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 *

mmichno1@gmail.com

MY NAME

Mary Michno

ORGANIZATION NAME *

Crosshatch Center for Art and Ecology

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

www.crosshatch.org

MISSION/PURPOSE OF THE ORGANIZATION *

Crosshatch Center for Art & Ecology builds strong communities through the intersections of art, farming, ecology and economy. Crosshatch envisions communities that are grounded in place: where people connect through stories, music, art, shared work, and food, and where the economy and culture are rooted in restoration of the earth and its people.

WHEN WAS THE ORGANIZATION ESTABLISHED? *

Crosshatch was founded in 2005.

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

Crosshatch serves a 10-county region of Northwest Michigan. The proposed project for this funding serves Antrim County.

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

The average annual budget for Crosshatch is about $1,000,000. Funding comes from government grants, foundation grants, and individual contributions.

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

Area residents are interested in connecting more deeply with where their food comes from. Our abundance of farms gets them closer to the source, but there is no experience as valuable as being involved in the full process of growing and harvesting healthy, local food.

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

Crosshatch has a unique opportunity to become stewards of an heirloom apple orchard in Central Lake. Our approach would involve the community in the year-round process of maintaining the orchard and enjoying the bounty of the harvest. Educational opportunities would teach Antrim County residents the steps to maintaining a healthy orchard. Community work days would build collective ownership over the project and give participants the skill set to grow apples at home. Harvest celebrations would bring people together to experience the bounty by helping to harvest, making cider, and exploring more uses for this nutrient-dense fruit. The orchard is being offered to us at no cost, but the staff time needed to manage the orchard and organize community events is significant. The funds from 100 Women Who Care would allow us to dedicate sufficient staff time to making this project a success. $25,000 would cover the necessary staffing to develop the program and manage it for the first two years. Implementation would start immediately, with events this fall.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

I was recently connected with this organization through another member of 100 Women who wasn't able to attend this meeting.

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 *

37-1517759

ORGANIZATION'S CONTACT PERSON *

Christina Marbury

CONTACT PERSON'S EMAIL ADDRESS *

christina@crosshatch.org

ORGANIZATION'S STREET ADDRESS *

PO Box 929

ORGANIZATION'S CITY *

Bellaire

ORGANIZATION'S ZIP CODE *

49615

ORGANIZATION'S PHONE NUMBER *

231-533-2555

INITIAL SUBMISSION DATE *

MM DD YYYY

08 / 12 / 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 / 12 / 2026

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email pegasmus1@comcast.net

THANK YOU FOR YOUR NOMINATION!