

MCKNIGHT FOUNDATION

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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.

Proposal 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.

* 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

* Discipline Type

Select one.

- Multi-disciplinary
- Dance

- Film/Media/Digital
- Literary
- Music
- Theater
- Visual Arts
- Arts Based Community Development

*** 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.

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**


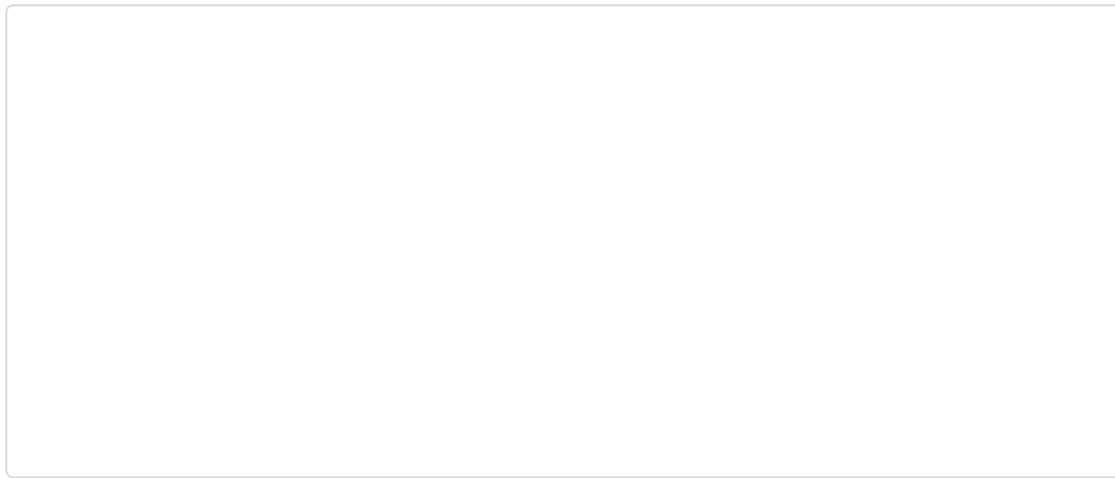
List up to 10 committed sources and amounts of funding that have been received for this request to-date. Format as ABC Foundation - xx,xxx; XYZ Foundation - xx,xxx.

*** 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.

*** Context for Your Work**


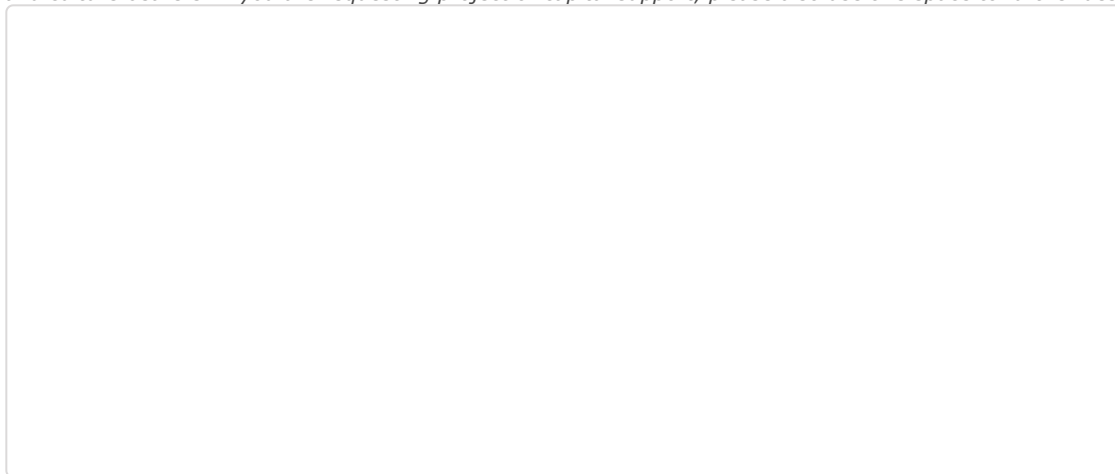
Tell us about the geographic, cultural and artistic context of your work in this moment. Where do you work, with whom, and how?

Word count 0 of 500

*** Summary of Request**

Tell us about your organization, the work you propose and what you hope to accomplish during the grant period. Please include how you support working artists and culture bearers and how your work catalyzes the creativity, leadership and power of Minnesota working artists and culture bearers. If you are requesting project or capital support, please also use this space to further describe.


Word count 0 of 500

Funding Priority Areas (Optional)

In addition to providing the critical support structures that working artists and culture bearers identify as essential to thrive, do you see your work advancing any of our priority funding areas? More detailed descriptions of these priorities can be found [here](#). Check all that apply.

- Cultivate Strategic Partnerships
- Develop and Sustain Presence and Visibility of Underrepresented Artists and Cultural Institutions
- Support Working Artists and Culture Bearers Advancing Justice

If you selected any of the above priority areas, please describe more about your work in the selected area(s).



Word count 0 of 500

Additional Information (Optional)*

Use this space for any additional information you feel is significant to your request and has not been addressed above. If you are a returning grantee, please include anything that might be new or different about your work that you would like us to know about since your last grant.

**This field will pre-populate with the text you entered on your initial inquiry. If you left this field blank on your initial inquiry, you are welcome to enter additional information you feel is significant and is not addressed in the questions below. If you did enter information in this field on your initial inquiry, you may add to it or leave it as is.*

Word count 0 of 500



*** Your Field or Movement**


We are interested in learning more about the broader field or movement your work is aligned with. Describe the current state of the broader field or movement your work is aligned with; what is working well; where are there risks, opposition, or strategic questions; and/or what gives you hope?



Word count 0 of 500

*** Indications of Progress**


During the grant period, what will you pay attention to as signs or milestones that serve as indications of progress towards the goals you describe for your work?



Word count 0 of 500

*** Partnerships**

Describe your most important partnerships. Why are they important to your work? What other partnerships or connections would enhance your work?



Word count 0 of 500

*** Key Staff and Responsibilities**

List the names of key staff and their responsibilities.



Word count 0 of 500

Bank Information

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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.

* 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

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* 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.

Attachments

There are no files attached.

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Review & Submit

Attachments

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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: