

MINI GRANTS 2021 (Requests <=\$7,500)

La Crosse Community Foundation

Summary Request Information

Primary Contact Information*

Enter the full name, title, and email address of the primary contact for this request. The person named here will be assigned the grant report, if awarded, and contacted regarding any questions about this request.

Character Limit: 250

Primary contact phone number*

Please enter the phone number of the primary contact person.

Character Limit: 250

Project Name*

Please enter how you would like us to title/identify this project to the public, if funded.

Character Limit: 100

Target Population*

Select all that apply to indicate which population groups would directly benefit from your proposed project/program.

Choices

Children (ages 0-12)
Youth/Teens (ages 13-18)
Adults (ages 19-64)
Seniors (ages 65+)
People with disabilities
Low income individuals/families
Marginalized/underserved populations

Geographic Area of Program*

La Crosse Community Foundation supports projects benefiting the residents of La Crosse County. Please select which communities of La Crosse County your project serves.

Choices

Bangor
Holmen
West Salem
Onalaska
La Crosse

Project start date*

Character Limit: 10

Project end date*

Character Limit: 10

Amount Requested*

(Round to the nearest dollar)

Character Limit: 20

Total Project Cost*

(including requested amount):

Character Limit: 20

Number of individuals served*

Indicate the number of individuals who will be **directly impacted** by the proposed project.

Character Limit: 10

Request Details

Statement of Need*

Describe the need or problem your project seeks to address. Include local data sources if possible.

Character Limit: 2000

Proposed Work*

Describe your project in detail, including the specific work and activities you are proposing and how those activities will benefit your defined target population.

Character Limit: 2500

Community Collaboration and Partnerships*

If applicable, which area agencies are involved in this project? List names of your partnering organizations and a contact name and phone number. Please also briefly describe the nature of your partnership on this project.

Character Limit: 2500

Budget and Budget Narrative*

Step 1: Click to Download LCF's Budget Template Document

Step 2: Upload your project budget by clicking "Upload a File" below.

Use this space to explain any items in the budget that seem extraordinary, or need further detail. Also, in the event the Foundation is unable to meet your full request, please indicate priority items.

Character Limit: 1500 | File Size Limit: 5 MB

Project Sustainability & Evaluation

Sustainability

If the project will be ongoing, what is your plan for funding after the end of this grant period?

Character Limit: 1000

Goals, Objectives & Evaluation*

Describe the project goal(s), objectives, and how project success will be evaluated. A goal is a general statement of your project's purpose. Objectives are more concrete and specific in how the goal will be achieved. Evaluation is how you measure the success of your proposed work.

Character Limit: 2000

Applicant Organization Information

Chief Administrator*

Please enter the name, title, email address, and phone number of your organization's chief administrator.

Character Limit: 250

Organization's Mission*

Provide the mission of the organization and how this project fits the mission. How is your organization best suited for this work?

Character Limit: 2000

Charitable status*

Is your organization registered as a charitable organization with the Wisconsin Department of Financial Institutions?

Not sure? Look up your organization here:

<https://www.wdfi.org/ice/berg/Registration/OrganizationCredentialSearch.aspx>

Choices

Yes

No

Is your organization in good standing with the IRS (i.e. up to date with 990 filings?)*

Choices

Yes
No
N/A

Are any of your board members compensated for their work for your organization?*

Choices

Yes
No
N/A

Year Founded*

Character Limit: 4

2020 Revenue*

Enter you organization's actual revenue.

Character Limit: 20

2020 Expenses*

Enter your organization's actual expenses.

Character Limit: 20

Non-Discrimination Policy*

Certify your organization operates under a board approved non-discrimination policy.

Choices

Yes
No

Conflict of Interest Policy*

Certify your organization operates under a board approved conflict of interest policy.

Choices

Yes
No

Fiscal Sponsor*

Is the applicant organization serving as a fiscal sponsor on behalf of another group/organization that will actually be carrying out the proposed activities? (If yes, complete the next question in this section.)

**Note: A fiscal sponsor is an organization applying on behalf of another group/organization that does not have tax-exempt, 501(c)3 status. The fiscal sponsor is considered the grantee if a grant is made in response to this application. Fiscal sponsors assume all fiduciary responsibilities for the grant award even if simply "passing-through" awarded funds.*

Choices

Yes

No

If YES, enter information below about the fiscally sponsored group/organization

Please provide the following information for the fiscally sponsored group/organization:

1. Group/Organization Name
2. Primary Contact Name with Phone and Email
3. Total annual operating budget total (if applicable)
4. Mission/Purpose

Character Limit: 2000

Letters of Support (Optional)

Upload Letter of Support

Letters of Support are primarily used to confirm partnership with another group. If this project includes a partner whose commitment to this project is critical, please secure and upload a letter of support from a leader of that partner agency.

File Size Limit: 3 MB

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File Size Limit: 3 MB

Supporting Documents (Optional)

Additional Documents

Please upload any other documents relevant to your grant request that you would like us to consider.

If you have more than one document, you'll have to combine them into one PDF.

File Size Limit: 10 MB

Signature

Full Name*

Character Limit: 100

Title*

Character Limit: 100

Confirmation*

By entering your signature information above and clicking "I Agree" below you certify that:

- (1) the statements and information provided in this application are true and correct to the best of your knowledge;
- (2) you are authorized to submit this application on behalf of the applicant organization/agency; and
- (3) you have read, and will agree to, the Grant Conditions outlined at the beginning of the application if a grant is awarded.

Choices

I Agree.

I Do Not Agree.