Initial Inquiry

Before You Begin

Online Application Instructions

1. Navigate through the application by using the Page Title tabs at the top of the screen or the Next button at the bottom of the page. Do not use the browser's back or forward keys.

2. You may save your work and return to it at any time by clicking the Save and Finish Later button at the bottom of the screen. You will receive an e-mail notification with information about how to return to the saved draft.

3. An asterisk indicates a required field. The blue i button offers additional information. The red check symbol to the right of a text box means that a spell-check feature is available.

4. Word count limits are shown at the bottom of some fields. Do not feel that you need to use all the space available.

5. You have an opportunity to review your completed Inquiry or Full Application on the final page. Select the Submit button to send it to the Foundation. You will receive an e-mail notification with a copy of the application.

Organization Information

General Information

Tax ID
Required for all 501(c)(3) organizations

Ruling year

Organization Name

Legal Name (if different)

Address

City   State

ME

Zip Code

Phone Number
Fomat: 999-999-9999

Web Address

Fiscal Agent Information (if applicable)

Fiscal Agent Organization Name

Fiscal Agent Contact Information
Please list the first and last name of the contact person for the fiscal agent organization.

Fiscal Agent Phone
Please add the phone number of the contact person for the fiscal agent organization.

Tax ID

Organization Background Information

Organization's Annual Operating Budget
Format: $100,000

Fiscal Year Start Date

Fiscal Year End Date

Number of Full-Time Employees

Number of Part-Time Employees

Number of Board Members

Number of Volunteers

Mission statement approved by the board.

Brief background/history of organization

Brief description of organization's primary current programs

The following financial information is captured automatically if your organization has a GuideStar profile at the "Silver" level or above. Otherwise, it is optional and will only be required once invited to submit a full application.

Revenue

Contrib Gifts Grants   Program Service Revenue   Membership Dues

Special Events Net Income

Other Revenue

Other Revenue Description

Total Revenue

Expenses

Administration Expenses   Fundraising Expenses   Payments to Affiliates

Program Expenses

Other Expenses Description

Total Expenses

Contact Information

Executive Director or Head of Organization

Prefix   First Name

- Select One -

Last Name

Title
E-mail

Office Phone
Fomat: 999-999-9999

Extension

Request Primary Contact

The Foundation will contact this person with any questions or correspondence related to this proposal.

Same as Executive Director or Head of Organization entered above
No

Prefix   First Name
- Select One -

Last Name

Title
E-mail

Office Phone
Fomat: 999-999-9999

Extension

Request/Project Information

Project Information

Title of Request/Project
Indicate project title or operating support or capital request

Amount Requested
Format: $10,000

Project Start Date

Project End Date

Total Project Budget

Enter organization budget if requesting operating support. Format: $100,000

Number of people served by project

Please enter a numeral only.

Brief description of the project and proposed use of funds

Describe the targeted population served by the project

Geographic area of people served by the project