

# 2019 ECCF Program Grant Application

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*Eau Claire Community Foundation*

## *Proposal Overview*

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### **Request title\***

*Name of program for which you're seeking funding*

*Character Limit: 250*

### **Organization description (elevator pitch)\***

*Provide a brief explanation of your organization as you would give it to potential donors.*

*Character Limit: 250*

### **Nature and purpose of the grant request\***

*Briefly describe your grant request. (If funding is approved, this will be read when the grant is presented.)*

*Character Limit: 250*

### **Has this program been authorized by your agency's governing board?\***

**NOTE:** *Applicants who answer "no" are NOT eligible for grant funding.*

#### **Choices**

Yes

No

### **Grant category\***

*Select the ECCF granting category that best fits your request. Even if your proposal is relevant to multiple categories, **please check ONE!***

#### **Choices**

Create Culture (Arts/Culture)

Form Futures (Education)

Give Green (Environment/Recreation/Animals)

Offer Opportunities (Social Services, Accessibility Needs, Programs for Elders, Veterans' Needs)

### **Amount requested\***

*Character Limit: 20*

### **Total budget for proposed program\***

*Provide the total cost of the proposed program only (not the overall organization budget).*

*Character Limit: 20*

### Target population\*

Briefly describe the target population for your proposed program. (Include ages and numbers served.)

Character Limit: 250

### Program Service Area\*

Does this program serve the greater Eau Claire area, which includes the City of Eau Claire and other communities in Eau Claire County?

**IMPORTANT:** The majority of the grant's impact must be in the greater Eau Claire area in order to be considered for funding.

#### Choices

Yes

No

### Program start date\*

**NOTE:** The ECCF grant period runs from June 1 of the year the award is received to June 1 of the following year. Grant dollars may **ONLY** be used during the grant period.

Character Limit: 10

### Program end date

If your program will be ongoing, leave this field blank.

Character Limit: 10

## Additional Organization Information

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### Year of incorporation

Character Limit: 5

### Your organization is a tax-exempt:\*

Organizations that don't fall into the following categories are **NOT** eligible for grant funding.

#### Choices

501(c)(3)

Governmental Agency

Educational Agency

Religious Organization

### Is your organization name the same as it appears on your IRS Letter of Determination?\*

#### Choices

Yes

No

## If your organization name is NOT the same as on your IRS letter, please explain.

Character Limit: 250

### Discrimination policy\*

Has your governing board approved a policy which states that your organization does not discriminate on the basis of race, ancestry, color, age, familial status, disability, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law?

**NOTE:** Applicants who answer "no" are NOT eligible for grant funding.

#### Choices

Yes

No

### Organizational fiscal year\*

Character Limit: 50

### Total annual organization budget\*

Provide the amount of your organization's overall budget, not just the proposed program.

Character Limit: 20

### Authorization for grant proposal by the organization's Executive Director/President\*

I certify that the information provided in this application is correct to the best of my knowledge. I understand that additional information may be required by ECCF to aid the Grants Committee in their review of this request, and I'm available to answer your questions.

**NOTE:** Applicants who answer "no" are NOT eligible for grant funding.

#### Choices

Yes

No

### Authorization for grant proposal by the grant contact person\*

I certify that the information provided in this application is correct to the best of my knowledge. I understand that additional information may be required by ECCF to aid the Grants Committee in their review of this request, and I'm available to answer your questions.

**NOTE:** Applicants who answer "no" are NOT eligible for grant funding.

#### Choices

Yes

No

### Authorization from the School District Superintendent (if applicable)

**APPLICATIONS FOR SCHOOL RELATED PROGRAMS REQUIRE THE AUTHORIZATION OF THE DISTRICT SUPERINTENDENT.** If your program will take place on school grounds, please upload a signed letter or an email from the Superintendent stating that she/he approves your proposal.

File Size Limit: 2 MB

## Program Information

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### **Is this a new program or an enhancement of an existing program?\***

*An enhancement is defined as a significant improvement or expansion of an existing program.*

#### **Choices**

New program

Enhancement of an existing program

### **Explanation of enhancement (if applicable)**

*If your grant proposal is for the enhancement of an existing program, describe in detail **HOW** the existing program is being enhanced.*

*Character Limit: 1200*

### **Mission statement\***

*What is the mission statement of your organization? How does the proposed program help your organization meet its mission?*

*Character Limit: 1600*

### **Community needs\***

*What need(s) in the Eau Claire area does your proposal address? How did you identify and document this/these local needs?*

*Character Limit: 1200*

### **Program differentiation\***

*Describe how the proposed program differs from other similar programs and explain how it will avoid duplicating the services other organizations may offer.*

*Character Limit: 640*

### **Organization collaboration\***

*Please list other organizations (if any) that are collaborating with you and describe their roles. If no collaboration is involved, explain why you believe your organization is capable of successfully implementing this program on its own.*

*Character Limit: 1200*

### **Timeline\***

*Explain the timeline for your proposed program. Use numbering or bullet points to list the planning stages, activities, and events in chronological order.*

**REMINDER:** *ECCF grant dollars can only be used June 1 of the year the grant is awarded to June 1 of the following year.*

*Character Limit: 1500*

**Program objectives\***

List up to three program-related objectives. Number each objective if you have more than one.

Character Limit: 1200

**Method of measurement\***

Clearly explain how you'll measure program success for each objective. Number each method of measurement if you have more than one.

Character Limit: 1200

**Desired outcomes\***

Clearly explain what positive outcomes you expect for each program objective you listed. Number each outcome if you have more than one.

Character Limit: 1200

**Program staffing\***

Describe how your program will be staffed and managed. (Include both paid staff and volunteers)

Character Limit: 600

**Program sustainability\***

If you receive this grant, how will your program be sustained after the grant period is over?

Character Limit: 600

**Contingency plan\***

If your request is not fully funded by ECCF, how will you finance your program? (Good contingency planning won't reduce your chances of being funded.)

Character Limit: 600

## Financial Information

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Explain your proposed budget. Only include expenses **directly related** to the program for which you're seeking funding. Make sure to clearly explain how grant dollars would be used.

**PLEASE ENTER \$0 FOR IRRELEVANT BUDGET ITEMS.**

**REVENUE SOURCES****Grant funding\***

Amount requested from ECCF.

Character Limit: 20

**Agency contribution\***

*Supply the amount your organization will contribute to this program.*

*Character Limit: 20*

**Individual contributions\***

*Estimate the amount of program support you expect from individual contributions (i.e., individual donors).*

*Character Limit: 20*

**In-kind contributions\***

*Estimate the value of any in-kind contributions you expect for this program. (In-kind contributions refer to printing, venue space, publicity, etc. that donors supply at no cost to your organization.)*

*Character Limit: 20*

**Grants/other funders\***

*If you anticipate grant funding or other financial support from organizations besides ECCF, estimate the amount.*

*Character Limit: 20*

**TOTAL REVENUE\***

*Provide the total program revenue, which must be the sum of all the preceding boxes.*

**PLEASE NOTE:** *This website will **NOT** add the figures for you automatically. Make sure your numbers add up correctly!*

*Character Limit: 20*

**EXPENSES****Salary/benefits\***

*Provide the amount you're budgeting for salaries and benefits directly related to this program. (This includes pay for extra hours worked in order to implement this program, not salaries and benefits that would be paid even without it.)*

*Character Limit: 20*

**Salary/benefits grant support**

*If you're requesting ECCF grant dollars for salary and/or benefits, give the amount and clearly explain how they'll be used. You **MUST** show that the salary is integral to implementing the program and not a regular operational expense. Leave this box blank if it's irrelevant.*

*Character Limit: 500*

### **Contracted services\***

*Provide the amount you're budgeting for contracted services. (A contracted service is when a third party is under contract to perform a paid service for your organization.) Expenses in this category **MUST** be integral to implementing your program and not for general organization operations.*

*Character Limit: 20*

### **Contracted services grant support**

*If you're requesting ECCF support for Contracted Services, give the amount and clearly explain how the grant dollars would be used. Leave this box blank if it's irrelevant.*

*Character Limit: 500*

### **Supplies\***

*Provide the amount you're budgeting for supplies directly related to this program.*

*Character Limit: 20*

### **Supplies grant support**

*If you're requesting ECCF support for Supplies, give the amount and clearly explain how the grant dollars will be used. Any assets purchased with ECCF grant dollars **MUST** be integral to the program, not for general organization operations. Leave this box blank if it's irrelevant.*

*Character Limit: 500*

### **Advertising/printing\***

*Provide the amount you're budgeting for advertising and printing costs directly related to your proposed program.*

*Character Limit: 20*

### **Advertising/printing grant support**

*If you're requesting ECCF support for Advertising/Printing, give the amount and clearly explain how the grant dollars will be used. Leave this box blank if it's irrelevant.*

*Character Limit: 500*

### **Other expenses\***

*If you anticipate expenses not included in the preceding boxes, provide an estimate of the amount.*

*Character Limit: 20*

### **Other expenses grant support**

*If you're requesting ECCF support for other expenses, give the amount and clearly explain how the grant dollars would be used. Leave this box blank if it's irrelevant.*

*Character Limit: 500*

**TOTAL EXPENSES\***

Provide the total program expenses, which should be the sum of the preceding boxes. It **MUST** be equal to the amount you provided in the "TOTAL REVENUE" box.

**PLEASE NOTE** that this website will **NOT** add the figures for you automatically. Make sure to check your numbers!

Character Limit: 20

**Do your TOTAL EXPENSES = TOTAL REVENUE?\*****Choices**

Yes

No

**Total grant support\***

Do your requests for ECCF grant support in the Expenses section equal the "ECCF Funding" box in the Revenues section?

**Choices**

Yes

No

**Previous ECCF Grants**

Please list the date(s), title(s), and grant amount(s) of any ECCF grants your organization has received in the past three years, including Women's Giving Circle grants.

Character Limit: 500

## *File Uploads*

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Please send an email to [grants@eccfwi.org](mailto:grants@eccfwi.org) if you have any questions about the following required attachments.

**Budget\***

Current year operating budget, including expenses and revenues

File Size Limit: 2 MB

**Tax Exempt Status Letter\***

Copy of tax exempt status letter from IRS or Government Certificate of Exemption from public schools.

File Size Limit: 2 MB



### **Audit Report or Financial Statement\***

*Most recent annual audit or, if your organization doesn't require an audit, your most recent financial statement*

*File Size Limit: 2 MB*

### **Board of Directors\***

*List of current Board of Directors or equivalent governing body members*

*File Size Limit: 2 MB*

### **Letter(s) of Support**

*A letter of support is required if another organization or individual is integral to the completion of the project and/or is a fiscal sponsor. If you have more than one letter of support, please combine them into one document and upload them here.*

*File Size Limit: 2 MB*

**PLEASE NOTE:** As part of our due diligence process, we will check the charitable status of your organization.