Tau Grant Application FY25

*Allegany Franciscan Ministries*

## Contact Information Verified and Tau Grant Web Page Reviewed\*

### 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**](mailto:cbatts@afmfl.org) **if you need assistance) AND 2) Review the** [**Tau Grant Web Page**](https://afmfl.org/mission-inspired-grants/tau/)**.**

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, and that you've also reviewed our [Ta](https://afmfl.org/mission-inspired-grants/tau/)u [Grant Web Page](https://afmfl.org/mission-inspired-grants/acor/).

### Choices

Contact Information Verified and Tau Grant Web Page Reviewed

FY25 Tau Grants will offer two-year **unrestricted general operating support** for nonprofit organizations that provide services to the following marginalized groups: BIPOC (Black, Indigenous, People of Color), LGBTQ+, Individuals with Disabilities, and other historically disenfranchised groups. General operating grants support the organization's overall mission and goals, not specific projects or programs. General operating grants should help strengthen the organization or further its charitable purpose.

**Focus Areas**

Tau Grants will focus on nonprofit organizations working on one or more of the following focus areas:

1. **Access to Healthcare**: Healthcare access is the ability to obtain healthcare services such as diagnosis, prevention or treatment that’s affordable and convenient.
2. **Economic Mobility**: Economic mobility is the ability of individuals to improve themselves and their families’ economic condition.
3. **Basic Needs**: Basic needs are the essential material requirements for daily life.

Examples of each focus areas are provided on our [Tau Grant Web Page](https://afmfl.org/mission-inspired-grants/tau/).

**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. Please contact Erin Baird with any questions you have about the Tau grant application, (727) 507-9668 or** [**ebaird@afmfl.org**](mailto:ebaird@afmfl.org)**.**

# Eligibility Questions

**To be eligible to apply and be considered for funding, the organization must meet all of the following requirements:**

## Focus Area(s) of the organization include(s) one or more of the following:\*

Access to Healthcare Economic Mobility Basic Needs

### Choices

Yes No

## The organization has an operating budget of less than $1 million.\*

### Choices

Yes No

## At least 50% of the population(s) served fall within the marginalized groups identified.\*

BIPOC (Black, Indigenous, People of Color), LGBTQ+, Individual with disabilities, and/or Other historically disenfranchised groups.

### Choices

Yes No

## At least 25% of staff leadership identifies with the following groups.\*

BIPOC (Black, Indigenous, People of Color), LGBTQ+, Individuals with disabilities, and/or Other historically disenfranchised groups. "Staff leadership" is how you define it.

### Choices

Yes No

# Tau Grant Application FY25 - General Operating Support

**Organizational Information**

## Organization Background\*

Describe your organization in up to five sentences.

*Character Limit: 500*

## Year Founded\*

If your organization has a Candid profile with information filled in, the response to this question should auto-populate. If it doesn't, you can use the Copy Candid Profile button at the top of this application form to pull in that response.

If your organization has not filled out its Candid profile, enter your response manually.

*Character Limit: 250*

## Organizational Budget\*

(current fiscal year)

*Character Limit: 20*

## Geographic Area Served\*

Only one option can be selected.

### Choices

Miami-Dade County

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

**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. Additionally, we are interested in knowing who makes up your leadership and if they represent the marginalized population(s) you serve.***

## 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(s) served must fall within one or more of the following marginalized groups:

### Choices

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

Individuals with Disabilities

Other historically disenfranchised groups

## How does your organization solicit and incorporate the viewpoints of individuals who are served.\*

If you are not currently soliciting and incorporating the viewpoints of individuals you are serving, please describe if you have any plans to do so in the future.

*Character Limit: 500*

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

Indicate who on staff leadership (leadership team as you define it) self-identifies with any of the following marginalized groups. To be considered for funding at least 25% of the organization’s leadership must identify with one or more of the following marginalized groups:

### Choices

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

Individuals with Disabilities

Other historically disenfranchised groups

**Project Information**

## Project Name\*

Enter the project name as "General Operating Support". Do not include your organization name in the project name.

*Character Limit: 100*

## Focus Area(s) of Funding Request - check all that apply\*

*For descriptions and examples of focus areas, see our* [*Tau Grant Web Page*](https://afmfl.org/mission-inspired-grants/tau/)*.*

### Choices

Access to Healthcare Economic Mobility Basic Needs

**General Operating Need(s) & Allegany Franciscan Ministries Funding Request\*** Describe the current challenge or opportunity for your organization and the need(s) for your funding request at this time. Keep in mind that your request should align with the focus area(s) you identified above.

*Character Limit: 3000*

**Total Amount Requested from Allegany Franciscan Ministries for a 2-year period\*** Total maximum amount of up to $20,000 can be requested for the 2-year period. The amount paid per year can be any amount as long as the total is not more than $20,000.

*Character Limit: 20*

## Budget Narrative Form\*

Download, complete, and upload the [**Allegany Franciscan Ministries Budget Narrative Form**](https://afmfl.org/wp-content/uploads/2024/07/FY25-Tau-Application_Gen.-Op.-Budget-Narrative-Form_FINAL_v5.xlsx)**.** Include the amounts and descriptions for all expenses being requested in Year 1 & Year 2 (if applicable). The total amount on the form should match the total amount requested above.

Reference our completed budget narrative form examples to ensure yours is filled out correctly. If awarded and you plan to request funds in both Year 1 & 2, [see 1st example](https://afmfl.org/wp-content/uploads/2024/12/FY25-Tau-Application_Gen.-Op.-Budget-Narrative-Form_Yr-1-2-Funds-Example_FINAL.xlsx); if you plan to request all funds in Year 1 only, [see 2nd examp](https://afmfl.org/wp-content/uploads/2024/12/FY25-Tau-Application_Gen.-Op.-Budget-Narrative-Form_All-Funds-Yr-1-Example_FINAL.xlsx)le.

*File Size Limit: 10 MB*

## Feedback

Please explain your overall experience with the application process.

*Character Limit: 500*

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

# Other historically disenfranchised groups - Marginalized

*Population(s) Served*

## Other historically disenfranchised groups\*

Enter Other historically disenfranchised groups served.

*Character Limit: 250*

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

# Other historically disenfranchised groups - Staff Leadership

## Other historically disenfranchised groups\*

Enter Other historically disenfranchised groups with whom staff leadership self-identifies.

*Character Limit: 250*