

# Tussey mOUntaiNBACK 50 Mile Relay and Ultramarathon

## Application for Consideration of Selection as an Event Beneficiary

*Thank you for your interest in applying to the beneficiary program of the Tussey mOUntaiNBACK. Our beneficiary selection process gives priority consideration to nonprofit, Centre County organizations and those with a short history of operation or a limited budget.*

1. Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Website address \_\_\_\_\_

2. Non-Profit Status (if non-profit, provide documentation) \_\_\_\_\_

3. Contact Person, Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

4. Year Founded \_\_\_\_\_ Mission \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Who specifically does the initiative benefit, how, and in what municipality, county or region?

\_\_\_\_\_

\_\_\_\_\_

6. Annual Budget \_\_\_\_\_

7. Please describe the source(s) and approximate number of volunteers that your organization could provide to help, in advance or on the day of the event. (No experience is necessary.)

\_\_\_\_\_

\_\_\_\_\_

8. List all significant revenue sources and amounts for the most recently completed fiscal year. Include grants, fundraising events, and other sources (attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

9. Purpose of Funds Sought, and Timeline for Use (if applicable) \_\_\_\_\_

\_\_\_\_\_

10. Name of Individual Submitting this Form (if different from Contact Person above)

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in the mOUntaiNBACK! *Please send this completed form to: [info@tusseymountainback.com](mailto:info@tusseymountainback.com) or mail to: MTB50, 103 E. Hamilton Ave., State College, PA 16801.*