



## **SAFETY HARBOR CHAMBER OF COMMERCE 2019 NON-PROFIT OF THE YEAR AWARDS**

This award is intended to honor an outstanding organization that has made a significant contribution to our local community. It is designed to recognize the best, most innovative, highly creative, and most effective organization in accomplishing their goals.

### ***Criteria:***

- The non-profit organization must be a member of the Safety Harbor Chamber of Commerce and have not received this award in the past two years.
- The achievements of the non-profit organization must be relevant within the past 12 months.
- Accomplishments must be based on projects that affect north Pinellas County
- Organizations must be 501(c)3 organizations or other registered not for profit status.

### ***Nomination Procedures:***

Please provide the information below as to why you feel the organization deserves the title of "Safety Harbor Chamber of Commerce Non-Profit of the Year".

1. What is the Mission of the organization?
2. How does the organization impact and respond to the needs of the Safety Harbor community?
3. What are the organization's most significant accomplishments within the last 12 months?
4. How does this organization network with other sectors of the community? (Ex.: the business community, churches, other non-profits, etc.)

### ***Guidelines:***

Please limit the total presentation to three (3) sides of a page and answer each of the four (4) questions above. Include the name and phone number of person submitting the nomination. Completed nomination forms shall be returned via e-mail, mail or in person to Susan Petersen **no later than Thursday, August 1, 2019**. The identity of the winner will be made known at the Safety Harbor Chamber of Commerce Annual Dinner on Friday, September 13, 2019.

**SAFETY HARBOR CHAMBER OF COMMERCE  
NON-PROFIT OF THE YEAR NOMINATION**

**GENERAL INFORMATION**

Please provide the following information on the organization being nominated:

Name of the President/CEO/Executive Director: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Year Organization Was Established: \_\_\_\_\_

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

Nominated by: \_\_\_\_\_

(Organization if Appropriate) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Not-for-profit status: \_\_\_\_\_

How long has the organization been in existence: \_\_\_\_\_

All information is confidential. Please submit this form with nomination which should include the answers to the four (4) questions on page one.