ORGANIZATION INFO | Strategic Investment Grants FY26-28

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

Organization Overview	
Organization Name *	
ax ID or EIN *	
iscal Agent (if applicable) - Name, EIN, Contact Info	
lailing Address *	
failing City, State ZIP *	
Phone *	
Vebsite *	
General Organization Email *	

Mission *		
	Max Number of Word	ls: 10
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Choose File No file selected Maximum File Size: 10MB No file attached Counties Served (select all that apply) *		
Hancock Penobscot		
Piscataquis		
Somerset		
🔲 Waldo		
Waldo Washington		
Washington		
Washington		
Washington		
Washington Other		
Washington Other		
Washington Other		
Washington Other # of Staff *		

Board Info	
Board List *	
Select File	
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Maximum File Size: 10MB No file attached	
If public entity, please attach list of elected or volunteer individuals overseeing program of	operations.
Does your Board of Directors have a minimum of three voting members who are not relat st	ted to each other?
○ No	
C Yes	
Does your Board of Directors have a minimum of four evenly spaced meetings per year of governing body with a quorum in attendance? $*$	f the full
C No	
C Yes	
CEO/Executive Director/President Contact	
Name *	
Title *	
Email *	
Phone *	

Name *		
Title *		
Email *		
Phone *		

inancial Info	
Organization Finance	
Organization must provide:	
Gross receipts of \$500,000 or more = Annual Audit Gross receipts of \$25,000-\$500,000 = Independent Review of Financial Statemen an external accountant OR Audit Gross receipts of less than \$25,000 = Compilation OR Independent Review OR Au	
Note, some organizations may not currently have independent reviews or audits alone does not disqualify the organization. Our CFO & financial review panels wi evaluate the financial materials you provide and request further information as	
Please contact <u>grants@homeunitedway.org</u> with any questions or concerns	
Have you filed an IRS Form 990 for your most recent fiscal year end? st	
C Yes	
Most recent IRS 990 *	
Select File	
Choose File No file selected	
Maximum File Size: 10MB No file attached	

	if necessary]
/hat is the date	of your most recent audit or	r financial review? *		
Clear				
ost recent aud	or financial review			
elect File				
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Vere there any	oncerns or recommendatior ou have findings in the form			
/hat is your bas	s for accounting? *			
C Accr	al			
C Cash				
/hat is fiscal ye	r end date? *			
o your internal	inancial statements conforr	n to GAAP (General	ly Accepted Accounting	g Principles)? *
🔿 No				
C Yes				
	ion Budget *			
urrent Organiza				
elect File Choose File	file selected			
Current Organiza elect File Choose File Maximum File Si Io file attached				

Agency's most recent year end:

\$ Anagement and general costs (IRS Form 990 Part IX, Line 25, Column C or IRS Form 990 EZ Part I, line 17): \$ Sundraising costs (IRS Form 990 Part IX, Line 25, Column D): \$ Cash Balance (Financial Statements or IRS Form 990 Part X, Line 1 & 2 or IRS Form 990 EZ Part II, line 22): * \$ Cash Balance (Financial Statements or IRS Form 990 Part X, Line 1 & 2 or IRS Form 990 EZ Part II, line 22): * \$ Nevenue less Expenses (IRS Form 990 Part XI, line 3 or IRS Form 990EZ Part I, line 18): * \$ Over the past three years, if there are significant changes, or a negative change, please explain: * Max Number of Words: 10 Based on your most recent form 990 or year-end financial statement, what is the percentage of nanagement and general expenses compared to total expenses? * % 0 to 100) %
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Is there anything else you would like to explain or more information you would like to provide about your financial statements or results of your most recent year end?

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.*