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**2017 Community Grants – Nomination Form**

Complete and email to [lilliane@latinocommunityfund.org](mailto:lilliane@latinocommunityfund.org), or fill it out online at <http://www.latinocommunityfund.org/2017_community_grant_awards>. Due: **Friday, May 19th, 2017**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization information | | | | | | | | | | | | | |
| Organization Name: |  | | | | | | | | | | | | |
| Mission: |  | | | | | | | | | | | | |
| Address: | Street address: | | | | |  | | | | | | | |
| City | | | |  | | | State | |  | | Zip |  | |
| Contact person at organization: | Name: | |  | | | | Title: | | | |  | | |
| Contact information: | Phone | |  | | | | Email: | | | |  | | |
| Total revenues for most recent complete fiscal year: |  | | | | | | | | | | | | |
| Nonprofit Status: | ⃣ 501(c)3  EIN#: | | | | | | ⃣ Fiscally Sponsored by another 501(c)3 Name:  EIN #: | | | | | | |
| Organization Size: | Total # staff: | | | | | | | | | | Total # volunteers: | | |
| |  |  | | --- | --- | | Eligibility | Yes or No | | Is more than 50% of the programs’ or organizations’ governance board Latino/a? |  | | Is the Executive Director (or equivalent) of the program or organization Latino/a? |  | | Is the program or organization’s work directly aimed at improving the lives of Latinos? |  | | | | | | | | | | | | | | |
| Nominator Information | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |
| Relationship with requesting organization: | | ⃣ Board member  ⃣ Volunteer | | | | | ⃣ Program participant/beneficiary  ⃣ Other: | | | | | | |
| Contact information: | Phone: | | |  | | | Email: | |  | | | | |
|  | | | | | | | | | | | | | |
| Request information | | | | | | | | | | | | | |
| 1. What is the main work of the organization or program? |  | | | | | | | | | | | | |
| 1. How is this work important to the Latino/a community? |  | | | | | | | | | | | | |
| 1. How does the work of this organization advance **leadership** in the Latino/a community? |  | | | | | | | | | | | | |
| 1. How will additional funds advance the overall work and/or capacity of this organization or program? |  | | | | | | | | | | | | |
| 1. Amount $ Requested: |  | | | | | | | | | | | | |

**Contact Us!** We welcome your questions about this call for nominations.

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