

**SHERIDAN COUNTY**  
**APPLICATION FOR ONE CENT OPTIONAL TAX FUNDS**

RECEIVED

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

APR 12 2010

BOARD OF COUNTY COMMISSIONERS  
SHERIDAN COUNTY WYOMING

**GENERAL INFORMATION:**

NAME OF ORGANIZATION: LAKE DESMET COUNTIES COALITION JPB PHONE: 307-674-6906  
CONTACT PERSON: AMBER IRBY ADDRESS: 133 WEST BURKITT, SHERIDAN, WY 82801  
ADMINISTRATIVE ASSISTANT  
AMOUNT OF FUNDS REQUESTED: \$ 66,287.00 AMOUNT APPROVED: \_\_\_\_\_  
TAX STATUS: Good / JPB FEDERAL ID NO: 83-0332885 EMAIL: LAKEDESMET@QWESTOFFICE.NET  
DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION: PLEASE SEE ENCLOSED  
\_\_\_\_\_  
DESCRIBE BOARD OF DIRECTORS SELECTION PROCESS: PLEASE SEE ENCLOSED  
\_\_\_\_\_  
NO OF BOARD MEMBERS: SIX TERM: 1-3 YEARS  
LIST NAMES OF BOARD MEMBERS: PLEASE SEE ENCLOSED  
\_\_\_\_\_  
\_\_\_\_\_

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):

PLEASE SEE ENCLOSED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBLIGATIONS:**

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

AMOUNT	DESCRIPTION
1. \$66,287.00	FISCAL YEAR JULY 1, 2010 - JUNE 30, 2011
2.	PLEASE SEE ENCLOSED BUDGET
3.	
4.	
5.	
6.	
7.	
8.	

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

1. PLEASE SEE ENCLOSED
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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

PLEASE SEE ENCLOSED

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.

THE APPLICATION IS FOR FUNDS AT THE COUNTY'S DISCRETION.

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**\*\*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: Camber Joby

Title: ADMINISTRATIVE ASSISTANT

Date: 4/8/10

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