, please indicate the targeted percentage of individuals served through this program broken down by county demographics. Enter 0 if the county is not applicable to your program.

% of individuals from Hancock County: *

 %

(0 to 100)

% of individuals from Penobscot County: *

 %

(0 to 100)

% of individuals from Piscataquis County: *

 %

(0 to 100)

% of individuals from Somerset County: *

 %

(0 to 100)

% of individuals from Waldo County: *

 %

(0 to 100)

% of individuals from Washington County: *

 %

(0 to 100)

% of individuals from other counties: *

 %

(0 to 100)

Total percentage should equal 100. Please make corrections if necessary.

 %

(0 to 100)

Sign & Submit

Digital signature:

In submitting this application to Heart of Maine United Way, I certify that all of the information provided is complete and accurate to the best of my knowledge and that I am authorized to submit an application on behalf of my organization. If awarded a Strategic Investment Grant, my organization will acknowledge HoMEUW's partner status in communications relevant to the project. This may be accomplished via displaying the HoMEUW logo on printed materials, websites, newsletters, social media, offices, etc., as well as in press releases, public service announcements, and other contacts with the media.

Please type your full name below as a digital signature.*