



**Nomination Form**  
**This form MUST be submitted one week prior to each meeting in order to nominate an organization.**

Name of Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Is organization a 501(c)3\* ( ) Yes ( ) No *\*501c3 status required for nomination*

Tax ID #: \_\_\_\_\_ Date formed: \_\_\_\_\_

Describe the organization's services provided to residents of **Northern Beaufort County**:  
\_\_\_\_\_  
\_\_\_\_\_

What is the annual budget?: \_\_\_\_\_ What is the annual income?: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

What percentage of income goes to overhead: \_\_\_\_\_%

Describe how the funds received would be used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of nominating member: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you involved in the organization you are nominating and, if so, in what capacity?  
( ) No ( ) Yes: \_\_\_\_\_