



CONVERSE COUNTY

Local Government Funding Request Application

FY2023

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 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 2021. 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 2023 IS FRIDAY, APRIL 8, 2022, 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 citizens of Converse County:

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

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

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 Clerk

Date Received:	All attachments received: ____ Yes ____ No
If no, list items needed to complete application:	