



**Lakefront Career Network  
2024 Spotlight Organization Application**

The Lakefront Career Network (LCN) is the young professionals group of the Michigan City Chamber of Commerce. Each year LCN chooses a non-profit organization to spotlight through a unique partnership. In doing so, LCN creates increased awareness of the organization and what they do. By connecting to a mission that resonates, LCN volunteers can connect with other people and make a significant difference in the community. LCN is proud of the partnerships they have created in Michigan City and the surrounding La Porte County areas.

To be considered as the 2024 LCN Spotlight Organization, you must meet the following criteria:

- Be a registered 501(c)(3) organization.
- Have been established for at least 5 years.
- Have a strong local presence in Michigan City.
- Be willing to work with the LCN Committee to coordinate involvement.
- Ability to cross promote within networks.
- Have an active need that can benefit from this year long partnership.

A partnership with LCN can include, but is not limited to:

- Promotion on both Chamber and LCN social media outlets.
- Invitations to speak on behalf of your organization at LCN events.
- LCN fundraising events to benefit your organization.
- A “Day of Giving” for your organization. (In the past, this has included painting, landscaping, and various other tasks.)

**Timeline**

August 21, 2023	Application Period Opens
September 29, 2023	Application Deadline
October 6, 2023	LCN Committee Selection
November 15, 2023	Chamber Board of Directors Approval Meeting
End of November 2023	Spotlight Organization Meeting
Early December 2023	2023 Spotlight Organization Announcement @ LCN Event

**Please email a completed application to [info@mcachamber.com](mailto:info@mcachamber.com) by September 29, 2023.**

## 2024 Spotlight Organization Application

Have you read the Spotlight Organization selection criteria: Yes / No

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_ Are you a registered Non-Profit Organization? Yes / No

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Paid, Full-Time Staff: \_\_\_\_\_ # of Paid, Part-Time Staff: \_\_\_\_\_ # of Active Volunteers: \_\_\_\_\_

Detail the overall need for your organization in 2024 and how you believe this partnership can assist. Be sure to include any specific one-time volunteer needs, financial or donation requests, or a specific event that this partnership may benefit. Describe what a "Day of Giving" would look like and list the top five priorities for the organization in order of importance. Use additional sheets if needed.

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Please submit your most recent year end budget statement and Form 990 with your application.

**By signing, I acknowledge that the information provided is truthful.**

Organization Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_