

# Unrestricted Requests 2021

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## *La Crosse Community Foundation*

### *Basic Organizational Information*

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#### **Primary contact name\***

Please enter the full name of the individual who will serve as primary contact for this grant.

*Character Limit: 250*

#### **Primary contact email address\***

*Character Limit: 250*

#### **Primary contact phone number\***

*Character Limit: 250*

#### **Chief Administrator\***

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

*Character Limit: 500*

#### **Year Founded\***

*Character Limit: 10*

#### **Are you using a fiscal sponsor to apply?\***

##### Choices

Yes

No

#### **If so, upload the Fiscal Sponsorship Agreement Form here**

The form must be filled out and signed by both the sponsored and the sponsoring parties.

*File Size Limit: 2 MB*

#### **If applying under a fiscal sponsor organization, please enter the name of your group/organization**

*Character Limit: 250*

#### **Amount Requested\***

*Character Limit: 20*

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

The Board of Directors prefers to make one-year grants, however, two-year grants may be awarded when that's the most effective way to advance important work in the community. In rare circumstances, three-year grants are awarded.

**Choices**

- 1
- 2
- 3

**For multi-year requests, please indicate how much you are requesting per year**

The amount you indicated above in the "Amount Requested" box should be the total amount for all years of funding requested. Please use this space to show how much you need per year.

*Character Limit: 1500*

**Mission statement\***

Enter the mission statement for your organization

*Character Limit: 250*

**Target Population\***

Select all that apply to indicate which population groups are directly impacted by your work.

**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/Under-served groups

**Geographic Area of Mission\***

All community foundations must have a defined geographic region. As such, La Crosse Community Foundation supports nonprofits whose work benefits the residents of La Crosse County. Please select which communities of La Crosse County your organization serves.

**Choices**

- La Crosse
- Onalaska
- Holmen
- West Salem
- Bangor

**Work outside La Crosse County**

If your organization reaches people outside La Crosse County, which other areas do you serve?  
What percentage of your work targets La Crosse County?

*Character Limit: 500*

## Diversity & Inclusion\*

Have you considered how to best serve the unique needs of diverse populations and incorporate practices of inclusiveness into your organization?

### Choices

Yes

No

## Partnerships\*

Briefly describe other local organizations with whom your organization regularly partners or collaborates.

*Character Limit: 1000*

## Local impact\*

What is your organization's impact on its constituents and the La Crosse County community in recent years? Please quantify your response where possible (i.e. number of people served).

*Character Limit: 2500*

## Annual Report

If you have one, please upload an electronic file of your annual report.

*File Size Limit: 4 MB*

## Organizational Strategies and Planning

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### Important tip

Up to 3,000 characters are allowed to respond to each of the following questions as a way to help you avoid having to spend time paring down a response that doesn't fit. The character limit is not a goal to reach. Please still try to keep responses concise.

Also, please respond to each of the questions under each main question.

## Financial need\*

Which category best describes why you are applying for an unrestricted grant?

### Choices

Need to cover increased expenses related to capacity building

To address a known or expected revenue shortfall

To increase operating revenues to a sustainable level

Start-up funding for a new nonprofit organization

## Current priorities and goals

Briefly describe your organization's current priority programmatic and organizational goals and the strategy for achieving them.

Or, if you have a current strategic plan, you can attach it below instead of responding to this question.

*Character Limit: 3000*

## Current strategic plan

*File Size Limit: 2 MB*

## Expertise and effectiveness\*

How does your organization use experience, data, and/or evidence to develop your programs and accomplish your mission? How do you measure the effectiveness of your work?

*Character Limit: 3000*

## *Financial narrative questions*

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### How many staff positions (in FTEs) are dedicated to fundraising in your organization?\*

For example, if only one staff person dedicates about 20 percent of their time to fundraising, your response would be .2 FTE. If you have a full-time development person and a director who dedicates a quarter of their time to fundraising, your response would be 1.25 FTE.

*Character Limit: 100*

### Revenue sources\*

Please indicate what percentage of your annual budget revenue comes from the following sources:

- Government grants and contracts
- Charitable grants and contributions (i.e. foundation grants and individual gifts)
- Program service revenue (i.e. ticket sales, or fee for service)
- Investment income
- Other

*Character Limit: 1500*

### Fundraising plan\*

If you have a fundraising plan, please describe it.

*Character Limit: 2000*

## How would an unrestricted grant be a timely investment in your organization now?\*

Please explain the financial circumstances that have led your organization to seeking unrestricted funding, and how it will help.

*Character Limit: 3000*

## Plan for financial sustainability\*

How will this grant help your organization have a more sustainable financial future? What will it allow you to do that otherwise couldn't have been done?

*Character Limit: 3000*

## Financial Review

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### Budgets to Actuals\*

Please upload three years of organizational budget to actuals (current year year-to-date, plus the previous two years). You will have to combine the documents into one file to attach here.

*File Size Limit: 4 MB*

### Balance sheet\*

Please upload your most recent balance sheet.

*File Size Limit: 2 MB*

### Financial oversight\*

How is the board evaluating the financial health of your organization? What type of financial documents do they review and how often?

*Character Limit: 2000*

### Audit or Financial Review

Please upload a copy of your most recent audit or financial review, if applicable.

*File Size Limit: 4 MB*

### Financial Tools\*

Do you have an operating reserve?

#### Choices

Yes

No

### If yes, how much do you have in reserve?

*Character Limit: 50*

### Operating reserve

What, if any policy has the board adopted relative to an operating reserve?

*Character Limit: 500*

### Do you have an endowment?\*

#### Choices

Yes

No

### If yes, how much do you have in endowed assets?

*Character Limit: 50*

### How are your endowment funds used?

Please explain the designated purpose of each endowed fund.

*Character Limit: 1000*

### Do you have a line of credit?\*

#### Choices

Yes

No

### If yes, explain how the organization has drawn on it in the past 12 months

*Character Limit: 500*

## Final Confirmations

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### 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

### 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

### Anything Else

Is there anything else you'd like us to know about your organization in regard to this application?

*Character Limit: 1000 | File Size Limit: 4 MB*

## Signature

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### Full Name\*

*Character Limit: 100*

### Title\*

*Character Limit: 100*

### Confirmation\*

By entering your e-signature and title 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; and,
3. You have read and agree to comply (if awarded) with the grant conditions outlined at the beginning of the application.

#### Choices

I Agree

I Do Not Agree