

THE MCKNIGHT FOUNDATION**Arts Full Proposal**[Program Guidelines](#) [Application Instructions](#) [Email Tech Support](#) [Exit](#)

Account: info@mcknight.org

* [Required before final submission](#) Page [1](#) [2](#) [3](#) [4](#) [5](#) [Review My Application](#)[Printer Friendly Version](#)**PAGE 1: ORGANIZATION INFORMATION**

At the bottom of any page, you can click "Save & Finish Later" to take a break of any length. Do not close your browser without saving — unsaved changes will be lost.

Do not use your browser's "back" button. To move through this form, you **must click either the desired page number at page top or click the Next button at page bottom. (Using your browser's "back" button may result in lost work.)**

These fields have been filled in advance with information you submitted with your initial inquiry. Only edit this section if the information has changed since then.

- * Organization's Primary Goals, Major Programs/Projects, or Services
Limit to 500 words.



- * Which populations, communities, and/or stakeholders are priorities for your work?
Limit to 500 words.



* Total Annual Organization Budget

Format as xx,xxx.

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At the **bottom of any page**, you can click "Save & Finish Later" to take a break of any length. Do not close your browser without saving — unsaved changes will be lost.

Do not use your browser's "back" button. To move through this form, you **must** click either the desired page number at page top or click the Next button at page bottom. (Using your browser's "back" button may result in lost work.)

* **Role of Board**

Describe the role of your board. Limit to 500 words.

* **Board President/Chair Last Name**

Type the word "vacant," if position is not currently filled.

* **Board President/Chair First Name**

Type the word "vacant," if position is not currently filled.

Board President/Chair Organization

If applicable, state place of employment.

* **Board President/Chair Title/Professional Occupation**

Type the word "vacant," if position is not currently filled.

* Board Vice President Last Name
Type the word "vacant," if position is not currently filled.

* Board Vice President First Name
Type the word "vacant," if position is not currently filled.

Board Vice President Organization
If applicable, state place of employment.

* Board Vice President Title/Professional Occupation
Type the word "vacant," if position is not currently filled.

* Board Secretary Last Name
Type the word "vacant," if position is not currently filled.

* Board Secretary First Name
Type the word "vacant," if position is not currently filled.

Board Secretary Organization
If applicable, state place of employment.

* Board Secretary Title/Professional Occupation
Type the word "vacant," if position is not currently filled.

* Board Treasurer Last Name
Type the word "vacant," if position is not currently filled.

* Board Treasurer First Name
Type the word "vacant," if position is not currently filled.

Board Treasurer Organization
If applicable, state place of employment.

* Board Treasurer Title/Professional Occupation
Type the word "vacant," if position is not currently filled.

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PAGE 3: PROPOSAL INFORMATION

At the [bottom of any page](#), you can click "Save & Finish Later" to take a break of any length. Do not close your browser without saving — unsaved changes will be lost.

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These fields have been filled in advance with information you submitted with your initial inquiry. Only edit this section if the information has changed since then.

* Type of Funding Support Requesting

* Purpose of Request (one line)

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").

* Total Request Amount

Format as xx,xxx.

* Number of Months Requesting Funding

Format as 12, 18, 24.

For Multiyear Requests, Amount Per Year

Format as year 1 = xx,xxx; year 2 = xx,xxx.

Summary Description of Program/Project (Include what you hope to accomplish and how. If you are requesting general operating support, please identify the primary objectives of

* your organization's work.)

Limit to 500 words.

Total Program/Project Budget

Format as xx,xxx. Leave blank if requesting general operating support.

* Number of People Served by This Request

McKnight routinely collects demographic information on our grantees and applicants. We do so because, we believe, that by having a more in-depth understanding of the grantee/nonprofit community and those whom your organization serves, we will be better equipped to determine the potential reach and full impact of our grantmaking.

* Geographic Area Served by This Request

Select between 1 to 5 relevant area(s) to be served by this request, if funded.

Enter % estimates for each geographic area served. 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)

* Race/Ethnicity of Those Served by This Request

Select up to 10.

Enter % estimates for each race/ethnic group served. If zero, type numeric zero. Must equal 100%. Do not enter % symbol. Enter whole numbers.

* African

* African American

* Asian American/Pacific Islander

* Caucasian

Hispanic/Latino

*

* Native American

* Southeast Asian

* Other Race/Ethnic Group

* All Race/Ethnic Groups

This is not a total field. Enter % estimate when proposed work does not target a specific race/ethnic group.

* Goals for Work Proposed

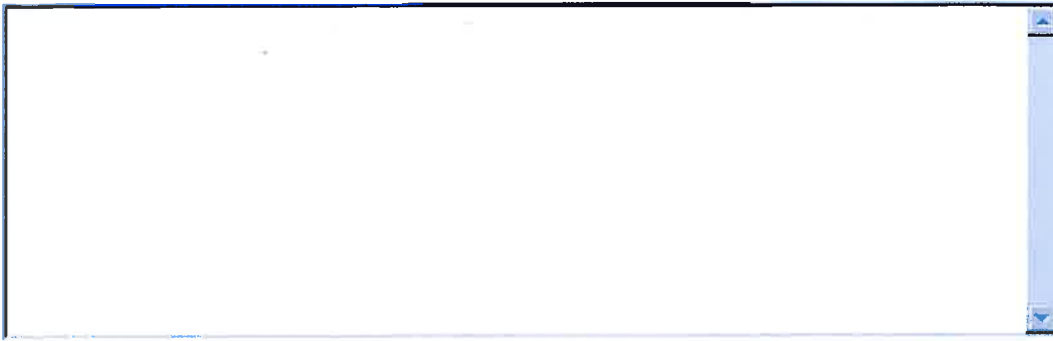
Describe the results you expect to achieve, and how they address [McKnight's goals and priorities](#). Limit to 500 words.

* Achieving Objectives

Describe your activities, strategies, and how your experience drives your ability to achieve results. Limit to 500 words.

* Capacity Building Efforts

Describe any plans for training or other capacity building efforts to increase your ability to complete this work. Limit to 500 words.

A large, empty rectangular text box with a thin black border and a light blue vertical scrollbar on the right side.

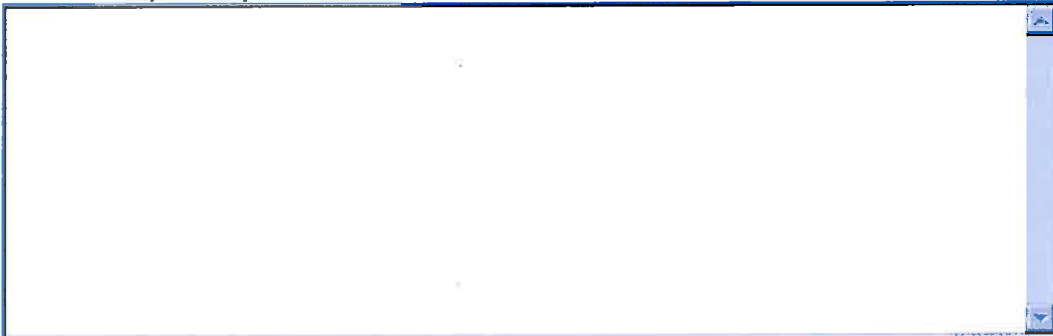
*** Constituencies**

Describe your constituencies and how you engage them. Limit to 500 words.

A large, empty rectangular text box with a thin black border and a light blue vertical scrollbar on the right side.

*** Work Relationships**

Describe how your work relates to that of others doing similar work, whether they are partners, collaborators, or competitors. Limit to 500 words.

A large, empty rectangular text box with a thin black border and a light blue vertical scrollbar on the right side.

*** Measuring and Sharing Success**

Describe how you will know you are successful, how you will measure success, and how you will share this information to inform others. Limit to 500 words.

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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.

*** 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.

*** Key Staff and Responsibilities**

List the names of key staff and their responsibilities. If additional staffing is needed, briefly describe the proposed new position(s). Limit to 500 words.

Additional Proposal Information

Use this space for any additional information you feel is significant to your request and has not been addressed above. Limit to 250 words.

Additional URL

If applicable, provide an additional web address for online information related to your request.

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PAGE 4: AUTHORIZATION INFORMATION

By submitting this request to The McKnight Foundation on behalf of your organization's CEO (Executive
* Director/President), you attest that all relevant staff have reviewed this application and the information is accurate and complete.

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Attachments

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

- * organization's budget for the previous year, showing actual income and expenses
- * organization's budget(s) for the current year **and each year of requested funding**, showing projected income and expenses
- * program/project budget(s) for **each year of requested funding**, showing projected income and expenses (*only for program/project requests, capital requests, and requests for multiple types of support*)
- * organization's previous year statement of activities (income statement), showing income and expenses
- * organization's year-to-date statement of activities (income statement), showing actual income and expenses
- * organization's previous year statement of financial position (balance sheet), showing assets and liabilities
- * organization's year-to-date statement of financial position (balance sheet), showing assets and liabilities
- * most recent certified audit opinion letter by an independent auditor (*only if your organization conducts an annual audit*)

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.

* If useful as a reference, you may view or download McKnight's *optional* financial templates, using the Application Instructions link at the top of the screen. Template links are available under the "Upload Attachments" section. *

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: