STANDARD Grants 2023 (Requests >$7,500)

La Crosse Community Foundation

Section 1: General Information

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

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 underrepresented and/or systemically marginalized groups
People with low or no income

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 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

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*

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 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

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 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: 5000

Proposed Work*

Describe your project in detail, including the specific activities and timeline of your project. Describe how this work will address the need stated above.

Character Limit: 5000

Evidence-based interventions

If your project/program is evidence-based, please explain below. 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.).

Character Limit: 2000

New, Expanded, or Ongoing Project*

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

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: 5000

Impact*

Please describe how this work will make a local impact and who will be impacted most.

Character Limit: 3500

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: 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: 4000

Evaluation*

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

Character Limit: 3500

Section 4: Project Budget

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 may need further explanation. 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

If using a fiscal sponsor to apply, please respond to questions in Section 5 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 the head 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 2023 Operating Budget*

Character Limit: 20

2022 Organizational Expenses*

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

Character Limit: 20

2022 Organizational Revenue*

What was your organization's total operating revenue (actuals) in 2022?

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

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).

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 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 LCF's program director: katie@laxcommfoundation.com

File Size Limit: 2 MB

Please respond to 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 2023 operating budget:
Character Limit: 20

2022 Organizational Expenses
Enter the total actual expenses for your organization in 2022.

Character Limit: 20

2022 Organizational Revenue
Enter the total actual revenue for your organization in 2022.

Character Limit: 20

Mission/Purpose:
Character Limit: 1000

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

File Size Limit: 5 MB

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

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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.