

MCKNIGHT FOUNDATION

[Strategic Framework](#) | [Guidelines & Instructions](#) | [Questions?](#) | [Logout](#)

[Organization Information](#) | [Proposal Information](#) | [Bank Information](#) | [Authorization](#) | [Attachments](#) | [Review My Application](#)

Save & Finish Later

Submit

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Organization Information

Printer Friendly Version

Email Draft

* Required before final submission

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above or the "Next" button.

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.

* Describe your organization's goals, major programs, activities, key collaborations, or services.

For universities or government agencies, describe only the department or entity for which funding is being requested.

Word count 0 of 500

* Which populations, communities, and/or stakeholders are priorities for your work and how do you engage them?

Word count 0 of 500

* Total Annual Organization Budget

Format as xx,xxx.

Proposal Information

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above or the "Next" button.

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**

Select all that apply.

- Capital
 General Operating
 Program/Project

*** 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").

Word count 0 of 35

*** Total Request Amount**

Format as xx,xxx.

*** Number of Months Requesting Funding**

Format as 12, 18, 24.

For Multiyear Requests or Multiple Types of Support, Break out Amount(s)

Format as year 1 = xx,xxx; year 2 = xx,xxx. For multiple types of support, break out type and amounts per year.

*** As a tool in informing our grantmaking, the arts program utilizes a support structure model, developed by researchers at the Urban Institute, in the study [Investing in Creativity](#). What support structures does your organization offer working artists? To view our support structure model, [click here](#). If requesting project or capital support, please also use this space to further describe your project.**

Word count 0 of 1000

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 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.

*** Outcomes**

Describe the results you expect to achieve and how they address outcomes from the arts program's [logic model](#).

Word count 0 of 500

*** Adaptive Capacity**

What major challenges does your organization face in its ability to support working artists? What opportunities do you see on the horizon for your organization and the artists with whom you work?

Word count 0 of 1000

*** Measuring and Improving Practices**

Illustrate the impact of your work using story, research, and/or data.

Word count 0 of 1000

*** 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).

Word count 0 of 500

Additional Proposal Information

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

Word count 0 of 250

Additional URL

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

Bank Information

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above or the "Next" button.

The McKnight Foundation's payments are made electronically via the Automated Clearing House (ACH). In the event that a grant is approved, we need to have your organization's bank routing instructions to process your payment(s). Please be assured that your banking information will be protected and held in a secure location.

If your organization's routing instructions change at any time, please be certain to inform us.

*** Finance Staff Full Name**

Full name of financial person at your organization to contact if we have questions regarding your bank information.

*** Finance Staff Email**

Email address of financial person at your organization to contact if we have questions regarding your bank information.

*** Bank Routing Number (ABA #)**

Must be nine digits. No periods, dashes, or special characters.

*** Name of Bank or Financial Institution***** City, State Where Bank is Located**

Format as City, State.

*** Bank Account Number**

No dashes or spaces.

*** Type of Account (Checking or Savings)**

Select from the drop-down menu. We cannot send ACH payments to investment accounts. Please ensure that your bank account is set up to receive ACH payments.

Checking

*** Bank Account Name**

Must contain name of organization.

By submitting this proposal, I authorize the McKnight Foundation (McKnight) to deposit payments directly to the account specified above (the Account) by initiating credit entries to the Account electronically and I authorize the financial institution named above to credit the same to the Account. If McKnight transfers funds to the Account in error, I authorize McKnight to direct the financial institution to return said funds, and I authorize the financial institution to debit the same to the Account. This authorization will remain in effect until McKnight has received written notice of termination from me, or an organization representative, in such time and manner to afford McKnight a reasonable opportunity to act on it.

Authorization

Tip: To take a break and/or save your work, select "Save & Finish Later." To navigate throughout this application, select the section name above or the "Next" button.

*** 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.**

Yes

Attachments

There are no files attached.

Save & Finish Later

Submit

SAMPLE

MCKNIGHT FOUNDATION

[Strategic Framework](#) | [Guidelines & Instructions](#) | [Questions?](#) | [Logout](#)

[Organization Information](#) | [Proposal Information](#) | [Bank Information](#) | [Authorization](#) | [Attachments](#) | [Review My Application](#)

[Save & Finish Later](#)

[Review & Submit](#)

Attachments

[Printer Friendly Version](#)

[Email Draft](#)

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.

- * **for all requests** - organization's budget for the previous year, showing actual income and expenses
- * **for all requests** - organization's budget for the current year
- * **for all requests** - statement of financial position (balance sheet), showing year-to-date actual assets and liabilities
- * **for all requests** - most recent certified financial audit (*only if your organization is required to conduct an annual audit*)
- * **for program/project, capital, or multiple types of support requests** - detailed budget for the first year of requested funding
- * **for program/project, capital, or multiple types of support requests** - statement of activities (income and expenses), showing year-to-date actuals vs. budget vs. prior year actuals (*may be submitted in one report or separate reports*)

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.

*Each "Title" in the drop-down menu can be used more than once if any of your financial documents listed above are separate files.

The top of your screen will display a list of files you have properly uploaded for submission.

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:

[Save & Finish Later](#)

[Review & Submit](#)