

# 2026 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***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.