

RECEIVED

SHERIDAN COUNTY
APPLICATION FOR ONE CENT OPTIONAL TAX FUNDS MAR 29 2010

BOARD OF COUNTY COMMISSIONERS
SHERIDAN COUNTY WYOMING

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

GENERAL INFORMATION:

NAME OF ORGANIZATION: Northern Wyoming Mental Health Center, Inc. PHONE: 672-8958

CONTACT PERSON: Lynne Whittington, Executive Director

ADDRESS: 909 Long Drive, Suite C, Sheridan, WY 82801

AMOUNT OF FUNDS REQUESTED \$25,000 AMOUNT APPROVED: _____

TAX STATUS: Exempt FEDERAL ID NO: 83-0199405 EMAIL: lynnewhittington@nwymhc.org

DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION: To provide high quality and affordable mental health and substance services to the individual, family and community.

DESCRIBE BOARD OF DIRECTORS SELECTION PROCESS: Northern Wyoming Mental Health Center (NWMHC) encompasses four counties, Crook, Weston, Johnson and Sheridan. Board members from each county represented select a slate of names for each regularly occurring vacancy in representation from their county. The slate is presented to the County Commissioners of that county for selection and appointment to the Board.

NO OF BOARD MEMBERS: 12 total - 3 from each county TERM: 4 years

LIST NAMES OF BOARD MEMBERS AND OFFICERS: Leonard Nack, Chair; Rex Arney, Vice Chair; George Schafer, Secretary; Nikki Ellis, Treasurer; Beth Reilly, Robin Voigt, Doris Brown, Bob Hartley, Jim Berge, Joe Stohrer, Les Engelter, and a current vacancy in Sheridan County.

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 the City, rather than the County, Optional One Cent Sales tax funds are appropriate; if possible, estimate the number of citizens to benefit):

The County One Cent Funds provide partial funding for crisis intervention mental health and substance abuse service availability. These services are provided to the individuals of our communities 24-hours per day, 365 days per year at the request of local emergency room physicians, law enforcement and/or the homeless shelter when a mental health or substance abuse consultation is required to determine appropriate treatment. In addition, these

funds assist in providing educational and outreach services to community organizations, as well as individuals and/or families in our communities.

OBLIGATIONS:

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

AMOUNT	DESCRIPTION
1. <u>\$25,000</u>	<u>The funds cover all staff costs related to 24-hour, 365 days a year availability for the services listed above.</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

GOALS AND BENEFITS TO THE CITY OF SHERIDAN RELATING TO THE EXPENDITURES LISTED ABOVE:

1. NWMHC intends to provide effective and efficient mental health and substance abuse crisis/emergency services to individuals in need to assist community agencies with appropriate care and treatment interventions.
2. These services will be provided at no cost to a population(s) with limited or no funding sources, no income and/or potentially transient in nature, thus facilitating service.
3. NWMHC provides a benefit to the County of Sheridan by attending to complex individuals requiring mental health or substance abuse service expertise. By assisting community agencies, their valuable resources of time, available manpower and personal strengths are better utilized community-wide.

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

NWMHC provided a minimum of 240 hours of Emergency Service to the County of Sheridan from July 2009 to March 2010. These services of clinical intervention and/or consultation were inclusive of, but not limited to, the Sheridan County Detention Center, serving as Allied Health Professionals to the Sheridan Memorial Hospital to assist physician patient referrals and/or Emergency Room consultations for Involuntary Hospitalizations, crisis phone calls from individuals in the community, and critical incidents involving trauma and the need for de-briefing. NWMHC has been proud to be a partner with the County of Sheridan providing excellence in clinical services to the individuals and agencies of our community.

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

Applying for \$25,000 for provision of the services listed here for Fiscal Year 2011, specifically, and extending to
Fiscal Year 2015.

****PLEASE PROVIDE A COPY OF YOUR LAST FISCAL YEAR AUDIT (Or a Balance Sheet and 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: *Kevin Whittington*

Title: *Executive Director*

Date: *March 23, 2010*