

# St. Clare Grant Application FY26

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## *Allegany 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](mailto:cbatts@afmfl.org) if you need assistance).

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.

#### Choices

Contact Information Verified

### 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

### 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

**This branched section only appears if applicant answers "Yes" to fiscal sponsor question above.**

## *Fiscal Sponsor Information*

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### 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: 5 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 Information and Use of Funds - General Operating Support*

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**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*

**Current Organizational Goals and Measurement\***

What are your current organizational goals and how are they being measured?

If your organization has a strategic plan or another existing document that provides the information requested, you may upload that here in lieu of completing the narrative section.

*Character Limit: 10000 | File Size Limit: 3 MB*

**Organization Budget Amount - current fiscal year\***

*Character Limit: 20*

## Amount Requested from Allegany Franciscan Ministries\*

Character Limit: 20

## How will the funds be used?\*

If you have an existing document that provides the information requested, upload it in any format; if not, enter your response in the narrative section.

Character Limit: 10000 | File Size Limit: 3 MB

## 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

## 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

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**

#### **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

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

Select the marginalized population(s) your project 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

## **Project Information**

### **Amount Requested from Allegany Franciscan Ministries\***

*Character Limit: 20*

**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.**

### **Project Description\***

Describe the project for which you are requesting funds.

*Character Limit: 10000 | File Size Limit: 3 MB*

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

*Character Limit: 10000 | File Size Limit: 3 MB*

### **Current Project Goals & Measurement\***

What are your current project goals and how will they be measured?

*Character Limit: 10000 | 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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**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**

### **Organization Background\***

Describe your organization in up to 5 sentences.

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**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

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

Select the marginalized population(s) your organization/project 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

**Project Information**

**Amount Requested from Allegany Franciscan Ministries\***

Character Limit: 20

**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.**

**Project Description\***

Describe the project for which you are requesting funds.

*Character Limit: 10000 | File Size Limit: 3 MB*

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

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**Current Project Goals & Measurement\***

What are your current project goals and how will they be measured?

*Character Limit: 10000 | File Size Limit: 3 MB*

## *Feedback*

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### **Feedback**

Thank you for completing our FY26 St. Clare Grant Application. Please explain your overall experience with the application process.

*Character Limit: 500*