

Charity Nomination Form

Requirements of submission:

- Must be a 501(c)(3) [IRS Certified Tax Free Status]
- Organization must have been in existence for a minimum of 2 years.
- Charity must benefit the Twin Cities Metro Area.
- National charities will be considered if 100% of the donation will benefit the Twin Cities Metro Area.

Name of charitable organization	
2. Name of organization contact and/or executive director.	
3. Address: (Headquarters and where services are provided, if different)	
4. How long has the organization been in existence (required minimum of 2 years)?	
5. Mission Statement and/or purpose of the organization:	
6. How would the donated funds be used?	
7. What population does the Organization serve? (c	hildren, elderly, mentally ill, etc.)
8. Approximately how many people receive services annually from this Organization?	
9. Is the organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable organization? If possible, provide the organization's EIN#.	
10. If selected, would someone from the organization be available to speak at our next meeting to describe the impact of the donated funds?	
11. If this charity is selected by the group, to whom would the check be payable?	
12. If known, what percent of the charity's annual budget is spent on administrative fees?	
13. Are you a board member or employee of this or	ganization?
Member Name	Member Phone #