

MMF Consultant-led Capacity Building Grant FY 2027

Marillac Mission Fund

Project Title/Focus Area

Project Name*

Enter the title (name) of your project.

Character Limit: 100

Proposal Summary*

Summarize the purpose of this capacity building request and broadly describe how MMF funds will be spent. (ex. “grant dollars will be used to support 100% of strategic planning consultant costs”).

Character Limit: 600

Amount Requested*

Maximum request is \$25,000.

Character Limit: 20

Organization Name*

Applicant Organization's **Legal Name** as shown on its *IRS Letter of Determination*.

Character Limit: 100

Capacity Building Focus Area*

Select one of our core focus areas which will be positively impacted by this Capacity Building work.

Choices

- Older Adults Living Independently
- Immigrants & Refugees
- Human Trafficking Prevention
- Advocacy & Coalition-Building
- Improved Economic Mobility
- Rural Well Being

Grant Number

Character Limit: 20

Advocacy & Coalition-Building Sub-focus area

Advocacy sub-focus area*

All Advocacy and Coalition-Building grantees must be working in one of our core focus areas. Choose one below.

Choices

Older Adults Living Independently
Immigrants & Refugees
Human Trafficking Prevention
Rural Well-Being
Improved Economic Mobility

Proposal Narrative

Q1. Mission*

What is your mission? Describe how your programs/activities satisfy that mission.

Character Limit: 1000

Q2. CBG Requirements*

Check the boxes below to confirm that this project meets the MMF CBG requirements.

Choices

The organization serves within the 15-county MMF service area.
The organization serves those experiencing poverty.
The organization has completed one year of MMF responsive grant funding.

Q3. Impact on Those Served*

How will this capacity building work positively impact the quality of life for persons and communities served in one of our focus areas?

Character Limit: 2000

Standard CBG Project

Q1. Organizational Capacity Need Identified*

Explain succinctly, why the specific assistance is being sought and the process of how the need and project intervention were determined. How is this request aligned with your strategic plan?

Upload here your most recent strategic plan.

Character Limit: 1500 | File Size Limit: 3 MB

Q2. Project Description*

Clearly Summarize:

1. The purpose and major goals of the project.
2. Identify who at the organization will be primarily responsible for the project and consultant oversight.
3. Description of the final product deliverable(s).

This may be similar to what you've included in a Request for Proposals (RFP), which you can upload later in the application.

Character Limit: 3000

Q3. Organizational Readiness*

Explain the process the leadership went through when deciding to invest in the capacity building work. Describe the board and staff leadership commitment to the project and the existing resources available to complete this capacity building project.

Character Limit: 1500

Q4. Prior Experience Working with Consultants*

Has the organization previously worked with consultants? If yes, please describe the organization's prior experience, what type of project(s) and what were the results. If the experience did not yield the intended results, what measures are in place now to ensure a successful consultant engagement with the proposed project?

Character Limit: 1500

Q5. Organizational Stability*

Within the last 18 months, has your organization undergone or is currently undergoing a crisis situation that could have implications for or ramifications on the proposed project (e.g, recent and/or unanticipated leadership transition or significant staff turnover, major fluctuations in funding, termination or suspension of programs)? If yes, how did the organization resolve or how is the organization addressing the situation?

Character Limit: 1500

Q6. Consultant Selection*

Describe the process of selecting your consultant. Include consultant qualifications and why this candidate was selected. *We prefer that you interview or vet three consultants. Please upload the RFP (Request for Proposal) below.* For assistance, see this resource as a helpful guide.

Character Limit: 1500 | File Size Limit: 2 MB

Q7. Consultant Proposal Upload*

Please upload the selected consultant proposal here.

Character Limit: 200 | File Size Limit: 2 MB

Q8. CBG Workplan*

The workplan should clearly outline the proposed coordinated activities and timeline for both the consultant and organization. *If not already outlined in the consultant proposal*, please provide a work plan or download and use the MMF CBG Workplan Template.

Character Limit: 1000 | File Size Limit: 3 MB

Q9. Organizational Learning*

How does the proposed scope of work include help with technical assistance for internal skill transfer and organizational learning?

Character Limit: 1500

Q10. Capacity Building Budget*

The Standard CBG Program is intended to provide pass-through funding support for consultant fees and directly related costs. If the project costs are not already clearly outlined in the consultant proposal, please provide a project budget below. If needed, you can use the Marillac Mission Fund CBG Budget Template.

Character Limit: 1000 | File Size Limit: 3 MB

Q11. Total Project Funding*

Estimated total cost of the project. If the total cost exceeds the amount requested from MMF, explain the source(s) of revenue to cover the difference.

Character Limit: 1000

Q12. Board List Upload*

Upload a current list of the organization's Board of Directors.

Character Limit: 1000 | File Size Limit: 2 MB

Financial Information

Q1. Organizational Budget*

Upload the organization's Board-approved 1-2 page operating budget for the current fiscal year, including revenues and expenses. Also, if available, include the budget for the upcoming fiscal year (board-approval pending is acceptable).

Character Limit: 2000 | File Size Limit: 5 MB

Q2. Tax Exemption Status/IRS Designation*

Choices

501(c)(3)

Using a fiscal agent/fiscal sponsor

Q3. Proof of IRS Federal Tax-Exempt Status*

Attach a copy of the IRS Letter of Determination. *NOTE: this is NOT the state sales and use tax exemption certificate.* If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.

File Size Limit: 1 MB

Q4. Financial Statements*

Attach your organization's **most recent two fiscal year** financial reports or 990s (eg. **FY2026** July 1, 2025 to June 30, 2026 & **FY2025** July 1, 2024 to June 30, 2025). We understand that, depending on your fiscal year dates, these may not yet be audited. *Please include them anyways.* Financial statements must include:

- statement of activities (income statement/profit and loss statement)
- statement of financial position (balance sheet)
- You may provide explanations for items that may raise questions in any of the attached financial documents below. The explanations can be written onto the documents themselves or included in the text area below the respective document name.

Note: You can only upload one document for this question. Please try uploading as a single document if possible. Otherwise, you may use the additional upload space in the next question.

Character Limit: 1000 | File Size Limit: 5 MB

Q5. Additional Financial Upload

Only use if needed.

File Size Limit: 2 MB

Q6. IRS Form W-9*

Upload your organization's W-9 Form below, including current organization name, address, and authorized signature.

File Size Limit: 1 MB

Total Capacity Building Project Budget*

Character Limit: 20

Total Organization Budget*

Character Limit: 20

Total # Full-time Staff*

Character Limit: 250

Total # Part-time Staff*

Character Limit: 250

Total # Active Volunteers*

Character Limit: 100

Grant Start Date*

Choose one only. If applying by August 1st, grant start date is November 1st. If applying by February 1st, grant start date is May 1st.

Choices

May 1

November 1

Grant End Date

Choose one only.

Choices

April 30

October 31

Fiscal Agent Information

If not a 501(c)(3) Nonprofit, identify Fiscal Agent and provide Fiscal Agent's contact information below.

Fiscal Agent Name

Character Limit: 250

Fiscal Agent Contact Information

Include address, phone number, and email address. Also include fiscal agent's EIN/TIN.

Character Limit: 500

Board Support and Electronic Signature

Statement of Support*

Provide a signed statement of support for the capacity building project from your organization's board chair.

Character Limit: 200 | File Size Limit: 1 MB

Preparer's Name and Title*

Character Limit: 250

Preparer's Email Address*

Character Limit: 250

AGREEMENT

I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

I certify my organization will not participate in, contribute to, or promote activities contrary to Catholic Church Moral Teaching. MMF will not fund initiatives related to the provision or promotion of abortion, sterilization, contraception, in vitro fertilization, embryonic stem cell research, physician-assisted suicide, or euthanasia; or organizations whose primary mission is the promotion or advancement of any of the above activities, even if MMF funds are not being used for those initiatives.

In compliance with the USA Patriot Act and other counter-terrorism laws, I certify that all funds received from MMF will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Executive Director's Signature*

MMF requires the electronic signature of your agency's Executive Director.

Character Limit: 150

Executive Director's Confirmation*

By entering your signature information above and clicking "I Agree" below, you certify that the information contained in this application is true and correct to the best of your knowledge.

Choices

I Agree

I Do Not Agree