# 2024 Nomination **Narrative**

Nominee Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | | **Telephone number** | **Email address** | |
| **Mailing address** | | **City, ST** | | **Zip** |
| **Preferred Badge Name** | **Phonetic Name Pronunciation**  *(both* ***first*** *and* ***last*** *name)* | | **\*Needed/Desired Accommodation** *(Foundation will expend reasonable efforts to fulfill)* | |
| **Board Service** Years on the board:       to | | Please provide officer positions listing the year(s) held by this nominee (i.e., Chairman/2020-2022, etc.): | | |
| **Nominee’s Employer**  *(if Nominee is retired, please indicate Community Volunteer)* | | | | |

***\*****If your nominee has difficulty ascending or descending stairs, please advise us so the Foundation may provide the appropriate assistance.*

Organization Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization’s legal name** *(must match the 501c3 letter)* | **Mission statement** | | |
| **Mailing address** | **City, ST** | | **Zip** |
| **Executive Director** | **ED’s telephone number** | **ED’s email** | |

|  |  |
| --- | --- |
| Area of Focus (Place an “X” to choose): | |
|  | Governance |
|  | Leadership |
|  | Financial Sustainability |
|  | Program Impact |

Please provide specific, detailed information with examples about the work of the nominee.

(Answer)

Please describe the lasting impact this work has had in the organization.

(Answer)

|  |  |
| --- | --- |
| Area of Focus (Place an “X” to choose): | |
|  | Governance |
|  | Leadership |
|  | Financial Sustainability |
|  | Program Impact |

Please provide specific, detailed information with examples about the work of the nominee.

(Answer)

Please describe the lasting impact this work has had in the organization.

(Answer)

|  |  |
| --- | --- |
| Area of Focus (Place an “X” to choose): | |
|  | Governance |
|  | Leadership |
|  | Financial Sustainability |
|  | Program Impact |

Please provide specific, detailed information with examples about the work of the nominee.

(Answer)

Please describe the lasting impact this work has had in the organization.

(Answer)

Required Attachments

* Board List – names and terms of all members of your organization’s board of directors and indicating all officer positions.
* 501(c)(3) IRS Letter – indicates your organization is tax-exempt under section 501(c)(3) of the Internal Revenue Code and that your organization is not a private foundation. This letter must include information about the organization’s status under Internal Revenue Code sections 170(b)(1)(A), 501(c) and 509(a) and is dated June 1, 2021 or earlier. In the event that the name of your organization as expressed in its IRS determination letter has changed, please also submit the Secretary of State filings evidencing the name change and state approval.
* Signed nomination form – signatures of Executive Director/President, Board Chair/Board President, and the nominee. If the Board Chair is the nominee, please have a member of your Executive Committee sign in lieu of the Board Chair/Board President..
* Nominee’s biography/resume – this should include their dates of service on your board, including terms in officer positions.

Signatures

***By signing this nomination, nominee indicates he/she is not currently serving on the Foellinger Foundation’s board of directors or one of its standing committees.***

|  |  |  |
| --- | --- | --- |
| Required Signatures: |  |  |
|  |  |  |
|  |  |  |
| CEO, President or Executive Director |  | Board Chair or Board President |
|  |  |  |
|  |  |  |
|  |  |  |
| Nominee |  |  |
|  |  |  |

Please email your nomination to [amanda@foellinger.org](mailto:amanda@foellinger.org) with all attachments listed in this nomination template. **Deadline for receiving your nomination is 5:00 pm on Friday, June 28, 2024.**

***Only complete nomination submissions will be considered.***