MMF Small Organization Responsive Grant FY 2027

Marillac Mission Fund

Project Title / Focus Area / Funding Type

Type of Request - Funding*

Select one only. 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: 1000

Amount Requested*

Character Limit: 20

Organization Name*

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

Character Limit: 100

Project Category*

Select One Only

Choices

Pilot/New Project
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 **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 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

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 this list.

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 from this list.

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

Proposal Narrative

Q1. Organization History*

Give a summary of the organization's history.

Character Limit: 1000

Q2. Mission Statement*

The Mission and Vision Statement of your organization.

Character Limit: 1000

Q3 Community Needs*

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

Q4. Program/Project Description*

Provide a brief description of the program or project for which this request is being made. Who will be served and how many will be served within the grant period? What activities do you intend to engage in or provide to achieve your project's goals and objectives? If applicable, you may upload any documents currently used to detail the major components of your project.

If you are applying for **General Operating Support**, explain how your organization and its programs work aligns with the MMF focus area and mission.

Character Limit: 2000 | File Size Limit: 1 MB

Q5 Verification of Eligibility*

Check the boxes below to confirm that this project meets the MMF requirements of serving within our 15-county service area and focusing on a majority of those experiencing poverty.

Choices
We serve within the 15-county MMF service area.
This project will focus on persons experiencing poverty.

Q6. 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.
For Advocacy & Coalition-Building, provide an estimate of those to be engaged in the MMF footprint within the grant period.

Character Limit: 5

Q7. 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: 1000

Q8. 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

Q9. Community Network*
What other services, coalitions, and/or networks in the community does your organization work 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

Q10. Community Impact*
Describe the changes in the community that your organization hopes to achieve over time.

Character Limit: 1500

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. See MMF User's Guide for clarification and examples. This guide is available to assist in planning, but you do not have to use the sample tools in it. 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 questions about these documents.
You will leave the "Actual Outcome" column blank until the Final Status Report.

File Size Limit: 3 MB

Q12. 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.

File Size Limit: 3 MB

Q13. Organizational Learning Description*

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

Character Limit: 3500

Organization Information

Tax Exemption Status/IRS Designation*

Choices

501(c)(3)
Using a fiscal agent/fiscal sponsor

Financial Attachments

Current Organizational Budget Amount*

Character Limit: 20

IRS 501c3 status*

Choices

I confirm that the organization is an IRS 501c3 Public Charity.

Organization Budget*

Upload the organization's Board-approved 1-2 page 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

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

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). They should include a statement of financial position/balance sheet and income/activity/profit & loss statement. ***If you are not sure what to submit, please reach out to MMF staff at 314-733-6500.***

Character Limit: 1000 | File Size Limit: 5 MB

IRS Form W-9*

Upload a signed W-9 form with 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

Electronic Signature

Preparer's Name and Title*

Character Limit: 250

Preparer's Email Address and Phone Number*

Character Limit: 250

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 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