

# 2025 Eau Claire Community Foundation Program Grants

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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\***

Provide a brief description of your organization as you would give it to potential donors. If you're using a fiscal sponsor, also explain its relationship to your organization.

*Character Limit: 500*

### **Grant category\***

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

#### **Choices**

- Create Culture (Visual and Performing Arts, Music, Museums, Literature)
- Form Futures (Education, Training)
- Give Green (Environment, Recreation, Animals)
- Offer Opportunities (Social Services, Accessibility Needs, Programs for Elders, Veterans' Needs)

### **Target population\***

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

**IMPORTANT:** To be considered for funding, most of the grant proposal's impact **MUST** be in Eau Claire County.

*Character Limit: 500*

### **Estimated number of lives impacted by this grant**

To the best of your ability, estimate how many people will benefit if your organization receives this grant funding.

*Character Limit: 250*

### **Explanation**

Briefly explain how you arrived at this estimate.

*Character Limit: 500*

### **Grant Period Eligibility\***

I verify that the requested grant money will be used within the ECCF grant period (June 1, 2025 to June 1, 2026).

#### **Choices**

Yes

No

**If you see any Field of Interest Funds that may fit your request, please list them here.**

*Click here to learn more about Field of Interest Funds.*

*Character Limit: 250*

## *Program Information*

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### **1. Mission statement\***

What is the mission statement of your organization? How does this grant proposal help your organization meet its mission?

*Character Limit: 1500*

### **2. Community needs\***

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

*Character Limit: 1500*

### **3. Program differentiation\***

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

*Character Limit: 1500*

### **4. Organization collaboration\***

List other organizations (if any) that are collaborating on this program 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: 1500*

### **5. Timeline\***

Explain the timeline for your proposed program. Use numbering to list the planning stages, tasks, 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*

## 6. Program activities\*

List and briefly describe up to three major program activities. Explain how each will help accomplish the program's purpose. Number each activity if you have more than one.

*Character Limit: 1500*

## 7. Program evaluation\*

How will you know that your program has been successful? List up to three measures of success. Number each measure if you have more than one.

*Character Limit: 1500*

## 8. Program staffing\*

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

*Character Limit: 1500*

## 9. Program sustainability\*

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

*Character Limit: 1500*

## 10. Partial funding\*

Can you implement your proposed program if you receive partial funding from ECCF?

### Choices

Yes

No

## 10a. Funding Priorities

If you responded "yes" to the partial funding question, please list your funding priorities so ECCF can try to fund the most important items even if it can't fund your entire request. Good contingency planning will NOT reduce your proposal's chances of being fully funded!

*Character Limit: 1500*

## *Grant Catalog Questions*

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Your responses to the following questions will be shared to our Grant Catalog, which allows holders of Donor Advised Funds to recommend grants to applications that they wish to support.

Fund holders will have access to the Grant Catalog during the grant review process. Any grants they recommend will be included in the final grant allocations approved by the ECCF Board of Trustees at their April meeting.

### **Grant Catalog Short Description\***

Provide a brief description of the program for which you're seeking funding. Imagine that you're in an elevator with potential donors and have only a few seconds to capture their interest. Use wording that would pique their interest in learning about your program.

*Character Limit: 250*

### **Grant Catalog Long Description\***

This field allows you to provide a longer, more detailed description of your grant request. You don't need to use all 5000 available characters; just use whatever you need to give potential donors an understanding of the program and the benefits it will create for the community.

*Character Limit: 5000*

### **Grant Catalog Amount Requested\***

*Character Limit: 20*

### **Grant Catalog Contact Name\***

Provide the name of the person at your organization who would be the best contact for questions regarding this application.

*Character Limit: 200*

### **Grant Catalog Contact Email\***

*Character Limit: 254*

### **Grant Catalog Telephone Number (###-###-####)\***

*Character Limit: 25*

### **Grant Catalog Organization Website\***

*Character Limit: 2000*

### **Grant Catalog Image\***

Upload your organization logo or a photo that represents your organization and/or request. This image will appear next to the short description of your application as Fund holders browse the Grant Catalog.

*File Size Limit: 5 MB*

## *Financial Information*

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### **ECCF FUNDING**

Explain your requests for grant support in each budget category. **Enter \$0 for irrelevant budget items and NA for irrelevant text boxes.**

#### **1. Salary/Benefits\***

How much grant support are you requesting for salaries and benefits?

*Character Limit: 20*

#### **Salary/benefits grant support\***

If you're requesting grant support for this category, clearly explain how the dollars would be used. You **MUST** show that the salary is necessary for the program and not a regular operational expense.

*Character Limit: 500*

#### **2. Contracted services\***

How much grant support are you requesting for contracted services? (A contracted service is when a third party is under contract to perform a paid service for your organization.)

*Character Limit: 20*

#### **Contracted services grant support\***

If you're requesting grant support for this category, clearly explain how the grant dollars would be used. Expenses **MUST** be necessary for implementing your program and not for general organization operations.

*Character Limit: 500*

#### **3. Supplies/Advertising/Printing\***

How much grant support are you requesting for supplies, advertising, and/or printing?

*Character Limit: 20*

#### **Supplies/advertising/printing grant support\***

If you're requesting grant support for this category, clearly explain how the grant dollars would be used. Any assets purchased with ECCF grant dollars **MUST** be necessary for the program, not for general organization operations.

*Character Limit: 500*

#### **4. Other Expenses\***

How much grant support are you requesting for expenses not included in the preceding boxes?

*Character Limit: 20*

### Other expenses grant support\*

If you're requesting grant support for this category, clearly explain how the grant dollars would be used.

*Character Limit: 500*

### Total ECCF Funding\*

Amount of grant support you're requesting from ECCF. (This should be the sum of numbers 1-4, and it should equal what you entered in the "Grant Catalog Amount Requested" box.)

*Character Limit: 20*

## OTHER SOURCES OF SUPPORT

### 1. Agency Contribution\*

Value of your organization's contributions to this program

*Character Limit: 20*

### Explanation of agency contribution

Briefly explain how your organization plans to support this program (financial contribution, volunteer hours, etc.).

*Character Limit: 1000*

### 2. Other Contributions\*

If you anticipate grant funding, in-kind contributions, or other support from individuals and organizations besides ECCF, estimate the amount. (In-kind contributions include services like printing, venue space, publicity, etc. that donors supply at no cost. If you're receiving in-kind contributions, estimate how much you would pay for them if they weren't donated and include that amount in this question total.)

*Character Limit: 20*

### Explanation of other contributions

Briefly describe any other sources of support for your program.

*Character Limit: 1000*

### Total other sources of support\*

Sum of numbers 1 and 2

*Character Limit: 20*

### Total program cost\*

Sum of the **TOTAL ECCF FUNDING** and **TOTAL OTHER SOURCES OF SUPPORT** boxes

*Character Limit: 20*

## 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*

## *Additional Organization Information*

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### Application Eligibility\*

I have read and understood the ECCF grant eligibility requirements (listed in the Grantmaking Guidelines document), and I verify that my organization and grant proposal meet all of these requirements.

#### Choices

Yes

No

### Year of your organization's incorporation

*Character Limit: 5*

### Is your organization's name the same as on the IRS letter provided in the File Uploads section?\*

Check "no" if your organization is currently operating under a different name or if you're using a fiscal sponsor and providing that organization's tax-exempt information.

#### Choices

Yes

No

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

**IMPORTANT:** If you're using a fiscal sponsor, you **MUST** provide a letter of support from that organization in the File Uploads section.

*Character Limit: 1000*

### Organization's fiscal year\*

*Character Limit: 100*

### Authorization by the organization's Executive Director or equivalent officer\*

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*

## *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\***

Organization's current overall operating budget, including expenses and revenues

*File Size Limit: 2 MB*

### **Proof of Tax Exempt Status\***

Copy of tax exempt status letter from the IRS, Government Certificate of Exemption, or equivalent proof of tax-exempt status

*File Size Limit: 2 MB*

### **Year-to-date Financials\***

Your organization's most recent financials, including your balance sheet and statement of activities

*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 (required if you have a fiscal sponsor)**

A letter of support is required if another organization or person is integral to your grant proposal 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*

### **Organization logo\***

Please upload your organization's logo.

*File Size Limit: 2 MB*



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