



*Nonprofit Organization Nomination Form*

Nonprofit Name: \_\_\_\_\_

Website: \_\_\_\_\_

Nonprofit Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year nonprofit attained 501(c)(3) or 501(c)(19) status: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Approximately how many people receive your services on an annual basis? \_\_\_\_\_

Geographic area served by nonprofit: \_\_\_\_\_

What need does your organization strive to fill? How is the Pierce/St. Croix area impacted by your organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would the Impact Award be used locally? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percent of your budget is spent on overhead/salaries/administrative fees? \_\_\_\_\_

If selected, do you agree to present at our next meeting to describe the impact of the donation? \_\_\_\_\_

Do you agree that your organization will NOT sell, give, or use Power of 100 Women - River Falls contact information for solicitations by themselves or other organizations? \_\_\_\_\_

Do you agree to provide charitable tax receipts to all members? \_\_\_\_\_

If selected, to whom should checks be payable? \_\_\_\_\_

Please attach the following documents: (incomplete applications will not be considered)

- Recent Annual Report
- Current year **AND** previous year budget
- Current year Income/Expenses
- IRS 501(c)(3) status verification or IRS 501(c)(19) status verification

**All information must be received 45 days before the selected impact meeting.**

Impact meetings are held on the first Thursdays in April and in October.

Please email: [powerof100riverfalls@gmail.com](mailto:powerof100riverfalls@gmail.com)

OR mail to: Power of 100 Women – River Falls, Attn: Nancy Foley, 2051 Greenwood Valley Dr., River Falls, WI 54022

Member of Power of 100 Women - River Falls making nomination: \_\_\_\_\_