

# City of La Crosse American Rescue Plan Act (ARPA) Application - Project based

---

*La Crosse Community Foundation*

## *General Information and Proposal Overview*

---

### General Project Information

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

Enter the name, title, phone number, 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*

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

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

*Character Limit: 250*

#### **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

#### **Select an expenditure category\***

The federal government allows ARPA funds to be allocated to specific expenditure categories. The allowable categories for the purpose of this grant program are listed below. Please check all that apply.

##### Choices

Public Health

Services to disproportionately impacted communities

#### **Qualified census tracts served\***

Please select which of the City of La Crosse's qualified census tracts your project will serve. Please select all that apply.

Please click [here](#) to view the map of qualified census tracts if you're unsure.

**Choices**

- 2
- 3
- 4
- 5
- None

**Number of individuals served\***

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

*Character Limit: 10*

**Project start date\***

Must be after February 15, 2022

*Character Limit: 10*

**Project end date\***

A maximum of two years of funding can be requested, so end date must be on or before February 14, 2024.

*Character Limit: 10*

**Amount requested\***

*Character Limit: 20*

**Total Project Cost\***

*Character Limit: 20*

**Amount of requested funds for evidenced-based interventions\***

Please enter an estimate of the total amount of requested funds that will be allocated toward evidence-based interventions. If you are unsure if your project is evidence based, please look it up here: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

You can search for different research studies by program area (i.e. health behaviors, social and economic factors, etc.).

Important note: For federal reporting purposes, agencies must identify this number but it's not a requirement for funding. Your response can be \$0 and you may still be awarded a grant.

*Character Limit: 20*

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

**Choices**

- 1
- 2

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

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

*Character Limit: 1500*

## Section 1: Request Details

---

### Statement of Need\*

Describe the need or problem your project seeks to address. Include an evidence-based citation (if available) and/or data (local preferred).

You can use this resource to help find evidence-based citations.

Here are some options for local data:

- County Health Rankings
- COMPASS Now
- Fair Housing Study

*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*

### Is this a new, expanded, or ongoing project/program?\*

#### Choices

New

Strategic expansion of existing program to address COVID-related needs and/or disparities

Ongoing

### For ongoing programs:\*

How many people were served during the last program year?

*Character Limit: 20*

### For ongoing programs:

Describe measurable impact the program has achieved to date (with examples)

*Character Limit: 3000*

### Impact\*

How will this project addresses and impact public health and/or services to disproportionately impacted communities.

*Character Limit: 5000*

## Partners/Collaborators

If you plan to partner or collaborate with other organizations on this project, please list:

- name of the organization
- a contact name and phone number
- a brief description of their role

*Character Limit: 2000*

## Organizational fit\*

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

*Character Limit: 5000*

## Section 2: 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: 5000*

### Evaluation\*

How will you define and evaluate success of your proposed work? What information will be gathered to communicate the impact of the proposed project/program?

*Character Limit: 5000*

## Section 4: Project Budget

---

### Budget (Attachment)\*

**Step 1: Click to Download the 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?

*Character Limit: 5000*

*Section 5: Applicant Information*

---

If using a fiscal sponsor to apply, please respond to the questions in Section 5 as the sponsoring organization.

**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 501(c)3 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

**Does your organization have any outstanding financial obligations to the City of La Crosse?\***

**Choices**

Yes

No

**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*

**Are any board members paid and/or do any staff serve as voting members of the board?\***

#### 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

### SAM.gov\*

Is your organization (or if using a fiscal sponsor, the sponsoring organization) registered in SAM.gov?

#### Choices

Yes

No

### **DUNS Number\***

Please enter your organization's DUNS number (or if using a fiscal sponsor, your fiscal sponsor's DUNS number)

*Character Limit: 30*

## *Section 6: Complete ONLY if you are using a FISCAL SPONSOR to apply*

---

### **Fiscal Sponsorship Agreement Form**

If you are using a fiscal sponsor to apply, please upload the Fiscal Sponsorship Agreement Form here. It must be signed by both the sponsored and sponsoring parties.

If you need the form, please contact the ARPA Grant Manager Annie Berendes:  
ARPA@laxcommfoundation.com

*File Size Limit: 2 MB*

Please answer the following questions as the fiscally sponsored group or organization.

### **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 8: 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: 4 MB***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**

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*

## *Section 7: OPTIONAL - Supporting Documents*

---

**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 combine them into one pdf in order to upload as one document.

*File Size Limit: 5 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.