

# MMF COAR (Comprehensive Organizational Assessment & Report) FY 2024

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## Marillac Mission Fund

### General Information

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#### 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*

### Organizational Impact

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**To what degree has this COAR grant experience impacted the following:\***

1. Your agency's ability to achieve its mission

#### Choices

Significant impact

Some impact

No impact

Please explain.\*

*Character Limit: 10000*

2. Impact on your organization's ability to increase unrestricted revenue and expand networks within the community\*

#### Choices

Significant impact

Some impact

No impact

Please explain.\*

*Character Limit: 10000*

### 3. Impact on you as the leader and your relationship with your board\*

#### Choices

- Significant impact
- Some impact
- No impact

Please explain.\*

*Character Limit: 10000*

### 4. Impact on your board's aspirations for the organization\*

#### Choices

- Significant impact
- Some impact
- No impact

Please explain.\*

*Character Limit: 10000*

### 5. Describe any outcomes (changes in behavior, knowledge, or skills) you have experienced as a result of receiving this COAR grant. How might these outcomes affect the provision of services?\*

*Character Limit: 10000*

### 6. In the future, how could these outcomes translate to sustainable organizational growth?\*

*Character Limit: 10000*

## Executive Summary\*

Upload the Executive Summary of the Consultant COAR Report with Recommendations. Submitting the full report is optional.

*Character Limit: 10000 | File Size Limit: 5 MB*

## Work with Consultants

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### Who was Your Consultant for this Capacity Building Project?\*

*Character Limit: 250*

#### 1. How would you describe the experience with your consultant?\*

*Character Limit: 10000*

#### 2. Was the COAR project what you expected? Was the experience worth the staff/board investment?\*

*Character Limit: 10000*

3. How did the consultant contribute to the overall success of the COAR project?\*

*Character Limit: 10000*

4. Would you recommend the COAR program and/or this consultant to others?\*

*Character Limit: 10000*

5. What suggestions or recommendations would you give to Marillac Mission Fund to improve the program?\*

*Character Limit: 10000*

## *Uploads*

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### **Paid Invoices\***

Upload copies of all paid invoices related to this COAR project.

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*

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### **Name & Title of Individual Completing This Form\***

For a COAR Status Report, it **MUST** be the agency's Executive Director completing the report.

*Character Limit: 250*

### **Executive Director's Phone Number\***

Please provide your direct phone number.

*Character Limit: 100*

### **Executive Director'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