

# MMF Responsive Grant FY 2025

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## *Marillac Mission Fund*

### *Project Title / Focus Area / Funding Type*

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#### **Type of Request - Funding\***

Select one only. To be eligible for General Operating Support, 100% of the organization's programs must serve the selected focus area. The organization must have been previously funded by MMF. **NOTE: MMF does NOT fund Capital requests.**

#### **Choices**

General Operating  
Program/Project

#### **Project Name\***

Enter the title (name) of your project. (If general operating, please indicate.) Response limited to 100 characters (~ 16 words).

*Character Limit: 100*

#### **Proposal Summary\***

In 100 words or less, summarize the purpose of this request and how MMF funds will support general operations OR a specific project.

*Character Limit: 700*

#### **Amount Requested\***

Request amount should be between \$5,000-\$50,000.

*Character Limit: 20*

#### **Organization Name\***

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

*Character Limit: 100*

#### **Focus Area / Outcomes / Indicators\***

All grantees are required to report on two Marillac Mission Fund-specific strategic Outcomes. Once you select your focus area, you will be asked to select **ONE** indicator for each of the two strategic Outcomes.

See Users Guide on Marillac Mission Fund (MMF) website for clarification and examples

#### **Focus Area**

#### **Choices**

Older Adults Living Independently  
Immigrants & Refugees

Veterans  
Human Trafficking Prevention  
Advocacy & Coalition-Building

## Grant Number

*Character Limit: 20*

### *Immigrants & Refugees Indicators*

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**IMPORTANT:** MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the MMF User's Guide for Evaluation.

#### Indicators for Outcome 1: Increased Stability for Immigrants/Refugees\*

You must **CHOOSE ONE (and only one)** indicator from this list.

##### Choices

- 1a: Increased Access to Needed Community Resources (including Legal Assistance)
- 1b: Increased Stability Related to Basic Needs (Food/Nutrition, Shelter/Housing and Transportation)
- 1c: Improved Levels of Functioning (Life Skills, English Language Skills)
- 1d: Improved Employment Situations

#### Indicators for Outcome 2: Improved Quality of Life for Immigrants/Refugees\*

You must **CHOOSE ONE (and only one)** indicator from this list.

##### Choices

- 2a: Increased Community Connections
- 2b: Clients Achieve the Appropriate Legal Status
- 2c: Clients Report Improvements in Overall Well-being
- 2d: Increased Coping Skills
- 2e: Decreased Stress (including Traumatic Stress)

### *Human Trafficking Prevention Indicators*

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**IMPORTANT:** MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the MMF User's Guide for Evaluation.

## Indicators for Outcome 1: Increased Knowledge/Skills/Collaboration for Prevention\*

You must **CHOOSE ONE (and only one)** indicator from this list.

### Choices

- 1a: Increased Knowledge of Human Trafficking and its Risk Factors
- 1b: Increased Understanding of Survivors as Victims of Trafficking Rather Than Offenders
- 1c: Increased Knowledge of Primary, Secondary and/or Tertiary Prevention
- 1d: Increased Skills Among Education, Health and Social Service Providers for Prevention
- 1e: Increased Collaboration Among Service Providers, Advocates, and Others to Prevent Trafficking

## Indicators for Outcome 2: Increased Support and Stability for High-Risk Youth and Youth Survivors

You must **CHOOSE ONE (and only one)** indicator from this list.

### Choices

- 2a: Increased Shelter/Safety for Survivors and Those at Highest Risk
- 2b: Increased Access to Substance Abuse/Mental Health Services for Survivors/Those at Highest Risk
- 2c: Increased Availability of Survivor-led Programming
- 2d: Increased Availability of Longer-term Residential Services/Programming
- 2e: Increased Stability/Well-being Among Survivors/Those at Highest Risk for Human Trafficking

## *Older Adults Living Independently Indicators*

**IMPORTANT:** MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the MMF User's Guide for Evaluation.

## Older Adults-Indicators for Outcome 1: Increased Stability\*

You must **CHOOSE ONE (and only one)** indicator from this list.

### Choices

- 1a: Increased Access to Needed Community Resources
- 1b: Increased Stability Related to Basic Needs (food/nutrition, shelter/housing and transportation)
- 1c: Improved/Maintained Levels of Functioning (physical/cognitive)
- 1d: Improved/Increased Support for Caregivers

## Older Adults-Indicators for Outcome 2: Improved Quality of Life\*

You must **CHOOSE ONE (and only one)** indicator from this list.

### Choices

- 2a: Reduced Social Isolation
- 2b: Improved Psychological/Mental Health
- 2c: Clients Report Improvements in Overall Well-Being
- 2d: Clients Report Improvements in their Living Environments

2e: Decreased Stress for Caregivers

## Older Adults Living Independently Sub-focus Area\*

### Choices

Care Coordination/Case Management  
 Minor Home Repairs  
 Transportation  
 Social Connectedness

## *Veterans Indicators*

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**IMPORTANT:** MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the MMF User's Guide for Evaluation.

## Indicators for Outcome 1: Increased Stability for Veterans\*

You must **CHOOSE ONE** (and only one) indicator from this list.

### Choices

1a: Increased Access to Needed Community Resources (including legal assistance)  
 1b: Increased Stability Related to Basic Needs (food/nutrition, shelter/housing and transportation)  
 1c: Improved Levels of Functioning (Life Skills, Education, and Employment)

## Indicators for Outcome 2: Improved Quality of Life for Veterans and their Families\*

You must **CHOOSE ONE** (and only one) indicator from this list.

### Choices

2a: Greater Access to Appropriate Mental Health and Support Services (incl. Alternative/holistic)  
 2b: Improved Psychological/Mental Health (includes Stress Management and Coping Skills)  
 2c: Increased/sustained participation in social/emotional support opportunities  
 2d: Clients Report Improvements in Overall Well-being

## Veterans Sub-Focus Area\*

### Choices

Mental Health  
 Sense of Purpose and Connection  
 Legal Services  
 Veteran Family Support

## *Advocacy & Coalition-Building Indicators*

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**IMPORTANT:** MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the MMF User's Guide for Evaluation.

### **Outcome 1: Increased Awareness and Advocacy for Social Change**

You must **CHOOSE ONE (and only one)** indicator from this list.

#### **Choices**

- 1a. Increased Public Awareness of Issues Impacting Constituents
- 1b. Increased Awareness and Engagement with Key Systems Leaders and Policymakers
- 1c. Increased Awareness and/or Skills in Supporting the Well-being of Constituents
- 1d. Increased Empowerment among Community Constituents
- 1e. Increased/Sustained Involvement of Agency Staff and Volunteers in Legislative/Policy Advocacy
- 1f. Increased Skills and Confidence in Advocacy among Agency Staff and Volunteers

### **Outcome 2: Increased Collaboration for Social Change (Coalition-Building)**

You must **CHOOSE ONE (and only one)** indicator from this list.

#### **Choices**

- 2a. Increased Development of Coalitions for Collaborative Action among Social Change Groups
- 2b. Increased [depth of] Collaboration among Coalition/Collaborative Members
- 2c. Increased Coordinated Action Among Coalition Members in Advancing their Shared Agenda

### **Advocacy and Coalition-Building Focus Area\***

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

#### **Choices**

- Older Adults Living Independently
- Immigrants & Refugees
- Veterans
- Human Trafficking Prevention

## *Section A: Proposal Narrative*

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### **Section A: Q1. Mission Statement\***

The Mission and Vision Statement of your organization.

*Character Limit: 600*

### **Section A: Q2. Year Founded\***

*Character Limit: 4*

### Section A: Q3. Organization History\*

Give a summary of the organization's history.

*Character Limit: 2000*

### Section A: Q4. Current Programs\*

Provide a brief description of the organization's current programs. Include the latest total number served annually by the organization.

*Character Limit: 2000*

### Section A: Q5 Community Needs Statement (Part 1)\*

Using the checkbox list provided, please select up to three social determinants of health/structural factors that impact, either positively or negatively, the individuals or communities served through this project, or by your organization.

For more information and an example response, please refer to this guide.

#### Choices

Economic Stability

Neighborhood and Physical Environment

Education

Food

Community and Social Context

Health Care System

### Section A. Q5. Community Needs Statement (Part 2)\*

Explain the community needs or gaps in services to be addressed by this grant, and how they relate to the social determinants of health you've selected. Please include examples specific to your geographic area, population served, and focus area selected. This may include quantitative or qualitative data from existing research, and/or organizational evaluation.

For more information and an example response, please refer to this guide.

*Character Limit: 1500*

### Section A: Q6. Poverty\*

What percentage of people served by this project are experiencing poverty? Describe YOUR definition of poverty.

Marillac Mission Fund's definition of Poverty is available here for reference.

*Character Limit: 1000*

### Section A: Q7. Program/Project Description\*

Briefly describe the project for which you seek funding. Be sure to explain the activities involved, sequence, and how these activities align with the vision of your organization.

OR

If you are applying for General Operating Support, explain how your organization and its programs align with the <https://marillacmissionfund.org/about/mission-vision-values> MMF vision.

*Character Limit: 3000*

### **Section A: Q8. Community/Participant Voice**

If applicable, please provide examples of how participant and/or community voice has informed your work.

*Character Limit: 1000*

### **Section A: Q9. Number of People to be Served\***

How many people do you expect to serve within the grant period? Estimate the total number of (unduplicated) clients to be served with MMF funds who are expected to complete the project/program as intended during the grant period.

For General Operating grants, provide the total number to be served by the organization.

*Character Limit: 5*

### **Section A: Q10. Geographic Area\***

What geographic area will benefit from this project? Please list the 5 most frequent zip codes in which those you serve typically reside. Separate zip codes with a comma.

*Character Limit: 600*

### **Section A: Q11. Evaluation Plan Upload\***

**REQUIRED: Complete and upload this Evaluation Plan and Report template to show how you will track and measure your two selected MMF indicators.**

You will leave the "Actual Outcome" column blank until the Final Status Report.

*File Size Limit: 3 MB*

### **Section A: Q12. Evaluation Tools Upload\***

**REQUIRED: Upload all tools to track and measure MMF-specific and applicant-specific outcomes. (e.g., pre/post surveys, client questionnaires, follow-up surveys, etc.)**

**NOTE: You can only upload one document. If you have multiple documents, they must be consolidated into one document in order to upload.**

*File Size Limit: 3 MB*

### **Section A: Q13. Organizational Learning\***

How does this evaluation plan fit in your broader organizational evaluation & learning process? i.e. How does your organization use evaluation results to inform programming?

*Character Limit: 3000*

### **Section A: Q14. Key Staff and Volunteers\***

**Who is primarily responsible for the project implementation?**

Who are the key staff and volunteers that will ensure the success of the project/organization? Explain their roles.

Are there specific staff/volunteer training needs for this project?

*Character Limit: 1000*

### Section A: Q15. Advocacy\*

How does your agency define advocacy? What, if any, advocacy efforts are you engaged in on behalf of the population you represent?

*For Advocacy & Coalition-Building requests only:* How does your project address the impact of the social determinants of health on the individuals or communities you serve? Identify if your strategy/tactics are upstream, midstream, or downstream, using this diagram (on page 3) as a guide.

*Character Limit: 1500*

### Section A: Q 16. Community Network

What other services, coalitions, or networks in the community does your organization work with/advocate with to support your clients? Assuming no one organization can meet all the needs for all those served, what other alliances or partnerships exist to help achieve program success? *Please note, if this request is for a specific project/program, address the answer to just that program.*

*Character Limit: 1000*

### Section A: Q17. Planning

Does your organization have a current strategic plan? **If yes, upload it below.**

**If no, please answer the following narrative questions:**

Describe the challenges and opportunities facing the organization in the next few years.

Additionally, describe how the organization engages in planning and describe the focus of any current planning efforts.

*Character Limit: 1000 | File Size Limit: 2 MB*

### Section A: Q 18. Optional

If there is additional information that is vital to convey in this proposal, do so here.

*Character Limit: 1000*

## *Program/Project Questions*

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### Project Category\*

Select One Only

#### Choices

New Project

Existing Project



Expansion of Existing Project

### Goals: What are the major goals for this project?\*

Explain what you hope your participants will achieve long term from the project.

*Character Limit: 1000*

### Funding Plan\*

*For new projects only.*

What is the organization's funding plan for sustaining this new program? If not a new program, type "n/a."

*Character Limit: 1000*

## General Operating Support

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### Community Impact\*

Describe the changes in the community that your organization hopes to achieve over time.

*Character Limit: 1500*

## Section B: Organization Information

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### Section B: Q1. Tax Exemption Status/IRS Designation\*

#### Choices

501(c)(3)

Using a fiscal agent/fiscal sponsor

### Section B: Q2. Number of Full-Time Employees\*

*Character Limit: 6*

### Section B: Q3. Number of Part-Time Employees\*

*Character Limit: 6*

### Section B: Q4. Number of Active Volunteers\*

*Character Limit: 12*

## Section C: Financial Attachments

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### INSTRUCTIONS

You will be required to attach the following financial documents in the next set of questions:

1. **Organization's Current Fiscal Year Budget**

2. **List of Other Funding Sources for the Grant Period Requested** (if General Operating Support)
3. **Project Budget and Budget Narrative** (if Project/Program request)
4. MMF requires **two years** of your organization's most recently completed fiscal year financial reports or 990s (eg. FY2024 July 1, 2023 to June 30, 2024 & FY2023 July 1, 2022 to June 30, 2023). We understand that the most recently completed fiscal year statements may not yet be audited. *Please include them.*

Financial statements must include:

- statement of activities (income statement)
- statement of financial position (balance sheet)
- You may provide explanations for items that may raise questions in any of the attached financial documents either on the documents themselves or in the text area provided in the application

5. **In-Kind Donations** (if applicable)

6. **IRS Form W-9**

### Fiscal Year Start Date\*

*Character Limit: 10*

### Fiscal Year Ending Date\*

*Character Limit: 10*

### Section C: Q1. Organization Budget\*

Upload the organization's Board-approved operating budget for the current fiscal year, including revenues and expenses. Also include the budget for the upcoming fiscal year, if available (board-approval pending is acceptable). We understand that, depending on your fiscal year, you may not have begun the budgeting process yet.

*Character Limit: 1000 | File Size Limit: 2 MB*

### Section C: Q2. List of Other Funding Sources for the Grant Period Requested\*

If your request is for General Operating support, upload a list of the organization's other funding sources for the grant period requested. Upload **only tab 5** under the **MMF Budget Template**.

*Character Limit: 300 | File Size Limit: 2 MB*

### Section C: Q3. Project Budget & Budget Narrative Template\*

Please download and use the MMF Budget Template. Make sure to reference and complete Tabs 3 and 4 of the Budget Template. Explain in each category how the MMF grant funds will be spent. *If seeking support for **general operations**, upload only Tab 5 as done in previous question.*

**Rename the document** (under your organization's name) and **upload it below**.

*Character Limit: 100 | File Size Limit: 2 MB*

### **Section C: Q4. Most Recent Two Years Financial Statements\***

Attach your organization's **most recently completed two fiscal year** financial reports or 990s (eg. FY2023 January 1, 2023 to December 31, 2023 & FY2022 January 1, 2022 to December 31, 2022). We understand that the most recently completed fiscal year statements may not yet be audited. *Please include them.* Financial statements must include:

- statement of activities (income 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.

*Character Limit: 1000 | File Size Limit: 5 MB*

### **Section C: Q5. In-Kind Contributions**

If listed on the Budget Template, please break out and summarize the relevant in-kind donations (donated goods and professional services) received by the organization for the last fiscal year.

*Character Limit: 1000*

### **Section C: Q6. IRS Form W-9\***

Include your organization's W-9. If needed, you can download a blank form [here](#).

*File Size Limit: 2 MB*

## ***Section D: Financial Information***

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Provide the Organization's Current Budget information. Budget numbers should match the numbers presented in the attachments in the Financial Attachment section above.

### **Budgeted Organization Income\***

*Character Limit: 20*

### **Budgeted Organization Expenses\***

*Character Limit: 20*

**If submitting a Project request, provide project budget information.**

### **Project Income**

*Character Limit: 20*

## Project Expenses

*Character Limit: 20*

### 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*

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**If not a 501(c)(3) Nonprofit, identify Fiscal Agent and Provide Fiscal Agent's current information below.**

### Fiscal Agent Name

*Character Limit: 100*

### Fiscal Agent Contact Information

Include address, phone number and email address.

**Also include fiscal agent's EIN/TIN.**

*Character Limit: 500*

## *Section E: Other Required Attachments*

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### Section E: Q1. Board of Directors List\*

Provide a current list of your board of directors, including their board titles and professional affiliations (name of organization of employment). You can either list in the text box below **OR** upload a file. You do not need to do both.

*Character Limit: 3000 | File Size Limit: 1 MB*

### Section E: Q2. Proof of IRS Federal 501(c)(3) 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*

### **Section E: Q4. Other Uploads**

Upload any other application-related documents here (i.e.- job description for a new funded position, etc.).

*Character Limit: 1000 | File Size Limit: 5 MB*

## ***Section F: Electronic Signature***

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### **Name and Title of Individual Completing This Form\***

Please provide the full name and title of the person completing this form.

*(This information allows MMF staff to contact you directly with questions or concerns regarding the information submitted on this form.)*

*Character Limit: 50*

### **Email Address of Individual Completing This Form\***

Please enter the email for the individual listed above who completed this Application.

*Character Limit: 50*

### **Phone Number of Individual Completing This Form\***

Please provide your direct phone number.

*Character Limit: 50*

## **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 avoid participating in, contributing to, or promoting 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.*

*In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds*

*received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.*

## IN ADDITION TO THE ABOVE...

**Please read the following statements and check the boxes certifying that this application is complete according to the requirements set forth by the grantmaker.**

### Grantmaker Review\*

I have reviewed the website or spoken to the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.

#### Choices

Yes

No

### Additional Materials and Attachments Required by Marillac Mission Fund\*

I have included in this application any additional materials and attachments that may be required, including the required two most recently completed fiscal year financial reports.

#### Choices

Yes

No

### 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