

ACOR Grant Application FY24

Allegheny 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

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.

Please contact Erin Baird with any questions you have about the ACOR grant application, (727) 507-9668 or ebaird@afmfl.org.

Affiliation

Indicate your affiliation:

Choices

Franciscan Sisters of Allegheny
 Franciscan Sisters of Allegheny Associate
 A Ministry of Trinity Health
 None of the above

Identify the Sister or Associate affiliated with your organization, or the Trinity Health Ministry.

Character Limit: 300

Briefly describe the affiliation of the individual or entity identified above.

How long has the individual or entity been connected with the organization? Describe any involvement with the specific project.

Character Limit: 1500

Organizational Information

Organization Background*

Describe your organization in up to five sentences.

Character Limit: 1500

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+

Persons with disabilities

Other

Don't Know

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

Organization's Budget:*

(current fiscal year)

Character Limit: 20

Organizational Leadership - Other

Organizational Leadership - Other*

Describe the "other" marginalized population with whom staff leadership or board self-identifies.

Character Limit: 250

Project Information

Project Name*

Character Limit: 200

Project Need*

What are the current organizational or program needs? How did you determine these needs?

Character Limit: 2000

Project Information*

What do you hope to accomplish with the grant/ How will this project change your community?

Character Limit: 2000

Population Served*

Describe the population your organization/project serves. Keep in mind the priority criteria for individuals from the following marginalized groups: BIPOC (Black, Indigenous, People of Color - People of Color refers to any racial or ethnic group or population that identifies as non-white), members of LGBTQ+ community, persons with disabilities, low-income populations, and other historically disenfranchised groups.

Character Limit: 250

ACOR Priority Criteria (select all that apply to your organization/project)*

Priority will be given to organizations and projects that meet most or all of the following criteria.

Choices

Improve health, wellness and quality of life through a holistic approach
 Promote self-sufficiency or bring about systemic change
 Provide services to individuals from marginalized groups
 Strive to incorporate the viewpoint of individuals who are served
 Focus on women
 Focus on environment

Priority Criteria Description*

Explain how your organization or project meets the ACOR Priority Criteria selected above.

Character Limit: 1000

Project Evaluation*

How will you know if you are successful? If this same project was recently funded by ACOR, comment on your results.

Character Limit: 1500

Total Project Budget

For Program Support projects only. What is the total program budget?

Character Limit: 20

Amount Requested from Allegany Franciscan Ministries:*

(maximum request \$10,000)

Character Limit: 20

Project Budget Narrative*

Provide a description of expenses covered in the total amount requested. Example expenses include: personnel, supplies/equipment, food, transportation, purchased services, or other costs.

Character Limit: 1500

Optional - Supplemental Budget Information

You may upload a one-page document that helps us better understand the overall project budget.

Character Limit: 500 | File Size Limit: 3 MB

Feedback

Thank you for completing our ACOR grant application. Visit www.GrantAdvisor.org to provide an anonymous review of Allegheny Franciscan Ministries. Simply click on "write a review". You do not need to create an account.