

# STANDARD Grants 2021 (Requests >\$7,500)

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*La Crosse Community Foundation*

## *Section 1: Summary Request Information*

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### **Primary Contact Information\***

Enter the name, title, and email address of the primary contact for this request. If awarded, the final report will be assigned to the person identified here.

*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*

### **Purpose of Request\***

**One** sentence describing the purpose of your request.

*Character Limit: 300*

### **Program Area\***

Select the **one** program area that best fits your request.

#### **Choices**

Arts & Humanities  
Diversity & Culture  
Environment  
Wellness and Recreation  
Community Improvement  
Education & Scholarship  
Health & Human Services  
Faith

### **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 Groups

**Geographic Area of Project\***

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**

La Crosse  
Onalaska  
Holmen  
West Salem  
Bangor

**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 total amount of individuals who will be **directly impacted** by this proposed project.

*Character Limit: 10*

**Number of years for which you are seeking funding:\***

The Board of Directors prefers to make one-year grants, however we are open to making two-year grants when that is the most effective way to advance work that is important to the community. In rare circumstances, we will make three-year grants.

**Choices**

1  
2  
3

## *Section 2: Request Details*

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**Statement of Need\***

Describe the need or problem your project seeks to address. Include data (local is preferred) if possible.

*Character Limit: 5000*

**Proposed Work\***

Describe the project in detail for which you are requesting support. If possible, include a summary timeline of your planned activities.

*Character Limit: 5000*

**Diversity & Inclusion\***

Please confirm that you have considered how to best serve the unique needs of diverse populations and incorporate practices of inclusiveness into your proposed work.

**Choices**

Yes

No

**New or Ongoing Project\***

Is this a new or ongoing project/program at your organization? Select one.

**Choices**

New

Ongoing (includes expansion of existing programming)

**Impact\***

How will this work impact the quality of life for residents of La Crosse County?

*Character Limit: 3500*

**Partners/Collaborators\***

What other groups or organizations will you work with on this project? List the name of each organization, a contact name, and phone number. Then briefly describe their role in this project.

*Character Limit: 3500*

**Organizational Fit\***

What makes your organization the best fit for this project/program? How does it align with your mission? If other organizations are doing similar work, how do you differ?

*Character Limit: 3500*

**Section 3: Project Evaluation****Goals and Objectives\***

List your project goals (big, broad statements of what you wish to accomplish). Under each goal, describe up to three objectives. Each objective should represent a step toward accomplishing a goal, and should be S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time-bound).

*Character Limit: 2500*

## Evaluation\*

How will you define and evaluate success of your proposed work? What will be measured to show community impact from the proposed project/program?

*Character Limit: 3500*

## Section 4: Project Budget

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### Budget (Attachment)\*

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

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

*File Size Limit: 3 MB*

### Budget Narrative\*

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

*Character Limit: 1500*

### Sustainability

What are the long-term strategies for funding this project/program at the end of the grant period? (Note: Only required for project/programs that will be ongoing after the grant period.)

*Character Limit: 1500*

## Section 5: Applicant Information

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### Chief Administrator\*

Please enter the name, title, email address, and phone number of the chief executive at your organization?

*Character Limit: 250*

### Year Founded\*

*Character Limit: 4*

### 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. 990 filings up to date)?\***

**Choices**

- Yes
- No
- N/A

**Total 2021 Operating Budget\***

*Character Limit: 20*

**2020 Organizational Expenses\***

What was your organization's total operating expenses (actuals) last year?

*Character Limit: 20*

**2020 Organizational Revenue\***

What was your organization's total operating revenue (actuals) in 2020?

*Character Limit: 20*

**Charitable support %\***

What percentage of your annual operating revenue is charitable support?

*Character Limit: 8*

**Do you have endowment resources?\***

**Choices**

- Yes
- No

**If yes, how much?**

*Character Limit: 20*

**If yes, where?**

*Character Limit: 100*

**Do Board members receive financial compensation?\***

**Choices**

- Yes
- No

**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 Section 6 below for the sponsored group/organization.)

*\*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

## Section 6: If applicable, Fiscally Sponsored Org Info

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### Group/Organization Name:

Enter the name of the group being fiscally sponsored

*Character Limit: 50*

### Primary Contact Name, Phone & Email:

*Character Limit: 250*

### Year Founded:

*Character Limit: 10*

### Total 2021 operating budget:

*Character Limit: 20*

### 2020 Organizational Expenses

Enter the total actual expenses for your organization in 2020.

*Character Limit: 20*

### 2020 Organizational Revenue

Enter the total actual revenue for your organization in 2020.

*Character Limit: 20*

**Mission/Purpose:***Character Limit: 300*

## *Section 7: OPTIONAL - Supporting Documents*

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**Supporting Documents**

If you wish to upload any documents to support your proposal, please do so here. If you have more than one document, you'll have to combine them into one pdf in order to upload as one document.

*File Size Limit: 10 MB*

## *Section 8: Letters of Support (Optional)*

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**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: 4 MB***Upload Letter of Support**

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*File Size Limit: 4 MB*

## *Signature*

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**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.