

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.

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, leave this question blank and attach it below.

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-related changes to priorities and goals*

Briefly explain how the COVID pandemic has changed your organizations priorities and goals?

Character Limit: 3000

Pandemic-related changes to your organization's operations*

Please describe how your operations have changed during the pandemic from a staffing and service delivery standpoint.

Character Limit: 3000

Next steps*

What's next for your organization?

Character Limit: 3000

Financial questions

Amount Requested*

Character Limit: 20

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*

If awarded, please describe how the amount your organization is requesting will help overcome the financial struggles caused by the COVID-19 pandemic.

Character Limit: 3000

Fundraising/Development Staff*

Please indicate the number of staff positions (in FTEs) dedicated to fundraising at your organization.

For example, if one person spends a third of their time on fundraising, your response would be .3 FTE. If you have a full-time development person and an executive director who dedicates a quarter of their time to fundraising, your response would be 1.3 FTE.

Character Limit: 250

Revenue sources*

In a "normal" year, what percentage of your annual budget revenue comes from the following revenue streams:

- Government grants and contracts
- Charitable grants and contributions (i.e. foundation grants and donations from individuals)
- Program service fees (i.e. ticket sales, fee for service)
- Investment income
- Other

The total amounts entered must equal 100%.

Character Limit: 2000

Financial Review

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 and finance committee 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.

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

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