

Nonprofit Capacity & Leadership Grant Application FY26

Allegheny 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 records has been verified and that any necessary updates were made and saved.

Choices

Contact Information Verified

Are you applying for this grant as a nonprofit organization?*

If you are with a nonprofit organization applying for this grant, please select "Yes".

Choices

Yes

No

Are you using a fiscal sponsor to apply for this grant?*

A fiscal sponsor is a 501(c)(3) tax-exempt nonprofit organization that provides administrative, financial, and legal oversight to an organization or project that is not a registered 501(c)(3) tax-exempt nonprofit. Note: If your grant request is approved, the fiscal sponsor will ultimately be accountable for the grant.

Choices

No

Yes

Type of Support Requested*

Choices

General Operating Support

Project Support

Combination - General Operating & Project Support

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

This branched section only appears if applicant answers “Yes” to fiscal sponsor question above.

Fiscal Sponsor Information

Fiscal Sponsor - Organization Name*

Character Limit: 250

Fiscal Sponsor - Tax ID#*

Character Limit: 15

Fiscal Sponsor - Organization Contact Information*

Provide the address and phone number for the organization providing fiscal sponsorship for your grant request.

Character Limit: 250

Fiscal Sponsor - Primary Contact Name and Contact Information*

Provide the email address and phone number for the primary contact at the organization providing fiscal sponsorship for your grant request.

Character Limit: 250

Fiscal Sponsorship Agreement*

Please upload an official document or MOU (Memorandum of Understanding) that recognizes the agreed upon fiscal sponsorship relationship.

File Size Limit: 4 MB

Briefly tell us the reason(s) you are using a fiscal sponsor.*

Character Limit: 250

This branched section only appears if applicant selects “General Operating Support” for Type of Support Requested question above.

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 & Use of Funds

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?:

Choices

BIPOC (Black, Indigenous, People of Color)

LGBTQ+

Individuals with Disabilities

Immigrants

Unknown

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

Decline to state

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 sections.

Amount Requested from Allegany Franciscan Ministries*

Character Limit: 20

How will the funds be used?*

Character Limit: 5000 | File Size Limit: 3 MB

What do you hope to accomplish?*

Character Limit: 5000 | File Size Limit: 2 MB

How does your work change your community?*

Character Limit: 5000 | File Size Limit: 2 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

Immigrants
Unknown
We don't serve any of these marginalized groups
Decline to state

Organizations Served Through Your Work*

Please upload a full list or provide a link to a full list of the organizations you serve as part of your work, including organization name and county location.

Character Limit: 500 | File Size Limit: 4 MB

Why We Ask About Organizations Served Through Your Work: *As a funding partner deeply committed to equity, justice, and centering community, we are continually working to build greater transparency and trust in our processes. One of the ways we do this is by learning more about the ecosystem of organizations you're engaged with—especially those that are serving individuals and communities who have been historically marginalized and are most vulnerable. As we increase our investment in this grant program, we are committed to doing our due diligence to ensure we are creating the impact we collectively envision. Your input plays a vital role in helping us make informed, community-centered decisions.*

This branched section only appears if applicant selects “Project Support” for Type of Support Requested question above.

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

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Describe your organization in up to 5 sentences.

Character Limit: 500

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Character Limit: 20

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LGBTQ+

Individuals with Disabilities

Immigrants

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Project Information

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Amount Requested from Allegany Franciscan Ministries*

Character Limit: 20

Describe the project for which you are requesting funds.*

Character Limit: 5000 | File Size Limit: 3 MB

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

Character Limit: 5000 | File Size Limit: 3 MB

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

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Evaluation & Learning

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

Character Limit: 5000 | File Size Limit: 3 MB

This branched section only appears if applicant selects “Combination – General Operating & Project Support” for Type of Support Requested question above.

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

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Evaluation & Learning

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

Character Limit: 5000 | File Size Limit: 3 MB

Feedback

Feedback

Thank you for completing our FY26 Nonprofit Capacity & Leadership grant application. Please explain your overall experience with the application process.

Character Limit: 500