application 2024

a program of Maine Initiatives

Grants For

Change Fund

Maine Initiatives is now accepting applications for the 2024 Grants for Change Program, which seeks to fund and strengthen community-based efforts advancing racial justice in Maine. The 2024 Grants for Change Program is prioritizing Black and Wabanaki communities in decision-making and funding support. All Black, Brown, Indigenous, Latinx, Asian, and People of Color (BIPOC) -led and -serving organizations whose work advances racial justice in Maine are encouraged to apply and will be eligible for grant awards. All applicants are strongly encouraged to review the Funding Opportunity Announcement before beginning the application. The deadline to apply is Wednesday July 31, 2024 at 11:59pm EST.

SECTION A: GENERAL INFORMATION

This first section asks for general organizational information. Groups or other entities that do not identify as organizations are eligible to apply and receive funding with a Fiscal Sponsor. The term 'organization' will be used throughout the application to refer to all applicant entities.

- 1. Organization's name:
- 2. Organization's mission statement (in a few sentences):
- 3. What year was your organization founded?
- 4. What is your organization's mailing address?
- 5. Website address

(If none, please share your organization's Facebook or Instagram address. If none of these are applicable, please write N/A.)

6. Who is the Primary Contact for your organization? (This might be the Executive Director, Board President, or other most prominent public spokesperson.)

First Name:		Title:	
Last Name:		Email:	
Pronouns:		Phone:	
7. Organizational Budget: Please share you include in-kind contributions. The budget lir		he most recent completed fiscal year. Operating income may ally.	
a. Operating income for the most recent cor	npleted fiscal year \$		
b. Operating expenses for the most recent o	ompleted fiscal year \$		
8. Counties where you work (check as many	as apply).		
Cumberland County	Sagadahoc County	🗆 Washington County	
🗆 Franklin County	□ Summerset County	Y Sork County	
🗆 Piscataquis County	\Box Lincoln County	Aroostook County	
□ Oxford County	🗆 Knox County	Penobscot County	
Androscoggin County	\Box Hancock County	□ Statewide	
□ Kennebec County	🗆 Waldo County		
The following questions ask about the peop	ble involved in your orga	anization and the partners with whom you work currently:	
9. Does your group have paid staff?	Yes No how	many?	
10. Does your group have volunteer staff?	Yes No how	many?	
		consistent and significant partners in the work you do that identify zations/groups in Maine, regionally, or nationally.	
1			
2			
3			

12. What work (learning or action) are you doing in collaboration with these partners? Please describe these efforts in a few sentences:

4. _____

SECTION B: LEGAL/FISCAL ORGANIZATION

This section is needed for the fiscal administration of any grants made by Maine Initiatives. Maine Initiatives does directly fund organizations that do not have official 501(c)(3) status, but any such applicants will need to obtain a fiscal sponsor or sponsorship by a Tribal entity by November 1, 2024.

13. Is this application presented on behalf of a Tribal government or Tribal entity? Yes \Box No		
If yes, please indicate the Tribal government or Tribal entity:		
14. Does your group have 501(c)(3) status? Yes No		
15. If you do not have your 501(c)(3) status, please provide the following information about your Fiscal Sponsor (if you have one).		
Fiscal Sponsor Organization:		
Address:		
Fiscal Sponsor Primary Contact Information:		
First Name: Title:		
Last Name: Email:		
Pronouns: Phone:		
16. What is your group's EIN or the EIN of your Fiscal Sponsor? (if you have one)		
17. For all organizations, if your organization is awarded a grant, it is imperative that we have the correct information on file as to who and where to mail the Award Packet and Grant Check. Please provide this information below. This cannot be left blank and must be filled out, even if this contact information appears elsewhere on this application.		

Name of contact to receive the Award Packet and Grant Check:
Email address for this contact:
Phone number for this contact:
Address the Award Packet and Grant Check will be mailed to:

I will contact Grants for Change staff if/as soon as any of this information changes

SECTION C: ORGANIZATIONAL LEADERSHIP

This section will help our Application Readers and Grantmaking Advisory Committee gain a clearer picture of the people closely involved with your organization. The Grants for Change Program funds and strengthens Black, Indigenous, People of Color (BIPOC) community-based, nonprofit organizations working exclusively or primarily in Wabanaki Territory (Maine).

18. My organization identifies as being (please select all that apply and use space provided if needed):

□ Black-led

Indigenous-led

Wabanaki-ledImmigrant-led

□ Latinx/o/a-led

🗆 Asian-led

□ My organization's leadership identity is not listed here. My organization's leadership identity is:

19. Please further explain identities selected above, if needed or desired:

20. Please check all that apply.

Does your organization have BIPOC members on the Board of Directors: 50% or more in governing decision-making roles?

□ Does your organization have BIPOC members on the Board of Directors: 50% or more in governing decision-making roles?

Does your organization have BIPOC organizers: 50% or more of on-the-ground, community interfacing staff/volunteers?

* If your organization does not meet all three because of intentional strategic or equity considerations made by BIPOC decisionmakers within the organization, please explain below:

21. Please provide a full listing of governing body members (first and last names, up to ten (10) members):

SECTION D: NARRATIVE

This section is your opportunity to share with our Application Readers and Grants Advisory Committee information about your organization and the community-based efforts you do to advance racial justice in Maine.

Please write a maximum of four (4) pages, single spaced with 12 point font, addressing the following four (4) questions. Please note, the word counts are only approximations and are completely optional. We include them to help guide you in dividing up your written narrative, but again, they are provided only as suggestions. If you have questions or concerns about any of the following questions, please contact the Grants for Change program staff at grants4change@maineinitiatives.org.

I. Your Organization (approximately 350 Words)

Please explain what your organization seeks to achieve in Maine. Why is your mission important, especially in the context of Maine in 2024?

II. Your Work (approximately 300 words)

What programs and activities does your organization implement to achieve its mission?

III. Advancing Racial Justice (approximately 450 words)

Which of our funding commitments does your work align with?

- Advancing racial justice through work that addresses systemic, structural, and institutional expressions of racial injustice;
- Prioritizing leadership by and work that strengthens Black and Wabanaki communities in Maine;
- Foregrounding community building, community organizing, grassroots advocacy, and/or policy change as central strategies for advancing racial justice and equity; and
- Strengthening communities through traditional and/or indigenous wisdoms and liberatory cultural practices, including (but not limited to) healing, rematriation, earth protection, embodied practices, and the arts.

Please explain how your organization works to advance racial justice in Maine through one or more of the above strategies.

IV. Success (approximately 350 words)

How do you know that your organization is being successful advancing racial justice in Maine? Please provide a story that will illustrate this impact.

SECTION E: ANYTHING ELSE? (OPTIONAL)

On *no more than* one (1) additional page, please share with us anything you wish we would have asked about but didn't or anything else that will help our Application Readers and Grantmaking Advisory Committee make their decisions.