Locals Benefit Day
2012-2013 Application

Name of Organization: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Mailing Address, City, State, Zip: _____

Type of Non-Profit: _____ EIN #: _____

Has your organization been awarded a Benefit Day since the 2007-2008 season? ____ Yes ____ No , If no, how many times have you applied? _____

Please attach a copy of your organization's IRS determination letter that has been issued or re-issued within the past 5 years, or the IRS letter from the pass-through organization and a copy of the memo of understanding between you and the pass-through organization. Please provide the names of your board of directors and their professional affiliation(s).

1. Briefly describe your organization, its mission and what it specifically does in order to benefit the local community and DMR's customers. (Additional paper may be used, if necessary.)

2. Should your organization be awarded recipient status for one of the 4 Locals Benefit Days, please define, with as much specificity as possible, how the proceeds will used, who will benefit from these funds and why this benefit will have lasting value to local families. Please describe what assurances will be provided that the funds will be used for the intended purpose and that the benefits/results will be achieved. (Additional paper may be used, if necessary.)

3. Define how your organization will help DMR market our Locals Benefit Day and maximize ticket sales leading up to and during your designated Benefit Day to maximize the total donation proceeds? How many volunteers will your organization be able to provide to promote selling tickets leading up to Benefit Day and thanking the attendees in the plaza on the designated Benefit Day? (Additional paper may be used, if necessary.)

4. In the event your organization is chosen to be the recipient of one of our 4 Locals Benefit Days, please rank the days in order of preference as it relates to your organization - with #1 being the most desired date to #4 being the least desired.

_____ December 16, 2012 _____ January 13, 2013 _____ February 10, 2013 _____ March 3, 2013

5. Please provide any additional information you feel is important to share with the committee. (Additional paper may be used, if necessary.) Please **DO NOT** attach or provide brochures, marketing materials or any pre-printed material. It will not be considered in the decision-making process.

Please direct questions and return completed form **by 4:30 PM on Wednesday, November 7, 2012** to:

Jola Schraub ▪ Benefit Day Committee ▪ 327 S. Camino del Rio ▪ Durango, CO 81303
jschraub@durangomountain.com ▪ (970) 426-7242