MCKNIGHT FOUNDATION

Strategic Framework | Guidelines & Instructions | Questions? | Logout

VIBRANT & EQUITABLE COMMUNITIES INITIAL ELIGIBILITY QUESTIONS

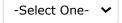
Please answer the following questions to help determine if your request meets the basic funding criteria for this program.

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

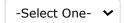
- Accelerate Economic Mobility
- · Build Community Wealth
- Cultivate a Fair and Just Housing System
- Strengthen Democratic Participation



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



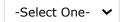
Have you spoken with program staff at McKnight about your request? If not, please do so and then come back to this form.



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?



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 Email Draft** Printer Friendly Version 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 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

E	XECUTIVE DIRECTO	R (PRESIDENT/CEO) CO	NTACT INFORMATION		
	ED Prefix	* ED First Name	EC	Middle Initial or Name 🔋	
	<none> ✓</none>				
		* ED Last Name			
*	ED Title				
	ED Email				
	Re-enter to Verify ED	Email			
**	Organization's Mission	n Statement		~	
	Word count 0 of 200				
*	Organization's Work What is the work of your orga geographic areas your work s	i anization or group? Please include y serves, and how you engage those	our organization's purpose or focus communities.	, the challenges and opportunities your wo	ork addresses, the communities or

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

Total Annual Organ	nization Budget	* Total Organization Format as xx,xxx.	n Income from Last Fiscal Yeai
* Total Organ		from Last Fiscal Year	

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></none>	Request Contact Fir	rst Name	Request Contact Middle In	itial or Name 🔋		
	Request Contact La	st Name				
Request Contact Title						
Request Contact Email Use email address of person to rec	ceive communication regardi	ng this request.				
Re-enter to Verify Request	t Contact Email					
Request Contact Direct Ph		uest Contact Extension ber only, do not include ext.				
ADDITIONAL ORGANIZA	FION CONTACT INF	ORMATION (OPTION	AL)			
Additional staff within you development staff, a comm			ils about McKnight Foundation	n news (for example, a		
Additional Contact First Na	ame /	Additional Contact Last I	Name			
Additional Contact Job Titl	e /	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.
	O Accelerate Economic Mobility
	O Build Community Wealth
	O 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.

/23/22, 1:22 PM	Vibrant and Equitable Communities Application
GEOGRAPHIC AREA SERVED BY TH	
* Where will this work take place? Select up to 10 areas that apply.	
☐ Bois Forte Band of Chippewa	
\square Fond Du Lac Band of Lake	
☐ Superior Chippewa	
\square 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	
\square Prairie Island Indian Community	
Red Lake Nation	
Shakopee Mdewakanton Sioux Comr	munity
☐ Upper Sioux Community	
☐ White Earth Nation	
Urban Indigenous Communities	
Please enter whole number percent	e in or serve each of the regions listed below? estimates for each geographic area. If this request funds work outside of Minnesota, please ero, type numeric zero. Must equal 100%. Do not enter % symbol.

* Greater Minnesota

Metro Minnesota (7-county Twin Cities)

***** 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 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 a following criteria that apply to your organization. **Note: We define "senior staff" as staff with decision-making a	as those for whom <i>at least four</i> of the following are true. Please check any of the on: on: output output			
50 percent of senior staff identify as BIPOC				
\square 50 percent of board members identify as BIPOC				
 □ 50 percent of board members identify as BIPOC □ Organization has executive director(s)/leader(s) that 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				
\square Project and/or initiative is being led by a majori	ty of BIPOC-group members			
\square Organization is implementing DEI initiatives and	I navigating organizational transition for greater equity in programming/operations			
\square None of the Above				
- Select One - 🗸				
RACE/ETHNICITY OF BOARD AND SENIOR	STAFF			
as staff with decision-making authority or mar total to 100%. If you do not know or decline t	mographic data for your board of directors and senior staff (we define "senior staff" nagement responsibility with the organization). Percentages for each column should o answer, please enter 100 under "Unknown/Decline to State." All of these fields are ntered in each field in order to submit the application.			
African American/African/Black	* Board %			
American Indian/Alaskan Native	* Board %			
Arab American/Middle Eastern/North African	* Board %			

≭ Board % ***** Senior Staff % Asian/Asian American European American/White ***** Board % ***** Senior Staff % Hispanic/Latine/Chicano or Chicana ***** Board % ***** Senior Staff % ***** Senior Staff % Native Hawaiian/Pacific Islander ***** Board % 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 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.)

/2	/23/22, 1:22 PM	Vibrant and Equitable Communities Application
		orkplace culture? For example: How are you building awareness of difference,
*	* practicing inclusion, and/or combatting bias with this.	in your workplace? Please include any specific policies or practices that support
		Authorization ect "Save & Finish Later." To navigate throughout this application, select the sectio
*	name at the top of the page or the "Next" buttor By submitting this request to the McKnight Found * attest that all relevant staff have reviewed this a Yes	dation on behalf of your organization's Executive Director (President/CEO), you application and the information is accurate and complete.
		Attachments
		There are no files attached.
		Save & Finish Later Submit

MCKNIGHT FOUNDATION

		Strategic Fr	amework Guidelir	nes & Instructions	Questions? Logout
Organization Information	Request Information	Demographics and DEI Infor	mation Authorizati	on Attachments	Review My Application
		Save & Finish Later Rev	iew & Submit		
		Attachment	ts		
				Printer Friendly Versi	ion 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