

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 *

susan.hibbard@gmail.com

MY NAME *

Susan Hibbard

ORGANIZATION NAME *

Launch to Leadership

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

NA

MISSION/PURPOSE OF THE ORGANIZATION *

The organization inspires participants to recognize leadership qualities in others and in themselves, and put them to use. This is based in the belief that strong leaders are in demand in all aspects of life. Young people can and are leading in our world today where willingness and capability to lead, not age, define a leader's success. Building leadership at a young age enables youth to meet leadership needs of today and tomorrow and increases their impact and personal satisfaction as they venture beyond the classroom. Participants experience a positive influence on their lives in understanding their own strengths and agency as well as recognizing their ability to impact their community in positive ways.

SERVICE AREA THE ORGANIZATION SERVES *

Youth in Antrim, Grand Traverse and Kalkaska counties.

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

25,000. The program is the fourth year of operation. To-date funding has been provided by private donations.

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

This donation would be used in two ways: contribute to an endowment fund and to fund operations. One of the private donors has established an endowment fund with the Grand Traverse Regional Community Foundation with the expressed purpose of supporting youth leadership. Currently the program receives roughly \$2,000 annually from this endowment fund. 50% of the 100 Women grant would go towards this endowment fund. The goal is to get to a point where the endowment fund provides all of the operational budget and thereby enables the organization to focus 100% of their efforts on the mission, the youth (ie and not fund raising). The other 50% of the 100 Women grant would support the annual operational budget.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

My son has participated in and has benefited from the program, and will continue to do so.

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 *

92-3294287

ORGANIZATION'S CONTACT PERSON *

Paul Wonacott

CONTACT PERSON'S EMAIL ADDRESS *

paul.wonacott@gmail.com

ORGANIZATION'S STREET ADDRESS *

PO Box 342 (organization does not have a physical office location)

ORGANIZATION'S CITY *

Elk Rapids

ORGANIZATION'S ZIP CODE *

49629

ORGANIZATION'S PHONE NUMBER *

231-534-4961

SUBMISSION DATE *

MM DD YYYY

/ /

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email 100womenelrapids@gmail.com

THANK YOU FOR YOUR NOMINATION!

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