

# Corinne Zielke Baseball/Softball Grants Program



## REQUEST FOR PROPOSALS

The Corinne Zielke Fund (est. 2007) Baseball Grant is available to any nonprofit baseball and/or softball program in La Crosse County. Applications are due February 12, 2025. Decisions will be made by the end of March. **Any previous follow-up reporting must be completed before a new grant will be reviewed.**

### Application Timeline

The form will open on January 13, 2025 and will close on February 12, 2025 at 11:59pm. Late applications will not be accepted. Technical assistance will be available on an on-going basis to organizations who want to receive assistance in preparing their application.

<b>RFP announced:</b>	December 1, 2024
<b>Applications Open:</b>	January 13, 2025
<b>Technical assistance:</b>	Ongoing, schedule a time, <a href="#">Ellen's Calendar</a>
<b>Applications Close:</b>	February 12, 2025 at 11:59 pm
<b>Awards announced:</b>	Late March, 2025
<b>Grant period begins:</b>	upon award notification

### **Technical assistance contact:**

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

### Grant Awardee Requirements & Expectations

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

- Use funds only for the purposes as described in the grant application; prior authorization is required to use grant funds for a different purpose
- Will notify the foundation of any change in legal or tax status, changes in staff related to grant purposes, ability to expend grant funds for intended purpose, and expenditure from the grant funds for any purpose other than what the application indicates
- Maintain accounting records to demonstrate grant funds were used for the purpose of the grant as awarded
- Not expend any grant funds for political or lobbying activity
- Return any unused portion of the grant to the La Crosse Area Community Foundation
- Allow the La Crosse Area Community Foundation to review and approve the content of any proposed publicity concerning this grant prior to its release and to recognize the foundation in all publicity related to the funded project/program
- All the La Crosse Area Community Foundation to include information about this grant in the Foundation's publicity
- Promptly complete the required follow-up report summarizing project results at the end of the grant period

# 2025 Corinne Zielke Baseball/Softball Grants

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*La Crosse Community Foundation*

## *Project Information*

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### **Name of Project\***

*Character Limit: 250*

### **Amount Requested\***

Amount Requested

*Character Limit: 20*

### **Partial Funding\***

Can your organization accept partial funding?

#### Choices

Yes

No

### **Partial Funding**

What is the minimum partial funding your organization can accept?

*Character Limit: 250*

### **Total Project Cost\***

*Character Limit: 20*

### **Project Start Date\***

*Character Limit: 10*

### **Project End Date\***

*Character Limit: 10*

### **Geographic Area of Program\***

Select all that apply. At least one box must be selected to be eligible to apply.

#### Choices

Bangor

Holmen

La Crosse

Onalaska

West Salem

### **Target Audience\***

Does your request benefit a specific school district, community or program? (Please describe)

*Character Limit: 500*

### **Number Served\***

How many players will be impacted by this project?

*Character Limit: 15*

## *Project Narrative*

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### **Project Description\***

Describe your project in detail, including all proposed activities and who will benefit.

*Character Limit: 1500*

### **Equipment\***

Provide a list of equipment and the reasons equipment is needed.

*Character Limit: 2000*

### **Budget and Budget Narrative\***

Step 1: Download and complete the LACF Grant Budget Template

Step 2: Click "Upload a file" to attach your completed budget to this request

Step 3: Use the space below to describe any line item of your budget that requires further explanation. Also, indicate the priority items in your budget.

*Character Limit: 1000 | File Size Limit: 2 MB*

## *Organization Information*

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### **Organization's Mission\***

Provide the mission of your organization and how this program fits the mission.

*Character Limit: 1000*

## *Certifications*

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### **Board of Directors/Governing Body\***

Certify your organization has a Board of Directors or other governing body that meets at least quarterly.

#### **Choices**

Yes

No

### Non-Discrimination Policy\*

Certify your governing body operates under an approved non-discrimination policy. If awarded funding, you will also be expected to adhere to [LACF's DEIB policy](#).

#### Choices

- Yes
- No

### Conflict of Interest Policy\*

Certify your governing body has a conflict of interest policy.

#### Choices

- Yes
- No

## Signature

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### Full Name\*

*Character Limit: 100*

### Title\*

*Character Limit: 100*

### Confirmation\*

By entering your signature information above and clicking "I Agree" below you certify that the statements and information provided in this application are true and correct to the best of your knowledge, and that you are authorized to submit this application on behalf of your organization. You also understand if a grant is awarded, you will abide by the grant conditions outlined at the start of the application.

#### Choices

- I Agree.
- I Do Not Agree.

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*La Crosse Community Foundation*

## *Project Information*

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### **Name of Project**

What do you understand of this project? Give a very brief (1 or two sentences) about what this grant will fund.

*Character Limit: 250*

### **Program/Project has broad impact on many youth.\***

1 = strongly disagree

2 = disagree

3 = unsure

4 = agree

5 = strongly agree

**Scoring Options:** 1 - 5

## *Project Narrative*

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### **Budget & Budget Narrative\***

Is there a complete budget that reflects the project? Budget total should match requested amount.

#### **Choices**

Yes

No

## *Certifications*

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### **Does applicant have board of directors/governing body?\***

#### **Choices**

Yes

No

### **Does applicant have non-discrimination policy?\***

#### **Choices**

Yes

No

**Does applicant have conflict of interest policy?\***

**Choices**

Yes

No

*Organization Information*

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**Mission/Program Match\***

Does the project make sense? Does the mission of the organization make it a good fit for a program/project like this?

**Choices**

Yes

No

*Funding Recommendation*

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**Should this project be funded?\***

Do you recommend La Crosse Area Community Foundation fund this project in part or in full?

**Choices**

Yes

No

**If yes, how much do you recommend?**

If no, skip this question.

*Character Limit: 20*