

Improved Economic Mobility Fall FY26

Marillac Mission Fund

Project Title / Focus Area / Funding Type

Organization Name*

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

Character Limit: 100

Type of Request - Funding*

Select one only.

To be eligible for General Operating Support, 100% of the organization's programs must serve the Improved Economic Mobility [focus area](#). The organization does NOT need to have been previously funded by MMF.

Choices

General Operating
Program/Project

Project Name*

Enter the title (name) of your project. (If general operating, please indicate.) Response limited to 100 characters (~ 16 words).

Character Limit: 100

Proposal Summary*

In 100 words or less, summarize the purpose of this request and how MMF funds will support general operations OR a specific project.

Character Limit: 700

Amount Requested for Year 1 of this 3-year grant*

Request amount should be between \$5,000-\$50,000.

Character Limit: 20

Project Category*

Select One Only

Choices

Existing Project
Expansion of Existing Project

Focus Area / Outcomes / Indicators*

All grantees are required to report on two Marillac Mission Fund-specific strategic Outcomes. Once you select your focus area, you will be asked to select **TWO** indicators. They can be within

a single outcome, or spread across Outcomes 1 & 2.

See [Users Guide](#) on Marillac Mission Fund (MMF) website for clarification and examples

Focus Area

Choices

Improved Economic Mobility

Grant Number (MMF staff will enter)

Character Limit: 20

Improved Economic Mobility Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to **choose TWO indicators** that you will be measuring during the grant period. They can be within a single outcome, or spread across Outcomes 1 & 2. For our explanations of each indicator, suggested measurement tools, and further information regarding our evaluation framework, please see the [MMF User's Guide for Evaluation](#).

Indicators for Outcome 1: Improved Economic Mobility in Individuals

Applicants **must** select 2 indicators to measure. They can be within a single outcome, or spread across Outcomes 1 & 2.

Choices

- 1a: Increased meaningful relationships with individuals from different economic backgrounds
- 1b: Increased financial capital
- 1c: Increased physical capital/assets
- 1d: Increased human capital

Indicators for Outcome 2: Improved Economic Mobility in Communities

Applicants **must** select 2 indicators to measure. They can be within a single outcome, or spread across Outcomes 1 & 2.

Choices

- 2a: Increased economic connectedness within a place
- 2b: Improved neighborhood characteristics
- 2c: Impactful advocacy efforts to eliminate predatory policies OR to promote equitable/just policies

Sub-focus area: Improved Economic Mobility*

Choose the [sub focus](#) of best fit; you may align with more than one.

Choices

- Capital building
- Black men & boys
- Neighborhood Characteristics

Section A: Proposal Narrative

Section A: Q1. Mission Statement*

The Mission and Vision Statement of your organization.

Character Limit: 600

Section A: Q2. Year Founded*

Character Limit: 4

Section A: Q3. Organization History*

Give a summary of the organization's history.

Character Limit: 1000

Section A: Q4. Current Programs*

Provide a brief description of the organization's current programs. Include the latest total number served annually by the organization.

Character Limit: 2500

Section A: Q5 Community Needs Statement (Part 1)*

Using the checkbox list provided, please select up to three social determinants of health/structural factors that impact, either positively or negatively, the individuals or communities served through this project, or by your organization.

For more information and an example response, please refer to [this guide](#).

Choices

Economic Stability

Neighborhood and Physical Environment

Education

Food

Community and Social Context

Health Care System

Section A. Q5. Community Needs Statement (Part 2)*

Explain the community needs or gaps in services to be addressed by this grant, and how they relate to the social determinants of health you've selected. Please include examples specific to your geographic area, population served, and focus area selected. This may include quantitative or qualitative data from existing research, and/or organizational evaluation.

For more information and an example response, please refer to [this guide](#).

Character Limit: 2500

Section A: Q6. Poverty*

What percentage of people served by this project are experiencing poverty? Describe YOUR definition of poverty.

Marillac Mission Fund's definition of Poverty is available [here](#) for reference.

Character Limit: 1000

Section A: Q7. Program/Project Description*

Briefly describe the **program/project** for which you seek funding. Be sure to explain the activities involved, timelines, and how you know those activities are improving the mobility rates of the target population.

If you are applying for **General Operating Support**, describe all current strategies that align with this funding focus area.

Character Limit: 3000

Section A: Q8. Community/Participant Voice

If applicable, please provide examples of how participant and/or community voice continues to inform your work.

Character Limit: 1000

Section A: Q9. Number of People to be Served*

How many people do you expect to serve within the grant period? Estimate the total number of (unduplicated) clients to be served with MMF funds who are expected to complete the project/program as intended during the grant period.

For General Operating grants, provide the total number to be served by the organization.

Character Limit: 5

Section A: Q10. Geographic Area*

What geographic area will benefit from this project or organization?

Character Limit: 600

Section A: Q11. Evaluation Plan Upload*

REQUIRED: Complete and upload this [Evaluation Plan and Report](#) template to show how you will track and measure your two selected MMF indicators.

You will leave the "Actual Outcome" column blank until the Final Status Report.

File Size Limit: 3 MB

Section A: Q12. Evaluation Tools Upload*

REQUIRED: Upload all tools to track and measure MMF-specific and applicant-specific outcomes. (e.g., pre/post surveys, client questionnaires, follow-up surveys, etc.)

NOTE: You can only upload one document. If you have multiple documents, they must be consolidated into one document in order to upload.

File Size Limit: 3 MB

Section A: Q13. Evaluation Plan Description*

Give an example of how your organization uses evaluation results to inform programming and organizational strategy.

Character Limit: 3500

Section A: Q14. Key Staff and Volunteers*

Who is primarily responsible for the project implementation?

Who are the key staff and volunteers that will ensure the success of the project/organization? Explain their roles.

Are there specific staff/volunteer training needs for this project?

Character Limit: 1000

Section A: Q 15. Community Network*

What other services, coalitions, or networks in the community does your organization work with/advocate with to support your clients? Assuming no one organization can meet all the needs for those served, what other alliances or partnerships exist to help achieve success?

Please note, if this request is for a specific project/program, address the answer to just that program.

Character Limit: 1000

Section A: Q16. Planning

Does your organization have a current strategic plan? **If yes, upload it below.**

If no, please answer the following narrative questions:

Describe the challenges and opportunities facing the organization in the next few years.

Additionally, describe how the organization engages in planning and describe the focus of any current planning efforts.

Character Limit: 1000 | File Size Limit: 2 MB

Section A: Q 17. Community Impact*

Describe the changes in the community that your organization hopes to achieve over time.

Character Limit: 1500

Section A: Q 18. Optional

If there is additional information that is vital to convey in this proposal, do so here.

Character Limit: 1000

Section B: Organization Information

Section B: Q1. Tax Exemption Status/IRS Designation*

Choices

501(c)(3)

Using a fiscal agent/fiscal sponsor

Section B: Q2. Number of Full-Time Employees*

Character Limit: 6

Section B: Q3. Number of Part-Time Employees*

Character Limit: 6

Section B: Q4. Number of Active Volunteers*

Character Limit: 12

Section C: Financial Attachments

Fiscal Year Start Date*

Character Limit: 10

Fiscal Year Ending Date*

Character Limit: 10

Section C: Q1. Organization Budget*

Upload the organization's Board-approved operating budget for the current fiscal year, including revenues and expenses. Also include the budget for the upcoming fiscal year, if available (board-approval pending is acceptable). We understand that, depending on your fiscal year, you may not have begun the budgeting process yet.

Character Limit: 1000 / File Size Limit: 2 MB

Section C: Q2. List of Other Funding Sources for the Grant Period Requested*

If your request is for General Operating support, upload a list of the organization's other funding sources for the grant period requested. Upload **only tab 5** under the [MMF Budget Template](#).

Character Limit: 300 / File Size Limit: 2 MB

Section C: Q3. Project Budget & Budget Narrative Template*

Please download and use the [MMF Budget Template](#). Make sure to reference and complete Tabs 3 and 4 of the Budget Template. Explain in each category how the MMF grant funds will be spent. *If seeking support for **general operations**, upload only Tab 5 as done in previous question.*

Rename the document (under your organization's name) and **upload it below**.

Character Limit: 100 / File Size Limit: 2 MB

Section C: Q4. Most Recent Two Years Financial Statements*

Attach your organization's **most recently completed two fiscal year** financial reports OR 990s (eg. FY2025 July 1, 2024 to June 30, 2025 & FY2024 July 1, 2023 to June 30, 2024). We

understand that the most recently completed fiscal year statements may not yet be audited. *Please include them anyway.*

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.

Character Limit: 1000 / File Size Limit: 5 MB

Section C: Q5. IRS Form W-9*

Include your organization's [W-9](#), including current organization name, address, and authorized signature.

File Size Limit: 2 MB

Fiscal Agent Information

If not a 501(c)(3) Nonprofit, identify Fiscal Agent and Provide Fiscal Agent's current information below.

Fiscal Agent Name

Character Limit: 100

Fiscal Agent Contact Information

Include address, phone number and email address.

Also include fiscal agent's EIN/TIN.

Character Limit: 500

Section D: Financial Information

Provide the Organization's Current Budget information. Budget numbers should match the numbers presented in the attachments in the Financial Attachment section above.

Budgeted Organization Income*

Character Limit: 20

Budgeted Organization Expenses*

Character Limit: 20

If submitting a Project request, provide project budget information.

Project Income

Character Limit: 20

Project Expenses

Character Limit: 20

Section E: Other Required Attachments

Section E: Q1. Board of Directors List*

Provide a current list of your board of directors, including their board titles and professional affiliations (name of organization of employment). You can either list in the text box below **OR** upload a file. You do not need to do both.

Character Limit: 3000 | File Size Limit: 1 MB

Section E: Q2. Proof of IRS Federal 501(c)(3) 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 E: Q3. Other Uploads

Upload any other application-related documents here.

Character Limit: 1000 | File Size Limit: 5 MB

Section F: Electronic Signature

Name and 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 information submitted on this form.)

Character Limit: 50

Email Address of Individual Completing This Form*

Please enter the email for the individual listed above who completed this Application.

Character Limit: 50

Phone Number of Individual Completing This Form*

Please provide your direct phone number.

Character Limit: 50

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.

Executive Director's Signature*

MMF requires the electronic signature of your agency'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