



RESORTTAX

— BUILDING BIG SKY SINCE 1992 —

2019-2020 INSTRUCTIONS FOR RESORT TAX FUNDS

As required by law, an applicant must be a legal entity formed under the laws of the State of Montana. The applicant must be “an entity” that is capable of both “legally and practically” carrying out the purpose of the appropriation and located within the resort area district. The applicant must be a governmental unit, corporation or limited partnership with the capability of being legally bound by the Appropriation Agreement.

The purpose of the appropriation request must be within the purposes of the District's Legal Ordinance No. 98-01, as amended effective June 1, 2015 (posted online: www.ResortTax.org), and must benefit the community at large, and not a single person, organization or corporation.

INSTRUCTIONS:

- For new requests and rollover requests, use the forms provided. Do not use your own format; do not change the applications.
- The application must be signed by the governing Board Chair or Officer of the applicant organization. If funded, the governing Board Chair or Officer must also sign the Contract.
- The applicant must appoint an Applicant Representative whom the applicant's governing Board Chair or Officer deems capable of representing the application during the Appropriation process.
- Please provide seven (7) complete printed copies of each application. Provide on two-sided, white, 3-hole punched, 8½ x 11 paper. Do not staple; you may use paper or binder clips. Do not submit copies in folders, binders, etc.
- Provide a PDF copy of the signed application to Info@ResortTax.org.
- Incomplete applications may not be considered for funding. It is the applicant's responsibility to provide all information requested in the proper format.
- Questions? Contact: Artem Pechishev, Administrative Assistant (406) 995-3234, Info@ResortTax.org

APPLICATION DEADLINE: **Monday, April 29, 2019 (Bonding Application Deadline: October 1, 2019)**

- Applications must be received (not postmarked) by the deadline or they will not be considered.
- Applications will be date and time stamped when received at the resort tax office. Applications will be addressed at the Question and Answer Session in the order in which they were received at the resort tax office.

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

Drop off applications at:
11 Lone Peak Drive, Suite 204
Town Center, Big Sky, MT

QUESTION & ANSWER: **Monday, June 3, 2019 at 1:00 p.m.**

APPROPRIATIONS MEETING: **Monday, June 10, 2019 at 6:00 p.m.**

- To be held in the Warren Miller Performing Arts Center, 45465 Gallatin Rd, Gallatin Gateway, MT.
- The Applicant Representative must be present to answer questions regarding the application. Applicants that do not have a representative present at the meetings may not be considered for funding.
- The public is welcome at all meetings and will be given the opportunity to comment on the applications.

PLEASE NOTE:

Permitting: All applicants are responsible for securing any necessary permits for proposed projects.

Bidding Policy: Resort Tax Board policy states that project line items exceeding \$50,000 are required to get two bids. If the lowest bidder is not accepted, the entity is to provide a written explanation to the Resort Tax Board.

Alcohol Policy: It is the Big Sky Resort Area District Board's policy to not use resort tax funds to provide for the consumption of alcohol. This policy is applicable for active board members and employees of Big Sky Resort Area District and its appropriation funded entities.

Appropriation funded entities are responsible for adherence to this policy and failure to do so may result in the entity being required to return resort tax funds previously paid or termination of unspent resort tax funds.

GLOSSARY OF TERMS:

Full time equivalent (FTE): A unit that indicates the workload of an *employed* person to makes workloads comparable across various contexts. Please use a 40 hour week as full time. For example, if your organization employs one person at 20 hours per week and hires an accountant for 10 hours per week the FTE is $\frac{3}{4}$. Likewise, if your organization employs two people at 40 hours per week each, hires a grant writer at 10 hours per week and a fundraiser at 10 hours per week the FTE is $2\frac{1}{2}$.

In-kind: Goods, services and transactions not involving money. For example, goods or services are exchanged for other goods or services with no monetary change. Another example, charitable giving in which, instead of giving money to buy goods and services, the goods and services themselves are given. Employee benefits such as a company car or gym membership would also be considered in-kind.

On Hand Restricted: A reserve of money that can only be used for specific purposes and the purpose cannot be changed by the organization's board or director. For example, on hand restricted applies to contributions in which, donors indicated that the contributions must be used in a manner the donor has chosen.

On Hand Unrestricted: A reserve of money given by a donor in which, the organization is free to use as they see fit. For example, when given a donation of unrestricted funds, the organization might allocate their use toward helping offset operating costs such as rent, labor costs and utility bills.

Capital Reserves Goal: The ideal end result for a reserve of money that will specifically be used for capital investment projects or any other large and anticipated expense(s) that will be incurred in the future.



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2019-2020 APPLICATION FOR RESORT TAX FUNDS

Applicant's Official Name: _____

Project Name: _____

Address: _____

Representative: _____

Telephone: _____ Email: _____

Total Funds Requested \$ _____

Project Start Date: _____ Project Completion Date: _____

Will this project run longer than 12 months? _____ If yes, please explain: _____

State your estimated payment request schedule for the coming year; amounts should total funds requested. Please enter dollar amounts.

	July '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19
Payment Request \$	_____	_____	_____	_____	_____	_____
	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20
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

2) **PROJECT INFORMATION:** Please list each individual project as in the table below in order of priority for the organization. Each project must be assigned a budget number as part of this year’s total funding request, to be compared with last year’s requested amount (if applicable). Please include bullet point goals and who will be served by each project. The request for payment form for the fiscal year will be based on these specific numbers, so accuracy is essential.

Priority Rank	Project Name	Funding Request This Year	Appropriation Received Last Year	% Increase	Bullet Point Goals	Who Will Be Served

3) TOTAL UPCOMING ORGANIZATIONAL BUDGET FOR JULY 1, 2019 – JUNE 30, 2020: \$ _____
(Include all organization projects and programs, not only those requesting resort tax funding)

	ITEM	AMOUNT***					% OF TOTAL
		Last Year Actual 7/1/18 – 4/30/19	Projection 5/1/19 – 6/30/19	Last Year Budget 7/1/18 – 6/30/19	Upcoming Year 7/1/19 – 6/30/20	% Change from Budget to Upcoming	Use upcoming year amount in this column
Revenue	Request from Resort Tax						%
	Other Public Grants						%
	Private Donor Contributions (not including In-kind)						%
	Fundraising Events (Net Amount)						%
	Membership Dues / Contributions						%
	Revenue Other*						%
	Total Revenue						100% (the revenue line items above should total)
Expenses	Administration	Payroll					%
		Fundraising					%
		Marketing					%
	Operations / Programming	Payroll					%
		Other					%
	Expenses Other**						%
	Total Expenses						100% (the expenses line items above should total)
Capital Expenditures	Total Capital Expenditures						%
Income	Net Income						%

*Revenue Other: _____

**Expenses Other: _____

***Explain Variances: _____

Clarifications you'd like to provide regarding the information on this page: _____

4) RESERVES: Capital, Programming and/or Operating

On Hand Restricted**	
On Hand Unrestricted**	
Goal (if currently no reserves)	

**Purpose of Restricted and Unrestricted Capital Reserves: _____

5) TOTAL CASH FLOW 3-YEAR REQUIREMENT

(Include all organization projects and programs, not only those requesting resort tax funding)

ITEM	Upcoming Year 7/1/19 – 6/30/20	Next Year 7/1/20 – 6/30/21	Third Year 7/1/21 – 6/30/22	Total 3 Year Cash Flow Requirement
Payroll				
Total # of FTE Personnel				NA
Operations / Programming				
Capital Expenditures				
Total	0	0	0	0

RESORT TAX REQUEST				
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Next Year _____

Third Year _____

6) FINANCIALS: Provide the following financial documents:

- A) Copy of the entity's most recently completed 990 form.
- B) Copy of the entity's most recently completed financial audit.
- C) Copy of the entity's complete operating budget for the period 07/01/19 through 06/30/20.
If your fiscal year does not coincide with this time period, please provide complete budgets for the entity's fiscal year that covers the aforementioned time period. For example, if the entity's fiscal year corresponds with a calendar year, provide two budgets 1) 01/01/2019 through 12/31/2020 and 2) 01/01/2020 through 12/31/2020.
- D) Organization's Profit and Loss Report, Budget vs. Actual Report and Balance Sheet from your previous completed fiscal year.
- E) Organization's Profit and Loss Report, Budget vs. Actual Report and Balance Sheet from your current fiscal year to date.