Foundations for Racial Equity
Participant Application Questions

Submit answers to this application by **9:00 p.m. ET on January 11, 2019** by clicking here. If you have any questions or concerns, please contact Stephanie Chan, Director of Membership and Programs, at stephanie@funderstogether.org.

**Contact Information**
1. First name
2. Last name
3. Job Title
4. Organization
5. Email address
6. Phone

**Participant Information**
1. What is your race/ethnicity?
2. What are your pronouns?
3. What is the city and state you reside in?
4. Is there anything we should know to make this community an inclusive experience for you?
5. What do you hope to accomplish by being a part of this community?

**Organizational Commitment to Racial Equity**
1. My organization has started to address racial inequity in our grantmaking.
   a. Yes
   b. No
   c. Other: ______________________
2. If your organization has a written statement on addressing racial inequity, please copy and paste it here (either in full or link to it on the web).
3. Tell us about the racial equity work your organization has done internally or externally.

**Participation in the Community of Practice**
The success of the community depends on full participation and presence of participants. While we know that things come up, we also want participants to understand the time commitment and agree that they are able and willing to commit to the community of practice. If you have concerns about being able to full participate, please let us know below.

**Participant Expectations**
- Committing to the two-year timeline of this initiative.
- Participating in an intake interview and other periodic check-in calls with facilitators.
- Attending monthly videoconference meetings and biannual in-person convenings.
• Completing prerequisites for the community of practice, which include watching webinars and reading articles designed to do some level-setting. (Can be done on your own time and must be completed by the end of January 2019.)
• Sharing and learning in real time with peer and colleagues.

1. I understand the time commitment and look forward to fully participating as much as possible!
   a. Yes! Sign me up!
   b. I have concerns or pre-existing engagements that I’d like Funders Together to know about: _______________

2. The Community of practice is only open to Full and Basic members of Funders Together. Please let us know what your participation fee will be:
   a. Full Member making less than $1M in grants for housing and homelessness: $1,200
   b. Full Member making more than $1M in grants for housing and homelessness: $2,200
   c. Basic Member making less than $1M in grants for housing and homelessness: $2,000
   d. Basic Member making more than $1M in grants for housing and homelessness: $3,000
   e. I’m not a member or I don’t know my membership status.
   f. Other: _______________

3. Funders Together aims for this community of practice to be as inclusive as possible and does not want cost to be a barrier to participating. We have limited scholarships available, though cannot guarantee meeting every need. Please let us know if there is assistance we can provide (e.g. subsidizing program fee, cost of travel, etc.) to help you fully participate in this community.