

# GARDINER RESORT AREA DISTRICT APPLICATION FOR RESORT TAX FUNDS

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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, nonprofit corporation, or association 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 Administrative Ordinance #2015-1 (posted online: [www.gardinerresorttax.com](http://www.gardinerresorttax.com)) and must benefit the community at large.

## INSTRUCTIONS:

- This application form must be used. Do not modify this form. Incomplete forms will not be considered.
- 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 Appropriation Agreement.
- 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.
- Questions may be directed to [info@gardinerresorttax.com](mailto:info@gardinerresorttax.com) or 406-848-1005.
- Please provide seven (7) complete copies of each application. Provide concise answers on two-sided, white, 3-hole punched, 8½ x 11 paper. Staple each copy in the upper left corner. Do not submit copies in folders, binders, etc. Do not include extra materials. In addition, provide a PDF copy of the signed application to [info@gardinerresorttax.com](mailto:info@gardinerresorttax.com).
- Applications must be received (not postmarked) by **October 31** or they will not be considered. Mail applications to:

Gardiner Resort Area District  
P.O. Box 510  
Gardiner, MT 59030

- **Applications will be addressed in the November meeting.** Applicants are strongly encouraged to attend this meeting to answer any questions. Applicants that do not have a representative present at the meetings may not be considered for funding.
- **Appropriations will be decided at the December meeting.**
- The public is welcome to attend all meetings and will be given the opportunity to comment on the applications.

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## DOCUMENTS REQUIRED

1. Articles of Incorporation.
2. Copy of the entity's complete operating budget for the current year (January 1-December 31). 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.
3. Organization's Profit and Loss Report, Budget vs. Actual Report and Balance Sheet from your previous completed fiscal year.
4. Organization's Profit and Loss Report, Budget vs. Actual Report and Balance Sheet from your current fiscal year-to-date.
5. Detailed budget for project for which funds are being requested.

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Applicant's Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Application Representative: \_\_\_\_\_  
*Representative must appear at the November meeting for Q&A.*

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Funds Requested: \$ \_\_\_\_\_

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 \_\_\_\_\_



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**5. If full funding were not appropriated, would partial funding enable project completion? If so, what would the impact be? (100 words max)**

**6. Projects must fall within the Gardiner Resort Area (Tax) District (see map at [www.gardinerresorttax.com](http://www.gardinerresorttax.com)). Where is the project located? (25 words max)**

**Please note: Not every application will be able to respond to the following questions; an application will not be rated on the ability to answer all questions.**

**Does the entity and/or project...**

**7. Benefit the community at large including residents, visitors and tax collectors/the business community? Yes/No      If yes, how? (50 words max)**

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8. Promote tourism and development, help make Gardiner a world-class resort community and increase resort tax revenue? Yes/No      If yes, how? (50 words max)

9. Support or improve critical infrastructure, public health, safety and/or welfare in the world-class community? Yes/No      If yes, how? (50 words max)

10. Involve collaboration among entities in the community to meet common goals?  
Yes/No      If yes, how? (100 words max)

11. Fill a community need not currently or adequately being satisfied? (50 words max)  
Yes/No      If yes, how

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## TOTAL ORGANIZATIONAL BUDGET

*TO INCLUDE ALL ORGANIZATION PROJECTS AND PROGRAMS-NOT ONLY THOSE REQUESTING FUNDING FOR THIS CYCLE*

**Total budget for the year the entity is requesting funding:** \$ \_\_\_\_\_

**What percentage of the above budget is the entity requesting from resort tax?** \_\_\_\_\_ %

	ITEM	AMOUNT
<b>Revenue</b>	<b>Private donor contributions:</b>	
	<b>Private donor contributions (in-kind):</b>	
	<b>Public grants:</b>	
	<b>Fundraising events:</b>	
	<b>Sub total revenue:</b>	
	<b>Other (describe):</b>	
	<b>Total revenue:</b>	
<b>Expenses</b>	<b>Paid staff (full-time equivalent):</b>	
	<b>Operations:</b> <i>(Expenses incurred in carrying out day-to-day activities)</i>	
	<b>Programming:</b> <i>(Expenses directly related to providing programs)</i>	
	<b>Capital expenditures:</b> <i>(Amount spent to acquire or improve long-term assets such as equipment or buildings)</i>	
	<b>Other expenses (describe):</b> <i>(Any other expenses not identified above)</i>	
	<b>Total expenses:</b>	
<b>Income</b>	<b>Net income:</b>	
<b>Capital Reserves</b>	<b>On-hand restricted (allocated for specific use)*:</b>	
<i>(Funds on hand for long-term projects)</i>	<b>On-hand unrestricted (not allocated for specific use)*:</b>	
	<b>Goal:</b>	

**\*Purpose of Restricted and Unrestricted Capital Reserves:**

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## TOTAL CASH FLOW THREE-YEAR REQUIREMENT

TO INCLUDE ALL ORGANIZATION PROJECTS AND PROGRAMS-NOT ONLY THOSE REQUESTING FUNDING FOR THIS CYCLE

Write N/A if an item does not apply to your organization.

STAFF	2015	2016	2017
<b>Paid staff (not including volunteer time):</b>			
<b>Full-time equivalent staff:</b>			
<b>CASH OUTFLOW</b>			
<b>Operations:</b> <i>(Expenses incurred in carrying out day-to-day activities)</i>			
<b>Programming:</b> <i>(Expenses directly related to providing programs)</i>			
<b>Capital expenditures:</b> <i>(Amount spent to acquire or improve long-term assets such as equipment or buildings)</i>			
<b>Other expenses (describe below)*:</b> <i>(Any other expenses not identified above)</i>			
<b>Total:</b>			
<b>Resort tax request:</b>			

\*Other expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_