MCKNIGHT FOUNDATION

Strategic Framework | Guidelines & Instructions | Questions? | Logout

VIBRANT & EQUITABLE COMMUNITIES INITIAL ELIGIBILITY QUESTIONS

Please answer the following questions to help determine if your request meets the basic funding criteria for this program.

Does your organization or program/project work to achieve one or more of the following strategies:

- Accelerate Economic Mobility
- Build Community Wealth
- Cultivate a Fair and Just Housing System
- Strengthen Democratic Participation

-Select One- ⌄

Have you read the McKnight Foundation's Vibrant & Equitable Communities program's guidelines?

-Select One- ⌄

Have you spoken with program staff at McKnight about your request? If not, please do so and then come back to this form.

-Select One- ⌄

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?

-Select One- ⌄

MCKNIGHT FOUNDATION

Strategic Framework | Guidelines & Instructions | Questions? | Logout

Organization Information   Request Information   Demographics and DEI Information   Authorization   Attachments   Review My Application

| Save & Finish Later | Submit |

Organization Information

| Printer Friendly Version | | Email Draft |

✳ *Required before final submission*

Tips for Navigating and Completing Your Application

- **In-progress applications:** If you are looking for an in progress application and the fields below are blank, click here to go to your account home page to find in-progress applications.
- **Saving your work:** To take a break and/or save your progress, select "Save & Finish Later."
- **Navigating this form:** To navigate throughout this application, select the section name at the top of the page or the "Next" button at the top or bottom of the page.
- **Word Counts:** 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 and paste text from materials you may have 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.

✳ Legal Name of Organization ℹ️

Popular Name of Organization
Only if different from Legal Name.

Fiscally Sponsored Project Name
If you are applying as a sponsored project or group, please enter your project or group's name here. Provide the fiscal sponsor's name in the legal name field above. The rest of the application also needs to be completed with the fiscal sponsor's organization information.

Federal Tax ID Number
Format as xx-xxxxxxx.

Re-enter to Verify Federal Tax ID Number

✳ Organization Street Address

✳ Organization City

✳ Organization State
- Select One - ⌄

✳ Organization Zip Code

Organization Phone

＊
Format as xxx-xxx-xxxx.

Organization General Email Address

Organization Website

EXECUTIVE DIRECTOR (PRESIDENT/CEO) CONTACT INFORMATION

ED Prefix   ＊ ED First Name   ED Middle Initial or Name 🛈
<None> ▾

＊ ED Last Name

＊ ED Title

ED Email

Re-enter to Verify ED Email

＊ Organization's Mission Statement   ✓

Word count 0 of 200

＊ 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.
                                                                          ✓

＊ Fiscal Year End Date
Format as mm/dd (Example: 12/31)

✱ Total Annual Organization Budget
Format as xx,xxx.

✱ Total Organization Income from Last Fiscal Year
Format as xx,xxx.

✱ Total Organization Expenses from Last Fiscal Year
Format as xx,xxx.

Request Information

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name at the top of the page or the "Next" button at the top or bottom of the page.

REQUEST CONTACT INFORMATION

Person to Contact Regarding This Request

Check this box if the person to contact regarding this request is the same as your organization's ED.
☐

Request Contact Prefix
[<None> ▾]

Request Contact First Name

Request Contact Middle Initial or Name [ℹ️]

Request Contact Last Name

Request Contact Title

Request Contact Email
Use email address of person to receive communication regarding this request.

Re-enter to Verify Request Contact Email

Request Contact Direct Phone Number
Format as xxx-xxx-xxxx.

Request Contact Extension
Number only, do not include ext.

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).

✳ Program Strategies

Recognizing that many organizations' work cuts across multiple strategies, which V&EC program strategies does your current proposal most align with? Select one.

○ Accelerate Economic Mobility

○ Build Community Wealth

○ Cultivate a Fair & Just Housing System

○ Strengthen Democratic Participation

✳ Type of Funding Support Requesting

Select all that apply.

☐ Capital

☐ General Operating

☐ Program/Project

✳ Purpose of Request

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").

✓

Word count 0 of 35

✳ Total Request Amount   ✳ Number of Months Requesting Funding

Format as xx,xxx.   *Format as 12, 18, 24.*

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

Format as year 1 = xx,xxx; year 2 = xx,xxx. For multiple types of support, break out type and amounts per year.

Total Program/Project Budget

Format as xx,xxx. Leave blank if requesting general operating support.

✳ 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 this work take place?
Select up to 10 areas that apply.

☐ 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. If zero, type numeric zero. Must equal 100%. Do not enter % symbol.

✱ Metro Minnesota (7-county Twin Cities)

[   ]

✱ Greater Minnesota

[   ]

✱ U.S.

[   ]

Demographics and DEI Information

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name at the top of the page or the "Next" button at the top or bottom of the page.

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 vind 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 check 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 One - ⌄]

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.

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

* McKnight recognizes the limitations of the questions and data we are asking for here. Are there additional ways you identify the demographics or 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

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name at the top of the page or the "Next" button at the top or bottom of the page.

By submitting this request to the McKnight Foundation on behalf of your organization's Executive Director (President/CEO), you
* attest that all relevant staff have reviewed this application and the information is accurate and complete.

Yes ∨

Attachments

There are no files attached.

Save & Finish Later   Submit

McKNIGHT FOUNDATION

Organization Information   Request Information   Demographics and DEI Information   Authorization   Attachments   Review My Application

[Save & Finish Later]   [Review & Submit]

Attachments

[Printer Friendly Version] | [Email Draft]

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, use the tool below to 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 or PDF.

*   **for all requests -** organization's budget for the current year
*   **for all requests -** statement of activities (income and expenses), showing year-to-date actuals vs. budget
*   **for program/project, capital, or multiple types of support requests -** detailed project budget for the first year of requested funding

When files are ready for submission, use the tool below to attach each document to your application:

1. Choose the appropriate document "Title" from the drop-down menu.*****
2. "Browse" your computer to locate the completed file.
3. Select the file and click "Open," and your file will appear next to "File Name."
4. Click "Upload" to attach the file to this application.
5. Repeat these steps to individually attach each required file.

*Each "Title" in the drop-down menu can be used more than once if any of your financial documents listed above are separate files.

The top of your screen will display a list of files you have properly uploaded for submission.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

Title: [Organization Current Year Budget   ▼]

File Name: [Choose File] No file chosen

[Upload]

[Save & Finish Later]   [Review & Submit]