

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 *

jantaylorkellogg@gmail.com

MY NAME *

Jan Taylor Kellogg

ORGANIZATION NAME *

Free Rein Farm

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

www.freereinfarm.org

MISSION/PURPOSE OF THE ORGANIZATION *

Facilitating equine therapy and a safe place to assist clients in experiencing freedom from depression, trauma, anxiety, isolation as well as other traumas.

WHEN WAS THE ORGANIZATION ESTABLISHED? *

2019

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

7 counties including Antrim, Kalkaska, Emmett, Otsego, Benzie, Grand Traverse and Leelanau

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

\$70,000 with primary funding through grants, special events and program income

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

Expanded facilities in order to service the additional and fast accelerating mental health challenges in our community

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

Grant funds would be used to support construction of a private office space and bathroom on the current infrastructure. Thus, creating the capacity to hire an occupational therapist as well as use for a safe and accessible place for clients, volunteers and facilitators.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

Our family foundation, the Kellogg Family Foundation, has supported Free Rein Farm in their efforts through the years. We believe in the power of unconditional love that the animals provide and the calm atmosphere that Free Rein maintains.

OPTIONAL ADDITIONAL INFORMATION

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

88-3623013

ORGANIZATION'S CONTACT PERSON *

Kristin Molby

CONTACT PERSON'S EMAIL ADDRESS *

kristin.freerein@gmail.com

ORGANIZATION'S STREET ADDRESS *

7915 Page Road

ORGANIZATION'S CITY *

Bellaire

ORGANIZATION'S ZIP CODE *

49615

ORGANIZATION'S PHONE NUMBER *

231-633-4230

INITIAL SUBMISSION DATE *

MM DD YYYY

05 / 01 / 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 / 01 / 2026

FORM SUBMISSION

Submit form by pressing the "Submit" button below.

Any questions, email 100womenelkrapids@gmail.com

THANK YOU FOR YOUR NOMINATION!

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