



2026 Nonprofit Mission Award for Innovation - Nomination Form Fields

[**Note:** this is not the actual form to be completed, but simply a preview of the questions contained on the online form.]

1. Name of Nominated Organization (include the full name of the Minnesota nonprofit being nominated).
2. Who is the primary contact person at the organization for the purposes of this nomination?
 - Name:
 - Email:
 - Phone:
 - Address:
 - City, State, Zip:
 - Website:
3. What is your affiliation or relationship to the nominated organization?
 - Name:
 - Email:
 - Phone:
 - Organization Affiliation (if any):
 - Address:
 - City, State, Zip:
4. Is the nominee a coalition? If yes, please provide:
 - List of all major coalition partners
 - Lead organization for the purposes of this award
 - Lead Organization Contact Person's name, address, phone, email
5. What is the geographic reach of the nominated organization? (Note: An organization's reach will not impact the value of a nomination.)

6. In under 50 words, briefly describe the primary communities served by the nominated organization (e.g. - veterans, LGBTQ+ youth, immigrants, elderly, etc.).
7. In 200 words or fewer, please briefly describe the organization's program, mission, goals, and constituency.
8. In 400 words or fewer, please describe the nominated effort and why the nominated organization meets the criteria for the Nonprofit Mission Award for Innovation.
9. If this innovation involved other collaborators, please give examples of your work together in 200 words or fewer.
10. In 400 words or fewer, please describe the direct impact of the organization's innovation on behalf of its constituency and/or Minnesota communities and any other outcomes resulting from the nominated organization's efforts.