

THE MCKNIGHT FOUNDATION**Region & Communities Initial Inquiry**[Program Guidelines](#) [Application Instructions](#) [Questions?](#) [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

<Select One> ▾

* 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
<Select One>

* 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 50 words.

* Organization's Core Programmatic Work and/or Services
Limit to 500 words.

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

[Save & Finish Later] [Next]



Region & Communities Initial Inquiry

[Program Guidelines](#) [Application Instructions](#) [Questions?](#) [Exit](#)

Account: info@mcknight.org

* **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

<None>

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
<None>

Request Contact Zip Code

* Program Objective
Select only one.

<Select One>

* Type of Funding Support Requesting
Multiple Support Type is any combination of two or more.

<Select One>

* 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 or Multiple Support Type Requests, Break Out Amount(s)
Format as year 1 = xx,xxx; year 2 = xx,xxx. Multiple Support Type requests, break out type and amounts per year.

Summary of Request (What do you hope to accomplish and how?)

Limit to 500 words.

Total Program/Project Budget

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

***** **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.

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> ▼

<None> ▼

<None> ▼

<None> ▼

<None> ▼

[Save & Finish Later] [Next]

THE MCKNIGHT FOUNDATION

Region & Communities Initial Inquiry

[Program Guidelines](#) [Application Instructions](#) [Questions?](#) [Exit](#)

Account: info@mcknight.org

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

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> ▾