

# 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 \*

president@doalittlegoodnmi.org

MY NAME \*

Glori Crowell

ORGANIZATION NAME \*

Help From My Friends

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE \*

<https://www.helpfrommyfriends.org/> & <https://www.facebook.com/helpfrommyfriendspetcrisiscenter>

## MISSION/PURPOSE OF THE ORGANIZATION \*

Help From My Friends Pet Crisis Center supports Antrim County Animal Control in reducing shelter overcrowding, ensuring animals receive the care and compassion they deserve.

## WHEN WAS THE ORGANIZATION ESTABLISHED? \*

2003

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

Antrim County

## ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES \*

\$124,000 yearly budget, with funding from donations and grants.

## WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? \*

The lack of affordable spay/neuter clinics in our rural area leaves many pet owners unable to spay or neuter their animals, fueling an ongoing cycle of overpopulation and shelter overcrowding. Help From My Friends (HFMF) is one of two animal shelters in Antrim County (population: 23,553 area: 476 sq. mi.). The average household income for Antrim County is \$42,161/year and 9.45% of families live in poverty (worldpopulationreview.com). There are no low-cost spay/neuter clinics within a 40-50 mile radius of Antrim County with less than a three-month wait time. The collective gift from 100WWC would launch a low-cost spay/neuter clinic that would help ease the burden on shelters and families alike.

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

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HFMF would like to establish a low-cost, in-house spay and neuter clinic for cats and dogs in our underserved area. The services will be made available to the public, not only to the animals treated and housed in the shelter and local animal control. Once the clinic is established, HFMF plans to further relations with vets and animal welfare groups, find additional veterinarians to participate, and implement a Trap-Neuter-Return (TNR) initiative.

The clinic would provide a sustainable source of income. It would stretch dollars further for our organization and the local animal shelter, Antrim County Animal Control, with whom we have a working relationship to prevent overcrowding and to offer help to more pets and people in our community. The clinic would serve our community members and the surrounding areas to offer spay/neuter services, as well as access to vaccinations, microchips, and so forth, for their pets.

Clinic renovations have been broken down into three phases, with an estimated cost of \$15,000 for the basics.

Phase 1 interior renovations include replacing flooring and installing waterproof paneling. Water-resistant subflooring and appropriate waterproofing needs to be completed before the installation of tile flooring. The drywall will be replaced with water-resistant panels and properly sealed to prevent leaks. These upgrades are a must as our facility is equipped with a shower, small sink, and cabinet in this location, which does not suit our current needs, and has leaked and caused extensive damage to the subfloor and presents a health risk to staff members, volunteers, and the animals in our care.

- Phase 2 involves installation of lockable storage cabinets for medical supplies, food and supplies for the animals, and equipment.

- Phase 3 involves documenting current inventory and purchasing supplies as directed by veterinarians. Surgical suite equipment includes a surgery table, drugs including analgesics, antibiotics, vaccines, and anesthesia and/or gas anesthesia machine, autoclave, scale, instrument trays and stand, suture material, drapes, gowns, gloves, animal emergency kits/oxygen, etc.

Any remaining funds would be reinvested into the clinic for supplies, maintenance, etc.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION ★

I have several connections to this organization! As a local, I have attended fundraisers for Help From My Friends and am friends with people who volunteer and are employees of the organization. As president of the non-profit Do a Little Good, we recently invested \$1,500 in Help From My Friends to purchase surgical room equipment that came up as a sudden, opportunistic purchase. Do a Little Good as an organization, and I personally believe in this organization and the hard work that they do.

OPTIONAL ADDITIONAL INFORMATION

You may provide one additional document that helps support your request. Just email the document to [100womenelkrapids@gmail.com](mailto: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 \*

38-3605652

ORGANIZATION'S CONTACT PERSON \*

Katelyn Kart

CONTACT PERSON'S EMAIL ADDRESS \*

helpfrommyfriendsinc@gmail.com

ORGANIZATION'S STREET ADDRESS \*

3605 S. Derenzy Road

ORGANIZATION'S CITY \*

Bellaire

ORGANIZATION'S ZIP CODE \*

49615

ORGANIZATION'S PHONE NUMBER \*

231-533-4070

INITIAL SUBMISSION DATE \*

MM DD YYYY

12 / 03 / 2025

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

12 / 03 / 2025

## FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email [100womenelkrapids@gmail.com](mailto:100womenelkrapids@gmail.com)

THANK YOU FOR YOUR NOMINATION!

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