



2019 Racial Equity Leadership Institute Leadership Team Application

February 25, 2019 | Presented by the Facilitating Racial Equity Collaborative

Submit only one application per team. Identify one person (Team Contact) with whom we will communicate about your application and participation. The Team Contact will keep other members of your team informed as needed. Applications are due December 7, 2018. Please fill in this application form electronically. Do not exceed 3 pages. If you have questions or need assistance, please contact leadership@overcomingracism.org. Save and submit to leadership@overcomingracism.org.

1. Identify your organization (e.g., your college, university, school, district, office, or other identifier):

Name of Organization:	Click or tap here to enter text.
Type of Organization (e.g., public, private, charter, K-12, university, college, school district, regional office, other):	Click or tap here to enter text.
Location or Region:	Click or tap here to enter text.

2. Identify your Team Contact:

Name: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.
Email Address: Click or tap here to enter text.
Postal Address: Click or tap here to enter text.

3. Brief statement of your organization's mission and service area (1 paragraph maximum):

Click or tap here to enter text.

4. How long has your organization been working on issues of racial equity, and what are your major goals (list 1-3)?

Click or tap here to enter text.

5. What is one particular challenge around racial equity that you would like help with?

Click or tap here to enter text.

6. Identify your team members. Teams should include at least a member of your board or governing body, a representative from your executive or leadership team, a representative with responsibility for racial equity or diversity work, and a faculty leader. You may include additional team members as well. For each team member, include the person's name, position or job title, email, and phone

number. If a specific team member has not yet been identified, you may list the name as “TBD” and include a description of that member’s position (e.g., representative of the faculty union). You may modify your team’s membership if needed after submitting your application.

Name	Position/Job Title	Email Address	Phone Number
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

7. Does your team commit to do the required preparatory work in advance of the Institute?
 Yes No

8. Please indicate any reasonable accommodations that will be required for your team’s participation (e.g., dietary, ADA accessibility). This will not affect your team’s acceptance to participate in the Institute but will assist us in planning for our participants’ needs.

Please fill in your name and date below:

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.