

MMF Responsive Grant FY 2024

Marillac Mission Fund

Grant Information

Project Name

Name of 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

Purpose of Grant*

Please limit this to one sentence.

Character Limit: 150

Status Report Narrative

Before you begin this report, look back at the original application submitted. Look to see how you described your program's approach and planned activities, who and how many people you expected to serve, what changes you expected to see in your participants and by when. Look at the measurement tools you said you would use to measure, verify and track progress. Now check your data and reflect upon what progress has actually taken place. This is your opportunity to tell us your story.

Section A: Q9. Number of People to be Served

This is copied over from your application. How many people did you expect to serve within the grant period?

Character Limit: 5

Total Number of Unduplicated/Unique Clients Who Completed the Project/Program*

Please enter the total number of (unduplicated) clients served with MMF funds who completed the project/program as intended during the grant period. For General Operating grants, provide the total number served by the organization.

Character Limit: 10

Q1. Services Provided*

Describe the depth of service or engagement provided to those served within this grant period. Did this change from what was originally outlined?

Character Limit: 3000

Q2. Story of Impact*

Tell us a story that illustrates your Theory of Change in action (your model and how it works to create desired impact).

In place of narrative, you may upload a recent story in another format if applicable, i.e.- video, annual report, etc.

Character Limit: 3000 | File Size Limit: 2 MB

Q3. Challenges*

Did you experience any challenges in implementing the Grant/Project? If yes, what strategies are being used to address these challenges?

Character Limit: 4000

Q4. What Were the Primary Observations/Lessons Learned While Working on the Grant?*

How will you use what you learned to inform your work?

Character Limit: 4000

Q5. Outcome Equity (Optional)

Racial and ethnic groups are often combined in outcome reporting, which can obscure the experiences of certain communities and how they are faring and, in turn, affect how funds are distributed, how services are provided, and how groups are perceived. Disaggregating outcomes by race/ethnicity is a key action to illuminate disparities and help improve service and benefit provision across our region. Ultimately, the goal of disaggregating data by race and ethnicity is to achieve health equity for all.

Did you observe any differences in outcome attainment for the racial/ethnic demographics served through this project? What do you think is driving this disparity?

For more information and an example response, please refer to this guide.

Character Limit: 1000

Q6. What alliances or partnerships, if any, were instrumental to the success of the grant?*

Character Limit: 3000

Q7. What trends are you seeing that are affecting the communities served?*

Have you observed anything different or surprising about the impact of social determinants of health on the communities you served over the last 12 months?

Character Limit: 4000

Q8. What are you most proud of when you reflect back over this grant period?*

Character Limit: 3000

Financials

Financial Accounting*

- **Program/Project Grants:** Provide an accounting of expenses incurred and MMF funds expended to date. Complete *both tabs* of the **Status Report Financial Accounting** template. Refer to Application Section C: Q3 for the original project budget (or if updated based upon award amount, refer to the uploaded Final Project Budget) to complete the "Proposed to MMF" column.

OR

- **General Operations Support Grants:** Provide financial statements for **two (2) 12-month periods: one ending April 30th (for spring grants) or October 31st (for fall grants) of the current year and one ending April 30th or October 31st of the previous year, for comparison:**
 - o Statement of Financial Position/Balance Sheet
 - o Statement of Activities/Income & Expense Statement
 - o Complete the Revenue Report Template. Refer to Application Section C: Q2 for the originally proposed revenue.
 - o These financials should be uploaded as one document and renamed under your organization's name

Character Limit: 2000 | File Size Limit: 4 MB

Were Actual Costs Consistent With the Original Estimate? Explain Variances.*

Character Limit: 4000

Supporting Material

If you have additional material you feel would be beneficial to include with this report, briefly describe what you are sending and upload it here.

IMPORTANT NOTE: You will only be able to upload **one file**; therefore, combine any documents you want to include and upload them as one document. **The maximum file size is 2 Mb.** If your

document is too large to upload in this manner, attach it in an email and we will upload to your grant file.

Character Limit: 600 | File Size Limit: 2 MB

Focus Area / Outcomes / Indicators

Focus Area / Outcomes / Indicators

All grantees are required to report on two MMF-specific strategic Outcomes. On the application, once you selected your focus area, you then selected one indicator for each of the MMF Outcomes, as copied below.

See Users Guide on MMF website for clarification and examples

Focus Area

Choices

Older Adults Living Independently
 Immigrants & Refugees
 Veterans
 Human Trafficking Prevention
 Advocacy & Coalition-Building

Human Trafficking Indicators

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

Immigrants/Refugees Indicators

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)

Older Adults Living Independently Indicators

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

Advocacy and Coalition-Building Indicators

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

Veterans Indicators

Indicators for Outcome 1: Increased Stability for Veterans

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, Education, and Employment)

Indicators for Outcome 2: Improved Quality of Life for Veterans and their Families

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

Choices

- 2a: Greater Access to Appropriate Mental Health and Support Services (incl. Alternative/holistic)
- 2b: Improved Psychological/Mental Health (includes Stress Management and Coping Skills)
- 2c: Increased/sustained participation in social/emotional support opportunities
- 2d: Clients Report Improvements in Overall Well-being

Outcome 1: Indicator 1 (As listed above)

Evaluation Report*

Please download the **MMF Evaluation Plan and Report** that you submitted in your application (Section A: Q11), **complete** the final column with actual numbers, and **upload** it here. There should be one document with one page per indicator, for a total of two pages.

Visit the **Resources** page on the MMF website for additional tracking and reporting templates.

Character Limit: 2000 | File Size Limit: 3 MB

Please refer to your selected indicator for Outcome 1.

Q1. List the number of clients with completed evaluation data for this indicator.

(O1,I1)*

How many clients completed your tool(s), or how many clients were included in your data collection utilizing your tool?

Character Limit: 10

Q2. List the number of clients that achieved this indicator. (O1,I1)*

How many clients achieved this indicator according to your evaluation data? (This number should match the number in the final column on the Evaluation Report for this indicator).

Character Limit: 10

Q3. Did the definition of a client achieving the indicator differ from the original Evaluation Plan?

Character Limit: 2000

Q4. Feel free to include any additional details regarding this indicator (optional).

(O1, I1)

Character Limit: 2000

Outcome 2: Indicator 1 (As listed above)

Please refer to your selected indicator for Outcome 2.

Q1. List the number of clients with completed evaluation data for this indicator.

(O2,I1)*

How many clients completed your tool(s), or how many clients were included in your ongoing data collection?

Character Limit: 10

Q2. List the number of clients that achieved this indicator. (O2,I1)*

How many clients achieved this indicator according to your evaluation data?

Character Limit: 10

Q3. Did the definition of a client achieving the indicator differ from the original Evaluation Plan?

Character Limit: 2000

Q4. Feel free to include any additional details regarding this indicator (optional). (O2, I1)

Character Limit: 3000

Demographic Information**Zip Codes in which Clients Resided***

Please list the 5 most frequent zip codes in which those you served resided. Separate zip codes with a comma.

Character Limit: 1000

Counties Served*

Please check the box for all counties served with this grant.

Choices

Bond, IL
 Calhoun, IL
 Clinton, IL
 Franklin, MO
 Jefferson, MO
 Jersey, IL
 Lincoln, MO
 Macoupin, IL
 Madison, IL
 St. Charles, MO
 St. Clair, IL
 St. Louis City, MO
 St. Louis County, MO
 Warren, MO
 Washington, MO

Asian

Enter the number served by this grant.

Character Limit: 20

Bi-Racial/Multi-Racial

Enter the number served by this grant.

Character Limit: 20

Black or African American

Enter the number served by this grant.

Character Limit: 20

Hispanic/Latino/a/x

Enter the number served by this grant.

Character Limit: 20

Middle Eastern or North African

Enter the number served by this grant.

Character Limit: 20

Native American or Alaska Native

Enter the number served by this grant.

Character Limit: 20

Native Hawaiian or Other Pacific Islander

Enter the number served by this grant.

Character Limit: 20

White

Enter the number served by this grant.

Character Limit: 20

Other

Enter the number served by this grant.

Character Limit: 20

Explain Other Race Identified

Provide a brief explanation of the races included in the "Other" category.

Character Limit: 250

Additional Ethnic Data (optional)

If your organization tracks additional ethnic groups beyond those listed here, please feel free to include that information, e.g., Bosnian- 20 people served.

Character Limit: 2000

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 data submitted on this form)

Character Limit: 200

Phone Number of Individual Completing This Form*

Please provide your direct phone number.

Character Limit: 100

Email Address of Individual Completing This Form*

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

Character Limit: 254

Executive Director's Signature*

MMF requires the electronic signature of your agency's Executive Director. Please type your name on the line below and confirm that the submission is true and correct in the following question.

Character Limit: 100

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

I Do Not Agree