



### Mississippi River Initial Inquiry

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Account: info@mcknight.org

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## 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 or St. Louis).

\* Organization State

\* Organization Zip Code

\* Organization Phone  
Format as xxx-xxx-xxxx.

Organization General Email Address

Organization Website  
Format as 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

Organization's Mission & History  
Limit to 500 words.

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

Limit to 500 words.

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

Limit to 500 words.

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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\* [Required before final submission](#)   Page [1](#) [2](#) [3](#)   [Review My Application](#)   [Printer Friendly Version](#)**PAGE 2: REQUEST 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.)

**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

Request Contact Street Address

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

Request Contact City

Do not abbreviate (except for St. Paul or St. Louis).

Request Contact State

Request Contact Zip Code

\* 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

Briefly summarize what you intend to accomplish and how. Limit to 250 words.

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 operating support) are you requesting from McKnight?

\* 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.

\* Geographic Area Served by This Request

Select between 1 to 10 relevant area(s) to be served by this request, if funded. You may select either Entire River Corridor -or- individual states.

<Select One>

<Select One>

<Select One>

<Select One>

<Select One>

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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.

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Review & Submit