

ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC. – STANDARD GRANT APPLICATION GUIDELINES

INFORMATION FOR APPLICANTS: The *ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC.*, welcomes grant requests from non-profit organizations serving the Greater La Crosse Area residents. Grant recipient organizations must be tax exempt under Section 501(c)(3) of the Internal Revenue Code. Grants are not paid to individuals other than scholarships. Grants are made to programs that support the Mission of the Foundation, and fall within the Foundation's Action Plan as described below.

GUIDELINES: The following guidelines are for the Foundation's Standard Grant program, which awards grants solely from unrestricted funds, and approved by the Boards of Directors of the Franke Foundation and the La Crosse Community Foundation.

The *ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC.*, only supports organizations that do not *unlawfully* discriminate in their employment practices, volunteer opportunities, or delivery of programs and services on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law.

The *ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC.*, has adopted an Action Plan which allows grants to be made to projects and programs which:

- **Promote the efforts of students to seek and to pursue their educational goals.**
- **Assist those who are temporarily unable to pay for basic housing costs, including rent and utilities.**
- **Assist those who are not meeting their quantitative and/or qualitative nutritional needs as a result of economic disadvantage, social stigma, lack of education, availability of suitable or appropriate food sources or other remediable impediments to basic food security.**
- **Assist those in need of clothing, disability services, recovery from addictions, skills enhancement and other services which improve the quality of life for economically disadvantaged individuals and families.**
- **Assist in strengthening and protecting children and families.**
- **Promote the humane treatment of our animal friends**

The Foundation may consider more than one application from the same agency in a twelve-month period, although such applications are given a lower priority for grant funding. Generally, if a multi-year pledge is made to an agency, it is unlikely that the Foundation will act favorably on additional requests from that agency during the pledge period.

PLEASE NOTE: The Foundation will not award grants to:

- support ongoing operating expenses of well-established organizations; or support deficit funding;
- fund needs that should more properly be funded in an operating budget of an organization;
- mature endowment funds;
- travel for individuals or groups; and
- organizations whose purpose and/or function conflicts with Roman Catholic teaching and beliefs.

HOW TO APPLY: Except in an emergency, the **ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC.**, reviews grant requests four times per year. The Foundation requires that grant-seekers complete this Standard Application Form and return **one original Application with Supporting Materials, along with 7 copies of the Application Cover Sheet, Project Budget and Narrative portions of the Application (which may exclude the remaining supporting materials).**

Applications are considered on the 2nd Friday of May, August and November, and must be submitted by:

- April 1st to be considered at the May board meeting
- July 1st to be considered at the August board meeting
- October 1st to be considered at the November board meeting

Foundation staff can assist applicants with questions regarding the grant process or other Foundation services or you may choose to visit the Foundation web site. www.frankefound.org

ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC. - STANDARD GRANT APPLICATION COVER SHEET

Application Number: _____

Date of Application: _____

Legal Name: _____

(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____

Executive Director: _____

Phone number: _____

Applicant Total Annual Operating Budget: \$ _____

Charitable Support %: _____

Government Support %: _____

United Way or United Fund for Arts and Humanities amount: \$ _____

Purpose: _____

Do you have endowment resources? _____ If yes, how much \$ _____

and where: _____

Does your agency have a Non-Discrimination policy approved by your board of directors?

If yes, PLEASE ENCLOSE A COPY

Does your agency have a Conflict of Interest policy approved by and for your board of directors?

How does your agency handle conflicts of interest? _____

What is the annual salary/wage of your lowest paid full-time employee? \$ _____

What is the annual salary/wage of your highest paid full-time employee? \$ _____

Circle Yes or No:

Yes No Are board members involved in the mission of your non-profit agency in the community?

Yes No Is there overhead in this grant?

Yes No Do any staff, board members, or their families sell, convey or lease services to the agency? If yes, attach a separate sheet and explain details.

Yes No Do board members receive financial compensation?

501(c)(3) Tax Id: _____

Executive Director: _____

Phone number: _____

Contact person/title/phone number (if different from executive director): _____

Address (administrative office): _____

City/State/Zip+4: _____

FAX number: _____

E-mail address: _____

Web Site: _____

List any previous support from the **ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC.**, in the last three (3) years: _____

Application Project Name: _____

Purpose of Grant (*one sentence*): _____

Date project will begin and end: _____

Project geographic area served: _____

Amount requested: \$ _____

Total Project Cost: \$ _____

Signature, Chairperson, Board of Directors

Print Name and Title

Date

Signature, C.E.O. or Executive Director

Print Name and Title

Date

ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC. - GRANT APPLICATION FORMAT

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

NARRATIVE

- Mission Statement**
- Executive Summary**
 - Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, how the grant supports the Foundation's Action Plan, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.
- Purpose of Grant**
 - Statement of needs/problems to be addressed; description of target population and how they will benefit.
 - Description of project goals and measurable objectives. What impact will this have?
 - Project action plans, how will this project meet the listed goals? Also state whether this is a new or ongoing part of the sponsoring organization.
 - Timetable for implementation.
 - Who are the other partners, if any, in the project and what are their roles?
 - Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
 - Describe the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.
 - Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
 - Long-term strategies for funding this project at end of grant period.
- Evaluation**
 - Plans for evaluation including how success will be defined and measured.
 - How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
 - Describe the active involvement of constituents in evaluating the program.
- Budget Narrative/Justification**
 - Grant budget; use the **Grant Budget Format** that follows, if appropriate.
 - On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
 - List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
 - In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.
- Organization Information**
 - Brief summary of organization's history.
 - Brief statement of organization's mission and goals.
 - Description of current programs, activities and accomplishments.
 - Organizational chart, including board, staff and volunteer involvement.

ATTACHMENTS (Items in bold must be included for any grant application to be reviewed by the foundation.)

- A copy of IRS determination letter** indicating **501(c)(3) tax-exempt public charity status or a government or school entity**.
- List of Board of Directors with affiliations.**
- Finances:**
 - Organization's current **annual operating budget**, including expenses and revenue.
 - Most recent **annual financial statement** & most current, complete **IRS Form 990/IRS Form 990 EZ**.
- Non-Discrimination Policy**
- Letters of support from constituents:** Letters should verify need and collaboration with other organizations
- Annual report, if available**
- Follow-Up Report**, if a grant was previously received within the last year prior to the current grant period.

ROBERT & ELEANOR FRANKE CHARITABLE FOUNDATION, INC. - GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the **project budget** in this format and in this order.

1. Organization's fiscal year: _____
2. Time period this budget covers: _____
3. You may substitute your own format or spreadsheet for listing expenses. However, the expenses should include a **description and total amount** for each of the following budget categories, in the following order.

Project Budget	Amount requested from this organization	Total project expenses	Description
Salaries	\$	\$	
Payroll Taxes	\$	\$	
Fringe Benefits	\$	\$	
Consultants and Professional Fees	\$	\$	
Insurance	\$	\$	
Travel	\$	\$	
Equipment	\$	\$	
Supplies	\$	\$	
Printing and Copying	\$	\$	
Telephone and Fax	\$	\$	
Postage and Delivery	\$	\$	
Rent	\$	\$	
Utilities	\$	\$	
Maintenance	\$	\$	
Evaluation	\$	\$	
Marketing	\$	\$	
Other (specify)	\$	\$	
Total Expenses:	\$	\$	

5. Revenue: include a **description and the total amount** for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

Grants/Contracts/Contributions:	Committed	Pending	Description
Local Government	\$	\$	
State Government	\$	\$	
Federal Government	\$	\$	
Foundations (itemize)	\$	\$	
Corporations (itemize)	\$	\$	
Individuals	\$	\$	
Other (specify)	\$	\$	
Earned Income:			
Events	\$	\$	
Publications and Products	\$	\$	
Membership Income	\$	\$	
In-Kind Support	\$	\$	
Other (specify)	\$	\$	
Total Revenue:	\$	\$	