

MMF COAR (Comprehensive Organizational Assessment & Report) FY 2024

Marillac Mission Fund

Project Title/Focus Area

Project Name*

Enter the title (name) of your project.

Character Limit: 100

Proposal Summary*

Briefly describe why you are interested in a Comprehensive Organizational Assessment & Report (COAR) grant. How do you believe it will help your organization?

Character Limit: 1500

Organization Name*

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

Character Limit: 100

Marillac Mission Fund Focus Area*

Select the MMF focus area that your organization serves.

Choices

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

Section A: Mission

Section A: Q1. Mission*

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

Character Limit: 600

Section B: Proposal Narrative

Section B: Q1. Geographic Area*

What geographic area is served by your organization? Please list the five most frequent zip codes of clients served.

Character Limit: 1000

Section B: Q2. 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 B: Q3. Impact on Those Served*

How will the organizational assessment positively impact the quality of life for persons and/or communities served in one of our focus areas?

Character Limit: 2000

Section C: COAR Project

Section C: Q1. Organizational Capacity Need Identified

Explain succinctly why the COAR engagement is being sought and how the need and project intervention were determined. Do you have a strategic plan? If yes, how is this request aligned with your existing plan? If you have one, **upload here your organization's most recent strategic plan.**

Character Limit: 1500 | File Size Limit: 5 MB

Section C: Q2. Organizational Readiness*

Explain the process the leadership went through when deciding to invest in the organizational assessment work. Describe the board and staff leadership commitment to the project and the existing resources available to complete the work, i.e. staff, time.

Character Limit: 1500

Section D: Financial Information

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

Choices

501(c)(3)

Using a fiscal agent/fiscal sponsor

Section D: 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 D: Q4. Previous & Audited Financials*

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 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 the respective document name.

Note: You can only upload one document for this question. Please try to upload 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 D: Q5. Additional Financial Upload

Only use if needed.

File Size Limit: 2 MB

Section D: Q6. IRS Form W-9*

Please upload your organization's W-9 Form below. If needed, you can download and complete the IRS [W9 Form](#) here.

File Size Limit: 1 MB

Total Organization Budget*

Character Limit: 20

Anticipated Grant Start Date*

The COAR process usually takes 4-6 months and will require time from both the Executive Director and Board Chair, as well as time in board meetings and staff group convenings.

Character Limit: 250

Section E: Board Support and Electronic Signature

Statement of Support*

Provide a signed statement of support for the organizational assessment 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 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.

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