ACOR Grant Application FY25

*Allegany Franciscan Ministries*

## Contact Information Verified and ACOR 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** **if you need assistance) AND 2) Review our** [**ACOR Grant Web Page**](https://afmfl.org/mission-inspired-grants/acor/)**.**

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 [ACOR Grant Web Page](https://afmfl.org/mission-inspired-grants/acor/).

### Choices

Contact Information Verified and ACOR Grant Web Page Reviewed

**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 ACOR grant application, (727) 507- 9668 or*** ***ebaird@afmfl.org******.***

#  Affiliation and Project Name & Location – responses from LOI will automatically carry over to this section.

## Indicate your Affiliation:

### Choices

Franciscan Sisters of Allegany Franciscan Sisters of Allegany 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: 1000*

## 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: 200*

## Is the project you are requesting funding for based outside the U.S.?\*

### Choices

No Yes

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

# ACOR FY25 - Projects in the U.S.

**Organizational Information**

## Organization Background\*

Describe your organization in up to five sentences.

*Character Limit: 500*

## Organization's Budget:\*

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

## Has Demographics Information\*

If your organization has a Candid profile with information filled in, the response to this question should auto-populate as "Yes". If it doesn't, the response to this question should auto-populate as "No".

If no response auto-populates, you can either use the Copy Candid Profile button at the top of this application form to pull that in or enter your response manually.

## 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

Don't Know

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

**Project Information**

## Type of Support Requested\*

### Choices

General Operating Support Project Support

## Project Need\*

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

*Character Limit: 2000*

## Marginalized Population(s) Served\*

Describe the marginalized population(s) your organization/project serves. Some examples may include: BIPOC (Black, Indigenous, People of Color), members of LGBTQ+ community, individuals with disabilities, low-income populations, and other historically disenfranchised groups.

*Character Limit: 500*

**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\*

Describe how you will know if this grant will be successful. If funded, what will successful completion of the project look like?

If the same project was recently funded by ACOR, comment on your results.

*Character Limit: 1500*

# ACOR FY25 - Projects Outside the U.S.

**Organizational Information**

## Organization Background\*

Describe your organization in up to five sentences.

*Character Limit: 500*

## Organization's Budget\*

**Amount should be entered as U.S. dollars**. If a currency converter is needed, you may use [XE](https://www.xe.com/currencyconverter/) [Currency Converter](https://www.xe.com/currencyconverter/).

*Character Limit: 20*

**Project Information**

## Type of Support Requested\*

### Choices

General Operating Support Project Support

## Project Need\*

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

*Character Limit: 2000*

## Marginalized Population(s) Served\*

Describe the marginalized population(s) your organization/project serves. Also, identify the city(ies) where the project will take place.

*Character Limit: 500*

**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\*

Describe how you will know if this grant will be successful. If funded, what will successful completion of the project look like?

If the same project was recently funded by ACOR, comment on your results.

*Character Limit: 1500*

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

#  Organizational Leadership - Other

## Organizational Leadership - Other\*

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

*Character Limit: 250*

**Based on how Type of Support Requested is answered above, applicant will either be required to complete the first or second section below (not both).**

#  General Operating: Amount Requested and Budget & Narrative

## Amount Requested from Allegany Franciscan Ministries:\*

**Amount should be entered as U.S. dollars** (maximum request $10,000).

*Character Limit: 20*

## Budget Narrative\*

Provide a description of expenses covered in the total amount requested from Allegany Franciscan Ministries **(expense amounts must total the full amount requested above and should be entered in U.S. dollars).**

Example expenses include: personnel, occupancy, training, transportation, consulting, supplies/equipment, other infrastructure costs, or other costs. **If you have an existing document that provides the information requested, upload it in any format; if not, enter your response. You may also use** [**Allegany's Budget Narrative Form**](https://afmfl.org/wp-content/uploads/2024/07/FY25-ACOR-Application_Gen.-Op.-Budget-Narrative-Form_FINAL_v3.xlsx).

*Character Limit: 1500 | File Size Limit: 5 MB*

## Optional - Supplemental Budget Information

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

*Character Limit: 250 | File Size Limit: 2 MB*

# Project Support: Amount Requested and Project Budget &

 *Narrative*

## Total Project Budget\*

What is the total project budget? **Enter in U.S. dollars.**

*Character Limit: 20*

## Amount Requested from Allegany Franciscan Ministries\*

**Amount should be entered in U.S. dollars** (maximum request $10,000).

*Character Limit: 20*

## Project Budget Narrative\*

Provide a description of expenses covered in the total amount requested from Allegany Franciscan Ministries **(expense amounts must total the full amount requested above and should be entered in U.S. dollars).**

Example expenses include: personnel, project supplies and equipment, training, food, transportation, or other project costs. **If you have an existing document that provides the information requested, upload it in any format; if not, enter your response. You may also use** [**Allegany's Budget Narrative Form**](https://afmfl.org/wp-content/uploads/2024/07/FY25-ACOR-Application_Project-Budget-Narrative-Form_FINAL_v2.xlsx).

*Character Limit: 1500 | File Size Limit: 5 MB*

## Optional - Supplemental Budget Information

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

*Character Limit: 250 | File Size Limit: 2 MB*

#  Feedback

## Feedback

Please explain your overall experience with the application process.

*Character Limit: 500*