

# Unrestricted Requests 2023

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*La Crosse Community Foundation*

## *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*

### **Head Administrator\***

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

*Character Limit: 500*

### **Year Founded\***

*Character Limit: 10*

### **Amount Requested\***

*Character Limit: 20*

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

#### **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*

### **Project name\***

Please enter a short name that describes this request that we can use for our records. You can simply enter "Unrestricted grant" if you'd like.

*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  
People with low or no income  
Historically excluded and/or marginalized 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, 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*

## 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*

## Partnerships\*

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

*Character Limit: 1000*

## *Organizational Strategies and Planning*

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### **Important tip**

Up to 5,000 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

### **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 full-time 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*

## *Letters of Support (Optional)*

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### Letter of support

OPTIONAL

*File Size Limit: 1 MB*

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OPTIONAL

*File Size Limit: 1 MB*

## *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 or are any paid staff 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

## 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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### 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](mailto: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 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