

**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 Memorial Hospital PHONE: 307-672-1014

CONTACT PERSON: Ed Johlman ADDRESS: 1401 W 5th Street

AMOUNT OF FUNDS REQUESTED: \$200,000 annually AMOUNT APPROVED: \_\_\_\_\_

TAX STATUS: Not-for-profit FEDERAL ID NO: 83-6000241 EMAIL: edjohlman@sheridanhospital.org

DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION: Acute-care hospital services

DESCRIBE BOARD OF DIRECTORS SELECTION PROCESS: Appointed by County Commissioners

NO OF BOARD MEMBERS: 7 TERM: Two 4-yr terms

LIST NAMES OF BOARD MEMBERS: Harlan Rasmussen, Dixie See, Randy Bomar, Ron Mischke, William Huppert, Gary Miller, Dr. Michael Strahan

**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):**

Supplement the costs of healthcare services provided to Sheridan County residents.

**OBLIGATIONS:**

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

AMOUNT	DESCRIPTION
1. <u>\$200,000 annually</u>	<u>Cover the costs of providing healthcare services to the uninsured, under-insured and patient bad debts.</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

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

1. SMH expended more than \$2.3M in uncompensated charity care in FY 2009. That total will be much higher in FY 2010. We also lost more than \$5.0M in bad
2. debts (those who would not pay their bills): That total will also be much
3. higher in FY 2010. Meanwhile, our operating costs continue to increase at an
4. annual rate between 5% and 8%. The total of \$7.3M lost to charity and bad debts
5. equals more than \$4.0M in unreimbursed cost that SMH has to fund from its own
6. operations. The 1¢ Optional Tax Funds will help the hospital maintain its
7. fiscal integrity.
8. \_\_\_\_\_

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

The funds received have helped SMH cover some of the costs related to uncompensated costs from charity care and bad debts. They will be used to do so in the future.

**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.**

Yes! \$200K annually for 7/1/2011 thru 6/30/2015. This will help with the cost of providing uncompensated healthcare services to Sheridan County and City of Sheridan residents.

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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:  \_\_\_\_\_

Title: CFO \_\_\_\_\_

Date: March 30, 2010 \_\_\_\_\_

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