

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.

Organization Information

Printer Friendly Version

Email Draft

* Required before final submission

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.
- **Language:** Please note that all fields must be filled out in English.
- **Submitting application:** When you have finished filling out this application, click Submit on the Review My Application page. Please note: Mcknight Foundation staff will not be able to see your application until after you click the submit button.

* Legal Name of Organization

As stated on Certificate of Charitable Organization Registration, Governing Documents, or if USA-based 501(c)(3) letter or Form 990.

Popular Name of Organization

Only if different from Legal Name. Include organization's acronym or "also known as."

* Organization Mailing Address (Street Address or P.O. Box)

Include District or Province, as applicable.

* Organization City

Organization State

For USA-based organizations only.

Organization Zip/Postal Code

Organization Country

* Organization Phone

For USA-based organizations, format as xxx-xxx-xxxx. For non-USA-based organizations, format as country code-area code-phone number.

Organization General Email Address

Re-enter to Verify Organization General Email Address

Organization Website

* Type of Organization

Select one.

- CRFS - Farmer Organization
- CRFS - Global North University
- CRFS - International NGO
- CRFS - International Research Institution
- CRFS - Local or National NGO
- CRFS - National Research Institution
- CRFS - National University
- CRFS - USA-based 501(c)(3) Public Charity

Federal Tax ID Number

For USA-based organizations only. Format as xx-xxxxxxx.

Re-enter to Verify Federal Tax ID Number

HEAD OF ORGANIZATION (PRESIDENT, EXECUTIVE DIRECTOR, or EXECUTIVE OFFICER)

Head of Organization Prefix

* Head of Organization First (Given) Name

Head of Organization Middle Initial or Name



* Head of Organization Last (Family) Name

* Head of Organization Full Name

Write out how the Head of Organization's name should appear on correspondence. Include prefix, family name, and given name.

* Head of Organization Title

Head of Organization Email

Re-enter to Verify Head of Organization Email

Organization's Mission Statement

Word count 0 of 200

*** Fiscal Year End Date**

Format as mm/dd (Example: 12/31)

*** Total Annual Organization Budget**

Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

*** Total Organization Income from Last Fiscal Year**

Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

*** Total Organization Expenses from Last Fiscal Year**

Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

Request Information

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*** PLEASE NOTE: ALL FIELDS MUST BE FILLED OUT IN ENGLISH ***


REQUEST CONTACT INFORMATION

Person to contact regarding this request. Often this is the Principal Investigator, or PI, of the project.

Check this box if the person to contact regarding this request is the same as the Head of Organization.

Request Contact Prefix

Request Contact First (Given) Name

Request Contact Middle Initial or Name 

Request Contact Last (Family) Name

Request Contact Full Name

Write out how the Request Contact's name should appear on correspondence. Include prefix, family name, and given name. Leave blank if this person is the same as the Head of Organization.

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

For USA-based organizations, format as xxx-xxx-xxxx. For non-USA-based organizations, format as country code-area code-phone number.

Request Contact Extension

Number only.

Additional Contact(s)

Are there any additional contact people who should be included in grant communications? If so, please list name(s), title(s), and email address(es) here.

*** Application Theme**

This application is for our open call application process. Select the theme for which you are applying. You may select only one. [Click here for more information about McKnight's current open call themes.](#)

- Agroecology and One Health
- Agroecology as a Bold Climate Solution

*** Title of Project**

Word count 0 of 35

*** Total Request Amount**

Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

*** Proposed Project Duration (in Months)**

Format as 12, 24, 36, 48

Request Amount - Year 1

For multiyear requests only. Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

Request Amount - Year 2

For multiyear requests only. Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

Request Amount - Year 3

For multiyear requests only. Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

Request Amount - Year 4

For multiyear requests only. Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

*** Total Project Budget**

Format as xxx,xxx in U.S. dollars only. Do not include \$ sign.

CO-FUNDING

Note: Co-funding of projects is not a requirement. However, if this project either has been awarded or intends to request funding for this project from other sources, please complete the following two questions.

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 = xxx,xxx; XYZ Foundation = xxx,xxx. In U.S. dollars only.

Potential Funds

List up to 10 sources and amounts of funding that have been applied for, but not received, to-date. Format as ABC Foundation = xxx,xxx; XYZ Foundation = xxx,xxx. In U.S. dollars only.

GEOGRAPHIC AREA SERVED BY THIS REQUEST

*** Communities of Practice**

Select one. If the geographic area this project covers is in more than one Community of Practice (CoP), select Cross-cutting CRFS.

- Non USA-Andes CoP
- Non USA-Eastern/Southern Africa CoP
- Non USA-West Africa CoP
- Non USA-Cross-cutting CRFS

*** Countries**

Select all the countries in which this project will be working.

- Bolivia
- Burkina Faso
- Ecuador
- Kenya
- Malawi
- Mali
- Niger
- Peru
- Tanzania
- Uganda

*** Classify this Project**

Is this request for a research or non-research project?

- Research
- Non-research

*** Background and Context**

Describe the opportunities or challenges that your project will address. Describe key organizations, networks, and initiatives that work on the same or similar issues. In addition, if this request is for a research project, describe your research questions, the current state of knowledge about the proposed research topic, and cite research that has already been completed (by you and/or others) and knowledge gaps that remain.

Word count 0 of 500

*** Description of Project**

Describe what you intend to achieve, goals and objectives for this project, and how this aligns with the Global Collaboration for Resilient Food Systems (CRFS) goal to cultivate resilient food systems globally by bridging farmer-centered agroecological research, action, and influence. Specifically, address which CRFS strategy this project is most related

to: (1) accelerate local and regional food systems transformation, or (2) global and cross-national influence. See our [Program Guidelines](#) for more details.

Word count 0 of 500

*** Intended Outputs and Outcomes**

List the specific outputs (what you will do) and outcomes (what difference/impacts it will make) for this project. Note how the outputs and outcomes connect to your goal and objectives and to the overall opportunities or challenges, or research questions. Please note: If funded, you will be expected to develop a Theory of Change for this project.

Word count 0 of 500

*** Contribution to Agroecological Transformation**

Describe how you approach your work. How do you see this project's or your organization's contributions to agroecological systems transformation? Specifically consider contributions your project will make to climate, equity, and policy. How will you accomplish the aims you propose?

Word count 0 of 500

*** Partners and Partnerships**

Describe the existing or planned partnerships for this project, including the name(s) of partner institution(s)/organization(s) and their role(s), the name(s) of contact person(s), and the networks, resources, and capabilities that each partner will contribute to the project.

Word count 0 of 500

*** Monitoring and Evaluation**

Briefly describe your plan to monitor and evaluate the progress toward outputs and outcomes for this project. Please note: If funded, you will be expected to develop a detailed Monitoring & Evaluation plan during the project's inception phase.

Word count 0 of 500

* Capacity Strengthening Efforts

Describe any plans for training or other capacity strengthening efforts; this can include degree training (for post-graduate studies), as well as workshops, written materials, videos, technical assistance, etc.

[Empty text box for Capacity Strengthening Efforts]

Word count 0 of 500

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 various forms of disparities and inequities within our organization, our communities, and our grantmaking. 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.

GENDER

* Principal Investigator or Project Lead Gender

Select one to indicate the gender of the PI or project lead. You may select Decline to State if you do not know or do not wish to provide.

- Select One - [dropdown arrow]

* Co-Principal Investigator or Co-Project Lead Gender

Select one to indicate the gender of the Co-PI or co-project lead. You may select Decline to State if you do not know or do not wish to provide. You may select Not Applicable if there is no Co-PI for this project.

- Select One - [dropdown arrow]

* Provide the number of women on the project team (employees of lead organization).

[Number input field]

* Provide the number of men on the project team (employees of lead organization).

[Number input field]

Use this space for any clarifying comments you would like to share related to the above gender demographics questions. (Optional)

[Empty text box for clarifying comments]

Word count 0 of 500

* Building Inclusive Culture

How is your project team building an inclusive culture? Please reference specific policies and/or practices that support this. For example: Are you making efforts to recruit or include underrepresented researchers, students, farmers, community members, or research assistants in your project?

Word count 0 of 500

Authorization

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By submitting this request to the McKnight Foundation on behalf of the head of your organization (Executive Officer, Executive Director, or President), you attest that all relevant staff have reviewed this application and the information is accurate and complete.

Attachments

There are no files attached.

MCKNIGHT FOUNDATION

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Review & Submit

Attachments

Printer Friendly Version

Email Draft

To complete your application, use the tool below to attach the following required documents. Detailed project budgets must be in U.S. dollars. All project-related documents must be submitted in English and will be considered incomplete if submitted in any other language. Organizational financial and legal documents may be submitted in another language.

- * 1. Project Workplan that outlines the activities, timeline, responsibilities, and budget as they relate to the project objectives. MUST BE IN ENGLISH ([Optional McKnight template](#))
- * 2. Detailed project budget with tabs for each year of requested support.* MUST BE IN ENGLISH AND US DOLLARS ([Required McKnight template](#))
- * 3. Organization's budget for the current year.**
- * 4. Organization's year-to-date income statement, showing actual income and expenses.**
- * 5. Certificate of charitable organization registration or founding documents (for organizations based outside of the USA).
- * 6. Electronic funds transfer information (for banks located outside of the USA, use this [McKnight template](#); for banks located inside the USA, use this [McKnight template](#))

****If your organization is based outside the USA, you must not plan to expend any part of the grant to undertake any activity in or travel to or from the United States of America unless you have been notified by the Foundation in writing in advance of any such activity or travel. USA-based related expenses are prohibited under this grant. If your organization is based outside the USA and you are planning to spend any grant funds in the USA, please reach out to your CRFS contact to discuss this part of your application.***

****If your organization is an international NGO, you may submit the requested financial information for the particular branch or regional office in which you are requesting funding, rather than for the whole organization.**

UPLOAD INSTRUCTIONS

When files are ready to submit, use dropdown menu below to attach each document to your proposal:

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 in the "File Name" box.
4. Click "Upload" to attach the file to this proposal.
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: No file chosen

Save & Finish Later

Review & Submit