

Mini Pandemic Relief and Recovery Grant

La Crosse Community Foundation

Basic Organizational Information

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. If you need the form, please contact LCF's program director.

File Size Limit: 2 MB

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

Character Limit: 250

Mission statement*

Enter your organization's mission statement

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

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).

Or, if you have an annual report, simply attach it below and leave this question blank.

Character Limit: 2500

Annual Report

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

File Size Limit: 4 MB

Pandemic changes to your organization

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.

Pandemic impact on your organization*

Briefly explain how the COVID pandemic has impacted your organization's priorities and operations?

Character Limit: 3000

Financial impact of COVID-19*

Please describe how the pandemic has financially impacted your organization. Your description should include numbers to quantify the financial impact. For example, if COVID has caused your organization to cancel a major fundraiser, please indicate how much revenue was expected.

Character Limit: 3000

Impact of this grant*

Briefly describe what your organization has planned for the next 6 months and how this grant will support those plans.

Character Limit: 3000

Financial Questions

Amount Requested*

The maximum requested amount for the mini grant is \$5,000

Character Limit: 20

Budgets to Actuals (Income statement)*

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

File Size Limit: 4 MB

Current balance sheet*

Please upload your most recent balance sheet.

A balance sheet provides a "snapshot" of your organization's financial position at single point in time (date). It should list:

- Assets (checking account balance, any investment accounts, the value of property or equipment your organization owns, etc.)
- Liabilities or debt (payroll, loan balance, etc.)
- Net assets (assets minus liabilities)<https://app.box.com/s/eowzdyj1d1z0kamq16sx16ci3zq7g9u8>

Click here for an example.

*A very small organization's balance sheet may simply show their checking account balance.

File Size Limit: 2 MB

Financial oversight*

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

Character Limit: 2000

Final Confirmations

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

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