**McKNIGHT FOUNDATION**

Strategic Framework  |  Guidelines & Instructions  |  Questions?  |  Logout

# ARTS & CULTURE
# INITIAL ELIGIBILITY QUESTIONS

Please answer the following questions to help determine if your request meets the basic funding criteria for this program.

Does your organization or program/project provide support structures for Minnesota working artists and culture bearers to develop and share their work, and to lead in movements and communities?

-Select One- ⌄

Have you read the McKnight Foundation's Arts & Culture program's guidelines?

-Select One- ⌄

Do you pay the artists and/or culture bearers you support?

-Select One- ⌄

Within the past year, have you had a conversation or email exchange with program staff about your organization's fit within the Arts & Culture program's guidelines? If not, please do so and then come back to this form.

-Select One- ⌄

McKnight does not provide funding for the following:

- scholarships
- assistance to individuals
- conferences
- endowments
- lobbying prohibited by the Internal Revenue Code
- activities that have a religious purpose

Does your request for funding include support for any of the items listed above?

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Organization Information      Request Information      Demographics and DEI Information      Authorization      Attachments      Review My Application

[ Save & Finish Later ]    [ Submit ]

# Organization Information

[ Printer Friendly Version ]  |  [ Email Draft ]

✳ *Required before final submission*

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**Tips for Navigating and Completing Your Application**

- **In-progress applications:** If you are looking for an in progress application and the fields below are blank, click here to go to your account home page to find in-progress applications.
- **Saving your work:** To take a break and/or save your progress, select "Save & Finish Later."
- **Navigating this form:** To navigate throughout this application, select the section name at the top of the page or the "Next" button at the top or bottom of the page.
- **Word Counts:** Most of the long answer questions throughout the application do not have word count limits. The reason for this is to make it easier to copy and paste text from materials you may have prepared for other purposes (such as annual reports or other grant applications). Our intention is to give you the space you need, but we do not expect you to fill the amount of space provided. Please try to answer questions fully and as succinctly as possible. We indicate which questions do require a word limit.

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✳ Legal Name of Organization  ℹ️

Popular Name of Organization
*Only if different from Legal Name.*

Fiscally Sponsored Project Name
*If you are applying as a sponsored project or group, please enter your project or group's name here. Provide the fiscal sponsor's name in the legal name field above. The rest of the application also needs to be completed with the fiscal sponsor's organization information.*

Federal Tax ID Number
*Format as xx-xxxxxxx.*

Re-enter to Verify Federal Tax ID Number

✳ Organization Street Address

✳ Organization City

✳ Organization State
- Select One - ▾

✳ Organization Zip Code

Organization Phone

✱
*Format as xxx-xxx-xxxx.*

Organization General Email Address

Organization Website

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**EXECUTIVE DIRECTOR (PRESIDENT/CEO) CONTACT INFORMATION**

ED Prefix

<None> ▾

✱ ED First Name

✱ ED Middle Initial or Name ℹ️

✱ ED Last Name

✱ ED Title

ED Email

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Re-enter to Verify ED Email

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✱ Organization's Mission Statement

✓

Word count 0 of 200

✱ Organization's Work ℹ️

*What is the work of your organization or group? Please include your organization's purpose or focus, the challenges and opportunities your work addresses, the communities or geographic areas your work serves, and how you engage those communities.*

✓

✱ Year Organization was Founded

*Format as yyyy*

**✳ Fiscal Year End Date**
*Format as mm/dd (Example: 12/31)*

[            ]

**✳ Total Annual Organization Budget**          **✳ Total Organization Income from Last Fiscal Year**
*Format as xx,xxx.*                              *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 at the top of the page or the "Next" button at the top or bottom of the page.*

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**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 Executive Director, entered on the previous page.
☐

Request Contact Prefix          Request Contact First Name          Request Contact Middle Initial or Name  ℹ

<None> ▼                         [                        ]           [                            ]

                                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.*

[            ]                                 [       ]

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**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).*

❋ Type of Funding Support Requesting
*Select all that apply.*

☐ Capital
☐ General Operating
☐ Program/Project

The Arts and Culture program strategy 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 and culture bearers? To view our support structure model, click here to learn more.
*Select all that apply.*

☐ Training & Professional Development
☐ Validation & Advocacy
☐ Demand & Markets
☐ Material Supports
☐ Networks & Community
☐ Information

What artistic and/or culture bearer disciplines does your organization work with, serve, or support? This is an imperfect list and is not intended to reflect every possible medium within which an artist or culture bearer might work.
❋ Note: We define Arts-Based Community Developers as organizations that work to build community capacity to organize and/or access to public services with/for artists and culture bearers.
*Select all that apply.*

☐ Dancers/Movement Artists
☐ Filmmakers/Media/Digital Artists
☐ Playwrights/Literary/Spoken-Word Artists
☐ Musicians/Sound Artists
☐ Actors/Theater Artists
☐ Photographers/Visual Artists/Ceramicists/Printmakers/Craft/Textile Artists
☐ Arts-Based Community Developers

❋ Purpose of Request
*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          ❋ Number of Months Requesting Funding
*Format as xx,xxx.*              *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.*

Total Program/Project Budget
*Format as xx,xxx. Leave blank if requesting general operating support.*

❋ Description of Request

*Describe the work of your funding request. Include answers to the following: What will you do? What are your goals? How will you do the work and how will your work directly support working artists and culture bearers in Minnesota? How will you know you're making progress? Who are the partners you will work with and what are their roles?*

**\* 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 you have applied for, but not received, to-date. Format as ABC Foundation - xx,xxx; XYZ Foundation - xx,xxx.*

Organizational Circumstances (Optional)

*You may use this space to discuss any sudden or recent events or extenuating circumstances (such as staff changes, social/political forces, or local, national, or global events) that have affected how you do your work.*

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**GEOGRAPHIC AREA SERVED BY THIS REQUEST**

How much of your work will be done in or serve each of the regions listed below?
*Please enter whole number percent estimates for each geographic area. If this request funds work outside of Minnesota, please enter your estimate under U.S. If zero, type numeric zero. Must equal 100%. Do not enter % symbol.*

**\* Metro Minnesota (7-county Twin Cities)**

**\* Greater Minnesota**

**\* U.S.**

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## Demographics and DEI Information

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

In order to further McKnight Foundation's mission to advance a more just, creative, and abundant future where people and planet thrive, we are committed to addressing racial disparaties and inequities within our organization and our communities. Towards this end, we have made an organizational commitment to diversity, equity, and inclusion.

Please provide the information requested below to the best of your ability. We encourage you to use the narrative answer fields below to provide more information about your efforts to advance diversity, equity, and inclusion within your workplace.

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**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:
*Note: We define "senior staff" as staff with decision-making authority or management responsibility with the organization.*

☐ 50 percent of senior staff identify as BIPOC

☐ 50 percent of board members identify as BIPOC

☐ Organization has executive director(s)/leader(s) that identify as BIPOC

☐ Group mission explicitly focuses on BIPOC communities and/or racial equity

☐ 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 - ▼ ]

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**RACE/ETHNICITY OF BOARD AND SENIOR STAFF**

Please provide the following Race/Ethnicity demographic data for your board of directors and senior staff (we define "senior staff" as staff with decision-making authority or management responsibility with the organization). Percentages for each column should total to 100%. If you do not know or decline to answer, please enter 100 under "Unknown/Decline to State." All of these fields are required. A minimum value of 0 needs to be entered in each field in order to submit the application.

| | ✱ Board % | ✱ Senior Staff % |
|---|---|---|
| African American/African/Black | | |
| American Indian/Alaskan Native | | |
| Arab American/Middle Eastern/North African | | |
| Asian/Asian American | | |
| European American/White | | |
| Hispanic/Latine/Chicano or Chicana | | |
| Native Hawaiian/Pacific Islander | | |
| A Race/Ethnicity Not Listed | | |

| | | |
|---|---|---|
| | ☐ | ☐ |
| Unknown/Decline to State ......................... | ✳ Board % | ✳ Senior Staff % |
| | ☐ | ☐ |

✳ McKnight recognizes the limitations of the questions and data we are asking for here. Are there additional ways you identify the demographics or your board and/or staff that are important to your work that you would like us to understand? (For example: more nuanced ethnic/racial identities, gender, sexual orientation, disability, etc.)

✓

[text box]

✳ How is your organization building an inclusive workplace culture? For example: How are you building awareness of difference, practicing inclusion, and/or combatting bias within your workplace? Please include any specific policies or practices that support this.

✓

[text box]

## Authorization

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

✳ By submitting this request to the McKnight Foundation on behalf of your organization's Executive Director (CEO/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

Organization Information        Request Information        Demographics and DEI Information        Authorization        Attachments        Review My Application

Save & Finish Later        Review & Submit

## Attachments

Printer Friendly Version | Email Draft

We seek to know more about the financial health of your organization and, if requesting program/project support, how program/project funds might be spent. To complete your application, use the tool below to attach the following financial documents. McKnight staff may reach out for additional financial information if they find they need to know more. You may only submit files as MS Excel or PDF.

* **for all requests -** organization's budget for the current year
* **for all requests -** statement of activities (income and expenses), showing year-to-date actuals vs. budget
* **for program/project, capital, or multiple types of support requests -** detailed project 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.

*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:     Organization Current Year Budget          ⌄

File Name:     [Choose File]  No file chosen

[Upload]

Save & Finish Later        Review & Submit