

MISS AMERICA  
FIELD OPERATIONS

**2009 Local Operating Report**

Email or Mail To

**Field Operations  
(State Organization Name, Address & Email Address)**

Must be Returned by (date) with all Documentation Requested

**Local & Contact Information**

Local Organization Legal Name	
Local Organization Office Location Address	
Local Organization Office Mailing Address	
Email Address	
Website Address	
Legal Name of all Other Companies or Entities Associated with the Local Organization (i.e. Foundations, Trusts, etc.)	
Local Competition Location – 2008/2009	
Local Competition Date – 2008/2009	

**Local Board Members**

Please Fill Out Attached Board Member Contact List and Include Mailing Address, Email Address, Phone & Fax Numbers

**Board Status**

Number of Yearly Meetings #	Number of Executive Board Meetings #	Incorporated Yes <input type="checkbox"/> No <input type="checkbox"/>	Federal IRS Status	State Tax Status
Has any member been arrested and/or convicted of a criminal offense that was categorized higher than a misdemeanor offense?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? What Occurred?	

**Crown Vendor K.A. Concepts**

Do you order Official Crown from K A Concepts? Yes  No  If no, please explain:

**Number of Locals Comparison Information**

	2004/2005	2006/2007	2008/2009
Did your Local Hold a Dual in any of these years?			
Did your Local hold a Triple in any of these years?			



**Number of Contestants Comparison Information**

	2004/2005	2006/2007	2008/2009
<b>Total Number of Contestants Competing in Local</b>			
On the attached form, please list the names of your contestants			
If you held a Dual or Triple Competition, how many contestants entered more than once?			

**Local Level Scholarships Awarded Comparison Information**

	2004/2005	2006/2007	2008/2009
<b>Cash Scholarships Awarded</b>			
<b>In-Kind Scholarships Awarded</b>			
<b>Cash Scholarships Paid</b>			
<b>In-Kind Scholarships Applied to Contestant(s)</b>			
How much does your organization currently owe in Cash Scholarships?			\$
What is your organization's current Cash Scholarship balance?			\$

**CMN & Other Community Services**

Local Level	CMN	Personal Projects / Platform	Totals
Number of CMN Donations or Community Service Projects	#	#	
Estimated Number of Project Hours	#	#	
Dollar Amount Raised	\$	\$	

This area is provided for your comments on the CMN Program in your Local (successes, issues, concerns)

**Operating Revenue & Expenses Comparison Information**

	2004/2005	2006/2007	2008/2009
<b>Total Income</b>			
<b>Total Expenses</b>			
<b>Net Income</b>			

**Fundraising  
List Your Top Fundraiser(s) for 2008/2009**

Fundraiser	Net Profit
1.	\$
2.	\$

3.	\$
4.	\$
5.	\$

**Marketing**

**Please List All Sponsors Here with Dollar Amount or In-Kind Amount Donated for 2008/2009**

Sponsor	Dollar Amount Donated	In-Kind Value Amount Donated
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Submitted by: (Signed) \_\_\_\_\_ Date: \_\_\_\_\_