St. Clare Grant Application FY25

*Allegany Franciscan Ministries*

## Contact Information Verified\*

Before completing this application: 1) Review and verify your organization and user contact record above is up-to-date. If needed, edit the information using the pencil icon next to the “Applicant” and/or “Organization” section(s) and click Save (contact Carla Batts at cbatts@afmfl.org if you need assistance).

By checking this box, you confirm that contact information for both the organization and user record have been verified and that any necessary updates were made and saved.

Choices

Contact Information Verified

## Project Name\*

Please do not include your organization name in the project name. If you are requesting operating support, please enter "General Operating Support" as the project name.

*Character Limit: 100*

## Type of Support Requested\*

Choices

General Operating Support Project Support

Combination - General Operating & Project Support

Based on how the above question is answered, applicant will be required to complete the first, second, or third section of the application (not all).

# Organization and Project Information - General Operating Support

General instructions for narrative questions: Character counts are listed for each narrative question. It is not expected that you use all the space provided – answer the questions in sufficient detail and breadth, without adding or repeating information just to fill space.

Organizational Information

## Organization Background\*

Describe your organization in up to 5 sentences.

*Character Limit: 500*

## Organization Budget Amount - current fiscal year\*

*Character Limit: 20*

Demographic Information

***Purpose for demographics questions below:***

***Allegany Franciscan Ministries is committed to providing grant funding to organizations serving the most vulnerable and historically marginalized in our communities, and we are interested in knowing who makes up your leadership and if they represent the marginalized population(s) you serve.***

## Organizational Leadership (check all that apply)\*

Does anyone on staff leadership (leadership team as you define it) or board of directors self- identify with any of these marginalized groups or another marginalized group?:

Choices

BIPOC (Black, Indigenous, People of Color) LGTBQ+

Individuals with Disabilities

Other historically disenfranchised groups Unknown

No one on staff leadership or board self-identifies with these marginalized groups or any others Decline to state

Project Information

Respond to the questions below. If you have an existing document that provides the information requested, upload it in any format; if not, enter your responses in the narrative section.

## Amount Requested from Allegany Franciscan Ministries\*

*Character Limit: 20*

## How will the funds be used?\*

*Character Limit: 10000 | File Size Limit: 5 MB*

## What do you hope to accomplish?\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## How does your work change your community?\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## Marginalized Population(s) Served (check all that apply)\*

Select the marginalized population(s) your organization serves.

Choices

BIPOC (Black, Indigenous, People of Color) LGBTQ+

Individuals with Disabilities

Other historically disenfranchised groups Unknown

We don't serve any of these marginalized groups or any others Decline to state

# Organization and Project Information - Project Support

General instructions for narrative questions: Character counts are listed for each narrative question. It is not expected that you use all the space provided – answer the questions in sufficient detail and breadth, without adding or repeating information just to fill space.

Organizational Information

## Organization Background\*

Describe your organization in up to 5 sentences.

*Character Limit: 500*

## Organization Budget Amount - current fiscal year\*

*Character Limit: 20*

Demographic Information

***Purpose for demographics questions below:***

***Allegany Franciscan Ministries is committed to providing grant funding to organizations serving the most vulnerable and historically marginalized in our communities, and we are interested in knowing who makes up your leadership and if they represent the marginalized population(s) you serve.***

## Organizational Leadership (check all that apply)\*

Does anyone on staff leadership (leadership team as you define it) or board of directors self- identify with any of these marginalized groups or another marginalized group?:

Choices

BIPOC (Black, Indigenous, People of Color) LGBTQ+

Individuals with Disabilities

Other historically disenfranchised groups Unknown

No one on staff leadership or board self-identifies with these marginalized groups or any others Decline to state

Project Information

Respond to the questions below. If you have an existing document that provides the

information requested, upload it in any format; if not, enter your responses in the narrative section.

## Amount Requested from Allegany Franciscan Ministries\*

*Character Limit: 20*

## Provide a simple but specific breakdown on how the funds will be used.\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## Describe the project for which you are requesting funds.\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## Marginalized Population(s) Served (check all that apply)\*

Select the marginalized population(s) your project serves.

Choices

BIPOC (Black, Indigenous, People of Color) LGBTQ+

Individuals with Disabilities

Other historically disenfranchised groups Unknown

We don't serve any of these marginalized groups or any others Decline to state

Evaluation & Learning

## Describe how you will know if the grant is successful.\*

*Character Limit: 5000 | File Size Limit: 5 MB*

# Organization and Project Information - Combination - General Operating & Project Support

General instructions for narrative questions: Character counts are listed for each narrative question. It is not expected that you use all the space provided – answer the questions in sufficient detail and breadth, without adding or repeating information just to fill space.

## Organization Background\*

Describe your organization in up to 5 sentences.

*Character Limit: 500*

## Organization Budget Amount - current fiscal year\*

*Character Limit: 20*

***Purpose for demographics questions below: Allegany Franciscan Ministries is committed to providing grant funding to organizations serving the most vulnerable and historically marginalized in our communities, and we are interested in knowing who makes up your leadership and if they represent the marginalized population(s) you serve.***

## Organizational Leadership (check all that apply)\*

Does anyone on staff leadership (leadership team as you define it) or board of directors self- identify with any of these marginalized groups or another marginalized group?:

Choices

BIPOC (Black, Indigenous, People of Color) LGTBQ+

Individuals with Disabilities

Other historically disenfranchised groups Unknown

No one on staff leadership or board self-identifies with these marginalized groups or any others Decline to state

Project Information

Respond to the questions below. If you have an existing document that provides the information requested, upload it in any format; if not, enter your responses in the narrative section.

## Amount Requested from Allegany Franciscan Ministries\*

*Character Limit: 20*

## Provide a simple but specific breakdown on how the funds will be used.\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## What do you hope to accomplish?\*

*Character Limit: 2500 | File Size Limit: 3 MB*

## How does your work change your community?\*

*Character Limit: 2500 | File Size Limit: 3 MB*

## Describe the project for which you are requesting funds.\*

*Character Limit: 5000 | File Size Limit: 5 MB*

## Marginalized Population(s) Served (check all that apply)\*

Select the marginalized population(s) your organization/project serves.

Choices

BIPOC (Black, Indigenous, People of Color) LGBTQ+

Individuals with Disabilities

Other historically disenfranchised groups

Unknown

We don't serve any of these marginalized groups or any others Decline to state

Evaluation & Learning

## Describe how you will know if the grant is successful.\*

*Character Limit: 5000*

Question below only appears and is required if “Other” is selected above for Organizational
 Leadership.

#  Organizational Leadership - Other

**Organizational Leadership - Other historically disenfranchised group(s)\*** Describe the other historically disenfranchised group(s) with whom staff leadership or board self-identifies.

*Character Limit: 250*

Question below only appears and is required if “Other” is selected above for Marginalized
 Population(s) Served.

#  Marginalized Population(s) Served - Other

**Marginalized Population(s) Served - Other historically disenfranchised group(s)\*** Describe the other historically disenfranchised group(s) your organization and/or project serves.

*Character Limit: 250*

#  Feedback

## Feedback

Thank you for completing our St. Clare grant application. Please explain your overall experience with the application process.

*Character Limit: 500*