

MINI GRANTS 2023 (Requests <=\$7,500)

La Crosse Community Foundation

Section 1: General Information

Primary Contact Information*

Enter the full name, title, phone number, 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

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

Historically excluded and/or marginalized groups

People with low or no incomes

Diversity, Equity & Inclusion*

What does diversity, equity and inclusion (DEI) mean to your organization? As of today, where is your organization at in the DEI journey, and how does DEI look internally and externally?

Character Limit: 3000

Geographic Area of Program*

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

Choices

Bangor

Holmen

West Salem

Onalaska

La Crosse

Number of individuals served*

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

Character Limit: 10

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

Section 2: Request Details

Statement of Need*

Describe the need or problem your project seeks to address. Please substantiate the stated need with local data, if available.

Here are some options for local data:

- County Health Rankings
- COMPASS Now
- Fair Housing Study

Character Limit: 4000

Proposed Work*

Describe your project in detail, including:

- specific activities of the project,
- project goals and the plan to reach them, and
- a timeline for activities

Character Limit: 4000

New, Expanded, or Ongoing Project*

Is this a new, expanded, or ongoing project/program at your organization?

Choices

New

Strategic expansion of existing program

Ongoing program with no, or few, changes

For ongoing programs:

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

Character Limit: 3000

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 in this work

Character Limit: 5000

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 may 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

Section 3: Project Sustainability & Evaluation

Measuring success*

Describe how your organization will evaluate the impact of this project and ultimately assess whether it should continue.

Character Limit: 4000

Sustainability

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

Character Limit: 1000

Section 4: Applicant Organization Information

If using a fiscal sponsor to apply, please respond to questions in this section as the sponsoring organization, and not the group who's being sponsored.

Head Administrator*

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

Character Limit: 250

Year founded*

Character Limit: 20

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

Yes

No

2022 Revenue*

Enter your organization's actual revenue.

Character Limit: 20

2022 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 Section 5 below).

**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.*

Choices

Yes

No

Section 5: Fiscal Sponsorships

This section is required if your organization is using a fiscal sponsor to apply. If so, please answer all questions in section 5 as your organization or group, and not as the nonprofit serving as your fiscal sponsor.

Group/Organization Name

Enter the name of the group being fiscally sponsored

Character Limit: 250

Primary Contact Name, Phone, & Email

Character Limit: 250

Year founded

Character Limit: 50

Mission/Purpose

Character Limit: 1000

Total 2023 operating budget

Character Limit: 20

Fiscal Sponsorship Agreement Form here

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

If you need the form, please contact LCF's CEO: jamie@laxcommfoundation.com

File Size Limit: 1 MB

Section 6: 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

Section 7: 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

Is the information in your organization profile accurate?*

Please review the information in your organization profile to confirm all information (address, phone, primary contact, website, etc.) is accurate and up-to-date. If not, please email lauren@laxcommfoundation.com with any changes.

Choices

Yes

No, I will notify the program director of needed changes

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.