



**Non-profit nomination**  
Submit electronically to Tracy Ceragioli **two weeks** prior to the meeting. All non-profits must be local and have 501(c)3 status.

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Web site \_\_\_\_\_ EIN # \_\_\_\_\_

Brief description \_\_\_\_\_

\_\_\_\_\_

What will funds be used for \_\_\_\_\_

\_\_\_\_\_

How is the organization funded \_\_\_\_\_

Yearly budget \_\_\_\_\_

Why this non-profit \_\_\_\_\_