

NONPROFIT NOMINATION FORM

As a member in good standing of Elk Rapids Area 100 Women Who Care, I nominate the following non-profit organization to be considered for the group's next donation.

THIS FORM MUST BE SUBMITTED AT LEAST 7 DAYS PRIOR TO THE MEETING.

I also agree to make a 5 minute presentation using the information provided below at the group's next meeting.

Email *

heatherhwtt@gmail.com

MY NAME *

Heather Hewett

ORGANIZATION NAME *

Historic Elk Rapids Town Hall Assoc

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

https://herthahall.com

MISSION/PURPOSE OF THE ORGANIZATION *

Our mission is to rehabilitate, operate, maintain and preserve the historic Elk Rapids Town Hall to serve as a cultural and performing arts center as well as a gathering place for celebrations, weddings, receptions and meetings benefiting the community at large.

SERVICE AREA THE ORGANIZATION SERVES *

Elk Rapids Township, Milton Township, other localities in Antrim County

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

Annual budget is approx \$18,000; Window replacement estimated at \$165,000, of which \$55,000 has been raised from individual community donations and grants from Elk Rapids Township, The Grand Traverse Band of Ottawa and Chippewa Indians, The Lions Club, and ticket sales from Elk Rapids Players productions and other performing arts groups.

SPECIFIC DETAILS ON HOW OUR DONATION WOULD BE USED. INCLUDE BUDGET, TIMING AND NUMBERS SERVED/IMPACTED *

Our donation to the window replacement project may help qualify for matching funds.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

I am a member of the Elk Rapids Players and have been part of several performances at HERTH

ADMINISTRATIVE INFORMATION

Please complete information below that will be used for communication and funding purposes. It does NOT have to be included in your presentation.

ORGANIZATION'S TAX ID/501(c)3 NUMBER *

80-0561939

ORGANIZATION'S CONTACT PERSON *

Brenda Miller

CONTACT PERSON'S EMAIL ADDRESS *

brenda@fiduciaryservicesnorth.com

ORGANIZATION'S STREET ADDRESS *

401 River Street

ORGANIZATION'S CITY *

Elk Rapids, MI

ORGANIZATION'S ZIP CODE *

49629

ORGANIZATION'S PHONE NUMBER *

231-534-4317

SUBMISSION DATE *

MM DD YYYY

12 / 04 / 2024

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email 100womenelkrapids@gmail.com

THANK YOU FOR YOUR NOMINATION!

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