

NONPROFIT NOMINATION FORM

As an eligible* member of Elk Rapids Area 100 Women Who Care, I nominate the following nonprofit organization to be considered for the group's next collective donation. I understand that the following information is true to the best of my knowledge and that the donation will be used in Antrim County.

*I have made my \$100 donation for the *previous* meeting's recipient.

THIS FORM MUST BE SUBMITTED AT LEAST 7 DAYS PRIOR TO THE MEETING.

I also agree to make a 5 minute presentation using the information provided below at the group's next meeting.

Email *

chermsidep@antrimcountymi.gov

MY NAME *

Paula Chermside

ORGANIZATION NAME *

Antrim County Commission on Aging

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

antrimcountymi.gov

MISSION/PURPOSE OF THE ORGANIZATION *

The Mission of Antrim County Commission on Aging is to improve the quality of life and maintain the highest level of independence for those persons age 60 and over, who reside in Antrim County.

WHEN WAS THE ORGANIZATION ESTABLISHED? *

1975

SERVICE AREA THE ORGANIZATION SERVES (MUST INCLUDE ANTRIM COUNTY) *

Antrim County Commission on Aging serves seniors residing in Antrim County. It operates 4 congregate meal sites (Elk Rapids, Central Lake, Bellaire, Mancelona) and provides Home Delivered Meals throughout the county. A total of 1,303 seniors were served in the meal programs. In addition, there were 65 seniors provided services in the home including: homemaking, personal care and respite care. Other programs such as snow removal, exercise, foot care, tax preparation, medicare/medicaid counseling, exercise, activities and trips were provided to about 500 individuals. Many of the individuals served in the meal program participated in multiple programs.

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

\$1,710,133.00. Our primary funding sources include grants from the AAA of Northwest Michigan (Area Agency on Aging of Northwest Michigan), Antrim County Millage, Donations and Fees for services (a sliding fee scale is used).

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

The existing Commission on Aging (COA) building size/space is limiting our ability to assist with the growing number of seniors who need assistance. In May, 2026, the COA launched a Capital Campaign planning process to build a 4,500 square foot addition to address critical services for seniors and their families including Health Living (addressing the needs of body, mind and spirit); Adult Day Respite (supervised daytime care for seniors with cognitive and physical needs five days per week to reduce their isolation and provide caregivers respite and support); Personal Care (bathing/grooming and foot care); Multi-purpose activities (opportunities for fitness, arts, education and social engagement); Confidential office space (consultation and assistance on legal issues, tax preparation, Medicare/Medicaid enrollment, etc.); A Case Support regarding the vision of the site/program expansion is attached.

PROVIDE A DESCRIPTION OF HOW OUR GIFT WOULD BE UTILIZED. INCLUDE A SPECIFIC DOLLAR ESTIMATE AND TIMING OF IMPLEMENTATION. *

A gift from 100 Women Who Care Elk Rapids area would assist with helping to achieve the 3.3--3.8 million dollar Capital Campaign goal. The goal is to raise the funds through grants/donations by July, 2028 and then begin the design, development and construction. It is anticipated it will take a year to construct the building. Property adjacent to the current COA building in Bellaire has already been purchased and the house that was on it is demolished.

To date, \$560,000 has been raised which includes approximately (\$500,000 Commission on Aging Fund Balance and \$50,000 in private donations and \$10,000 in grants). Several grants are in the process with private, state and federal sources. A process to identify and speak with potential donors is currently being designed.

The architectural firm's proposed building rendering and probable cost (see Case for Support) was the result of input from community stakeholders about the needs of older adults in Antrim County. The estimate is for architectural design, development and build inclusive of infrastructure, landscape and furnishings. There may be opportunity to reduce the project cost once architectural design begins.

The strong intent is to use this gift toward the Capital Campaign. It will help demonstrate community support and assist with other funding sources. In the event that the project doesn't go forward by July, 2028, then the gift will be used to subsidize and expand the current limited Adult Day program which started on May 11th, one half day per week, with capacity for 5 adults. There are currently 4 participants. There have been several non-qualifying older adults because they wander and our current space is not secure. The current limited program has been funded as a "pilot" by the AAA of Northwest Michigan until September 30, 2026. The new building addition will be constructed with security features to be able to serve those who wander.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

I am the Antrim County Commission on Aging Director

OPTIONAL ADDITIONAL INFORMATION

You may provide one additional document that helps support your request. Just email the document to 100womenelkrapids@gmail.com, being sure to identify it as supporting a specific nomination, and it will be attached to this Nonprofit Nomination Form for viewing by our members on our website.

In the interest of brevity, please limit document length to two pages. Longer documents may not be posted.

ADMINISTRATIVE INFORMATION

Please complete information below that will be used for communication and funding purposes. It does NOT have to be included in your presentation.

ORGANIZATION'S TAX ID/501(c)3 NUMBER *

38-6000098 (Antrim County) Funds will be directed to COA

ORGANIZATION'S CONTACT PERSON *

Paula Chermside

CONTACT PERSON'S EMAIL ADDRESS *

chermsidep@antrimcountymi.gov

ORGANIZATION'S STREET ADDRESS *

308 E. Cayuga St.

ORGANIZATION'S CITY *

Bellaire

ORGANIZATION'S ZIP CODE *

49615

ORGANIZATION'S PHONE NUMBER *

231-533-8703

INITIAL SUBMISSION DATE *

MM DD YYYY

07 / 28 / 2026

REVISION DATE (Please provide this date for every revision you make. Use the "Initial Submission Date" above if this is your Initial Submission.) *

MM DD YYYY

07 / 28 / 2026

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email 100womenelkrapids@gmail.com

THANK YOU FOR YOUR NOMINATION!

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