Tau Grant Application FY24

*Allegany Franciscan Ministries*

**It is important that we have your most up-to-date contact information for communication and payment purposes. Before starting this application, please review both your organization and user contact records above to verify ALL information is accurate. If the information is not correct, use the pencil icon next to the “Applicant” and/or “Organization” section(s) to make changes and then click the Save button. Reach out to Carla Batts at** **cbatts@afmfl.org** **or 727- 507-9668 if you need assistance.**

## Contact Information Verified\*

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

### Choices

Contact Information Verified

[Read Overview](https://afmfl.org/wp-content/uploads/2023/07/Tau-Grants-FY24-Overview_FINAL.pdf). FY24 Tau Grants will support unrestricted general operating or organizational capacity-building needs for organizations that provide services to the following marginalized groups: BIPOC (Black, Indigenous, People of Color), LGBTQ+, and/or individuals with disabilities. People of Color refers to any racial or ethnic group or population that identifies as non-white.

### To be considered for funding ALL of the following criteria must apply to the organization:

* The organization did not receive Tau Grant funding in Fall 2021 - Spring 2022 or Fall 2022 - Spring 2023

AND

* At least 50% of the organization’s population served falls within the marginalized groups identified

AND

* At least 25% of staff leadership (leadership team as you define it) includes individuals who identify as BIPOC, LGBTQ+, or persons with a disability.

### Priority will be given to organizations focused and actively working on one or more of the following issues:

1. **Access to Healthcare:** Healthcare access is the ability to obtain healthcare services such as diagnosis, prevention or treatment that’s affordable and convenient.
	* Examples may include organizations focused on providing health services to underinsured or uninsured patients or assisting with health insurance enrollment.
2. **Civic Engagement:** Civic engagement refers to the ways in which citizens participate in the life of a community in order to help shape the community’s future.
	* Examples may include organizations focused on movement building, re-entry efforts,

electoral participation, or advocacy.

1. **Economic Mobility and Opportunity:** Economic mobility can be defined as how an individual’s financial well-being changes over a certain period of time. Generally, well-being is defined in terms of income, earnings, or assets.
	* Examples may include organizations focused on job training/placement, entrepreneurship, social assistance, or financial literacy.

### 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.

*For questions about this application, contact Brittney Frazier at* *bfrazier@afmfl.org.*

# Eligibility Questions

## Did your organization receive Tau Grant funding in the last two fiscal years?\*

Last two fiscal years include Fall 2021 - Spring 2022 and Fall 2022 - Spring 2023.

### Choices

No Yes

## Does at least 50% of the population served fall within the marginalized groups identified?\*

BIPOC (Black, Indigenous, People of Color), LGBTQ+, and/or persons with disabilities. People of Color refers to any racial or ethnic group or population that identifies as non-white.

### Choices

No Yes

**Does at least 25% of staff leadership identify with any of the following groups?:\*** BIPOC (Black, Indigenous, People of Color), LGBTQ+, and/or persons with disabilities. People of Color refers to any racial or ethnic group or population that identifies as non-white.

### Choices

Yes No

# Request Type & Project Name

## Indicate the type of request in which you are seeking funds:\*

Only one option can be selected.

**Capacity Building should only be selected for organizations who have never received funding from Allegany Franciscan Ministries.**

**General Operating should only be selected for organizations who have previously received funding from Allegany Franciscan Ministries through one of our grant programs.**

**Choices**

Capacity Building - have never received funding from Allegany Franciscan Ministries General Operating - have previously received funding from Allegany Franciscan Ministries

## Project Name\*

Do not include your organization name in the project name. If you're requesting general operating support, enter the project name as "General Operating". If you're requesting capacity building support, enter the project name as "Capacity Building".

*Character Limit: 100*

**Based on how the Request Type question above is answered, applicant will either be required to complete the first section of the application for Capacity Building or second section for General Operating (not both).**

# Tau Grant Application FY24 - Capacity Building

**Organizational Information**

## Organization Background\*

Describe your organization in up to five sentences.

*Character Limit: 1000*

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

Indicate which population(s) your organization serves. To be considered for funding at least 50% of the organization’s population served must fall within one or more of the marginalized groups identified.

### Choices

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

Persons with disabilities

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

Does anyone on staff leadership (leadership team as you define it) self-identify with any of the following marginalized groups?:

### Choices

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

Persons with disabilities Don't know

No one on staff leadership self-identifies with these marginalized groups

## Geographic Area\*

Only one option can be selected.

### Choices

Miami-Dade County

Palm Beach (Martin, St. Lucie, Palm Beach Counties) Tampa Bay (Hillsborough, Pinellas Counties)

## Organizational Budget\*

(current fiscal year)

*Character Limit: 20*

**Project Information**

## Priority Issues - check all that apply\*

**Priority will be given to organizations focused and actively working on one or more of the following issues.** *For priority descriptions and examples, see top section of this application form.*

### Choices

Access to Healthcare Civic Engagement

Economic Mobility and Opportunity None of these apply

## Capacity Building Need & Description\*

Explain the current challenge or opportunity for your organization and how this grant can expand your capacity to achieve greater gains for those you serve.

*Character Limit: 4000*

**Budget Information**

## Amount Requested from Allegany Franciscan Ministries\*

(maximum request $15,000)

*Character Limit: 20*

## Budget Narrative\*

Please give a detailed description of what expenses will be covered in the total amount requested.

*Character Limit: 2000*

## Total Budget\*

Please enter total budget amount for funding request.

*Character Limit: 20*

## Additional Funding Sources\*

If the total budget exceeds $15,000, how does your organization plan to obtain additional funding? If this doesn't apply, enter N/A.

*Character Limit: 2000*

### Feedback

We are always looking for ways to improve our application process and we value your input. Please answer the following question below. You can also provide an anonymous review at [www.GrantAdvisor.or](https://grantadvisor.org/)g.

## Comments\*

Please explain your overall experience with the application process. If no response, enter N/A.

*Character Limit: 3000*

# Tau Grant Application FY24 - General Operating

**Organizational Information**

## Organization Background\*

Describe your organization in up to five sentences.

*Character Limit: 1000*

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

Indicate which population(s) your organization serves. To be considered for funding at least 50% of the organization’s population served must fall within one or more of the marginalized groups identified.

### Choices

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

Persons with disabilities

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

Does anyone on staff leadership (leadership team as you define it) self-identify with any of the following marginalized groups?:

### Choices

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

Persons with disabilities Don't know

No one on staff leadership self-identifies with these marginalized groups

## Geographic Area\*

Only one option can be selected.

### Choices

Miami-Dade County

Palm Beach (Martin, St. Lucie, Palm Beach Counties) Tampa Bay (Hillsborough, Pinellas Counties)

## Organizational Budget\*

(current fiscal year)

*Character Limit: 20*

**Project Information**

## Priority Issues - check all that apply\*

**Priority will be given to organizations focused and actively working on one or more of the following issues.** *For priority descriptions and examples, see top section of this application form.*

### Choices

Access to Healthcare Civic Engagement

Economic Mobility and Opportunity None of these apply

## General Operating Need & Description\*

Explain the current challenge or opportunity for your organization and how this grant can support your operational needs to achieve greater gains for those you serve.

*Character Limit: 4000*

**Budget Information**

## Amount Requested from Allegany Franciscan Ministries\*

(maximum request $15,000)

*Character Limit: 20*

## Budget Narrative\*

Please give a detailed description of what expenses will be covered in the total amount requested.

*Character Limit: 2000*

## Total Budget\*

Please enter total budget amount for funding request.

*Character Limit: 20*

## Additional Funding Sources\*

If the total budget exceeds $15,000, how does your organization plan to obtain additional funding? If this doesn't apply, enter N/A.

*Character Limit: 2000*

### Feedback

We are always looking for ways to improve our application process and we value your input. Please answer the following question below. You can also provide an anonymous review at [www.GrantAdvisor.or](https://grantadvisor.org/)g.

## Comments\*

Please explain your overall experience with the application process. If no response, enter N/A.

*Character Limit: 3000*