



NONPROFIT AWARD NOMINATION FORM

This award recognizes the exemplary accomplishments and contributions of nonprofit agencies of Monterey County. Nominations for the award may be submitted to the Nonprofit Award Celebration Committee on the form below. The deadline for nominations is October 3, 2014. You may self-nominate or nominate another agency. **Only ONE nomination per agency allowed.**

Nonprofit Nominee: _____

Nominee Contact: _____

Title: _____

Nominee Phone: _____

Email: _____

Award Category (select all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Advocacy / Social Justice | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nonprofit Sustainability |
| <input type="checkbox"/> Environment / Animals | <input type="checkbox"/> Youth / Children & Families |

Please use the space below or include an attachment to describe your reason(s) for this nomination. In 500 words or less, please expand on how your nomination meets one of NAMC's core initiatives: Advocacy, Diversity & Social Equity, or Economic Impact. Be as specific as possible.

Nominated by: _____

Title: _____

Organization: _____

Contact Phone: _____

Email: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY			
Recv'd by:	Recv'd date: / /	Format:	
Receipt confirmation date: / /	Review date: / /		

Please Return to Sue:

NONPROFIT ALLIANCE OF MONTEREY COUNTY

P.O. Box 602 | Pacific Grove, CA 93950 | Phone: 831-373-4606 | E-mail: sue@alliancemonterey.org



NONPROFIT STAFF AWARD NOMINATION FORM

This award recognizes the exemplary accomplishments and contributions of nonprofit staff of Monterey County. Nominations for the award may be submitted to the Nonprofit Award Celebration Committee on the form below. The deadline for nominations is October 3, 2014. Please nominate ONE individual from your nonprofit organization.

Nominee Name: _

Title: _

Organization: _

Nominee Phone: _

Email: _

Award Category (select all that apply).

Innovation Idea(s)

Leadership

Personal Achievement

Please use the space below OR include an attachment to describe your reason(s) for this nomination. Be as detailed as possible in 500 words or less.

Nominated by: _

Title: _

Organization: _

Contact Phone: _

Email: _

Signature: _

Date: _

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