

# 2026 Mini Grant Application

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## *La Crosse Community Foundation*

### *Mini Grant Application*

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Mini grants are part of our historic competitive grants program to be responsive to the needs of nonprofit organizations serving La Crosse County. La Crosse Area Community Foundation has allocated **roughly \$260,000 this year** specifically for nonprofits seeking awards of \$1,000 - \$15,000 for result-oriented projects and programs that address a proven community need or priority aimed at making La Crosse County a better place now and for future generations. Preference will be given to applications that focus on building opportunities for community engagement and building of social capital across differences. For more information on LACF's commitment to building social capital in La Crosse County, [click here](#).

#### **Application Timeline**

Applications Open: March 3, 2026

Applications Due: March 31, 2026

Awards Announced: June 1, 2026

#### **Application Evaluation**

The LACF grants committee, including the Foundation's Impact Director, will score competitive mini grant requests and send recommendations to the full board for ultimate approval. The rubric for scoring applications is [attached here](#).

\*NOTE: No paid staff members participate in the formal voting and recommendation process, only initial evaluation scoring.

\*\*The Impact Specialist, who facilitates the committee, does not participate in evaluating grant applications. We highly encourage applicants to seek technical assistance from the Impact Specialist, as needed, to support putting your best grant application forward.

#### **Organization Name\***

*Character Limit: 75*

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

##### **Choices**

My organization has its own EIN.

My organization has a fiscal sponsor.

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

*Character Limit: 100*

## Project Summary\*

In 3 sentences or less, provide a general summary of your project and the anticipated impact.

*Character Limit: 500*

## Total Requested Amount\*

Awards may range from \$1,000 - \$15,000.

*Character Limit: 20*

## Partial Funding\*

What is the minimum partial funding you can accept for this request? Please include a description (i.e. no partial funding accepted as we need the entirety to do the project or \$6,200 partial funding and we can complete phase 1).

*Character Limit: 500*

## Alignment\*

What makes your organization the right organization to carry out this project or program? How does the project or program help fulfill your mission?

*Character Limit: 750*

## Community Need\*

What is your organization's mission? What community need does this project or program help alleviate? Use data where applicable.

*Character Limit: 750*

## Social Capital Alignment\*

Share how your project advances the social capital in our community. For more information about social capital, [click here](#).

*Character Limit: 750*

## Strategy and Program Design\*

Describe the activities and capacity needs that will support the completion of this project.

*Character Limit: 1500*

## Partners/Collaboration\*

Do you have any partners or collaborations with this project request? If so, who?

*Character Limit: 500*

## Letters of Support

Please attach any Letters of Support regarding your partnerships.

*File Size Limit: 10 MB*

## Project Evaluation\*

List your project goals and steps/milestones that will evaluate or determine success.

*Character Limit: 1000*

### **Budget\***

Use this space to explain any items in the budget that may need further explanation. In the event the foundation is unable to meet your full request, please indicate priority/catalyst items here. (This would include bare bones items, you can't move the project forward at all without this supported).

[Click here to download the budget template.](#)

*Character Limit: 1000 | File Size Limit: 10 MB*

### **Sustainability\***

What are the long-term strategies for funding this project or program at the end of the grant period?

*Character Limit: 750*

## *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*

### Fiscal Sponsorship

Please include the appropriate information for your fiscal sponsorship.

	<b>Sponsored Applicant ("the project")</b>	<b>Fiscal Sponsor</b>
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<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*