SWEETWATER COUNTY, WYOMING FY 2017 FUNDING REQUEST

RETURN COMPLETED FORM TO:

Dale Davis Sweetwater County Clerk 80 West Flaming Gorge Way, Suite 150 Green River WY 82935 accounting@sweet.wy.us

Due in the Clerk's office by noon on April 22, 2016 If mailing, please give enough time to reach use by the due date

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TYPE OF ORGANIZATION:		
Non-Profi	t Private	Other Explain
Public	Association	
* Additional information may be requ	nested at a later date	
Name:		
Address:		
City, State, ZIP:		
Contact Person:		
Name:		
Email Address:		
Phone Number:		
Briefly describe your organization's i	mission and structure (officers):	
Amount Requested: \$	Fiscal Year End	Year the organization was established:

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Balance Sheet as of March 31, 2016

(or attach a copy of your March 31, 2016 Balance Sheet)

Attach a separate page if more space is needed; however please use the format below:

Assets:		Liabilities		Other financial information	
Current:	Amount	Current:	Amount		Amount
				1	
ong-Term (Capital):		Long-Term:			
.orig-Terrii (Capitai).		Long-renn.			
		Net Assets:			
		Net Assets.			
				+	
otal:		Total:			
				<u> </u>	
				+	

Revenues

Attach a separate page if more space is needed; however please use the format below or attach a copy of a Revenue report from your system.

Sweetwater County Funding	Description					
Sweetwater County Funding		Actual	Original Budget	Adjusted Budget	As of	Budget
	Revenues:					
	Sweetwater County Funding					
7.17						
Total Revenues:	Total Revenues:					

Expenditures Budget

Description	T						
•	Actual	Original	Revised	Actual YTD	Budget	Budget	Budget
		Budget	Budget	As of 3/31	County Funds	Other Funds	Combined
Expenditures							
PERSONNEL SERVICES:							
Salaries and Wages							
Employer Paid Benefits							
SUPPORTIVE SERVICES:							
Communication:							
Telephone							
Postage							
Travel In-State							
Travel Out-of-State							
Training							
Supplies:							
Consumables							
Commercial Printing							
Publications							
Equipment Purchases							
Real Property Rental							
Equipment Rental							
GRANTS-IN-AID							
CONTRACTUAL SERVICES							
CAPITAL EXPENDITURE							
(Show each capital project							
individually)							
	1						
Total Expenditures:	+						
Total Expellutures.		<u> </u>					

Is your agency housed in a county owned building?	YES	NO
Is the county paying for utilities for your agency?	YES	NO NO
Is the county providing maintenance and cleaning services for your agency?	YES	□ NO
Is your agency receiving a Pass through Grant managed by the County?	YES	□ NO
Total Annual Salary for your Agency's Director:	\$	
Total Annual Benefits for your Agency's Director	\$	
Is your agency proposing any salary increases this year? If Yes, how much of an increase This represents a% Increase	YES \$	NO NO
Is your agency considering any bonuses or incentives this year? If Yes, how much?	YES \$	NO NO
Did your agency give any salary increases last year? If Yes, how much was the increase This represents a% Increase.	YES \$	NO
Did your agency give any bonuses or incentives last year? If Yes, how much?	YES \$	NO NO
Total anticipated Salary Increases due to Promotions	\$	
Total anticipated Salary Increases due to Steps or Longevity	\$	
What is the proposed cost of any capital projects, equipment or buildings?	\$	

CURRENT YEAR CASH FLOW

Cash on Bank Statements as of 3/31/201	16	(+) A	\$		
Outstanding Checks/Warrants as of 3/3	/2016	(-) B	\$		
Anticipated Revenues from 4/1/2016 - 6	5/30/2016	(+) C	\$		
Anticipated Expenditures from 4/1/2016	5 - 6/30/2016	(-) D	\$		
Anticipated Cash balance on 7/1/2016		(=) E	\$		
Out of above balance (E) how much is for	:				
Long Term R	eserves		\$		
Operating/Cas	sh flow		\$		
Days Cash on Hand as of 7/1/2016					
Days Cash on Hand = $\frac{\text{Cash}}{\text{Annual operating expenses/365}}$					
I certify under penalty of perjury that all sumbitted herewith is true and correct.	information on this	form or			
Signature and Title			Date		