

MCKNIGHT FOUNDATION

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

[Organization Information](#) |
 [Request Information](#) |
 [DEI Information](#) |
 [Authorization](#) |
 [Attachments](#) |
 [Review My Application](#)

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

* 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

* 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).

EXECUTIVE DIRECTOR (PRESIDENT/CEO) CONTACT INFORMATION

ED Prefix

* ED First Name

ED Middle Initial or Name



* ED Last Name

* ED Title

ED Email

Re-enter to Verify ED Email

ED Direct Phone Number

Format as xxx-xxx-xxxx.

ED 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 500

*** 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

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

Format as xxx-xxx-xxxx.

Request Contact Extension

Number only, do not include ext.

Request Contact Street Address

Request Contact City

Do not abbreviate (except for St. Paul).

Request Contact State

Request Contact Zip Code

ADDITIONAL ORGANIZATION CONTACT INFORMATION (OPTIONAL)

Additional staff within your organization who would like to receive emails about McKnight Foundation news (for example, a development staff, a communications staff, or other related position).

Additional Contact First Name

Additional Contact Last Name

Additional Contact Job Title

Additional Contact Email Address

Social Media Handles

How do we find you on social media? If applicable, share which social platforms you use and handles (ex. Twitter and Facebook: @McKnightFdn).

*** Arts Strategies***Select only one. (We support individual artists primarily through the McKnight Artist Fellowships and special partnerships with Minnesota's Regional Arts Councils.)*

- Exceptional & Diverse Artistic Practice
- Artists' Community Value

*** 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

* 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.

BIPOC LEADERSHIP

* McKnight currently defines BIPOC-led groups as those for whom *at least four* of the following are true. Please check any of the following criteria that apply to your organization:

- 50 percent of senior staff are BIPOC-identified
- 50 percent of board members are BIPOC-identified
- Organization has BIPOC leadership (executive/senior level)
- Group mission explicitly focuses on BIPOC communities
- Project and/or initiative is being led by a majority of BIPOC-group members
- Organization is implementing DEI initiatives and navigating organizational transition for greater equity in programming/operations
- None of the Above

* Based on the above criteria is your organization led by Black, Indigenous, or People of Color (BIPOC)?

- Select One -

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 * Staff

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 %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Men.....	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transgender.....	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Non-Conforming/Non-Binary/Gender Queer	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown/Decline to State.....	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SEXUAL ORIENTATION

Lesbian/Gay/Bisexual/Queer	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heterosexual	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown/Decline to State ..	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>

RACE/ETHNICITY

African American/African/Black	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Indian/Alaskan Native	* Board %	* Senior Leadership %	* All Staff %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arab American/Middle Eastern/North African	Board %	Senior Leadership %	All Staff %

	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian/Asian American	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
European American/White	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Hispanic/Latinx/Chicano or Chicana	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Native Hawaiian/Pacific Islander	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
A Race/Ethnicity Not Listed	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
More Than One Race/Ethnicity	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Unknown/Decline to State	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>

DISABILITY

Persons with One or More Disabilities	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Persons without Disabilities.....	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>
Unknown/Decline to State.....	* Board % <input type="text"/>	* Senior Leadership % <input type="text"/>	* All Staff % <input type="text"/>

* 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.

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 Executive Director

* (President/CEO), you attest that all relevant staff have reviewed this application and the information is accurate and complete.

MCKNIGHT FOUNDATION[Strategic Framework](#) | [Guidelines & Instructions](#) | [Questions?](#) | [Logout](#)[Organization Information](#) | [Request Information](#) | [DEI 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 document(s). You may only submit files as MS Excel or PDF.

- * **for program/project, capital, 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: File Name: [Save & Finish Later](#)[Review & Submit](#)