

**TAMPA BAY WOMEN IN TOURISM (WIT)
CHARITY AWARD ELIGIBILITY REQUIREMENTS**

Rev6/2024

CHARITY CRITERIA:

- Charities must qualify for the State of Florida 501C3 or 501C6 charitable status and be located in Pinellas or Hillsborough counties and have been in existence for at least one year.
 - WIT main focus is to support organizations that benefit women and children; however, all charity nominations will be equally evaluated.
 - WIT members (current year member) are eligible to submit charity nominations.
 - WIT members (current year's membership fee paid) are eligible to vote on final charity nominations. (3-5 nominations will be selected for final vote)
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- ✓ **NOMINATIONS FOR CHARITIES ARE OPEN FROM JULY TO AUGUST- DEADLINE AUG 31**
 - ✓ **CHARITY BOARD WILL REVIEW AND INTERVIEW NOMINATED CHARITIES. CHARITY BOARD WILL CHOOSE 3 (UP TO 5) CHARITIES FOR MEMBERSHIP VOTING.**
 - ✓ **FINAL VOTING FOR 3-5 DESIGNATED FINAL CHARITIES WILL BE IN OCTOBER- (VIA COMPUTER FORMAT) ONLY ONE VOTE PER MEMBER**
 - ✓ **CHECK WILL BE AWARDED AT NOVEMBER MEETING**

SUBMIT TO: COMMITTEE CHAIR at charity@womenintourism.com

A WIT charity board member will review this email until Aug 31 for all nominations.

No nominations will be allowed after deadline, no exceptions.

I want to nominate a charity for this year's Tampa Bay Women in Tourism end of the year donation. Deadline to nominate a charity is Aug 31. Please submit your nomination with all information filled out to COMMITTEE CHAIR charity@womenintourism.com CHECK WILL BE AWARDED AT JANUARY MEETING

- TODAY'S DATE: _____
- NAME OF CHARITY: _____
- CHARITY STATUS: State of Florida 501C3 or 501C6: _____
- CHARITY ADDRESS: _____
- Charity's Executive's last name: _____ First name: _____
- Email: _____
- Phone/Cell phone: _____
- Charity website address: _____

DESCRIBE THE CHARITY'S MAIN OBJECTIVE: _____

DESCRIBE WHY YOUR NOMINEE SHOULD BE GIVEN THE AWARD: _____

YOUR INFORMATION:

- LAST NAME: _____ FIRST NAME: _____
- Tampa Bay Women in Tourism Current Member _____ Yes _____ No
- Company Name _____
- Job Title _____
- Email: _____
- Cell phone: _____
- Company address: _____