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 *

jantaylorkellog@gmail.com

MY NAME

Jan Taylor Kellog

ORGANIZATION NAME *

Free Rein Farm

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

www.FreeReinFarm.org

MISSION/PURPOSE OF THE ORGANIZATION *

To provide a safe space where children and youth experience healing, connection, and growth through Equine Assisted Learning

WHEN WAS THE ORGANIZATION ESTABLISHED? *

2019; formally established as a 501(c)3 in August, 2022

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

Antrim, Kalkaska, Emmett, Otsego, Benzie, Grand Traverse and Leelanau

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

$70,0000 supported by approximately $90,000 in annual revenue

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

Children, youth, and families throughout our community are facing an increasing mental health crisis, with rising rates of anxiety, depression, social isolation, and other risk factors that impact emotional well-being and increase vulnerability to suicide. In many rural and underserved areas, access to prevention-focused support and trusted connections can be limited.
Early intervention and relationship-based programming are critical components of suicide prevention, helping young people build resilience, develop coping skills, and recognize that support is available before a crisis occurs.
As participation in our programs continues to grow, our current facility infrastructure has become a barrier to expanding services. While the barn provides valuable indoor space, many equine-assisted learning activities are most effective in an outdoor setting where participants have room to move and connect with nature.
As one of the only year-round, nature-based equine-assisted learning programs in our area, Free Rein Farm addresses a significant gap in community services. Many families have few opportunities to participate in outdoor, experiential programs that support mental wellness. For these reasons, we are seeking to build a large outdoor arena with a pavilion nearby for expansion of session space.

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

To expand the outdoor portion of the current facility where participants will have ample room for learning activities and to connect with nature. To build a large, outdoor equine-assisted learning area and pavilion. Funds would be utilized for materials, labor, and the necessary infrastructure to create a functional, safe, and accessible environment for clients, volunteers, and Free Rein Farm's four facilitators. The goal would be to implement upgrades as soon as possible and be completed by the next giving meeting to provide an update on the project.
Total project Estimate: $29,900 which includes all supplies and labor for a galvanized Arena, entry gates including hardware and latches, panel connectors, pins and hardware ($19,900), as well as an Outdoor Pavilion with metal roof and seating area ($10,000).

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

Our family foundation (the Kellogg Family Foundation) supports 501(c)3 organizations that assist families and children. We support and have partnered with Free Rein because they live, breath and embody that which we believe.

OPTIONAL ADDITIONAL INFORMATION

You may provide one additional document that helps support your request. Just email the document to pegamsus1@comcast.net 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 *

88-3623013

ORGANIZATION'S CONTACT PERSON *

Kristin Molby

CONTACT PERSON'S EMAIL ADDRESS *

kristin.freerein@gmail.com

ORGANIZATION'S STREET ADDRESS *

7915 Paige Road

ORGANIZATION'S CITY *

Bellaire

ORGANIZATION'S ZIP CODE *

49615

ORGANIZATION'S PHONE NUMBER *

231-633-4230

INITIAL SUBMISSION DATE *

MM DD YYYY

08 / 11 / 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

08 / 11 / 2026

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email pegasmus1@comcast.net

THANK YOU FOR YOUR NOMINATION!