



IN PARTNERSHIP WITH:



### Official Nomination Form

I would like to nominate the non-profit organization listed below to receive a KAKE Wins for Kansas \$500 grant.

Name of Non-Profit \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

This non-profit deserves a grant because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is organization a 501(c)(3)? YES ☐ NO ☐

Are any of the representatives of the organization running for local government? YES ☐ NO ☐

My name (first & last): \_\_\_\_\_

My address (street, city, st, zip): \_\_\_\_\_

My phone number: \_\_\_\_\_

Please mail completed form to:  
KAKE Wins for Kansas  
1500 N. West St.  
Wichita, KS 67203

