



Allegany
Franciscan
Ministries

2018 Major Grant Programmatic Support Application Instructions

In order to apply for a Major Grant, organizations must have submitted a Letter Of Intent (LOI) and subsequently been invited to submit a Major Grant full application.

Please review once again the information provided on our website (www.afmfl.org) regarding Allegany Franciscan Ministries' mission, goals and priorities for this grant cycle. That information is not repeated in these instructions. Our mission, values, goals and priorities will drive our decision-making throughout this process.

Use this document as you respond to the questions in the online application. Each question is further defined and additional prompts are provided in these instructions, which will help you to submit a robust and successful application. We have invited about 30 organizations to submit a full application, and will have enough funding to support up to twelve.

Need More Help? If at any time you have questions, please contact us after checking our website and FAQs for answers! Questions and responses of general interest may be shared as a resource to all applicants. Do not wait until the week the application is due; we may not be available when you need us if you wait until then.

A recording of the webinar provided on January 8, 2018 will be posted on our website, along with a PDF of the webinar presentation. These resources may provide additional useful information.

For technical support with the online application system, please call us at 727-507-9668. All other questions, please contact the following regional vice presidents:

- Palm Beach, Martin, St. Lucie Counties: Upendo Shabazz, ushabazz@afmfl.org, 561-802-9013
- Hillsborough, Pinellas Counties: Cheri Wright-Jones, cwrightjones@afmfl.org, 813-685-3232
- Miami-Dade County: Daniel Gibson, dgibson@afmfl.org, 305-860-1441

Key Dates:

Deadline to Submit Full Application	February 22, 2018	Online application must be submitted by 12 pm (noon).
Site Visits/Meetings	April & May 2018	Not all applicants will receive a site visit or meeting; we will be in touch with you should we wish to schedule one.
Decisions Announced	By June 29, 2018	Allegany will work with partners after final decisions on budgets and outcomes.
Grant Period Begins	July or August 2018	Organizations may identify a later start date.

A few tips up front:

- I. Read through these instructions completely before beginning.
- II. We urge you to submit your application prior to the deadline to avoid unexpected last minute problems or transmission delays. Applications received electronically after 12 pm (noon) on February 22, 2018 will not be considered. DO NOT WAIT to begin work on your application!
- III. We use an online grant application. This is the same system you used to submit the LOI. The full application is much longer and we expect more detailed, thorough answers. In addition, there are several documents that you must download, complete and then upload to the system.
- IV. Be aware that the system limits your response to *characters* – including all letters, punctuation marks, and spaces. We recognize that these limits may be frustrating. We suggest that you first complete your responses in a separate document to track characters and then paste into the appropriate field in the online system. Once you have pasted a response into the application, click on *“Save Application”* to be sure your work is saved. Re-read the text you have pasted; sometimes programs do funny things with formatting such as combining words or adding lines.
- V. It is not necessary that you use all the space provided – answer the questions in sufficient detail and breadth, without adding or repeating information just to fill space. The character count for the question will give you a sense of how much detail we want.
- VI. Certain questions have been auto populated from your LOI and will be “read only”. If you need to edit a “read only” question please contact your regional vice president listed on page 1.
- VII. In the online application, an asterisk (*) by the question means a response is required.

About the Questions

The first set of questions refers to your organization, and the second set refers to the specific project for which you are requesting funds. It is not necessary to repeat information. If the proposal is for a collaborative project, answer the questions first about the lead agency and then add information about key partners as appropriate. There will be an opportunity in the project section to detail the role played by other key partners.

Organizational Information

Chief Executive Contact Information. [250 characters allowed]

Include name, title, e-mail address, and phone number.

Organization Web Address. [50 characters allowed]

Provide the url for your organization's website.

Contact Person for This Grant. [350 characters allowed]

Include name, title, e-mail address, and phone number. Please be sure that the primary contact is authorized to correspond on behalf of the organization.

Please provide information for a contact person; this should be someone who you expect will continue to be associated with the grant-funded project and will be able to answer a majority of the questions about the application, not an outside consultant or external grantwriter.

Mission Statement. *Read Only question, auto-populated from your LOI.*

Provide your mission statement.

Organizational Structure. [3000 characters allowed]

What is your governance and management structure?

Describe how the organization's management is structured for effective operations. Describe how reflective your organization is of the community you serve, and how you approach recruitment for board and staff from a perspective of inclusion. This is also a great opportunity to share how engaged your board is in supporting and governing your organization. Tell us about your board composition, active committees, and your board meetings; share an example or two that demonstrates how the board supports the organization.

Client Engagement. [2000 characters allowed]

How are persons served and other stakeholders engaged with the organization?

How do you involve the persons you serve, and other stakeholders, in planning and continuing improvement of services? If persons served are not directly involved with your organization, please describe how you know that you are addressing their needs, how you communicate with them, and how they communicate with your organization.

Organizational Budget Most Recent Completed. [Upload file should not exceed 3 MB]

Upload the organization's budget using your existing format for the last completed year.

Following the instructions to upload a file, upload your organization's immediate past year, actual budget in the format used by the organization. The budget should include both revenue and expenses, and represent the actual final expenses and revenue for the year. For most organizations this will be a budget for a fiscal year ending in June 2017, September 2017 or December 2017.

Organizational Budget Current. [Upload file should not exceed 3 MB]

Upload the organization's current year budget using your existing format.

Following the instructions to upload a file, provide your organization's current budget in the format used by the organization. The document should include budgeted revenue and expenses.

Current Audit. [Upload file should not exceed 5 MB]

Upload the organization's most recent Audited Financial Statement with accompanying notes and management letter.

Following the instructions to upload a file, provide your organization's last independent audit report. An Audited Financial Statement with accompanying notes and management letter is required; if you do not have one or if your audit is more than a year old, please contact your regional vice president listed on page 1 immediately. You will also be required to have an audit for each year during which you have an active Allegany Franciscan Ministries grant.

Please note that we will review your organization's IRS Form 990. It is not, however, necessary for you to submit your Form 990 directly to us.

Project Information

The next set of questions refers to the project for which you are requesting funds. As appropriate, address the specific items to which you will direct grant funds.

Project Name. *Read Only question, auto-populated from your LOI.*

Do not include organization's name in the Project Name.

Is the request for a ... Choose one: New Project, Current Project, Expansion of an Existing Project.

Read Only question, auto-populated from your LOI.

Project Need. *Read Only question, auto-populated from your LOI.*

What community needs will the project address? How did you assess these needs?

Project Summary. *Read Only question, auto-populated from your LOI.*

Briefly describe the project you are proposing. What will be the impact of the project? If this is not a new project, also discuss the project's history, results and lessons learned to date.

Project Description. [7500 characters allowed]

Describe the project in detail.

This is the key section of your proposal. The previous questions provided context and supporting information. It isn't necessary to repeat information from earlier responses.

In this section, fully describe the design of your project and the who, what, when, where and how. Here are some prompts that may help in developing this section (don't limit yourself to answering these prompts):

- How was the idea for the project generated?
- What research or best practice data has been used to design the project?
- What are the main strategies and activities?
- How does the project further your organizational mission?
- What other financial support is available; what resources is the organization itself committing to the project?
- If a current project – what will be maintained through this grant?
- If an expansion – specifically what will be different, added or enhanced?
- If a current project (or expansion of existing project), how has it addressed the need to date and what changes do you expect to make based on lessons learned?

Who will benefit from this project? [2500 characters allowed]

What population, specifically, will the project serve?

In this response, be as specific as possible about those who are or will be served by this project. You may not have all the data; tell us what you do know. How many persons do you expect to serve? In which communities (county, towns, etc.) do they live? Provide demographic (such as race and ethnicity, age, gender, income and educational levels), health, and socioeconomic information for the population served. Cite source of data.

Dignity of the Person. [1000 characters allowed]

How does this project address or ensure the dignity of the person?

Please describe how this project is person-centered, addresses the dignity of the human person, honors and shows respect for all, or protects the dignity of the person when it is threatened.

Focus of Allegany Grant Funds. [2000 characters allowed]

How will this project increase access to health services and/or improve the overall health status of underserved communities?

Describe how this project aligns with the focus of Allegany Franciscan Ministries' Major Grant Program, to increase access to health services and/or improve the overall health status of underserved communities.

Impact. [2000 characters allowed]

Describe what you expect to change as a result of this project.

Later in this application, you will be asked to identify specific measures of success. Here, please tell us about the project impact: how you expect the community, your organization, or those served to benefit as a result of this project, or what your vision and goals are for the community or those served. Feel free to include a story or other qualitative example.

Evaluation. (2000 characters allowed)

Explain how you will evaluate the success of the project.

How will you know whether the intended changes or benefits occurred? What tools will you use to measure outcomes and data?

Project Management. [1500 characters allowed]

How does this project fit into your organizational structure? Describe the relevant skills and competencies of key project staff.

Who will be responsible for developing, implementing and managing the project? We are less concerned about the resume of the persons and more interested in their experience as it relates to this project and their connection to the project and one another (e.g., what is their role, what is their level of involvement?). Your budget should support your staffing plan for the project.

Community Assets. [1000 characters allowed]

What other organizations are working to address similar needs in the county you serve? What other organizations are providing complementary health or human services to the persons this project will serve?

We are interested in knowing who else is doing similar work, whether or not directly impacting the community you serve. We are also interested in knowing who else is serving the same, or some of the same, persons that you serve, even if the other organization addresses different needs.

Community Partners. [2000 characters allowed]

Describe your primary community partners for this project. If you are not working with any other organizations or partners please explain why.

We are primarily interested in major partners critical to the success of the project. Describe the level of formal collaboration, if any, and the roles/responsibilities of your major partners. Why have you chosen these partners, what do they bring to the table, how do or will they support the project? You may have multiple other partners; feel free to describe them at least in summary terms. If your project is connected to a community plan or effort, please describe. If you do not have specific partners for this project, explain why not.

Total Amount Requested from Allegany Franciscan Ministries. *Read Only question, auto-populated from your LOI.*

If you need to change the Amount Requested, please contact us. We understand that that the amount requested may have changed as plans have developed since the LOI was submitted. In addition, Allegany's regional vice president may have directed you to consider a different amount.

Length of Grant. Choose one: 12 months or 24 months *Read Only question, auto-populated from your LOI.*

If you need to change the length of grant, please contact us.

Beginning Date (no earlier than July 2018).

Use month/year format (xx/yyyy).

Indicate the date that the grant funds will begin to be utilized. Most will begin in August 2018, but in some cases an earlier or later start is possible.

Project Budget

There are two budget forms you must complete, a *Project Budget Summary Form* (Excel® document) and a *Project Budget Narrative Form* (Word® document). If you are requesting a two-year grant, you must complete a separate *Project Budget Summary Form* for each year, and you may elect to use one or two sheets for the *Project Budget Narrative Form*.

Download the *Project Budget Summary Form* and the *Project Budget Narrative Form* from the application. Save the forms on your system while you complete them, and then upload following the instructions provided on our website. For help downloading and uploading documents [Click Here](#). You can also access these instructions by typing this URL into your web browser: <http://afmfl.org/wp-content/uploads/2016/08/Online-application-instructions-website.pdf>.

Project Budget Summary Form

This Excel® document has a separate sheet for each year – the tabs are labeled YEAR 1 and YEAR 2. If your request is for one year, you will only complete one form.

The columns and line items in the *Project Budget Summary Form* are described below.

Top of Form. The organization name, project name and grant period should match those listed on earlier sections of the application.

Budget category. This column lists the budget line items. If you have expenses that are not listed, do not add a category, but choose the one that is the closest fit and explain the expense on the *Project Budget Narrative Form*.

Total Project Budget and Sources of Funding. In the column labeled "Source A: Allegany Franciscan Ministries" list the portion of each expense that is being requested from Allegany Franciscan Ministries. In the column labeled "Source B" insert the name of another funding source, indicate whether it is committed or pending, and then list the amounts expected from that source. Repeat for the columns labeled "Source C" and "Source D".

If in-kind support is being provided, this should be considered a separate funding source and listed in one of these columns. If you have more than three additional funding sources, combine the totals for multiple sources together in the "Source D" column, and list the individual sources on your attached narrative page (it is not necessary to list the specific line items covered by each of these multiple funders).

The column labeled "Total Project Budget" will automatically total the amounts in the "Sources of Funding" columns, and represents the total proposed expense for each budget category for a 12-month grant period.

Administrative or overhead expenses may be built into the overall project budget and are considered eligible expenses within reason. You must describe them in the narrative. Likewise, evaluation is an eligible expense.

Here is what the *Project Budget Summary Form* you will download looks like (see next page):

Allegany Franciscan Ministries - FY18 Major Grant Programmatic Support Application					
PROJECT BUDGET SUMMARY FORM - YEAR 1					
Organization Name: _____			Project Name: _____		
FROM (date): _____			TO (date): _____		
Budget Category	Total Project Budget (A+B+C+D)	Sources of Funding			
		Source A: Allegany Franciscan Ministries	Source B: insert name of funding source	Source C: insert name of funding source	Source D: insert name of funding source
Personnel (<i>salaries, wages, benefits, payroll taxes etc for all personnel involved in project</i>)	0				
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	0				
Supplies	0				
Occupancy (<i>rent, mortgage, utilities, telephone, internet, etc. assigned as project expense</i>)	0				
Local Travel (<i>mileage, tolls, parking for regular local travel</i>)	0				
Training (<i>staff development, conferences, long distance travel</i>)	0				
Design, Printing & Postage	0				
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. Not an allowable expense for grant funds.</i>)	0				
Purchased Services (<i>consultants, legal, accounting services, etc.</i>)	0				
TOTAL	0	0	0	0	0

Project Budget Narrative Form

Use this document to provide additional detail about each line item. Describe each expense listed on the *Project Budget Summary Form*, explaining the overall project budget and the portion requested of Allegany Franciscan Ministries. Be specific. Also provide general information describing each revenue source column. Include information about other financial resources. You may combine multiple years into one document, as long as you can still provide clear explanations. Or you may create a separate page for each year of the grant.

Success Measures

The *Success Measures Form* is available for you to download as a Word© document. Download, complete, save, and upload the completed form(s). Use the form to provide your expected outcomes, indicators, activities and measurement plan. The completed form may not exceed one page (single spaced) for each year. If this is more than a one year funding request, provide a separate *Success Measures Form* for each year. Please review the explanations on this page before completing the *Success Measures Form*. Be sure that your activities and outcomes tie back to your application narrative and project design. If your request is approved, we will provide evaluation technical assistance and work with you to finalize your success measures.

Outcomes: improvement and/or change in attitude, knowledge, skills, behavior, or condition of client. The “client” may be an individual, family, group, institution, project or its staff, an entire community or a portion of the system. Additionally, outcomes may refer to desired changes in a community in response to community-level and system wide activities. *In the first column, provide up to three outcomes, one in each row of the table.* Your application will not be rated on the number you provide, but on their quality and relevance. We recognize that you may have more than three expected outcomes; please share no

more than three of the most relevant. It is not necessary to create new outcomes for this grant; if you are reporting results for your own purposes or other funders, please consider using that data.

Indicators and measurement: the specific items used to track a project’s success. Information that “indicates” how well the project is doing regarding an outcome; the specific, observable, measurable characteristic or change that shows achievement of the outcome. There will be at least one indicator for each outcome. Indicators describe observable, measurable characteristics or changes. An indicator should include the specific characteristic measured, what data tool is used, when it is measured, and who collects the data. *In the second column of the form, please indicate the specific statistic you will track to determine your success on each outcome, and the data tool you will use to collect this data.*

Activities: what a program does with its resources to fulfill its mission. *In the third column, labeled Activities, for each outcome listed in the first column, identify the 3 - 5 main activities from your proposal that will lead to your outcomes.* Provides a high level summary of how what you are proposing to implement reasonably and logically links to what you hope to achieve for your clients and communities.

Measurement plan: the processes you will use to realize the desired changes or improvements; states any sampling strategies, how the data is entered, how you will analyze the characteristics to assess whether you were successful, and how data is reported. Examples could include:

- will offer two one-hour workshops with 20 participants each that will have a pre and post test;
- conduct post test to measure board members’ change in knowledge and/or document board member behavior changes such as increased hours spent in fundraising;
- document community member meetings with decision makers; increased participation in prevention education classes with documented behavior change from participants.

In the fourth column, describe your measurement plan. For example, how often will you administer your data tool? How will you assess whether you were successful?

Here is what the *Success Measures Form* you will download looks like:

Allegany Franciscan Ministries FY18 Major Grant Application SUCCESS MEASURES FORM			
Organization Name:		Request Name/Project Name:	
Year: From (month/year):		To (month/year):	
Outcomes	Indicators	Activities	Measurement plan

complete one page – and one page only - per year of grant

Certification and Signature Form

Download the *Certification and Signature Form* from the application – it is a PDF. Three signatures are required: the chief executive of the organization, the current board of directors Chair or Vice Chair, and the chief financial officer (or equivalent).

Here is what the *Certification and Signature Form* you will download looks like:

ALLEGANY FRANCISCAN MINISTRIES
FY18 MAJOR GRANT APPLICATION

CERTIFICATION and SIGNATURE FORM

I understand that, if a grant is awarded, the organization will be advised of the amount and the complete and final terms of the grant. The organization will be prepared to enter into an agreement with Allegany Franciscan Ministries, Inc. and to comply with all terms and conditions of the grant.

I certify that the organization submitting this grant application has received a ruling from the Internal Revenue Service confirming that the organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and that the organization is not a private foundation as defined in section 509(a) of the Internal Revenue Code.

I authorize Allegany Franciscan Ministries to use any information provided in this application for funding at its discretion, even if a grant is not awarded.

By signing below, I certify that all information included in the application for funding is true and correct to the best of my knowledge.

Organization: _____

Chief Executive of Organization

Signature: _____ Date: _____

Name and Title Printed: _____

Chief Financial Officer or Board Treasurer of Organization

Signature: _____ Date: _____

Name and Title Printed: _____

Board of Directors Chair or Vice Chair

Signature: _____ Date: _____

Name and Title Printed: _____

You Are Nearly Finished!! Hooray!

Before you submit your application, print it and ask someone else – preferably someone who is not affiliated with your organization or project – to read it. Does it make sense ... can they understand clearly what you are trying to do? Get honest feedback and rewrite as necessary!

Double-check that your uploads have saved. When you are positive that your application is complete and there are no more changes, click "*Submit Application*" on the top left hand side of the page.

Thank you and God Bless You!