

Revised 4/26/10

SHERIDAN COUNTY
APPLICATION FOR ONE CENT OPTIONAL TAX FUNDS

FISCAL YEARS 2011 TO 2015
(July 1, 2011 to June 30, 2015)

GENERAL INFORMATION:

NAME OF ORGANIZATION: Sheridan County Fire Board PHONE: 307-672-9162

CONTACT PERSON: Bill Biastoch ADDRESS: P.O. Box 586, Big Horn, WY 83833

AMOUNT OF FUNDS REQUESTED: \$18,000 AMOUNT APPROVED: _____

TAX STATUS: _____ FEDERAL ID NO: 83-0315851 EMAIL: bbiastoch@msn.com

DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION: To protect all life and property from fire and respond to other emergencies such as medical and accidents within the boundaries of Sheridan county. To coordinate fire prevention and fire suppression with other Fed agencies and adjacent counties in Wyoming and Montana.

DESCRIBE BOARD OF DIRECTORS SELECTION PROCESS: Elected board members of the six fire districts and a appointed County Commissioner.

NO OF BOARD MEMBERS: 7 TERM: Two- four years

LIST NAMES OF BOARD MEMBERS: 1 County Commissioner, 6 District Board (1 from each District).from Big Horn Fire District ; Clearmont Fire District; Dayton Fire District; Sheridan Area Rural Fire Protection District; Story Fire District; and Tongue River Fire District.

BRIEFLY LIST PURPOSE AND OBJECTIVES FOR REQUESTED FUNDS (Indicate if the funds are to be used for an operational subsidy or for one-time expenditures such as a project or equipment acquisition or capital improvements; indicate whether other sources are available and been applied for; indicate the reason County, rather than the City, Optional One Cent Sales tax funds are appropriate; if possible, estimate the number of citizens that will benefit):

These funds are used to provide training materials, travel expenses for training, safety equipment and radio supplies (batteries, replacement and chargers). All funds are equally distributed to the five fire districts. This amounts to \$3,000.00 per year to offset rising costs of equipment and supplies. These funds help each department replace needed supplies and provide safety training to department members.

OBLIGATIONS:

ANTICIPATED EXPENDITURES OF APPROVED FUNDS (Indicate amount per year and years for which funds are requested):

AMOUNT	DESCRIPTION
1. <u>3,000.00</u>	<u>Big Horn Fire District supplies, etc.</u>
2. <u>3,000.00</u>	<u>Clearmont Fire District supplies, etc.</u>
3. <u>3,000.00</u>	<u>Dayton Fire District supplies, etc.</u>
4. <u>3,000.00</u>	<u>Sheridan Area Rural Fire District supplies, etc.</u>
5. <u>3,000.00</u>	<u>Story Fire District supplies, etc.</u>
6. <u>3,000.00</u>	<u>Tongue River Fire District supplies, etc.</u>

GOALS AND BENEFITS TO THE SHERIDAN AREA COMMUNITY RELATING TO THE EXPENDITURES LISTED ABOVE:

1. Provides 6 districts monies to offset operational costs during the year. Extra monies provide for safety and medical items that are used on emergency response calls.
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

DESCRIBE LAST YEAR'S ACCOMPLISHMENTS AND BENEFITS ATTRIBUTED TO CURRENT ONE CENT OPTIONAL FUNDS RECEIVED (If applicable):

Provided extra operational costs for emergency responses other than fire. Thanks

PLEASE INDICATE IF YOUR ORGANIZATION IS APPLYING FOR THE CITY OF SHERIDAN OPTIONAL ONE CENT TAX FUNDS. IF SO, THE AMOUNT REQUESTED AND FOR WHAT YEAR(S) AND PURPOSE.

 No _____

****PLEASE PROVIDE A COPY OF YOUR LAST FISCAL YEAR AUDIT (Or a Balance Sheet, Profit and Loss Statement).**

****PLEASE PROVIDE A COPY OF YOUR CURRENT FISCAL YEAR BUDGET.**

****PLEASE PROVIDE A COPY OF THE LATEST IRS FORM 990 (If Applicable).**

SIGNED: _____

Title: _____

Date: _____

Please complete this application. You may provide additional information if you wish.