

MCKNIGHT FOUNDATION

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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

* *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**

As stated on 501(c)(3) letter and Form 990.

Popular Name of Organization

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.

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 direct link to it here. Do not include "http://" (Example: www.mcknight.org/about-us/board-of-directors-and-corporate-officers).

EXECUTIVE DIRECTOR (PRESIDENT/CEO) CONTACT INFORMATION

ED Prefix

* ED First Name

ED Middle Initial or Name 

* 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

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* Organizational Overview 

Tell us about your organization's purpose and the issues, challenges, or opportunities your work addresses.



Word count 0 of 500

*** 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 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

Request Contact First Name

Request Contact Middle Initial or Name



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.

Request Contact Street Address

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Request Contact City
Do not abbreviate (except for St. Paul).

Request Contact State

<None> v

Request Contact Zip Code

*** Program Strategies**

Which V&EC program strategies does your proposal align with? Select all that apply.

- 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").

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*** Total Request Amount**

Format as xx,xxx.

*** Number of Months Requesting Funding**

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 work you propose, what you plan to accomplish and over what general timeframe, the activities you plan to pursue, and why it's essential in your community. Identify where you see shared interest and intersections with the V&EC program strategy(ies) you checked above (see [McKnight's website](#) for information on the program's goal and strategies).

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*** 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.

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*** Potential Funding**

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

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*** Your Community**

Tells us about the geographic and cultural context of your work. Where do you work, with whom, and how?

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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?

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

* Is your organization led by Black, Indigenous, or People of Color (BIPOC)?

Yes

McKnight currently defines BIPOC-led groups as those for whom *at least three* of the following are true:

- 50 percent of senior staff are BIPOC-identified;
- 50 percent of board members are BIPOC-identified;
- The organization has BIPOC leadership (executive/senior level) and is implementing DEI initiatives and/or navigating organizational transition for greater equity in programming/operations;
- Group mission explicitly focuses on BIPOC communities;
- The project and/or initiative is being led by a majority of BIPOC-group members.

ORGANIZATION INFORMATION

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

* Board
Yes

* Staff
Yes

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 % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Men.....	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Transgender.....	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Gender Non-Conforming/Non-Binary/Gender Queer	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Unknown/Decline to State.....	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>

SEXUAL ORIENTATION

Lesbian/Gay/Bisexual/Queer	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Heterosexual	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Unknown/Decline to State ..	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>

RACE/ETHNICITY

African American/African/Black	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
American Indian/Alaskan Native	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Arab American/Middle Eastern/North African	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Asian/Asian American	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
European American/White	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Hispanic/Latinx/Chicano or Chicana	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Native Hawaiian/Pacific Islander	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
A Race/Ethnicity Not Listed	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
More Than One Race/Ethnicity	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Unknown/Decline to State	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>

DISABILITY

Persons with One or More Disabilities	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Persons without Disabilities.....	* Board %	* Senior Leadership %	* All Staff %

Unknown/Decline to State.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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 creating an inclusive workplace? Please select yes or no.

Yes

If yes, please briefly describe it here.

Word count 0 of 500

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

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.

Yes

If yes, please briefly describe how here.

Word count 0 of 500

* 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

If yes, please briefly share it here.

Word count 0 of 500

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.

Yes

Attachments

There are no files attached.

Save & Finish Later

Submit

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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.

Title: File Name: [Browse...](#)[Upload](#)[Save & Finish Later](#)[Review & Submit](#)