

# Community Connections

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## NOMINATION FORM

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

Please provide a brief description of the mission of the organization:

Do you have an affiliation with the organization?    Yes    No

If yes, please provide information on your involvement with the organization:

How can GNHRA provide support to this organization?

Contact Name at Organization (if known): \_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominations are due by October 15th and can be submitted by mail or email.**