

Host Site Information

* 1. I have read and understand the Community Sponsor Information including the obligations of a sponsor organization.

☐ Yes ☐ No

2. Contact Information

**Name of Project
Contact**

Organization

Street Address

PO Box/Other

City/Town

State

ZIP Code

Email Address

Phone Number

THIS IS A PREVIEW OF AN ONLINE APPLICATION.
DO NOT COMPLETE THIS PREVIEW VERSION
Contact Maureen.Kendzierski@Maine.gov to get a link
to the live application

* 3. Organization Employer Identification Number (EIN):

4. Organization website URL:

* 5. Select the applicant's type of organization.

- ☐ Nonprofit ☐ Faith-based organization
- ☐ State, county or local government ☐ Tribal government
- ☐ Educational institution ☐ Regional organization
- ☐ Other (please specify)

* 6. Does your organization have regular audits performed?

☐ Yes ☐ No

7. .

If "YES", how often and who does it?

If "NO", who reviews agency financial reports and how often?

Documents required with application. Upload these on the final page of this online form.

1. A staff organizational chart
2. List of governing board members, county commissioners, town council members (whatever is applicable)
3. Proof of organizational eligibility (IRS letter with tax exempt status OR W9)
4. Attachment A: Project Work Plan

Impact Area

* 8. Select the county or counties served by this project.

- | | |
|--|--------------------------------------|
| ☐ Aroostook County | ☐ Hancock County |
| ☐ Oxford County | ☐ Knox County |
| ☐ Piscataquis County | ☐ Waldo County |
| ☐ Franklin County | ☐ Lincoln County |
| ☐ Penobscot County | ☐ Washington |
| ☐ Somerset County | |

9. List the town(s) that will be served if the project does not cover an entire county:

* 10. PROJECT FOCUS AREA (choose the one most applicable to the project):

- | | | |
|--|---|--|
| ☐ General: COVID 19 recovery | ☐ Climate: Coastal zone | ☐ Climate: Land and fresh-water preservation |
| ☐ General: Housing, including eviction prevention | ☐ Climate: Community resilience (including climate action planning) | ☐ Climate: Education (k-12 and community) |
| ☐ General: Workforce development | ☐ Climate: Transportation | ☐ Climate: Public health |
| ☐ General: Substance use prevention and recovery | ☐ Climate: Energy | |
| ☐ General: Public health issues, including mental health | ☐ Climate: Housing | |

* 11. Indicate if you are applying for a 10 month project or a 20 month project.

- ☐ 10 month project
- ☐ 20 month project

Narratives

Please keep your responses brief and to the point.

Volunteer Maine will review the content of these narrative questions and the workplan when considering your application.

There are a limited number for host site slots each year, please highlight how the deployment of a Maine Service Fellow to your project will benefit the community.

* 12. PROJECT OVERVIEW

* 13. ORGANIZATIONAL BACKGROUND

Narratives (continued)

SERVICE FELLOW SUPERVISION AND SUPPORT

* 14. Service Fellow Requirements

* 15. Service Fellow Supervision, Mentorship, and Community Integration

* 16. Please list any ways in which your host site would be able to support the Maine Service Fellow in finding housing in your community.

Upload Required Documents, Certify Application, and Submit

Add the required documents below. The file upload may be either a PDF or a word document.

17. Applicant organizational chart

Follow prompts to upload this file.

Choose File

Choose File

No file chosen

18. List of governing board members, county commissioners, town council members (whatever is applicable)

Follow prompts to upload this file.

Choose File

Choose File

No file chosen

19. Proof of organizational eligibility (IRS letter with tax exempt status OR W9)

Follow prompts to upload this file.

Choose File

Choose File

No file chosen

20. Attachment A: Project Work Plan

Follow prompts to upload this file.

Choose File

Choose File

No file chosen

21. To the best of my knowledge and belief, all information in this application are true and correct, the application has been duly authorized by the governing body of the applicant, and the applicant will fulfill the obligations of a sponsor if the assistance is awarded.

Authorized Organizational Representative:	
Title	
Email	
Phone	
Date	