

# Micro Grant Program

## REQUEST FOR PROPOSALS



Micro grants are designed to be responsive to the needs of nonprofit organizations serving La Crosse County who may otherwise have limited access to resources. La Crosse Area Community Foundation has allocated \$70,000 this year for nonprofits seeking awards of \$250 - \$3,000. One application per organization will be accepted. Contact the Grants Specialist to discuss if more than one application is needed to accommodate fiscally sponsored applications.

### Purpose of this Grant

La Crosse Community Foundation is committed to investing in our community's diverse nonprofit sector including making funds more accessible to those with the least capacity and access to resources.

### Organizational Eligibility

The primary eligibility criteria are:

- Applicant organization must be a public charity, exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code, or governmental bodies, including schools and municipalities, as long as the project is above and beyond regular budgeted items and does not fill budget gaps OR; Must have a formal fiscal sponsor relationship with an IRS verified 501(c)3 nonprofit.
- Must be located in and primarily serve residents of La Crosse County.
- The organization has an annual operating budget of \$500,000 or less.
- Agrees to meet all Grant Awardee Requirements & Expectations listed below.
- Organizations must comply with "Appendix A" of LCF's DEIB Policy

### Eligible Use of Funds

Micro Grants are designed to be easily accessible for immediate needs or to fill gaps in services/community engagement. Projects offering a new strategy, improved strategy, or to support growth to meet community needs/demand are encouraged.

Ineligible micro grant expenses include the following:

- Repeat grants to the same project on an open-ended basis
- Wages/Benefits
- Partisan political activities
- Organizational endowments
- Event sponsorships or annual fundraising campaigns
- Routine operating expenses
- Scholarships or grants to individuals
- Religious activities for the primary purpose of religious education or proselytization\*
- Retroactive expenses or activities that occur before notification of an award
- Loan or debt payments
- Travel for groups such as school classes, clubs or sports teams

### Limitations

Units of Government (city, county, township, etc.): The Foundation does occasionally fund units of government whose proposal extends beyond the traditional governmental functions that impact the broader community or when the request for support is judged to be an effective means to address a priority issue.

\*Proselytization: The purposeful intent to convert one's faith

## Applying for the Grant

Applications will be accepted on a rolling basis beginning January 13, 2025 and until funding is exhausted for the calendar year. Technical assistance will be available on an on-going basis to organizations who want to receive assistance in preparing their application. This process is anticipated to take 30 minutes or less.

**RFP announced:** December 15, 2024

**Eligibility Quiz Open:** January 13, 2025

(the eligibility quiz will determine if your organization meets the basic requirements for this grant and then the applicant is able to apply within the process if they are found eligible through the quiz)

**Applications Open:** January 13, 2025

**Awards announced:** **as soon as possible;** no more than 1 month from submission

**Grant period begins:** upon award notification

**Technical assistance contact:** Ellen Heydon, Grants Specialist | [ellen@lacrosseareafoundation.org](mailto:ellen@lacrosseareafoundation.org) | 608-782-3223 x29

## Application Evaluation

To be responsive to the community's needs, La Crosse Area Community Foundation's Impact Department staff will review the following parts of each application for eligibility prior to approval:

- Budget submission
- Funding purpose alignment with organization's mission
- Eligible use of funds

All approved applications will be shown to our Donor Advised Fundholders for an opportunity for them to fund your project. Once an application is approved for funding, the awarded organization will receive the funding, regardless of a DAF choosing to fund the project.

## Grant Awardee Requirements & Expectations

Grant awardees commit to the following engagement with La Crosse Community Foundation:

- Participation in a Nonprofit Networking session to share outcomes and successes from your micro grant and to learn about other organization's projects at the same time. We anticipate facilitating these sessions quarterly.
- **SAVE THE DATE:**
  - Nonprofit Networking & Sharing | Wednesday, February 5<sup>th</sup> at 11:30 am | GROW
  - Nonprofit Networking & Sharing | Thursday, May 8<sup>th</sup> at 4:30 pm | Holmen Community Center
  - Nonprofit Networking & Sharing | Monday, August 4<sup>th</sup> at 7:30am
  - Nonprofit Networking & Sharing | Thursday, October 16<sup>th</sup> at 4:30pm

## *La Crosse Community Foundation*

### *LACF Micro Grants Eligibility Form*

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Micro Grants are designed to be easily accessible for immediate needs or to fill gaps in services/community engagement.

The Micro Grant applications will open on January 13, 2025 and will remain open until allocated funding is exhausted. Applications will be reviewed on a rolling basis. LACF will only review one micro grant application per organization. If your organization provides fiscal sponsorship to other projects, this does not exclude multiple applications under the same qualifying EIN.

#### **Ineligible micro grant expenses include the following:**

- Repeat grants to the same project on an open-ended basis
- Wages/Benefits
- Partisan political activities
- Organizational endowments
- Event sponsorships or annual fundraising campaigns
- Routine operating expenses
- Scholarships or grants to individuals
- Religious activities for the primary purpose of religious education or proselytization\*
- Retroactive expenses or activities that occur before notification of an award
- Loan or debt payments
- Travel for groups such as school classes, clubs, or sports teams

#### **Limitations\***

Units of Government (city, county, township, etc.):

The Foundation does occasionally fund units of government whose proposal extends beyond the traditional governmental functions that impact the broader community or when the request for support is judged to be an effect means to address a priority issue.

\*Proselytization:

The purposeful intent to convert one's faith.

***Please answer each question to the best of your ability. Any questions may be directed to the LACF Grants Specialist.***

Contact Information:

Ellen Heydon, Grants Specialist

608-782-3223 x29

ellen@lacrosseareafoundation.org

### **My organization:\***

#### **Choices**

Is a public charity, under section 501(c)3 of the IRS, or a unit of government.

Has a fiscal sponsor relationship with an IRS verified 501(c)3 nonprofit.

Is not a 501(c)3 organization and does not have a fiscal sponsor relationship.

### **My organization is:\***

#### **Choices**

Located and primarily serves residents of La Crosse County.

Located outside of La Crosse County but primarily serves residents of La Crosse County.

Neither located or serves residents of La Crosse County.

### **My organization has an annual budget of:\***

#### **Choices**

Up to \$50,000

\$50,000 - \$100,000

\$100,000 - \$250,000

\$250,000 - \$500,000

\$500,000 - \$1M

\$1M - \$5M

More than \$5M

### **Our organization agrees to comply with LACF's DEI policy.\***

La Crosse Area Community Foundation is committed to building diverse, equitable, inclusive, and belonging communities for all to thrive. LACF is committed to supporting our partners in becoming more accessible, welcoming organizations as well. All grantees agree to comply with the following DEIB practices within their organizations, including volunteers and staff:

- Grantees have a responsibility to treat all those with who they engage with dignity and respect at all times.
- Grantees will center DEIB best practices in their internal and external engagement.
- Grantees strive to build board and committee member recruitment practices that produce a governing body representative of La Crosse County residents and inclusive of lived experience relevant to its mission.
- Grantees strive to ensure equitable access to resources, services, and opportunities provided to the community.
- Grantee organization culture expects staff and volunteers to uphold DEIB values in their personal and professional lives.

LACF supports an open door policy and is always willing to help grantees navigate challenges

that arise due to their commitment to DEIB efforts in their organization and community. Please contact Lauren (lauren@lacrosseareafoundation.org) with questions or for assistance.

### Choices

Yes

No

### **Our organization agrees to the grant awardee requirements and expectations.\***

Grant awardees commit to the following engagement with La Crosse Area Community Foundation:

- Participation in Nonprofit Network and Share events to share outcomes and successes from your micro grant and to learn about other organization's projects at the same time. We anticipate facilitating these sessions quarterly.
- Use this grant only for the purpose listed.
- Contact LACF if you cannot use the grant for its designated purpose.
- Your organization certifies to La Crosse Area Community Foundation that no one donor or individual related to the donor will receive any goods, services or other private benefit.
- This grant will not satisfy an existing legally-enforceable obligation or pledge.

### Choices

Yes

No

# Micro Grant Application 2025

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*La Crosse Community Foundation*

## *Micro Grant Application*

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Micro grants are designed to be responsive to the needs of nonprofit organizations serving La Crosse County who may otherwise have limited access to resources. La Crosse Area Community Foundation has allocated \$70,000 this calendar year specifically for nonprofits seeking awards of \$250 - \$3,000 for projects offering a new strategy, improved strategy, or to support growth in order to meet community needs/demand.

**\*Note:** One application per organization will be accepted. Contact [ellen@lacrosseareafoundation.org](mailto:ellen@lacrosseareafoundation.org) to discuss if more than one application is needed to accommodate fiscally sponsored applications.

### **Purpose of the Grant:**

La Crosse Area Community Foundation is committed to investing in our community's diverse nonprofit sector including making funds more accessible to those with the least capacity and access to resources.

### **Project Name\***

*Character Limit: 100*

### **Organization Name\***

*Character Limit: 75*

### **EIN or Fiscal Sponsorship\***

#### **Choices**

My organization has its own EIN.

I have a fiscal sponsor.

### **Logo**

Please upload a logo if you have one available. We will be using your logo if funding is approved to share with our donor advised funds.

*File Size Limit: 2 MB*

### **What is your organization's mission? What need do you fill in our community?\***

*Character Limit: 250*

### **What is the project purpose? How will it help fulfill your mission?\***

*Character Limit: 500*

**Project Start Date\***

*Character Limit: 10*

**Anticipated Project End Date\***

*Character Limit: 10*

**Total Requested Amount\***

Awards may range from \$250 - \$3,000

*Character Limit: 20*

**List anticipated expenses and estimated totals\***

ex. Construction Paper \$250, PPE \$500, Hot Air Balloon Rental \$2,400, etc.

*Character Limit: 1000*

**Current Mailing Address\***

If granted, where should we send the check?

*\*If you have a fiscal sponsor, please list the mailing address for the fiscal sponsor.*

Please include:

Organization

Contact Name

Street Address

City, State, Zip

*Character Limit: 100*

*Impact Questions*

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La Crosse Area Community Foundation is embracing the Trust Based Philanthropy model and the data collected in this section will be used to guide future evolutions to meet nonprofit needs and will not be used against you in any capacity.

**Which of these best describes the purpose of your project?\***

**Choices**

New Strategy to meet community need

Improved Strategy to meet community need

Required Growth to meet community need

Existing Program Support

**Service Area\***

Please select which communities your organization serves.

**Choices**

Bangor/Rockland

Holmen

La Crosse  
Onalaska  
West Salem  
La Crosse County only  
Coulee Region (multiple counties)  
Wisconsin  
National  
International

### Which of these impact areas best describes your project, program, or organization?\*

Please select those that most closely relate to your work. Select **no more than three (3)** impact areas. [Click here](#) for definitions related to each impact area.

#### Choices

Arts and Humanities  
Community Improvement  
Culture and Diversity  
Education and Scholarships  
Environment  
Faith  
Health and Human Services  
Recreation and Wellness

### Which Sustainable Development Goal(s) does your project support?

Please select all that apply. [Click here](#) for more information about Sustainable Development Goals and to review definitions.

#### Choices

1. No Poverty
2. Zero Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation, and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice, and Strong Institutions.
17. Partnerships for the Goals



## *Fiscal Sponsorship Information*

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### **Fiscal Sponsorship**

Please include the appropriate information for your fiscal sponsorship.

	Sponsored Applicant ("the project")	Fiscal Sponsor
<b>Organization Name</b>		
<b>Primary Contact Name</b>		
<b>Primary Contact Email</b>		
<b>Primary Contact Phone</b>		
<b>EIN</b>		

### **Fiscal Sponsor Agreement\***

Please upload your fiscal sponsorship agreement. If you do not have a current agreement, please use this [template](#).

*File Size Limit: 2 MB*

## *Organization EIN*

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### **Organization EIN\***

Please enter your organization's nine digit EIN (no dash).

*Character Limit: 9*