

# 2026 Micro Grant Application

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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 \$120,000 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 [keli@lacrosseareafoundation.org](mailto:keli@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
Organization Name		
Primary Contact Name		
Primary Contact Email		
Primary Contact Phone		
EIN		

### 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*