**McKNIGHT FOUNDATION**

Strategic Framework  |  Guidelines & Instructions  |  Questions?  |  Logout

# MIDWEST CLIMATE & ENERGY
# INITIAL ELIGIBILITY QUESTIONS

Is your organization based in Minnesota, Wisconsin, or Iowa, and is the work you are requesting funds for also based in Minnesota, Wisconsin, and/or Iowa?

-Select One- ▾

Does your organization or program/project work to achieve one or more of the following strategies?

- Transform the Energy Sector
- Decarbonize Transportation
- Decarbonize Buildings
- Natural and Working Lands
- Strengthen Democratic Participation

-Select One- ▾

Have you read the Midwest Climate and Energy program's guidelines?

-Select One- ▾

Have you spoken with program staff at McKnight about your request? If not, please do so and then come back to this form. Click here to learn more about how to apply and contacting McKnight staff.

-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
- energy project development, construction, installation, and/or deployment

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

-Select One- ⌄

Submit

# MᶜKNIGHT FOUNDATION

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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** | **✳ ED First Name** | **ED Middle Initial or Name** ℹ |
|---|---|---|
| <None> ▾ | [                    ] | [                    ] |

**✳ 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** ℹ
*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.*

[                                        ] ✓

**✳ 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 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 CEO.

☐

Request Contact Prefix
[ <None>        ▾ ]

Request Contact First Name
[                    ]

Request Contact Middle Initial or Name  ℹ️
[                    ]

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.*
[                    ]

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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).*

[ ]

**❊ Program Strategies**
*Which Midwest Climate & Energy strategy does your request most align with? Select all that apply.*

☐ Strengthen Democratic Participation

☐ Transform the Energy Sector

☐ Decarbonize Transportation

☐ Decarbonize Buildings

☐ Natural and Working Lands

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

☐ General Operating

☐ Program/Project

**❊ 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 or Multiple Support Type Requests, Break Out Amount(s)**
*Format as year 1 = xx,xxx; year 2 = xx,xxx. Multiple Support Type requests, 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? How will you know you're making progress? Who are the partners you will work with, and what are their roles?*

[                                  ] ✓

Word count 0 of 500

**❊ 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.*

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│                                 │
│                                 │
│                                 │
│                                 │
└─────────────────────────────────┘
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## GEOGRAPHIC AREA SERVED BY THIS REQUEST

✳ Where will your work take place?
*Select all that apply.*

☐ Iowa

☐ Illinois

☐ Indiana

☐ Michigan

☐ Minnesota

☐ Ohio

☐ Wisconsin

How much of your work will be done in or serve each of the areas listed below?
*Please enter whole number percent estimates for each geographic area. If this request funds work outside of Minnesota in one or more of these states (Wisconsin, Iowa, Illinois, Indiana, Michigan, Ohio), please enter estimate under "Midwest." If this request funds work outside of Minnesota or the Midwest, 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)

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│         │
└─────────┘
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✳ Greater Minnesota

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┌─────────┐
│         │
└─────────┘
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✳ Midwest

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┌─────────┐
│         │
└─────────┘
```

✳ U.S.

```
┌─────────┐
│         │
└─────────┘
```

## 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 disparities 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.

## 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 -　▾

## 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.

African American/African/Black ................... ＊ Board % 　＊ Senior Staff %

American Indian/Alaskan Native ................ ＊ Board % 　＊ Senior Staff %

Arab American/Middle Eastern/North African ＊ Board % 　＊ Senior Staff %

Asian/Asian American ............................. ＊ Board % 　＊ Senior Staff %

European American/White .......................... ＊ Board % 　＊ Senior Staff %

Hispanic/Latine/Chicano or Chicana ........... ＊ Board % 　＊ Senior Staff %

Native Hawaiian/Pacific Islander ................ ＊ Board % 　＊ Senior Staff %

A Race/Ethnicity Not Listed ...................... ＊ Board % 　＊ Senior Staff %

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 of 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.)

❊ 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.

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

Yes ⌄

## Attachments

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 ]