

# MMF Standard Capacity Building Grant 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*

#### **Grant Number**

*Character Limit: 20*

#### **Amount Awarded**

*Character Limit: 20*

### *Status Report Narrative*

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#### **Proposal Summary**

Summarize the purpose of this capacity building request.

*Character Limit: 600*

#### **Capacity for Organizational Mission\***

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

How will this experience increase the effectiveness of your organization, overall, and its service delivery?

*Character Limit: 10000*

#### **Impact on Leadership\***

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

How have the new skills acquired through this project been incorporated into your organization's operations?

*Character Limit: 10000*

### Final Product Upload\*

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 Funds Expended\*

Upload a copy of all **paid** consultant(s) invoices.

You may use the following **Work Plan and Budget Report Template**, if helpful.

*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\*

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

## *Staff Comments*

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**Name of Individual Reviewing the Status Report\***

*Character Limit: 250*

**Staff Comments\***

Please include input on Objectives and Financial Report. Add any other comments as desired.

*Character Limit: 10000*