

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 *

clover22.rh@gmail.com

MY NAME

Renae Hansen, VP TC Paw Cat Rescue

ORGANIZATION NAME *

TC Paw Cat Rescue

ORGANIZATION WEBSITE AND/OR FACEBOOK PAGE *

tcpaw.org

MISSION/PURPOSE OF THE ORGANIZATION *

Helping cats and kittens in the greater Traverse City, MI region through rescue, spay/neuter, fostering, adoption, and community education.

WHEN WAS THE ORGANIZATION ESTABLISHED? *

Spring 2023

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

Grand Traverse and surrounding counties including Antrim County.

ANNUAL ORGANIZATION BUDGET AND PRIMARY FUNDING SOURCES *

2026 Budgeted Revenue of \$161,000. 2026 Budgeted expenditures of \$138,000

WHAT COMMUNITY NEED WOULD OUR DONATION HELP MEET? *

Veterinary costs for spay/neuter. We would like to focus on a low cost spay neuter program and TNVR (Trap, Neuter, Vaccinate, Return) in Antrim County.

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

To start and implement a strong, low-cost spay/neuter service and TNVR program in Antrim County.

Basic veterinary care—including a health exam, vaccinations, parasite treatment, and spay/neuter—costs TC Paw an average of \$125 per cat. This is made possible through discounted services, cooperation, and partnerships with area veterinarians, including Elk Rapids Animal Hospital. With funding, we could begin spaying and neutering Antrim County cats this fall, making a difference for approximately 225 animals and the people who care for them.

MY RELATIONSHIP/EXPERIENCE WITH THIS ORGANIZATION *

I am a lifelong animal advocate with 45 years of experience and currently serve as Vice President of TC Paw. In addition to my leadership role, I volunteer in fostering, event planning, supply coordination, fundraising, volunteer coordination, and many other areas needed to support our rescue efforts.

OPTIONAL ADDITIONAL INFORMATION

You may provide one additional document that helps support your request. Just email the document to pegasmus1@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 *

EIN: 92-3325368

ORGANIZATION'S CONTACT PERSON *

Lisa Chimner, President

CONTACT PERSON'S EMAIL ADDRESS *

tcpaw1@gmail.com ATTN: Lisa Chimner

ORGANIZATION'S STREET ADDRESS *

801 S. Garfield Avenue Unit #100007 Traverse City, MI 49686

ORGANIZATION'S CITY *

Traverse City

ORGANIZATION'S ZIP CODE *

49686

ORGANIZATION'S PHONE NUMBER *

231-714-4711

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!

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