

**THE MCKNIGHT FOUNDATION****Southeast Asia 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, Form 990, or Certificate of Charitable Organization Registration.

## Popular Name of Organization

Only if different from Legal Name. Include organization's acronym or "also known as."

## Federal Tax ID Number

For U.S. based organizations only. Format as xx-xxxxxxx.

## \* Organization Mailing Address

Include District or Province, as applicable. Spell out everything (Example: 710 South Second Street, Suite 400).

## \* Organization City

Do not abbreviate (except for St. Paul).

## Organization State

For U.S. based organizations only.

## Organization Zip Code

For U.S. based organizations only.

Organization Country

For non-U.S. based organizations only:

\* Organization Phone

For U.S. based organizations, format as xxx-xxx-xxxx. For non-U.S. based organizations, format as country code-area code-phone number.

Organization General Email Address

Organization Website

Format as www.mcknight.org

**Head of Organization (Chief Executive Officer, Executive Director, or President)**

\* Head of Organization Prefix

\* Head of Organization Last (Family) Name

\* Head of Organization First (Given) Name

Head of Organization Middle Initial or Name

If providing middle initial, use punctuation. Example: Daniel B. Smith or Daniel Benjamin Smith

\* Head of Organization Full Name

Write out how the Head of Organization's name should appear on correspondence. Include prefix, family name, and given name.

\* Head of Organization Title

Head of Organization Email

Head of Organization Direct Phone Number

**For U.S. based organizations, format as xxx-xxx-xxxx. For non-U.S. based organizations, format as country code-area code-phone number.**

Head of Organization Extension

**Number only.**

Organization's Mission Statement

**Limit to 250 words.**

**\* Organization Information**

**When was your organization founded and for what purpose? Where does it operate? What is its constituency and how is it governed? Does it have the needed experience and capacity to implement this proposal? Limit to 750 words.**

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

**Limit to 750 words.**

Year Organization Founded

**Format as yyyy.**

\* Organization's Fiscal Year End Date  
Format as mm/dd (Example: 12/31).

\* Total Annual Organization Budget  
Format as xx,xxx in U.S. dollars only.

\* Total Organization Income from Last Fiscal Year  
Format as xx,xxx in U.S. dollars only.

\* Total Organization Expenses from Last Fiscal Year  
Format as xx,xxx in U.S. dollars only.

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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 Head of Organization**

Request Contact Prefix

Request Contact Last (Family) Name

Family or surname.

Request Contact First (Given) Name

Request Contact Middle Initial or Name

If providing middle initial, use punctuation. Example: Daniel B. Smith or Daniel Benjamin Smith

Request Contact Full Name

Write out how the Request Contact's name should appear on correspondence. Include prefix, family name, and given name. Leave blank if this person is the same as the Head of Organization.

Request Contact Title/Position

Request Contact Email

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

Request Contact Direct Phone Number

**For U.S. based organizations, format as xxx-xxx-xxxx. For non-U.S. based organizations, format as country code-area code-phone number.**

Request Contact Extension

**Number only.**

Request Contact Mailing Address

**Include District or Province, as applicable. Spell out everything (Example: 710 South Second Street, Suite 400).**

Request Contact City

**Do not abbreviate (except for St. Paul).**

Request Contact State

**For U.S. based organizations only.**

Request Contact Zip Code

**For U.S. based organizations only.**

Request Contact Country

**For non-U.S. based organizations only.**

**\* Southeast Asia Region**

**Select up to 3.**

**If region is not listed in the above table (and you selected International - Other), enter the name of the region and country in this space.**

**\* Type of Funding Support Requesting**

**If requesting core funding, select General Operating.**

<Select One>

\* Purpose of Request

A short, one-line description of request. Examples: "for general operating support" or "to support the XYZ project"

\* Total Request Amount

Format as xx,xxx in U.S. dollars only.

\* 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 in U.S. dollars only.

\* Summary of Request

What do you hope to accomplish and how? Include the populations and communities served, goals, objectives, and projected outcomes. (If you are requesting general operating support, please answer in relation to your organization's work.) Limit to 750 words.

\* Background and Context

What problem or issues are you trying to address? Include information that describes the communities or participants' current or changing conditions and why you decided to work on this particular issue. Is this proposal for a new initiative or an ongoing project? If it is an ongoing initiative, describe the successes you have achieved and/or what challenges you have faced so far. Has The McKnight Foundation been involved in funding earlier phases of this project? Limit to 750 words.



Total Program/Project Budget

Format as xx,xxx in U.S. dollars only. Leave blank if requesting general operating support.

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### PAGE 3: AUTHORIZATION INFORMATION

By submitting this request to The McKnight Foundation on behalf of the head of your organization (Chief

\* Executive Officer, Executive Director, or President), you attest that all relevant staff have reviewed this application and the information is accurate and complete.

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