

MMF Standard Capacity Building Grant FY 2023

Marillac Mission Fund

General Information

Project Name

Enter the title (name) of your project.

Character Limit: 100

Organization Name

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

Character Limit: 100

Amount Awarded

Character Limit: 20

Status Report Narrative

Proposal Summary

Summarize the purpose of this capacity building request.

Character Limit: 600

Capacity for Organizational Mission and Service to Those Experiencing Poverty*

Please explain how this capacity building grant strengthened your overall organizational capacity to fulfill your mission.

How will this experience increase your organizational effectiveness and functioning to serve those experiencing poverty?

Character Limit: 10000

Impact on Leadership*

How has this capacity building experience impacted the leadership skills of the Board and Staff?

Character Limit: 10000

Final Product Upload*

Please upload the final product as a result of this Capacity Building Project (ex: strategic plan, development plan).

Character Limit: 5000 | File Size Limit: 5 MB

Who was Your Consultant for this Capacity Building Project?*

Character Limit: 250

Experience with the Consultant*

How would you describe your experience? Are you pleased with the final product? Would you recommend this consultant to another organization?

Character Limit: 10000

Challenges

If results were not as expected, what challenges did you face and what strategies were used to address the challenges?

Character Limit: 10000

Financial Accounting of Expenses Incurred and Funds Expended to Date.*

Please provide an accounting of expenses incurred and MMF funds expended to date in carrying out the terms of the Grant Agreement.

Complete and upload the **REQUIRED Work Plan and Budget Report Template**.

In addition, please upload a copy of all paid invoices to consultant(s).

All items should be uploaded as one document renamed under your organization's name.

Character Limit: 5000 | File Size Limit: 5 MB

Were Actual Costs Consistent with Estimate? Please Explain Variances.*

Character Limit: 5000

Electronic Signature

Name & 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 data submitted on this form)

Character Limit: 250

Phone Number of Individual Completing This Form*

Please provide your direct phone number.

Character Limit: 100

Preparer's Email*

Please enter the email for the individual listed above who completed this Final Status Report.

Character Limit: 254

Executive Director's Signature*

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

Character Limit: 250

Executive Director's Confirmation*

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

Choices

I Agree