

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

Account: info@mcknight.org

* [Required before final submission](#) [Page 1](#) [2](#) [3](#) [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.)

* 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.

* Organization Street Address

Spell out everything (Example: 710 South Second Street, Suite 400).

* Organization City

Do not abbreviate (except for St. Paul).

* Organization State

* Organization Zip Code

* Organization Phone

Format as xxx-xxx-xxxx.

Organization General Email Address

Organization Website

Do not include "http://" (Example: www.mcknight.org).

Chief Executive Officer (Executive Director/President)

* CEO Prefix

* CEO Last Name

* CEO First Name

CEO Middle Initial or Name

If providing middle initial, use punctuation.

* CEO Title

CEO Email

CEO Direct Phone Number


Format as xxx-xxx-xxxx.

CEO Extension

Number only, do not include ext.

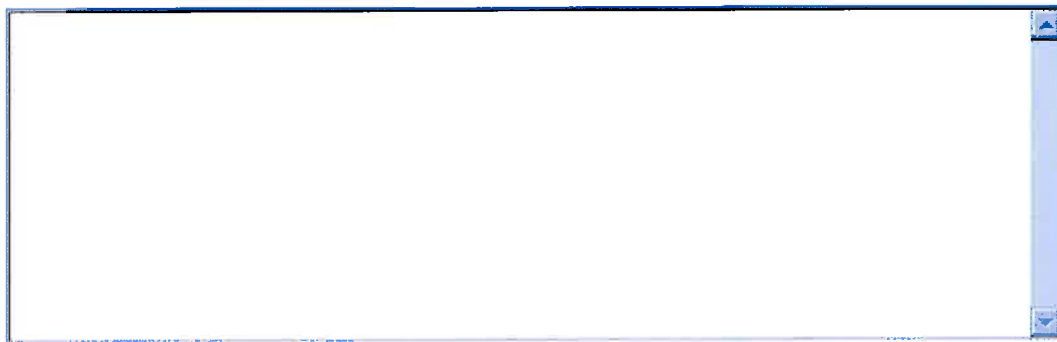
Organization's Mission Statement

Limit to 500 words.

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

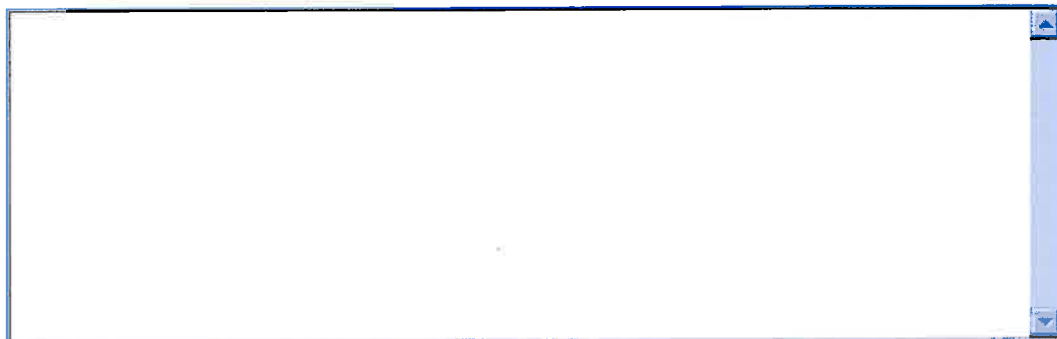
* Organization's Primary Goals, Major Programs/Projects, or Services

Limit to 500 words.

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

* Which populations, communities, and/or stakeholders are priorities for your work?

Limit to 500 words.

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

Year Organization Founded

Format as yyyy.

* 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.

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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.)

Person to Contact Regarding This Request - Leave the following blank if this person is the same as the CEO

Request Contact Prefix

Request Contact Last Name

Request Contact First Name

Request Contact Middle Initial or Name
If providing middle initial, use punctuation.

Request Contact Title

Request Contact Email

Use email address of person to receive communication regarding this request.

Request Contact Direct Phone Number

Format as xxx-xxx-xxxx.

Request Contact Extension
Number only, do not include ext.

Request Contact Street Address
Spell out everything (Example: 710 South Second Street, Suite 400).

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

Request Contact State

Request Contact Zip Code

* Program Objective

Select only one. (We support individual artists primarily through the McKnight Artist Fellowships and special partnerships with Minnesota's Regional Arts Councils.)

* 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.

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.

<Select One>

<Select One>

<Select One>

<Select One>

<Select One>

Race/Ethnicity of Those Served by This Request
Select up to 10.

<None>

<None>

<None>

<None>

<None>

<None>

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PAGE 3: 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.

<None>

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Review & Submit