

Global Awareness Classroom Grants 23-24

La Crosse Community Foundation

Applicant information

Primary contact person for the project*

Please enter the full name and title of the primary contact person for this project. If awarded, this is the person who will be assigned a follow-up report.

Character Limit: 200

Primary contact email address*

Character Limit: 100

Primary contact phone number*

Character Limit: 50

School name*

Character Limit: 200

School address*

Character Limit: 250

Principal name*

Character Limit: 100

Principal phone number*

Character Limit: 50

Project information

Project name*

Character Limit: 250

Amount requested*

Maximum award is \$2000

Character Limit: 20

Total project cost*

Please enter the total cost of your proposed project.

Character Limit: 20

Project start date*

Character Limit: 10

Project end date*

The end date must be no later than the end of the 2023-24 school year.

Character Limit: 10

Short narrative questions

Our intent is to keep this application as simple as possible so it does not take very long to complete. Please make your answers comprehensive, yet concise.

Project description*

Describe the project in detail, including what you hope students will get out of the project.

Character Limit: 1500

Global awareness criteria*

How does this project/activity promote global awareness and multicultural understanding?

Character Limit: 1500

Target audience*

Describe the audience that will benefit from the project - grade/s, total number of students, etc.

Character Limit: 1000

Is this a new project, or something you're repeating?**Choices**

New

Repeat

If a repeat, please provide a brief history of the project

Indicate when it was started, how it's grown, and how it's been funded in the past.

Character Limit: 1500

Budget*

List your project expenses. In the event your full request cannot be met, indicate priority items.

Character Limit: 2000

Other funding sources

Please list (if applicable) the other funding sources supporting this project and the amounts of their contributions.

Character Limit: 1000

Supporting documents

OPTIONAL

Attach additional documents or information you'd like to include with your application.

Character Limit: 1000 | File Size Limit: 10 MB

Confirmation

Applicant signature*

Please type your full name

Character Limit: 250

Applicant title*

Please enter your job title

Character Limit: 250

Confirmation*

By entering your signature information above and checking "I agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief. You also agree to spend any grant funds awarded as indicated in this application.

Choices

I Agree

I Do Not Agree