

# MMF COAR (Comprehensive Organizational Assessment & Report) FY 2027

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*Marillac Mission Fund*

## *Project Title/Focus Area*

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### **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
- Human Trafficking Prevention
- Advocacy & Coalition-Building
- Improved Economic Mobility
- Rural Well Being

### **Grant Number**

*Character Limit: 20*

## *Advocacy & Coalition-Building Sub-focus area*

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### **Advocacy & Coalition-Building Sub-focus area\***

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

#### **Choices**

- Older Adults Living Independently

Immigrants & Refugees  
Human Trafficking Prevention  
Rural Well Being  
Improved Economic Mobility

## *Proposal Narrative*

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### **Q1. Mission & Activities\***

What is your mission? Describe how your programs/activities satisfy that mission.

*Character Limit: 1000*

### **Q2. COAR Requirements\***

Check the boxes below to confirm that this project meets the MMF COAR requirements.

#### **Choices**

We serve within the 15-county MMF service area.  
The organization serves persons experiencing poverty.  
The organization has been in existence for three years or more.  
The organization has annual revenue of at least \$75,000.  
The organization is a 501c3 (not fiscally sponsored).

### **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*

## *COAR Project*

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### **Q1. Organizational Assessment 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*

### **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. *The Executive Director is responsible for overseeing the project. View the Grantee Leadership Responsibility form here.*

*Character Limit: 1500*

## Financial Information

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### Q1. Organizational Budget\*

Upload the organization's Board-approved 1-2 page 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*

### Q2. 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*

### Q3. Most Recent Two Years Financials\*

Attach your organization's **most recently completed two fiscal year** financial reports or 990s (eg. **FY2026** July 1, 2025 to June 30, 2026 & **FY2025** July 1, 2024 to June 30, 2025). 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/profit and loss 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*

### Q4. Additional Financial Upload

Only use if needed.

*File Size Limit: 2 MB*

### Q5. IRS Form W-9\*

Upload your organization's W9 Form below, including current organization name, address, and authorized signature.

*File Size Limit: 1 MB*

### Total Organization Budget\*

*Character Limit: 20*

### Anticipated Grant Start Date\*

The COAR process usually takes 5-8 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*

## *Board Support and Electronic Signature*

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### 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 not participate in, contribute to, or promote 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, even if MMF funds are not being used for those initiatives.*

*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.*

### Executive Director's Signature\*

MMF requires the electronic signature of your organization'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