



2010-2011 APPLICATION FOR RESORT TAX FUNDS INSTRUCTIONS

As required by law, an applicant must be a legal entity formed under the laws of the State of Montana. The purpose of the appropriation request must be within the purposes of the District's Legal Ordinance NO. 98-01, as amended, and must benefit the community at large, and not a single person, organization or corporation. The applicant must be "an entity" that is capable of both "legally and practically" carrying out the purpose of the appropriation. The applicant must be a governmental unit, corporation, or limited partnership with the capability of being legally bound by the Appropriation Agreement.

- For new requests, use the forms provided: 2010-2011 APPLICATION FOR RESORT TAX FUNDS COVER PAGE and NARRATIVE. Do not use your own format; do not change the application.
- For rollover requests, use the form provided: 2010-2011 RESORT TAX FUNDS ROLLOVER APPLICATION. Do not use your own format; do not change the application.
- The application must be signed by the governing Board or Officer of the applicant organization. If funded, the governing Board or Officer must also sign the Appropriation Agreement.
- The applicant must appoint an Applicant Representative whom the applicant's governing Board or Officer deems capable of representing the application during the Appropriations process. The Applicant Representative must be the person who will represent the application at BOTH the Question & Answer Forum and the Appropriations Meeting. The Applicant Representative must also be someone the District can contact for further information.
- Please provide seven (7) complete copies of each application or rollover request. Provide concise answers on two-sided, white 8 ½ x 11 paper. Use a 12-point font size in black or blue ink. Staple each copy in the upper left hand corner. Do not submit copies in folders, binders, etc. Do not include extra materials. In completing the application, it is important that you answer each question in the order presented on the application. Please limit responses to no more than 800 words for each question.

PLEASE NOTE: Incomplete applications may not be considered for funding. It is the applicant's responsibility to provide all information requested in the proper format.

If you have any questions regarding this application, please contact:

Stephanie Holstein, Administrative Officer, (406) 995-3234, stephanie@bigskyresorttax.com

Applications must be received (not post marked) by the deadline Wednesday, April 28, 2010 at 5:00 p.m.

Mail applications to: **Big Sky Resort Area District
PO Box 160661
Big Sky, MT 59716**

Drop off applications at: **77 Aspen Leaf Drive, Suite #9 West Fork Meadows in Big Sky, MT**

APPROPRIATIONS SCHEDULE

APPLICATIONS DUE

Wednesday, April 28, 2010, 5:00 p.m.

Submit **seven (7) copies** of each application, by mail to BSRAD, PO Box 160661, Big Sky, MT 59716 or bring to the office at 77 Aspen Leaf Drive, #9, Westfork Meadows, Big Sky, MT. **If you use the mail, be sure to mail sufficiently in advance, so the application is received in the office by the deadline -- or it will not be considered.**

QUESTION & ANSWER FORUM

Wednesday, May 26, 2010, 1:00 p.m.

Special Board meeting to be held in the Community Room at The Big Sky Chapel, 510 Little Coyote Road. **The Applicant Representative must be present to answer questions from the Board of Directors regarding the application.** Applicants that do not have a representative present at this meeting may not be considered for funding.

APPROPRIATIONS MEETING

Wednesday, June 9, 2010, 1:00 p.m.

Special Board meeting to be held in the Community Room at The Big Sky Chapel, 510 Little Coyote Road. The Board of Directors may have additional questions prior to making final decisions. Therefore, **the Applicant Representative must be present to answer questions.**

Members of the public are welcome at all meetings and will be given the opportunity to comment on the applications.



2010-2011 APPLICATION FOR RESORT TAX FUNDS COVER PAGE

APPLICATION INFORMATION

Applicant's Corporate Name: _____

Address: _____

Telephone : _____ E-mail: _____

Project Name: _____

Project Starting Date: _____ Project Completion Date: _____

Applicant Representative: _____

The Applicant Representative is the person representing the application at BOTH the Question & Answer Forum and Appropriations Meeting. This person is whom the District will contact with questions.

TOTAL FUNDS REQUESTED: \$ _____

IF FUNDING IS AWARDED

Name the person who will be signing ALL Requests for Appropriation Payment in the coming year:

State your estimated payment request schedule for the coming year; amounts should total Funds Requested.

	Jul '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10
Payment Request: \$	_____	_____	_____	_____	_____	_____
	Jan '11	Feb '11	Mar '11	Apr '11	May '11	Jun '11
Payment Request: \$	_____	_____	_____	_____	_____	_____

I certify that the application and its attachments are correct to the best of my knowledge.

Signature

Title (Board Chair or Governing Officer)

Printed Name

Date

4) What percent of the Project budget is your Resort Tax request? _____

Provide the following financial documents:

- a. Project budget including amount and cost breakdown of Resort Tax funds requested at this time.
- b. Copy of the Organization's full operating budget for the period 07/01/10 through 06/30/11. If your fiscal year runs on a calendar year, please provide segments of your budget covering this specified time period.
- c. Organization's Profit and Loss report, Budget-vs-Actual report and Balance sheet from your previous fiscal year.

5) Describe other funding options available for this project, including the estimated amounts.

6) Do you anticipate requesting Resort Tax funds in the future for this project? If so, how much?

7) For applicants with mill levy authority please provide:

- a. A map of your District's boundaries
- b. The current taxable value of your District
- c. If applicable, the current mill levy rate
- d. Using the information above, provide a detailed budgetary breakdown of the potential tax burden per \$100,000 value, for property owners within your District if Mill levy authority would be used to fund this project rather than Resort Tax funds.
- e. Give a statement as to why your organization believes Resort Tax funds should be used instead of the options noted in Item #5.



2010-2011 RESORT TAX FUNDS **ROLLOVER APPLICATION**

Submit this page for requests to rollover 2009-2010 Resort Tax Funds only.

Applicant's Corporate Name: _____

Address: _____

Telephone : _____ E-mail: _____

Project Name: _____

Project Starting Date: _____ Project Completion Date: _____

Applicant Representative: _____

The Applicant Representative is the person representing the application at BOTH the Question & Answer Forum and Appropriations Meeting. This person is whom the District will contact with questions.

TOTAL ROLLOVER REQUEST as of June 9, 2010: \$ _____

Please explain why this rollover request is necessary and when the funds will be requested in the coming year:

I certify that the application and its attachments are correct to the best of my knowledge.

Signature

Title (Board Chair or Governing Officer)

Printed Name

Date