

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 *

kkinery@gmail.com

MY NAME *

Kerry Kinery

ORGANIZATION NAME *

HERTHA Historic Elk Rapids Town Hall Association

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

HERTHAHALL.COM

MISSION/PURPOSE OF THE ORGANIZATION *

Our mission is to rehabilitate, operate, maintain, and preserve the historic Elk Rapids Town Hall to serve as a cultural and performing arts center as well as a community gathering place for celebrations, weddings, receptions, and meetings.

WHEN WAS THE ORGANIZATION ESTABLISHED? *

March of 2010 (<https://herthahall.com/history>)

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

The Elk Rapids community with events that benefit the whole Grand Traverse Region

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

Approximately \$130,000.00

Funding Sources include:

Annual Gala

Proceeds from the ER Players (performances, plays, workshops)

Monthly Trivia

Booked events (weddings, graduations, private parties and events)

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

HERTHA provides a much needed meeting place for large groups and events. Many cultural activities, workshops, and gatherings have been held at the hall. The need to continue this opportunity is the mission of the HERTHA organization.

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

Currently there are 3 major priorities in addition to the monthly mortgage payment and utilities that must be addressed:

1. Phase II of the window replacement project-\$65,000 (see attached Use of Funds)
2. Some electrical issues that need updating for obvious safety issues - \$8000-\$10,000
3. Gutters-

These 3 issues are top priority and will be implemented once funds are secured.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

Having grown up one block west of the Town Hall, I was blessed to witness first hand the revitalization of this wonderful building. My mother, with a few friends founded the ER Historical Society, mainly in an effort to keep the hall from being torn down in the late 1960s, early 1970s. I have many stories of the efforts these pioneers (women) made to keep this wonderful icon. I, along with 2 of my siblings held our wedding receptions at the Town Hall. I am honored to know the ambitious HERTHA board members who have put themselves out to save this historic building for our community. I feel this nonprofit would be a well deserved recipient of our group's gift.

OPTIONAL ADDITIONAL INFORMATION

You may provide one additional document that helps support your request. Just email the document to 100womenelrapids@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 *

80-0561939

ORGANIZATION'S CONTACT PERSON *

Brenda Miller

CONTACT PERSON'S EMAIL ADDRESS *

brenda.mil.personal@gmail.com

ORGANIZATION'S STREET ADDRESS *

401 River Street, PO Box 386

ORGANIZATION'S CITY *

Elk Rapids

ORGANIZATION'S ZIP CODE *

49629

ORGANIZATION'S PHONE NUMBER *

(231) 534-4317

INITIAL SUBMISSION DATE *

MM DD YYYY

05 / 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

05 / 12 / 2026

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email 100womenelkrpids@gmail.com

THANK YOU FOR YOUR NOMINATION!

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