MCKNIGHT FOUNDATION

Strategic Framework | Guidelines & Instructions | Questions? | Logout Organization Information Request Information **DEI Information** Authorization Attachments Review My Application Save & Finish Later Submit You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later. **Organization Information** Printer Friendly Version Email Draft Required before final submission If you are looking for an in progress application and the fields below are blank, return to www.mcknight.org and follow the "Account Login" link. Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above or the "Next" button. Legal Name of Organization Popular Name of Organization As stated on 501(c)(3) letter and Form 990. Only if different from Legal Name. Federal Tax ID Number Format as xx-xxxxxxx. Re-enter to Verify Federal Tax ID Number Organization Street Address Organization City Do not abbreviate (except for St. Paul). * Organization State - Select One -Organization Zip Code Organization Phone Format as xxx-xxx-xxxx.

file:///C:/Users/dwickens/AppData/Local/Temp/0SDF011B.htm

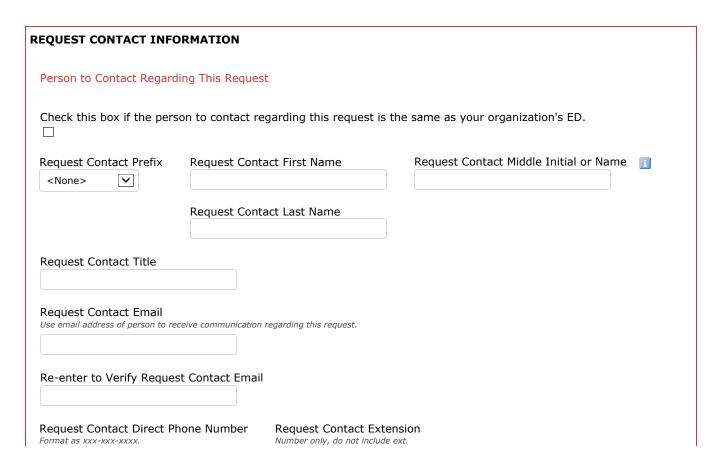
Organization General Email Address

	Organization Website Do not include "http://" (Example: www.mcknight.org).		
	Board of Directors List If your organization's website has a Board of Directors page, please provide a di www.mcknight.org/about-us/board-of-directors-and-corporate-officers).	irect link to it here. Do not include "http://" (Example:	
E	EXECUTIVE DIRECTOR (PRESIDENT/CEO) CONTACT INF	FORMATION	
	ED Prefix	ED Middle Initial or Name	
	<none></none>		
	* ED Last Name		
*	ED Title		
	ED Email		
	Re-enter to Verify ED Email		
	ED Direct Phone Number Format as xxx-xxx-xxxx. ED Extension Number only, do not include ext.		
	Organization's Mission Statement		
		^	
		✓	
	Word count 0 of 100		
*	Organizational Overview Tell us about your organization's purpose and the issues, challenges, or opportu	unities your work addresses.	
	., 3 ,,.,	<i>✓</i>	

Word count 0 of 500	Ť
* 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 above or the "Next" button.



Request Contact City Do not abbreviate (except for St. Paul). Request Contact State None> Request Contact State None> Request Contact Zip Code Request Contact Zip Code Request Contact Zip Code 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 First Name Additional Contact Last Name Additional Contact Job Title Additional Contact Email Address Social Media Handles Now do we find you on social media? If applicable, share which social platforms you use and handles (ex. Twitter and Facebook: @McKnightFidn). * Program Strategies Recognizing that many argunizations' work cuts across multiple strategies, which V&EC program strategy does your current proposal most align with? Select once. Once Contact Email Address Strangthen Democratic Participation * Type of Funding Support Requesting Salect at that apply. Capital General Operating Program/Project	
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 ○ Cultivate a Fair & Just Housing System ○ Strengthen Democratic Participation ** Type of Funding Support Requesting Select all that apply. □ Capital □ General Operating 	O Accelerate Economic Mobility
Strengthen Democratic Participation ** Type of Funding Support Requesting Select all that apply. Capital General Operating	O Build Community Wealth
** Type of Funding Support Requesting Select all that apply. Capital General Operating	
Select all that apply. Capital General Operating	O Strengthen Democratic Participation
☐ General Operating	
☐ General Operating	☐ Capital
** 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.
*	Percent of Budget Requested What percentage of your total program/project budget (or organization budget if requesting general support) are you requesting from McKnight?
*	Summary of Request Describe the goals of the work you propose, the activities you plan to pursue and over what general timeframe. Identify where you see shared interest and intersections with the V&EC program strategy you checked above (see McKnight's website for information on the program's goal and strategies).
	Word count 0 of 500
*	Systems Change McKnight recognizes that our work in partnership with our grantees is about shifting the conditions that hold Minnesota's most pressing problems in place. We're interested in learning from you, based on the goals you describe above, where you are working to shift the conditions that hold the problem(s) in place. Some of these constraints include government policies, societal norms, market forces, incentives, power imbalances, knowledge gaps, embedded social
	narratives, and many more.

* Committed Funds

Word count 0 of 500

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.

	^		
	<u> </u>		
* Potentia List up to 1 xx,xxx.	Funding O sources and amounts of funding that have been applied for,	but not received, to-date. Format as ABC Foundation = xx,xxx; XYZ Foundat	tion =
	^		
	~		
* Your Cor	mmunity out the geographic and cultural context of your work. Where d	do you work, with whom, and how?	
		^	
Word count	h 0 - 6 F00	Y	

GEOGRAPHIC AREA SERVED BY THIS REQUEST
* Where will this work take place? Select up to 10 areas that apply.
\square 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 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?
Enter percent estimates for each geographic area. If zero, type numeric zero. Must equal 100%. Do not enter % symbol. Enter whole numbers.
* All Minnesota
* All U.S.
* Greater Minnesota
* Metro Minnesota (7-county Twin Cities)

DEI Information

In order to further the McKnight Foundation's mission to improve the quality of life for present and future generations, it is imperative that we address disparities and inequities within our organization and through our work in communities. Towards this end, we have made an organizational commitment to diversity, equity, and inclusion. We see an ongoing need to gather information and invite a conversation with our applicants and grantees that explores the following questions:

- 1. Are the organizations that we fund diverse and inclusive relative to their context?
- 2. Do our grants help to decrease disparities and/or advance equity?
- 3. What and whom are we missing?

Please assist us by providing the information requested below to the best of your ability. We particularly encourage you to use the narrative boxes to provide more information about your work as it relates to diversity, equity, and inclusion. Working definitions are linked or included below. Click here to read our blog post providing more information about this work.

BIPOC LEADERSHIP						
McKnight currently defines BIPOC-led groups as those for whom <i>at least four</i> of the following are true. Please check any of the following criteria that apply to your organization:						
\square 50 percent of senior staff are BIPOC-identified						
\square 50 percent of board members are BIPOC-identified						
\square Organization has BIPOC leadership (executive/senior level)						
\square Group mission explicitly focuses on BIPOC communities						
\square Project and/or initiative is being led by a majority of BIPOC-group members						
\square Organization is implementing DEI initiatives and navigating organizational transition for greater equity in programming/operations						
\square None of the Above						
Based on the above criteria is your organization led by Black, Indigenous, or People of Color (BIPOC)? - Select One - - Se						

ORGANIZATION INFORMATION

Does your organization currently collect demographic data for board and/or staff? Please select yes or no for both Board and Staff.



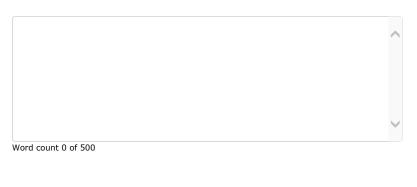
Please help us better understand the diversity of your organization by providing data for all that apply. Percentages may exceed 100%. If you do not know or decline to answer, please enter 100 under "Unknown/Decline to State" for the relevant area in order to continue. As these are all required fields, a minimum value of 0 needs to be entered in order to continue.

GENDER			
Women	* Board %	* Senior Leadership %	* All Staff %
Men	* Board %	* Senior Leadership %	* All Staff %
Transgender	* Board %	* Senior Leadership %	* All Staff %
Gender Non-Conforming/Non-Binary/Gender Queer	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State	* Board %	* Senior Leadership %	* All Staff %
CEVILAL ORIENTATION			

SEXUAL ORIENTATION			
Lesbian/Gay/Bisexual/Queer	* Board %	* Senior Leadership %	* All Staff %
Heterosexual	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State	* Board %	* Senior Leadership %	* All Staff %

RACE/ETHNICITY			
African American/African/Black	* Board %	* Senior Leadership %	* All Staff %
American Indian/Alaskan Native	* Board %	* Senior Leadership %	* All Staff %
Arab American/Middle Eastern/North African	** Board %	* Senior Leadership %	* All Staff %
Asian/Asian American	* Board %	* Senior Leadership %	* All Staff %

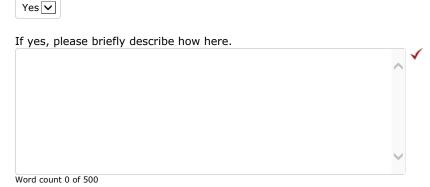
European American/White	. *	Board %	» *	Senior L	∟eadership	% *	All Staff	%
Hispanic/Latinx/Chicano or Chicana	*	Board %) *	Senior L	eadership	% * ,	All Staff	%
Native Hawaiian/Pacific Islander	. *	Board %	, o *	Senior I	_eadership	% *	All Staff	· %
A Race/Ethnicity Not Listed	. *	Board %	⁄o *	Senior I	Leadership	% *	All Staff	⁼ %
More Than One Race/Ethnicity	*	Board %	⁄o *	Senior	Leadership	% **	All Staff	f %
Unknown/Decline to State	*	Board 9	/o *	Senior	Leadership	% **	All Staf	f %
DISABILITY								
Persons with One or More Disabilities *	Board	% *	Senior	Leaders	hip %	* All Staf	f %	
Persons without Disabilities *	Board ^c	% *	Senior	Leaders	hip %	* All Staff	⁻ %	
Unknown/Decline to State *	Board ⁽	% *	Senior	Leaders	hip %	* All Staf	f %	
Is there additional information about the diversity of your organization that you would like to share? Please select yes or no. Yes If yes, please briefly share it here.								
				^	,			
Word count 0 of 500				~				
* Does your organization have an approach to Yes	o creati	ng an ind	clusive	workplad	ce? Please s	select yes	or no.	
If yes, please briefly describe it here.				~	•			



REQUEST INFORMATION

	Please help us better understand if and how this grant request decreases disparities and/or advances equity. This information will serve as a guide for your program officer in follow-up conversations.
*	What is the scale of the intended impact of this grant request? Select all that apply.
	□Local
	☐ Statewide
	Regional
	□ National
	☐ International
**	Does this grant request decrease disparities and/or advance equitable outcomes for an historically marginalized or disinvested racial, cultural, or socioeconomic group(s)? Please select yes or no. Yes Yes
	If yes, please briefly describe how here.
	Word count 0 of 500

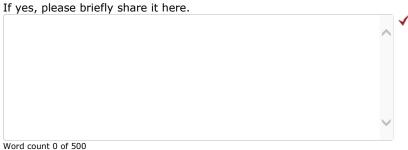
Does this grant request decrease disparities and/or advance equitable outcomes for another defined demographic group? Please select yes or no.



* Is there other contextual information about this grant request that is important to understand relative to diversity, inclusion, and/or equity? Please select yes or no.

Yes

Yes



WORKING DEFINITIONS

Senior Leadership: Staff with decision-making authority or management responsibility within the organization.

Click here for a glossary of terms for **Gender and Sexual Orientation**.

African American/African/Black: A person having origins in any of the black racial groups of Africa.

American Indian/Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Arab American/Middle Eastern/North African: A person having origins in any of the original peoples of the Middle East or North Africa.

Asian/Asian American: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

European American/White: A person having origins in any of the original peoples of Europe.

Hispanic/Latinx/Chicano or Chicana: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

Native Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Disability: A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Authorization

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above.

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.



Attachments

There are no files attached.

Save & Finish Later Submit

MCKNIGHT FOUNDATION

Strategic Framework | Guidelines & Instructions | Questions? | Logout
Organization Information Request Information DEI Information Authorization Attachments Review My Application

Save & Finish Later Review & Submit

Attachments Printer Friendly Version | Email Draft

To complete your application, you must use the tool below to attach the following financial document(s). You may only submit files as MS Excel or PDF.

* organization 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.

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.

