MMF Responsive Grant FY 2027

Marillac Mission Fund

Project Title / Focus Area / Funding Type

Type of Request - Funding*

Select Program/Project ***or*** General Operating Support.
To be eligible for *General Operating Support*, 100% of the organization's programs must serve the selected focus area, with an emphasis on those experiencing poverty. The organization must have been previously funded by MMF.
NOTE: MMF **does NOT** fund Capital requests.

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*

Request amount range: $5,000-$50,000.

Character Limit: 20

Organization Name*

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

Character Limit: 100

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 **ONE** indicator for each of the two strategic Outcomes.

See Users Guide on Marillac Mission Fund (MMF) website for clarification and examples
Focus Area

Choices

Older Adults Living Independently
Immigrants & Refugees
Human Trafficking Prevention
Rural Well-Being
Advocacy & Coalition-Building

Grant Number

Character Limit: 20

Immigrants & Refugees Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. 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: Increased Stability for Immigrants/Refugees*

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

1a: Increased Access to Needed Community Resources (including Legal Assistance)
1b: Increased Stability Related to Basic Needs (Food/Nutrition, Shelter/Housing and Transportation)
1c: Improved Levels of Functioning (Life Skills, English Language Skills)
1d: Improved Employment Situations

Indicators for Outcome 2: Improved Quality of Life for Immigrants/Refugees*

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

2a: Increased Community Connections
2b: Clients Achieve the Appropriate Legal Status
2c: Clients Report Improvements in Overall Well-being
2d: Increased Coping Skills
2e: Decreased Stress (including Traumatic Stress)

Human Trafficking Prevention Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. 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: Increased Knowledge/Skills/Collaboration for Prevention*

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

1a: Increased Knowledge of Human Trafficking and its Risk Factors
1b: Increased Understanding of Survivors as Victims of Trafficking Rather Than Offenders
1c: Increased Knowledge of Primary, Secondary and/or Tertiary Prevention
1d: Increased Skills Among Education, Health and Social Service Providers for Prevention
1e: Increased Collaboration Among Service Providers, Advocates, and Others to Prevent Trafficking

Indicators for Outcome 2: Increased Support and Stability for High-Risk Youth and Youth Survivors

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

2a: Increased Shelter/Safety for Survivors and Those at Highest Risk
2b: Increased Access to Substance Abuse/Mental Health Services for Survivors/Those at Highest Risk
2c: Increased Availability of Survivor-led Programming
2d: Increased Availability of Longer-term Residential Services/Programming
2e: Increased Stability/Well-being Among Survivors/Those at Highest Risk for Human Trafficking

Older Adults Living Independently Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. 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.

Older Adults-Indicators for Outcome 1: Increased Stability*

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

1a: Increased Access to Needed Community Resources
1b: Increased Stability Related to Basic Needs (food/nutrition, shelter/housing and transportation)
1c: Improved/Maintained Levels of Functioning (physical/cognitive)
1d: Improved/Increased Support for Caregivers

Older Adults-Indicators for Outcome 2: Improved Quality of Life*

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

2a: Reduced Social Isolation
2b: Improved Psychological/Mental Health
2c: Clients Report Improvements in Overall Well-Being
2d: Clients Report Improvements in their Living Environments

2e: Decreased Stress for Caregivers

Older Adults Living Independently Sub-focus Area*

Choices

Care Coordination/Case Management
Minor Home Repairs
Transportation
Social Connectedness

Rural Well-Being Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. 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.

Outcome 1: Increased Stability for Rural Residents*

You must **CHOOSE ONE** (and only one) indicator from the list below.

Choices

1a. Increased Community/Civic Participation
1b. Reduced Social Isolation
1c: Improved Attitude/Perception of Community and/or Self
1d: Increased Sense of Belonging

Outcome 2: Improved Quality of Life for Rural Residents*

You must **CHOOSE ONE** (and only one) indicator.

Choices

2a: Increased Access to Mental Health, Addiction, and Support Services
2b: Improved Mental Health and Substance Use Disorder Symptoms
2c: Increased/Sustained Participation in Social/Emotional Support Opportunities
2d: Clients Report Improvements in Overall Well-being

Advocacy & Coalition-Building Indicators

IMPORTANT: MMF requires all grantee organizations to measure impact using our standardized outcomes. The next questions will ask you to choose one indicator for each outcome that you will be measuring during the grant period. 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.

Outcome 1: Increased Awareness and Advocacy for Social Change

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

1a. Increased Public Awareness of Issues Impacting Constituents
1b. Increased Awareness and Engagement with Key Systems Leaders and Policymakers
1c. Increased Awareness and/or Skills in Supporting the Well-being of Constituents
1d. Increased Empowerment among Community Constituents
1e. Increased/Sustained Involvement of Agency Staff and Volunteers in Legislative/Policy Advocacy
1f. Increased Skills and Confidence in Advocacy among Agency Staff and Volunteers

Outcome 2: Increased Collaboration for Social Change (Coalition-Building)

You must **CHOOSE ONE (and only one)** indicator from this list.

Choices

2a. Increased Development of Coalitions for Collaborative Action among Social Change Groups
2b. Increased [depth of] Collaboration among Coalition/Collaborative Members
2c. Increased Coordinated Action Among Coalition Members in Advancing their Shared Agenda

Advocacy and Coalition-Building 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

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: 2000

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: 2000

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
Environmental Justice

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

Explain the community needs or gaps in services to be addressed by this proposal, 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: 1500

Section A: Q6. Poverty*

Verify that your project or organization will prioritize serving persons experiencing poverty with MMF funded-services. Provide more details on the target population in the following question.

Choices

MMF funds will focus on serving persons experiencing poverty.

Section A: Q7. Program/Project Description*

Briefly describe the project for which you seek funding. Be sure to explain the activities involved, sequence, target population, and how these activities align with the vision of your organization.
OR
If you are applying for General Operating Support, explain how your organization and its programs align with the MMF focus area and mission.

Character Limit: 3000

Section A: Q8 Relationship with CPPS

Do you, or have you ever, had a funding or volunteer relationship with a Sister of the Most Precious Blood of O'Fallon, MO (CPPS) involved in your organization's work?
Note: this does not impact your availability to receive a grant from MMF.

Character Limit: 1500

Section A: Q9 Alignment with CPPS Values

Describe how your organization's work reflects the CPPS values of reconciliation, presence, hospitality, and response to human needs.
Note: this does not impact your availability to receive a grant from MMF.

Character Limit: 1500

Section A: Q10. 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: Q11. 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 requests, provide the total number to be served by the organization.
For Advocacy & Coalition-Building requests, provide an estimate of those to be engaged in the MMF footprint within the grant period.

Character Limit: 5

Section A: Q12. Geographic Area*

What geographic area(s) will benefit from this project?
If General Operating Support, what is your geographic service area?

Character Limit: 600

Section A: Q13. 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. The MMF User's Guide is available to assist in planning, but you do not need to use the sample tools. You are welcome to use your organization's current evaluation tools and methods that align closest with the MMF indicators. Please reach out to MMF staff if you have any questions about these documents.

File Size Limit: 3 MB

Section A: Q14. Evaluation Tools Upload*

REQUIRED: Upload all tools that will be used to track and measure MMF-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. Reach out to MMF staff if you have any questions about this.

File Size Limit: 3 MB

Section A: Q15. Organizational Learning*

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

Character Limit: 3000

Section A: Q16. 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: Q17. Advocacy

For Advocacy & Coalition-Building requests only: What advocacy efforts are you engaged in on behalf of the population you represent? How does your project address the impact of the social determinants of health on the individuals or communities you serve? Identify if your strategy/tactics are upstream, midstream, or downstream, using this diagram (on page 3) as a guide.

Character Limit: 1500

Section A: Q 18. 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 all those served, what other alliances or partnerships exist to help achieve program success? *Please note, if this request is for a specific project/program, address the answer to just that program.*

Character Limit: 1000

Section A: Q19. 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 20. Optional
If there is additional information that is vital to convey in this proposal, do so here.

Character Limit: 1000

Program/Project Questions

Project Category*
Select One Only

Choices
New Project
Existing Project
Expansion of Existing Project

Funding Plan*
For new projects only.

What is the organization's funding plan for sustaining this new program? If not a new program, type "n/a."

Character Limit: 1000

General Operating Support

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

Character Limit: 1500

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 high-level operating budget for the current fiscal year, including total 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**. Do not include this MMF request in either column. If this is a Program/Project request, you can put N/A in the text box and move to the next question.

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 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. 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 anyway.* Financial statements must include:

- statement of activities (income statement/profit-and-loss)
- 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 with current name, address, and CEO signature. If needed, you can download a blank form here.

File Size Limit: 2 MB

Section D: Financial Information

Provide the Organization's Current Budget information. Budget numbers should match the numbers presented in the documents uploaded 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

Grant Start Date*

Choose one only. If applying by August 1st, grant start date is November 1st. If applying by February 1st, grant start date is May 1st.

Choices

May 1
November 1

Grant End Date*

Choose one only.

Choices

April 30
October 31

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 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 (i.e.- job description for a new funded position, MOU with relevant partner or fiscal sponsor, etc.).

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 not participate in, contribute to, or promote activities contrary to Catholic Church Moral Teaching. MMF will not fund organizations that are in any way involved in 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.

IN ADDITION TO THE ABOVE...

Please read the following statements and check the boxes certifying that this application is complete according to the requirements set forth by the grantmaker.

Grantmaker Review*

I have reviewed the website or spoken to the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.

Choices

Yes
No

Additional Materials and Attachments Required by Marillac Mission Fund*

I have included in this application any additional materials and attachments that may be required, including the required two most recently completed fiscal year financial reports.

Choices

Yes
No

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