

# Women's Fund 2026

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*La Crosse Community Foundation*

## *Basic Project Information*

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### **Women's Fund Grant Eligibility Criteria\***

Listed below are the eligibility criteria for a 2026 grant award from the Women's Fund of Greater La Crosse. If you cannot check all boxes, please stop here and contact Jamie Schloegel, Executive Director at [executive\\_director@womensfundlacrosse.org](mailto:executive_director@womensfundlacrosse.org). Applications that do not check all boxes will not be considered.

#### **Choices**

- We are a 501(c)3 organization, public agency, or a special project with a 501(c)3 fiscal sponsor
- Our request will create a more inclusive and equitable life for women and/or girls
- Our request addresses current and critical needs of women and/or girls
- Our request serves women and girls in LaCrosse, Monroe or Trempealeau Cty in WI or Houston Cty in MN
- We don't have a current multi-year grant award from Women's Fund

### **Project Name\***

Name of Project

*Character Limit: 100*

### **Brief Project Description\***

Provide a brief summary of your project.

*Character Limit: 500*

### **Is this a multi-year request?\***

Organizations may apply for up to 3 years of funding if multiple-year funding is critical to their success and the application clearly supports the need for multiple-year funding. Multi-year grants are known as 'Signature' grants. To qualify for a 'Signature' grant award, the program must **only serve** individuals who identify as **women and girls**.

Funds for Signature grants awards are limited, and not all programs that apply for multiple-year funding will be awarded multiple years. Programs that apply for multiple-year funding may be declined multiple-year funding but may be approved for just one year of funding.

#### **Choices**

Yes

No

## Signature Grantee/Multi-Year Requests

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### For how many years are you requesting funding?\*

#### Choices

2 years (2026-2027)

3 years (2026-2028)

### Total Request Year 1\*

Please enter the total amount requested for year 1.

*Character Limit: 20*

### Total Request Year 2\*

Please enter the total amount requested for year 2.

*Character Limit: 20*

### Total Request Year 3\*

Please enter the total amount requested for year 3, if not applicable, enter 0.

*Character Limit: 20*

## Request Details

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### Amount Requested\*

Total amount requested for 2026:

- For those applying for a one-year award for a program that received funding in 2024 or 2025, remember that organizations are only eligible for 75% of first-year award value in the second year, and 50% of first-year award value in the third year.
- For Signature multi-year requests, please indicate the total for all years combined.

*Character Limit: 20*

### Total Project Cost\*

Total of anticipated project expenses.

*Character Limit: 20*

### Project start date\*

*Character Limit: 10*

### Project end date\*

*Character Limit: 10*

## Project Details

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### Proposed Work\*

Describe your project in detail, including the specific work and activities you are proposing and how those activities will benefit women and girls. Remember, 2026 funding priorities include programs that are working to remove barriers to transportation, education, or housing. If your project is unable to move forward due to unforeseen circumstances, provide details on how the project will adjust so it can still meet its goals.

*Character Limit: 2500*

### Statement of needs\*

What need does this program meet, or what problem will you address? Please include the following in your answer:

- Who is the target population (be as detailed as possible), and how will they benefit?
- How is your program acknowledging the needs of historically marginalized communities\* and removing barriers faced by historically marginalized communities?

*\*ie: Black, Indigenous People of Color-BIPOC, LGBTQ+, disabled, low socioeconomic status, immigration status, gender & gender expression, religion, veteran or military status, and other identities we may have missed*

*Character Limit: 1500*

### Goals and Impact\*

Description of project goals and measurable outcomes (impact). Please include an estimate of how many women/girls or women/girls vs. men/boys your program plans to serve.

*Character Limit: 1500*

### Plans for evaluation including how success will be defined and measured.\*

*Character Limit: 1500*

### Partners/Collaborators

Please indicate any project partners or collaborators by listing the name of each organization and the name, title, and email/phone number of your primary contacts.

*Character Limit: 500*

### Letters of support from partners/collaborators

Letters should verify collaboration with other organizations. Please consolidate all letters of support into one file.

*File Size Limit: 4 MB*

### Long-term strategies for funding this project at end of grant period.\*

*Character Limit: 1500*

### **Project Budget - Part 1\***

What are the costs by category (i.e. supplies, staff, etc.) for this project?

*Character Limit: 1000*

### **Project Budget - Part 2\***

List anticipated and confirmed sources of income for this project:

*Character Limit: 1000*

## *Recognition*

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### **Women's Fund Recognition\***

If this project is awarded, please describe how the Women's Fund would be recognized.

*Character Limit: 500*

## *Organization Information*

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### **Year Founded\***

*Character Limit: 4*

### **Organization's Mission\***

*Character Limit: 1500*

### **Organization Programs and Accomplishments\***

Description of current programs, activities and accomplishments.

*Character Limit: 1500*

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

Provide a list of Board of Directors with affiliations.

*File Size Limit: 1 MB*

### **Previous Fiscal Year Total Revenue\***

Enter your organization's actual revenue.

*Character Limit: 20*

### **Previous Fiscal Year Total Expenses\***

Enter your organization's actual expenses.

*Character Limit: 20*

**Non-Discrimination Policy\***

Certify your organization operates under a board-approved non-discrimination policy.

**Choices**

- Yes
- No

**Conflict of Interest Policy\***

Certify your organization operates under a board-approved conflict of interest policy.

**Choices**

- Yes
- No

**Whistleblower Policy\***

Certify your organization operates under a board-approved whistleblower policy.

**Choices**

- Yes
- No

*Fiscal Sponsor***Fiscal Sponsor\***

Is the applicant organization serving as a fiscal sponsor on behalf of your group/organization that will actually be carrying out the proposed work? If yes, complete the last question in this section for the sponsored group/organization.

*\*Note: A fiscal sponsor is an organization applying on behalf of another organization that does not qualify to apply on its own typically because the sponsored org does not have 501(c)3 status. The fiscal sponsor is considered the grantee if a grant is made in response to this application. Fiscal sponsors assume all fiduciary responsibilities for the grant award even if simply "passing-through" awarded funds.*

**Choices**

- Yes
- No

**If Applicable, Fiscally Sponsored Org Info**

Please provide the following information for the sponsored organization:

1. Org name
2. Project/program contact name with phone and email address
3. Total annual operating budget total (if applicable)
4. Mission/purpose

*Character Limit: 2000*

## *Signature*

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### **Full Name\***

*Character Limit: 100*

### **Title\***

*Character Limit: 100*

### **Confirmation\***

By entering your signature information above and clicking "I Agree" below you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

### **Choices**

I Agree.

I Do Not Agree.