2026 Standard Grant Application

La Crosse Community Foundation

Standard Grant Application

Standard grants are part of our historic competitive grants program to be responsive to the needs of nonprofit organizations serving La Crosse County. The La Crosse Area Community Foundation has allocated grant dollars this year specifically for nonprofits seeking standard grants 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. **Standard Grants are a MINIMUM request of $15,000.**

Priority will be given to applications that focus on building opportunities for broad community engagement and building social capital across differences.

Technical assistance is available on an on-going basis to organizations seeking assistance in preparing their application. Contact Keli Frigo at keli@lacrosseareafoundation.org.

Application Timeline

RFP announced: June 4, 2026

Eligibility Quiz Open: July 7, 2026 *The eligibility quiz determines if the organization meets the basic grant requirements to proceed with application.*

Applications Open: July 8, 2026

Technical assistance: Contact Keli Frigo at keli@lacrosseareafoundation.org to schedule a time

Applications Close: Augst 6, 2026 at 11:59 pm

Applicant Interviews: September 8 - 11, 2026 (if needed)

Awards announced: Week of Spetember 28, 2026

Grant period begins: Upon award notification

Application Evaluation

The LACF Impact Committee, including the Foundation's Impact Director, will score competitive standard 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, which is weighted equally with all other evaluators. 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. Contact Keli Frigo at keli@lacrosseareafoundation.org.

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 $15,000+. (This should represent the total amount for all years of funding requested.)

Character Limit: 20

Number of Years for which you are seeking funding*
The Board of Directors prefers to make one-year grants, however we are open to making two year grants when that is the most effective way to advance work that is important to the community. In rare circumstances, we will make three year grants.

Choices
1
2
3

For multi-year requests, please indicate how much you are requesting per year
The amount you indicated above in the "Amount Requested" box should represent the total amount for all years of funding requested. Please use this space to show how much you need per year.

Character Limit: 500

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 $20,000 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 the project. For ongoing projects, please describe the measurable impact the program has achieved to date (with examples).

Character Limit: 2000

Partners/Collaboration*

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

Character Limit: 500

Letters of Support*

Attach letters of support regarding your partnerships.

File Size Limit: 5 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 a sample budget template.

Character Limit: 1000 | File Size Limit: 8 MB

Sustainability*

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

Character Limit: 750

Supporting Documents

Please attach any additional information you would like the evaluation community to review with your application.

File Size Limit: 8 MB

Impact Questions

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. To learn more about Trust Based Philanthropy, click here.

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.

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.

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

Organization EIN

Organization EIN*

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

Character Limit: 9

Fiscal Sponsorship Information

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