



\$20,000
Anisfield-Wolf Memorial Award
Nomination Form: 2009



*Please type and submit a total of six (6) copies of this form and (6) copies of a one-page nomination statement by **February 12, 2010**.*

Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____
 Executive Director: _____ E-mail: _____
 Nominated by: _____ E-mail: _____
 Relation (if any) to Organization Nominated: _____ Phone: _____
 Signature of Nominator: _____ Date: _____

Organization Information

Year established: _____
 Organization's Annual Operating Budget: _____
 Total \$: _____ Administration \$: _____ Program Services \$: _____
 Number of staff: _____ Organization _____ Featured Program (if applicable)
 Number of volunteers: _____ Organization _____ Featured Program (if applicable)
 Number served annually: _____ Organization _____ Featured Program (if applicable)
 Name of Featured Program (if applicable): _____

Primary Target Population (choose one):

- Babies Children Youth Young Adults
 Adults Seniors Families (multiple age groups)

Primary Issue Addressed (choose one):

- Domestic Violence: Child/Elder/Spousal Families (multiple age groups)
 Health/Mental Health Care Hunger/Homelessness/Poverty/Self-Sufficiency
 Justice: Criminal/Juvenile Other: _____
 Education/Literacy

I verify that statements made in this nomination are accurate to the best of my knowledge.

Signature of Volunteer Leader/Executive Director: _____

Attach a typed nomination statement of no more than one 8 ½ x 11 page.

Send a total of six (6) copies of this form and six (6) copies of your nomination statement to:

The Anisfield-Wolf Memorial Award • The Center for Community Solutions
 1226 Huron Road E • Suite 300 • Cleveland, OH 44115

NOMINATIONS MUST BE RECEIVED NO LATER THAN 5 P.M., FRIDAY, FEBRUARY 12, 2010. NO FAXED OR E-MAILED NOMINATIONS WILL BE ACCEPTED.

Questions?

Contact Roslyn Bucy Miller, (216) 781-2944, ext. 511, or rbmiller@CommunitySolutions.com.

