

# 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 (currently congregate meal sites are located in Elk Rapids, Central Lake, Bellaire and Mancelona) and HDM meals are provided throughout the cost as well as homemaking, personal and respite care

## ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES \*

\$1,710,133.00 Our primary funding sources include grants from the AAA 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) is limiting our ability to assist with the growing number of seniors who need structured activities, meals and health monitoring. The COA has launched a capital campaign 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 care (supervised daytime care for seniors with cognitive and physical needs); Personal Care (bathing/grooming/food care); Multi-purpose activity (opportunities for fitness, arts, education and social engagement); Confidential office space (consultation and assistance on legal issues, tax preparation, Medicare/Medicaid enrollment, etc.)

## 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 achieving the 3.3-3.8 million dollar capital campaign goal. It would also demonstrate community support which assists with funding from other foundations/grants

**MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION \***

Director

**OPTIONAL ADDITIONAL INFORMATION**

You may provide one additional document that helps support your request. Just email the document to [100womene1krapids@gmail.com](mailto:100womene1krapids@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

**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 \*

2315338703

INITIAL SUBMISSION DATE \*

MM DD YYYY

05 / 08 / 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 / 08 / 2026

## 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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