



NEIGHBORHOOD  
CONNECTIONS

**GRANT MAKING COMMITTEE**  
Nomination Form

I wish to nominate the following candidate for the Grant Making Committee of Neighborhood Connections.

*(PLEASE PRINT)*

Candidate Name: \_\_\_\_\_

Neighborhood in which candidate lives \_\_\_\_\_

Organizational affiliation(s) (if any):  
\_\_\_\_\_

\_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Why are you nominating this candidate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E mail \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**  
**Neighborhood Connections**  
**5000 Euclid Avenue, Suite 310**  
**Cleveland, OH 44103**  
**Attn: Cynthia Lewis**

Questions? Contact Cynthia at 216-229-4688 or [clewis@neighborhoodgrants.org](mailto:clewis@neighborhoodgrants.org)