Nonprofit Eligibility Criteria

Only members of 100+ Women Who Care about Knox County and the communities of Waldoboro and Lincolnville are eligible to nominate a nonprofit. Nominations must be submitted at least one week prior to the next quarterly meeting and be approved.

Nonprofits must be:

- Local and work is based in Knox County or the communities of Waldoboro or Lincolnville.
- Must have 501 (c)(3) status, be active and in good standing with the Maine Corporation Commission.
- Nonprofits must be actively engaged in Knox County or the communities of Waldoboro or Lincolnville and executing their mission statement.
- National or international organizations will not be considered at this time as the focus is on contributing to Knox County or the communities of Waldoboro or Lincolnville. Local organizations with a state or national link may be nominated provided the request is for a project to be delivered in and 100% of the funds must stay in Knox County or the communities of Waldoboro or Lincolnville and can not be used for administration, payroll, or office costs. Local organizations are expected to use the funding as presented to the 100+ Members.
- The organization receiving the money must agree to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.

Basic Guidelines:

- The selected charity is not eligible to be nominated/presented again for one (1) year. The member may nominate a new charity for consideration at future meetings. The other two (2) charities may be nominated/presented again at future meetings.
- Two-way ties will be decided by one more round of votes. If a tie persists, the two names that are tied will go back in the hat and the recipient will be drawn at random.
- Note: Donations made directly to the selected charity and online donations do not count towards the member’s commitment – only checks handed in to our chapter count.
Nomination Form:

Please answer the following questions about the organization:

1. Organization Name_______________________________________________________________

2. (if different what name needs to be written on check)____________________________________

3. Mailing Address______________________________________________________________

4. Contact Person and phone number_________________________________________________

5. What is the Mission/Purpose of the organization:____________________________________

_________________________________________________________________________________

Populations Served:________________________________________________________________________

How Will the Funds Used:________________________________________________________________

Other information:_______________________________________________________________________

6. Website address:____________________________________________________________________

____________________________________________________________________________________

Signature_____________________________________________________________________________ Date__________________________

Please return this form at least seven days before the next meeting. By mail to Attn: Audrey Lovering, OCMV 8N Main St, Suite 301, Rockland, ME 04841, or by email to info@onecommunitymanyvoices.org.