McKNIGHT FOUNDATION

Strategic Framework | Program Approach | Questions? | Logout

Organization Information Request Information DEI 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*

If you are looking for an in progress application and the fields below are blank, return to www.mcknight.org and follow the "Account Login" link.

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.

* 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.

Re-enter to Verify Federal Tax ID Number

* Organization Street Address

* 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).

Board of Directors List
If your organization's website has a Board of Directors page, please provide a direct link to it here. Do not include "http://" (Example: www.mcknight.org/about-us/board-of-directors-and-corporate-officers).

CHIEF EXECUTIVE OFFICER (EXECUTIVE DIRECTOR/PRESIDENT) CONTACT INFORMATION

CEO Prefix
<None>

* CEO First Name

CEO Middle Initial or Name

* CEO Last Name

* CEO Title

CEO Email

Re-enter to Verify CEO Email

CEO Direct Phone Number
Format as xxx-xxx-xxxx.

CEO Extension
Number only, do not include ext.

Organization's Mission Statement

Word count 0 of 100

* 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 350

* 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.

Request 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.

REQUEST CONTACT INFORMATION

Person to Contact Regarding This Request

Check this box if the person to contact regarding this request is the same as your organization's CEO.

☐

Request Contact Prefix

<None>

Request Contact First Name

Request Contact Middle Initial or Name

Request Contact Last Name

Request Contact Title

Request Contact Email

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

Re-enter to Verify Request Contact Email

Request Contact Direct Phone Number

Request Contact Extension

Format as xxx-xxx-xxxx.

Number only, do not include ext.

Request Contact Street Address

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

Request Contact State
<None>

Request Contact Zip Code

* Program Strategy
Select only one.

- ○ Effective Educators
- ○ Engaged Families

* Type of Funding Support Requesting
Select all that apply.

- ☐ 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.

* Summary of Request
Based on the program goals described on McKnight's website, what do you hope to accomplish and how?

Word count 0 of 500

* What do you hope to learn and how will you apply what you learn to future decision making?

Word count 0 of 500

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.

GEOGRAPHIC AREA SERVED BY THIS REQUEST

Enter % estimates for each geographic area served. If zero, type numeric zero. Must equal 100%. Do not enter % symbol. Enter whole numbers.

* All Minnesota

* All U.S.

* Greater Minnesota

* Metro Minnesota (7-county Twin Cities)

DEI Information

In order to further the McKnight Foundation's mission to improve the quality of life for present and future generations, it is imperative that we address disparities and inequities within our organization and through our work in communities. Towards this end, we have made an organizational commitment to diversity, equity, and inclusion. We see an ongoing need to gather information and invite a conversation with our applicants and grantees that explores the following questions:

1. Are the organizations that we fund diverse and inclusive relative to their context?
2. Do our grants help to decrease disparities and/or advance equity?
3. What and whom are we missing?

Please assist us by providing the information requested below to the best of your ability. We particularly encourage you to use the narrative boxes to provide more information about your work as it relates to diversity, equity, and inclusion. Working definitions are linked or included below. Click here to read our blog post providing more information about this work.

ORGANIZATION INFORMATION

Does your organization currently collect demographic data for board and/or staff? Please select yes or no for both Board and Staff.

* Board Yes
* Staff Yes

Please help us better understand the diversity of your organization by providing data for all that apply. Percentages may exceed 100%. If you do not know or decline to answer, please enter 100 under "Unknown/Decline to State" for the relevant area in order to continue. As these are all required fields, a minimum value of 0 needs to be entered in order to continue.

GENDER

Women.....	* Board %	* Senior Leadership %	* All Staff %
Men.....	* Board %	* Senior Leadership %	* All Staff %
Transgender.....	* Board %	* Senior Leadership %	* All Staff %
Gender Non-Conforming/Non-Binary/Gender Queer	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State.....	* Board %	* Senior Leadership %	* All Staff %

SEXUAL ORIENTATION

Lesbian/Gay/Bisexual/Queer	* Board %	* Senior Leadership %	* All Staff %
Heterosexual	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State ..	* Board %	* Senior Leadership %	* All Staff %

RACE/ETHNICITY

African American/African/Black	* Board %	* Senior Leadership %	* All Staff %
American Indian/Alaskan Native	* Board %	* Senior Leadership %	* All Staff %
Arab American/Middle Eastern/North African	* Board %	* Senior Leadership %	* All Staff %
Asian/Asian American	* Board %	* Senior Leadership %	* All Staff %
European American/White	* Board %	* Senior Leadership %	* All Staff %
Hispanic/Latinx/Chicano or Chicana	* Board %	* Senior Leadership %	* All Staff %

Native Hawaiian/Pacific Islander	* Board %	* Senior Leadership %	* All Staff %
A Race/Ethnicity Not Listed	* Board %	* Senior Leadership %	* All Staff %
More Than One Race/Ethnicity	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State	* Board %	* Senior Leadership %	* All Staff %

DISABILITY

Persons with One or More Disabilities	* Board %	* Senior Leadership %	* All Staff %
Persons without Disabilities.....	* Board %	* Senior Leadership %	* All Staff %
Unknown/Decline to State.....	* Board %	* Senior Leadership %	* All Staff %

* Is there additional information about the diversity of your organization that you would like to share? Please select yes or no.

Yes

If yes, please briefly share it here.

Word count 0 of 500

* Does your organization have an approach to creating an inclusive workplace? Please select yes or no.

Yes

If yes, please briefly describe it here.

Word count 0 of 500

REQUEST INFORMATION

Please help us better understand if and how this grant request decreases disparities and/or advances equity. This information will serve as a guide for your program officer in follow-up conversations.

* What is the scale of the intended impact of this grant request? Select all that apply.

- Select One -

- Select One -

- Select One -

- Select One -

- Select One -

* Does this grant request decrease disparities and/or advance equitable outcomes for an historically marginalized or disinvested racial, cultural, or socioeconomic group(s)? Please select yes or no.

Yes

If yes, please briefly describe how here.

Word count 0 of 500

* Does this grant request decrease disparities and/or advance equitable outcomes for another defined demographic group? Please select yes or no.

Yes

If yes, please briefly describe how here.

Word count 0 of 500

* Is there other contextual information about this grant request that is important to understand relative to diversity, inclusion, and/or equity? Please select yes or no.

Yes

If yes, please briefly share it here.

Word count 0 of 500

WORKING DEFINITIONS

Senior Leadership: Staff with decision-making authority or management responsibility within the organization.

Click here for a glossary of terms for **Gender and Sexual Orientation**.

African American/African/Black: A person having origins in any of the black racial groups of Africa.

American Indian/Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Arab American/Middle Eastern/North African: A person having origins in any of the original peoples of the Middle East or North Africa.
Asian/Asian American: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
European American/White: A person having origins in any of the original peoples of Europe.
Hispanic/Latinx/Chicano or Chicana: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
Native Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Disability: A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

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.

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

McKNIGHT FOUNDATION

Attachments

To complete your application, you must use the tool below to attach the following financial document(s). You may only submit files as MS Excel or PDF.

* **for program/project or multiple types of support requests -** detailed budget for the first year of requested funding

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.

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: Program/Project First Year Budget

File Name: Browse...

Upload