



NONPROFIT OF THE YEAR APPLICATION

JUDGING CRITERIA:

- Promotes health, safety and quality of life
- Financial sustainability
- Fulfills the mission of the organization
- Engages in collaborations and partnerships

ELIGIBILITY REQUIREMENTS:

- Minimum of 3 years in operation
- Serves Waukesha County residents
- Registered nonprofit organization

Please note: Nonprofits that have been named a winner are ineligible for 5 years.

REQUIRED MATERIALS:

- Completed application (see reverse side).
- Short essay (no more than 1,000 words) detailing how your organization is accomplishing the criteria outlined below.
- *Optional* - Two to three letters of recommendation from donors or clients addressing working with your organization.

Please email all materials to afoland@waukesha.org no later than noon on Friday, March 23, 2018.

The Waukesha County Awards Gala will be held on Thursday, June 21, 2018 from 5:00 - 8:00 p.m. at the Sheraton Milwaukee Brookfield Hotel.

SHORT ANSWER ESSAY (MAXIMUM 1,000 WORDS):

Please address how your organization is accomplishing the four judging criteria outlined below. Type on a separate sheet of paper. Hand written responses will not be accepted.

1. Fulfillment of Mission Statement

Describe your organization's mission statement and how the services you provide support it.

2. Community-Focused Commitment

Describe how your organization's services impact the health, safety and quality of life of the community.

3. Partnerships and Collaborations

Describe how your organization uses its community relationships to enhance delivery of services.

4. Financial Stability

Briefly explain how your organization manages its resources in order to stay financially solvent.

PLEASE SELECT THE CATEGORY FOR WHICH YOU ARE ELIGIBLE:

- Small Nonprofit of the Year - Annual operation budget below \$500,000
- Large Nonprofit of the Year - Annual operation budget above \$500,000

ORGANIZATION INFORMATION:

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Website: _____

Year established: _____ Main service(s): _____

Board President: _____

Board Members (Use separate sheet if necessary):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Executive Staff - Names/Title(s) (Use separate sheet if necessary):

_____	_____
_____	_____
_____	_____
_____	_____

2017 Annual operating budget: _____

Percent (%) growth in revenue: 2016-2017 _____ 2015-2016 _____ 2014-2015 _____

Number of employees: Full time _____ Part time _____

What percentage of services are delivered to the following areas?

Waukesha County: _____% Remainder of SE WI: _____% Remainder of WI: _____% Remainder of U.S.: _____%

Top Executive: This person will be listed with organization information and be the key spokesperson (media, luncheon, etc.).

Name & Title: _____

Email: _____ Phone: _____

Award Contact: This person will be the main contact in regards to logistics, requests, etc.

Name & Title: _____

Email: _____ Phone: _____

PLEASE COMPLETE THE FOLLOWING IN ORDER FOR AWARD CONSIDERATION:

I, _____, (representative of above organization) certify that the information provided is true and factual.

(Signature) _____ (Date) _____