

# 100+ Women Who Care - Franklin County, MA Nomination Form

Thank you for taking the time to nominate an organization for the 100+ Women Who Care Giving Circle. Please read through the nomination guidelines and this entire form before submitting. An online version of this form can be found on the website:

<https://100pluswwc-franklinctyma.com/nominate/>

**Nominator's Name:** \_\_\_\_\_

**Nominator's Phone & Email:** \_\_\_\_\_

**Name of the Non-Profit Organization:** If this organization is a regional or national organization, **please include the parent organization and contact name:**

**Organization Contact Name:** \_\_\_\_\_

**Organization Phone & Email:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Link to the organization's website:** \_\_\_\_\_

**Do you want this nomination to be resubmitted for Future Consideration?** \_\_\_\_\_

If more than one member nominates the same organization, the Steering Committee will contact both nominators and ask them to coordinate their nomination. There can be only one nomination per organization per meeting.

## **ORGANIZATIONAL INFORMATION TO COMPLETE:**

**What year was the organization started?** \_\_\_\_\_

**Is the organization a 501(c)(3) or does it receive donations through a Fiscal Sponsor?  
If under a Fiscal Sponsor, please list the name.**

\_\_\_\_\_

**Letter of Determination Date / EIN#:** \_\_\_\_\_

**Project goal & budget in which funds will be used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Current sources or funding for the organization and project: \_\_\_\_\_

What population does the organization serve (children, women, elders) and approximately how many people receive services from the organization each year?

How will funding from 100+ Women make a difference? \_\_\_\_\_

Where will the project take place? \_\_\_\_\_

Does the organization agree NOT to sell, give, or use the 100+ Women's contact information for solicitations by the organization themselves or any other organization?

Yes or No: \_\_\_\_\_

**Franklin County 100+ Women Who Care** is an open and affirming community of women that strives to foster a climate of purposeful inclusion of all people who identify as women. We value the diversity and inclusion of racial and cultural identity and background, nationality, gender identity and its expression, religious background and beliefs, marital status, family structure, age, mental and physical health and ability, political perspective, and educational and class status. All are welcome to join regardless of race, color, ethnic or national origin, marital status, sexual orientation, disabilities, age or gender identification. It is our expectation that any 501(c)3 organization proposed as a recipient also adheres to these same values.

Can you affirm that this organization follows these principles? Yes or No: \_\_\_\_\_

If this organization is selected, checks should be made payable to:

Aside from cash & checks, is there another way a member can make a donation?

Yes \_\_\_\_\_ No \_\_\_\_\_

What method is preferable? \_\_\_\_\_

Please provide a brief synopsis of Nomination to be read at the meeting. Maximum 35 words.

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