

Vibrant & Equitable Communities Application Questions

PLEASE NOTE: This form is only a sample, to be used for application preparation purposes. We will not accept emailed copies of this form. All applications must be submitted through the online application portal.

ELIGIBILITY QUESTIONS

Have you read the [McKnight Foundation's Vibrant & Equitable Communities' program guidelines](#)?

Within the past year, have you had a conversation or email exchange with program staff at McKnight about your request? If not, please do so and then come back to this form.

McKnight does not provide funding for the following:

- scholarships
- assistance to individuals
- conferences
- endowments
- lobbying prohibited by the Internal Revenue Code
- activities that have a religious purpose

Does your request for funding include support for any of the items listed above?

APPLICATION QUESTIONS

Word Count: Most of the long answer questions throughout the application do not have word count limits. The reason for this is to make it easier to copy paste text from materials you may have already prepared for other purposes (such as annual reports or other grant applications). Our intention is to give you the space you need, but we do not expect you to fill the amount of space provided. Please try to answer questions fully and as succinctly as possible. We indicate which questions do require a word limit.

*indicates required field

ORGANIZATION INFORMATION

*Legal Name of Organization

Popular Name of Organization

Fiscally Sponsored Project Name

Federal Tax ID Number

*Organization Street Address

*Organization City
*Organization State
*Organization Zip Code

pr

*Organization Phone

Organization General Email Address

Organization Website

EXECUTIVE DIRECTOR CONTACT INFORMATION

*ED First Name
ED Middle Initial or Name
*ED Last Name
*ED Title
ED Email

*Organization's Mission Statement (200 word limit)

*Organization's Work: What is the work of your organization or group? Please include your organization's purpose or focus, the challenges and opportunities your work addresses, the communities or geographic areas your work serves, and how you engage those communities.

*Year Organization was Founded
*Fiscal Year End Date
*Total Annual Organization Budget
*Total Organization Income from Last Fiscal Year
*Total Organization Expenses from Last Fiscal Year

REQUEST CONTACT INFORMATION

*Request Contact First Name
Request Contact Middle Initial or Name
*Request Contact Last Name
Request Contact Title
*Request Contact Email
Request Contact Direct Phone Number

FINANCE CONTACT INFORMATION

McKnight's grant payments are made electronically via the Automated Clearing House (ACH). In the event that a grant is approved, we will need to collect your organization's bank routing instructions to process your payment(s). Please provide the name, email address, and direct phone number of the staff person who will be able to provide us with bank routing instructions, and on occasion verbally verify those instructions.

- *Finance Staff Full Name
- *Finance Staff Email
- *Finance Staff Phone Number

ADDITIONAL ORGANIZATION CONTACT INFORMATION (OPTIONAL)

Additional staff within your organization who would like to receive emails about McKnight Foundation news (for example, a development staff, a communications staff, or other related position).

Additional Contact First Name

Additional Contact Last Name

Additional Contact Job Title

Additional Contact Email Address

Social Media Handles: How do we find you on social media? If applicable, share which social platforms you use and handles (ex. Twitter and Facebook: @McKnightFdn).

REQUEST INFORMATION

*Program Strategies: Which [Vibrant & Equitable Communities strategy](#) does your request most align with? Select all that apply.

- Accelerate Economic Mobility
- Build Community Wealth – Access to Capital
- Build Community Wealth – Build Assets
- Cultivate a Fair & Just Housing System
- Strengthen Democratic Participation

*Type of Funding Support Requesting: Select all that apply.

- Capital
- General Operations
- Program/Project

*Purpose of Request (35 word limit):

Begin with the word “to” or “for,” and do not include a period at the end of phrase (Example: “for general operating support” or “to build capacity”).

*Total Request Amount

*Number of Months Requesting Funding

For Multiyear Requests or Multiple Types of Support, Break out Amount(s)

Total Program/Project Budget

*Description of Request: Describe the work of your funding request. Include answers to the following:

- What will you do?
- What are your goals?
- How will you do the work?
- How will you know you're making progress?
- Who are the partners you will work with, and what are their roles?

*Committed Funds: List up to 10 committed sources and amounts of funding that have been received for this request to-date. Format as ABC Foundation - xx,xxx; XYZ Foundation - xx,xxx.

*Potential Funding: List up to 10 sources and amounts of funding that you have applied for, but not received, to-date. Format as ABC Foundation - xx,xxx; XYZ Foundation - xx,xxx.

GEOGRAPHIC AREA SERVED BY THIS REQUEST

*Where will the work take place? Select up to 10

- ☐ Bois Forte Band of Chippewa
- ☐ Fond Du Lac Band of Lake
- ☐ Superior Chippewa
- ☐ Grand Portage Band of Chippewa
- ☐ Leech Lake Band of Ojibwe
- ☐ Lower Sioux Indian Community
- ☐ Mille Lacs Band of Ojibwe
- ☐ Minnesota - Twin Cities Region
- ☐ Minnesota - Northeast Region
- ☐ Minnesota - Northwest Region
- ☐ Minnesota - Central Region
- ☐ Minnesota - Southwest Region
- ☐ Minnesota - South Central Region
- ☐ Minnesota - Southeast Region
- ☐ Prairie Island Indian Community
- ☐ Red Lake Nation
- ☐ Shakopee Mdewakanton Sioux Community
- ☐ Upper Sioux Community
- ☐ White Earth Nation
- ☐ Urban Indigenous Communities

How much of your work will be done in or serve each of the regions listed below?

Please enter whole number percent estimates for each geographic area. If this request funds work outside of Minnesota, please enter your estimate under U.S.A. If zero, type numeric zero. Must equal 100%.

*Metro Minnesota (7-county Twin Cities)

*Greater Minnesota

*U.S.A.

DEMOGRAPHICS AND DEI INFORMATION

In order to further McKnight Foundation's mission to advance a more just, creative, and abundant future where people and planet thrive, we are committed to addressing racial disparities and inequities within our organization and our communities. Towards this end, we have made an [organizational commitment to diversity, equity, and inclusion](#).

Please provide the information requested below to the best of your ability. We encourage you to use the narrative answer fields below to provide more information about your efforts to advance diversity, equity, and inclusion within your workplace.

*BIPOC Leadership: McKnight currently defines BIPOC-led groups as those for whom *at least four* of the following are true. Please select any of the following criteria that apply to your organization:

Note: We define senior staff as staff with decision-making authority or management responsibility with the organization.

- 50 percent of senior staff identify as BIPOC
- 50 percent of board members identify as BIPOC
- Organization has executive director(s)/leader(s) that identify as BIPOC
- Group mission explicitly focuses on BIPOC communities and/or racial equity
- Project and/or initiative is being led by a majority of BIPOC-group members
- Organization is implementing DEI initiatives and navigating organizational transition for greater equity in programming/operations
- None of the above

*Based on the above criteria, is your organization led by Black, Indigenous, or People of Color (BIPOC)? *Select: Yes or No*

Race/Ethnicity of Board and Senior Staff

Please provide the following Race/Ethnicity demographic data for your board of directors and senior staff (we define senior staff as staff with decision-making authority or management responsibility with the organization). Percentages for each column should total to 100%. If you do not know or decline to answer, please enter 100 under “Unknown/Decline to State.” All of these fields are required. A minimum value of 0 needs to be entered in each field in order to submit the application.

*African American/African/Black	Board %	Senior Staff %
*American Indian/Alaskan Native	Board %	Senior Staff %
*Arab American/Middle Eastern/North African	Board %	Senior Staff %
*Asian/Asian American	Board %	Senior Staff %
*European American/White	Board %	Senior Staff %
*Hispanic/Latine/Chicano or Chicana	Board %	Senior Staff %
*Native Hawaiian/Pacific Islander	Board %	Senior Staff %
*A Race/Ethnicity Not Listed	Board %	Senior Staff %
*Unknown/Decline to State	Board %	Senior Staff %

McKnight recognizes the limitations of the questions and data we are asking for here. Are there additional ways you identify the demographics of your board and/or staff that are important to your work that you would like us to understand? (For example: more nuanced ethnic/racial identities, gender, sexual orientation, disability, etc.)

How is your organization building an inclusive workplace culture? For example: How are you building awareness of difference, practicing inclusion, and/or combatting bias within your workplace? Please include any specific policies or practices that support this.

AUTHORIZATION

*By submitting this request to the McKnight Foundation on behalf of your organization's Executive Director (CEO/President), you attest that all relevant staff have reviewed this application and the information is accurate and complete. *Select: Yes or No*

FINANCIALS AND ATTACHMENTS

We seek to know more about the financial health of your organization and, if requesting program/project support, how program/project funds might be spent. To complete your application, attach the following financial documents. McKnight staff may reach out for additional financial information if they find they need to know more. You may only submit files as MS Excel, MS Word, or PDF.

For all requests, please upload:

- Organization's budget for the current year
- Statement of activities (income and expenses), showing year-to-date actuals vs. budget

For program/project, capital, or multiple types of support requests, please also upload:

- Detailed program/project budget for the first year of requested funding, including other funding sources (if any) and full scope of program/project work