

MMF Responsive Grant FY 2023

Marillac Mission Fund

Project Title / Focus Area / Funding Type

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 broadly describe how MMF funds will be spent (ex. "grant dollars will be used to support 20% of program staff salaries").

Character Limit: 700

Amount Requested*

Character Limit: 20

Type of Request - Funding*

Select one only. *NOTE: MMF does NOT fund Capital requests.*

Choices

General Operating
Program/Project

Organization Name*

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

Character Limit: 100

Project Category*

Select One Only

Choices

New Project
Existing Project
Expansion of Existing Project

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

Immigrants & Refugees 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.

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

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

2f: Improved Oral Health Literacy

Older Adults Living Independently Sub-focus Area*

Choices

Care Coordination/Case Management

Minor Home Repairs

Transportation

Oral Health Literacy

Social Connectedness

Veterans 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.

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/Wholistic)

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

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

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: 700

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: 700

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: 1000

Section A: Q6. Poverty*

What percentage of clients 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: 400

Section A: Q7. Program/Project Description*

Briefly describe the project for which you seek funding. If you are applying for General Operating Support, explain how your work aligns with the MMF Theory of Change.

Character Limit: 1200

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?

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 Description*

Briefly describe how you will track and measure selected indicators. How will your organization use the evaluation results to inform programming? See MMF User's Guide for clarification and examples.

Character Limit: 3500

Section A: Q12. Evaluation Plan Upload*

REQUIRED: Complete and upload this

[https://marillacmissionfund.org/index.php/download_file/63/0Evaluation Plan and](https://marillacmissionfund.org/index.php/download_file/63/0Evaluation%20Plan%20and%20Report%20template)

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: Q13. 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: Q14. Other/Additional Applicant-Specific Outcomes (Optional)

What else do you evaluate for this program that you are **not** reporting as a part of this grant? If General Operating request, what other measures of success does the organization capture and report?

Character Limit: 3000

Section A: Q15. 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: Q16. Long-term Funding Plan*

What is the organization's long-term funding plan?

For project requests, address this question with respect to that project only.

Character Limit: 1000

Section A: Q17. 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 18. Community Network

What other services in the community does your organization work 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: Q19. 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 20. Optional

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

Character Limit: 1000

Program/Project Questions

Proposal Workplan*

For use with all Program/Project requests. Utilizing the **required Proposal Workplan** template, please detail the major components of the project as described in the document instructions.

Character Limit: 100 | File Size Limit: 1 MB

Program Activities*

For program/project requests only: Briefly describe the process and activities used to deliver the program.

Character Limit: 3500

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

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

Character Limit: 1000

General Operating Support

Community Impact*

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

Character Limit: 1500

Section B: Organization Information

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

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 recent completed fiscal year financial reports, audited *if available*. (eg. FY2022 July 1, 2021 to June 30, 2022 & FY2021 July 1, 2020 to June 30, 2021)

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 recent completed two fiscal year** financial reports (eg. FY2022 July 1, 2021 to June 30, 2022 & FY2021 July 1, 2020 to June 30, 2021). We understand that the most recently completed fiscal year statements may not yet be audited. 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*

Please download and complete the IRS W-9 Form and re-upload the form by clicking the upload button below.

File Size Limit: 2 MB

Fiscal Agent Information

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 D: Financial Information

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.

Choices

May 1

November 1

Grant End Date*

Choose one only.

Choices

April 30

October 31

Section E: Other Required Attachments

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).

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: Q3. Statement of Support*

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

Character Limit: 1000 | File Size Limit: 1 MB

Section E: Q4. Other Uploads

Upload any other application-related documents here.

Character Limit: 1000 | File Size Limit: 5 MB

Section F: Electronic Signature

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.

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 visited the website of Marillac Mission Fund and 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