

# 2019 ECCF Asset Grant Application

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*Eau Claire Community Foundation*

## *Proposal Overview*

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### **Request title\***

*Name of asset purchase/improvement 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 purchase 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 asset purchase/improvement.\***

*Provide the total cost of the proposed asset purchase/improvement only (not the overall organization budget).*

*Character Limit: 20*

**Target population\***

Briefly describe the target population who will benefit from your proposed asset purchase/improvement.

Character Limit: 250

**Service Area\***

Does this asset purchase/improvement help your organization 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

**Approximate date of proposed purchase\***

Give the month and year in which you anticipate purchasing/improving this asset. If you anticipate more than one purchase date, please give all that apply.

**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: 250

## 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 purchase.

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 GRANTS REQUIRE THE AUTHORIZATION OF THE DISTRICT SUPERINTENDENT.** If your asset purchase/improvement will be implemented 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

## *Additional Information Regarding Proposed Asset Purchase/Improvement*

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### **Is this a new asset or an improvement to an existing asset?\***

#### **Choices**

New asset

Improvement of an existing asset

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

*If your grant proposal is for the improvement of an existing asset, describe in detail **HOW** the existing asset is being improved.*

*Character Limit: 1200*

### **Mission statement\***

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

*Character Limit: 1600*

### **Community needs\***

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

*Character Limit: 1200*

### **Proposal Objectives**

*List up to three objectives for acquiring or improving this asset. Number each objective if you have more than one.*

*Character Limit: 10000*

### **Method of measurement\***

*Clearly explain how you'll measure 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 objective you listed. Number each outcome if you have more than one.*

*Character Limit: 1200*

### **Ongoing costs\***

*Describe your plan for supporting the ongoing cost of maintenance for this asset purchase/improvement.*

*Character Limit: 640*

**Asset selection\***

*Explain how you selected the particular item(s)/vendor(s) you did. How do you know you're getting the best value for your money?*

*Character Limit: 1200*

**Staff Training\***

*Describe how your staff and/or volunteers will be prepared to use the purchased item(s).*

*Character Limit: 600*

**Contingency plan\***

*If your request is not fully funded by ECCF, how will you finance your purchase? (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 purchase 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****ECCF grant funding\***

*Amount requested from ECCF.*

*Character Limit: 20*

**Agency contribution\***

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

*Character Limit: 20*

**Individual contributions\***

*Estimate the amount of 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 asset purchase/improvement. (In-kind contributions refer to equipment, maintenance, etc. that donors or vendors 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 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****Cost of item(s)\***

*Provide the total cost of the asset purchase/improvement.*

*Character Limit: 20*

**Grant support for asset purchase/improvement\***

*Give the amount of ECCF grant support you're seeking for this asset purchase/improvement and explain how exactly the dollars will be used.*

*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 proposed asset purchase 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*

**Maintenance\***

*Provide the amount you're budgeting for any maintenance costs this asset purchase/improvement is likely to generate during its first year of use.*

*Character Limit: 20*

**Maintenance costs grant support**

*If you're requesting ECCF grant support for maintenance costs, give the amount and clearly explain how the grant dollars will be used. 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 purchase.

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 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 grant 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.