



CONVERSE COUNTY

Local Government Funding Request Application

FY2021

This application is to be used to request funds (a.k.a. “Aid to Others” funding) from Converse County as authorized under W.S. §16-1-101 through 16-1-110; §35-1-613(a)(iv); and 35-1-614(a). The completion of this application does not guarantee approval of funding, nor does it guarantee that approved funds will be equal to the amount requested. The purpose of this application is to identify your Organization’s need(s) for and the purpose of funding from Converse County, and to simplify the process for the Commissioners and Clerk and staff, as well as for you as the requesting party. **Please submit one original and five (5) copies; please do not staple together.** After submission, you may be required to appear at a joint Budget Work Session before the Douglas City Council and the Converse County Commissioners to present your application and answer any additional questions that may arise. The County will make a final determination at the time the County budget is approved in July 2020. If you have additional questions regarding this application or this process, please contact Karen Rimmer at 307-358-2244. Please complete ALL questions. If a question does not apply to your Organization, please indicate as such. If you need additional space, please attach extra pages to this application and reference extra pages within that answer blank. **APPLICATION SUBMISSION DEADLINE FOR FISCAL YEAR 2021 IS APRIL 10, 2020 AT 5:00 P.M.**

APPLICANT INFORMATION:

1. Organization/Company Name:		2. Organization/Company TIN/SSN:
3. Type of Non-Profit [e.g. 501(c)(3) or (c)(6), not for profit, governmental, etc.]:		
4. Primary Phone #:	5. Primary Email:	6. Website:
7. Complete Address:		
8. Complete Mailing Address (if different from above):		
9. Authorizing Person & Title:	10. Phone # (if different from above):	11. Email (if different from above):
12. Funding Amount Requested: \$		

13. Have you attached a current Certificate of Liability Insurance Coverage for and/or for the Board of Directors, with \$1 Million/\$2 Million limits? YES ___ NO ___

If "No" to attachment and/or proper limits, please note that you will be required to provide this information prior to your application being finalized for presentation before the governing body.

14. Please list your Board of Directors (*first and last name and title for each member*):

15. Purpose of : Please be specific in explaining what you do and the benefit that you provide to the Converse County:

16. Please list the proposed use of the requested funds and provide an explanation regarding why your is in financial need:

17. Please list **all** other funding sources for your :

18. Have you attached your most recent financial statement showing total assets, liabilities, income, and expenses? YES ____ NO ____

19. Have you attached a current budget? YES ____ NO ____

20. Have you attached a proposed budget for next year? YES ____ NO ____

Please note that you will be required to provide this information prior to your application being finalized for any presentation before the governing body/bodies.

I hereby certify the above information to be true and correct to the best of my knowledge. I understand that you may deny or revoke my application if the information is false.

Signature on behalf of Applicant

Date of Application

Printed Name of Signatory

TO BE COMPLETED BY County

Date Received:	All attachments received: ____ Yes ____ No
If no, list items needed to complete application: 1. 2. 3. 4. 5. 6. 7. 8.	

CONTRACT FOR SERVICES AGREEMENT

Converse County, Wyoming

Fiscal Year 2020-2021 (FY21)

Please submit two originals of this form with your budget request. [Page 3, SCOPE OF WORK, must be completed.](#) Submit 1 original and 1 copy.

1. **Parties:** This funding agreement (hereinafter referred to as “Agreement”) is made between the Board of Commissioners of Converse County, Wyoming, 107 N 5th St., Suite 114, Douglas, WY 82633-2448 (hereafter referred to as “County”) and (hereafter referred to as “Organization”), doing business in Converse County, Wyoming, whose address is

WHEREAS, pursuant to W.S. §16-1-101 through 16-1-108; §35-1-613(a)(iv); and 35-1-614(a), the County is authorized to cooperate with nonprofit corporations, hospitals and clinics to provide human services programs for the county; and

WHEREAS, the provides support and/or services to the members of the public within Converse County, and the Commission has agreed to provide public funding as outlined within the terms and subject to the conditions set out in this Agreement.

NOW, THEREFORE, in consideration of the promises, agreement and mutual covenants made herein, it is agreed by and between the County and the Organization as follows:

2. **Purpose:** This agreement is for the purpose of obtaining resources (funds) in the amount of _____ (\$ _____) from the County and using such funds towards those services identified in **Attachment A: Scope of Work**. This form shall be submitted with the Budget Request. No funds will be disbursed until this contact is approved by the Board of County Commissioners.

3. **Term:** This agreement shall be in effect for a one-year term beginning July 1, 2020 and ending June 30, 2021.

4. **Payment:**

4.1. The County shall pay the Organization as invoiced with the last disbursement to be requested on or before June 30, 2021. At that time, there is no continuing obligation on the part of the County to provide additional funding to the Organization.

NOTE: *The County will insert the budget amounts in this paragraph after the final budget has been approved by the Commission on the 3rd Tuesday of July.*

4.2. Payment of funding is conditional upon the County continuing to have sufficient funding allocated to the Organization within its budget, and the Organization meeting all obligations as imposed under this agreement.

5. Responsibilities of Organization: Organization shall:

5.1. Use the funds solely for those services identified in ***Attachment A: Scope of Work***.

5.2. Submit to the County a copy of its annual financial compilation, review or audit when completed for the end of each fiscal year. This document must be submitted by the Organization along with the current budget funding request.

5.3. Submit invoices and any required supporting documentation on a monthly, quarterly, biannual, or yearly basis by the County's accounts payable deadline. Invoices shall be submitted by US Mail or by hand delivery to the County Clerk's Office at the address as stated herein.

5.4. Any allocation of funds not invoiced by the Organization for the current Fiscal Year and by the deadline will revert to the County's General Fund and will not be paid to the Organization.

5.5. Pay, in a timely manner, all property taxes and any other debts assessed in its name and payable to Converse County. The County may withhold any debts due and owing from the Organization's final fiscal year allocation.

6. Termination:

6.1. The Organization may terminate this agreement thirty (30) days after giving notice in writing to the County of its intent to terminate.

6.2. The County may terminate this agreement at any time for any breach thereof by Organization, or due to lack of sufficient funds in the County Treasury. Termination by either party ceases further obligation on the part of the County to make further payments under this agreement and Organization shall be required to reimburse the County for any monies paid to Organization under the terms of this agreement which have been paid in advance for services not yet rendered.

7. Miscellaneous Provisions:

7.1. The Parties hereby agree that Organization may accumulate monies and need not expend all current funds provided; however, the Organization shall not accumulate funds so as to be liable for any corporate tax.

7.2. By entering into this Agreement, the County does not waive its sovereign immunity or any other defense provided by law.

7.3. It is understood by both parties the funding provided to the Organization is budgeted through the County's General Fund account; therefore, continued financial support for the Organization after June 30, 2021 is contingent upon on an application form completed by the Organization in the County's specified format; the Organization meeting the **Scope of Work** identified in **Attachment A**; and, providing all documents and/or records as may be requested by the Board of County Commissioners from this date forward.

SIGNATURES:

Converse County

Robert G. Short, Chairman

Date

Attest: _____
Karen Rimmer, Converse County Clerk

.....
Organization

Name of Organization: _____

Signature

Date

Printed Name

Title

Attest: _____
Secretary

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email address: _____

IMPORTANT NOTICE: The following page, titled "Attachment A, Scope of Work" is **REQUIRED** in order to be considered for funding by Converse County.

ATTACHMENT "A" - SCOPE OF WORK

Instructions to Organization: Please identify and list the services that will be provided to County residents by using bullet points and providing sufficient detail for the Board of Commissioners to understand the project. It is not necessary to go into great detail. The Organization shall be required to quantify (measure) the services provided prior to being considered for future funding.

Signature

Date

Printed Name

Title

Please list those services below or attach your document with the required information: