

MMF Standard Capacity Building Grant FY 2024

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*

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

Veterans

Human Trafficking Prevention

Advocacy & Coalition-Building

Section A: Proposal Narrative

Section A: Q1. Mission*

Describe how your mission and activities are aligned with the Marillac Mission Fund Theory of Change.

Character Limit: 600

Section A: Q2. Geographic Area*

What geographic area will benefit from the organization's work? Please list the five most frequent zip codes in which those you serve reside. Separate zip codes with a comma.

Character Limit: 1000

Section A: Q3. Poverty*

What percentage of clients served by your organization are experiencing poverty? Describe YOUR definition of poverty. Marillac Mission Fund's definition of Poverty is available here for reference.

Character Limit: 400

Section A: Q4. 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

Section B: Standard CBG Project

Section B: 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

Section B: Q2. Project Description*

Clearly Summarize:

1. The purpose and major goals of the project.
2. Estimated cost of the project. List the amount of funding already secured (if applicable), and the amount requested from MMF.
3. Identify who at the organization will be primarily responsible for the project and consultant oversight.
4. Does the proposed scope of work include help with technical assistance with internal skill transfer and organizational learning? Explain.
5. Description of the final product deliverable(s).

Character Limit: 3000

Section B: 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

Section B: Q4. Prior Capacity Building Experience*

Describe any capacity building activities your organization has participated in within the last 18 months (e.g., COAR process, seminars, leadership development). How did the organization benefit?

Character Limit: 1500

Section B: Q5. 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

Section B: Q6. 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

Section B: Q7. 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. If you used a RFP (Request for Proposal) upload it here. For assistance, see this resource as a helpful guide.

Character Limit: 1500 | File Size Limit: 2 MB

Section B: Q8. Consultant Proposal Upload*

Please upload the selected consultant proposal here.

Character Limit: 200 | File Size Limit: 2 MB

Section B: Q9. CBG Workplan*

The workplan should thoughtfully describe 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: 600 | File Size Limit: 3 MB

Section B: Q10. Capacity Building Budget*

The Standard CBG Program is intended to provide pass-through funding support for consultant fees and directly related costs. If there are additional costs not already 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

Section B: Q11. Board List Upload*

Please upload a current list of the organization's Board of Directors.

Character Limit: 1000 | File Size Limit: 2 MB

Section C: Financial Information

Section C: Q1. Organizational Budget*

Upload the organization's Board-approved 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

Section C: Q2. Tax Exemption Status/IRS Designation*

Choices

501(c)(3)

Using a fiscal agent/fiscal sponsor

Section C: 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

Section C: Q4. Financial Statements*

Attach your organization's **most recent two fiscal year** financial reports (eg. FY2023 July 1, 2022 to June 30, 2023 & FY2022 July 1, 2021 to June 30, 2022). 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)
- 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

Section C: Q5. Additional Financial Upload

Only use if needed.

File Size Limit: 2 MB

Section C: Q6. IRS Form W-9*

Please upload your organization's W-9 Form below. If needed, you can download and complete the IRS [W-9 Form](#) here.

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*

Character Limit: 10

Grant End Date*

Character Limit: 10

Section D: 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 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 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.

Signature and Business Title*

Enter your full name and business title.

Preferred signatory is organization's Executive Director *(or authorizing official on behalf of the organization)*

Character Limit: 150

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

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