

**SHERIDAN COUNTY**  
**APPLICATION FOR ONE CENT OPTIONAL SALES & USE TAX FUNDS**

**FISCAL YEARS 2020 TO 2023**  
**(July 1, 2019 to June 30, 2023)**

**GENERAL INFORMATION:**

**NAME OF ORGANIZATION:** RENEW (Rehabilitation Enterprises of NE WY) **PHONE:** 307-672-7481

**CONTACT PERSON:** Chris Ahlstrom **MAILING ADDRESS:** 1969 S. Sheridan Ave., Sheridan, WY 82801

**EMAIL ADDRESS:** ceo@renew-wyo.com

**AMOUNT OF FUNDS REQUESTED:** \$ 80,000 (Total amount of the 4-year period)

**TAX STATUS:** 501 C 3 Non-Profit

**DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION OR MISSION STATEMENT:**

RENEW is a private school providing residential, day services, community integration, employment and general support services to the developmentally disabled and acquired brain injury participants. Our mission is to "Advocate and Support Independence For Persons with disABILITIES".

**NO OF BOARD MEMBERS:** Seven

**NAMES OF BOARD MEMBERS:** Kelly Gooch (Chairman), Chris Schock (Vice Chairman), Daniel Duff (Treasurer), Connie Frederick (Secretary), Tobey Cass, David Harbour and Ryan Schilleman

**PROVIDE A BRIEFLY HISTORY OF YOUR ORGANIZATION IN SHERIDAN COUNTY, INCLUDING ANY SERVICES PROVIDED TO AREA RESIDENTS:**

We are a diverse community-based non-profit organization who has served the varying needs of local developmentally disabled and acquired brain injury individuals since 1972. We have seven group homes and one apartment complex for participant needs which include full residential service to supported living. In addition our service center on Sheridan Avenue provides day service, employment and administration facilities to round out all services to our participants. In the past several years, our emphasis has intensified for providing opportunities to those who we serve to intergrate into the community.

**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 if you have requested 1% funding from the City of Sheridan and/or the towns of Dayton, Ranchester and Clearmont)*

RENEW would like to thank Sheridan County for their support over the prior years. This again is an operational subsidy request. We have **not** received funding for this request from the Sheridan, Dayton, Ranchester or Clearmont. RENEW provides non-emergency medical transportation for our wheelchair bound or ambulatory

participants due to the nature of their disabilities, age or non-verbal assistance needs. We have committed two staff to meet this critical need. Our Community Liason and one of our Independent Support Advocates devote approximately 40% and 75%, respectively of their duties fulfilling these medical and transportation needs of our participants. These functions historically were handled by internal case managers however changes by the Department of Health has required RENEW to step up to meet this unfunded mandate.

**BRIEFLY DESCRIBE YOUR ORGANIZATION GOALS AND ESTIMATE THE NUMBER OF PERSON YOU SERVICE IN THE COMMUNITY:**

Once again, our mission statement truly summarizes our organizational goal to Advocate and Support Independence For Person with disABILITIES. Our participants may have a full range of needs and we are here to assist them with services they need to become more independent. Over the last 12 months we have served 63 individuals whether it be for multiple services or infrequent minor needs.

**Complete this section if your agency has previously been awarded One Cent Funding for the period of July 2015 through March 2018:**

**Amount Awarded:** Fiscal Year (FY) 15-16 \$10,000 FY 16-17 \$9,200 and 9 Months through March 2018 \$6,600

**Have all the funds been expended:** Yes

**Did you receive 1% Optional Tax Funds from the City of Sheridan or the towns of Dayton, Ranchester and Clearmont.** NO **If so what amount was awarded:** Not Applicable

**Briefly describe the impact that the previous award has had on your program, project or organizational operations. Some discussion items to cover in this section may include:**

- *Number of persons served, and demographics of persons served (income level, age, race, etc.)*  
The majority of our 63 individuals served received assistance through coordination, accompaniment and transportation to medical/dental appointments. Since participants would have multiple appointments we provided 1,764 visits to these health care providers over the last 12 months. All of our participants are low income, ages vary from 19 to 85 and race also includes Native American and Hispanic.
- *Describe the overall impact of these funds on your program, project or organization*  
These funds will greatly assist RENEW in continuing to provide medical support which results in more efficient time spent between the client and health care provider, communication assistance for non-verbal clients, greater assistance to wheel chair or ambulatory issue clients and finally a safe, controlled environment with our participants traveling with familiar staff.
- *If your agency has not yet to spent all the awarded funds, please briefly describe your plans to expend the funds by the end of the fiscal year*  
All funds have been expended for staffing and transportation costs.
- *Did your agency use One Cent funding to leverage additional funds, either through grants or other means?*  
No

SIGNED: 

Title: PRESIDENT & CEO

Date: APRIL 26, 2018

**ADDITIONAL INFORMATION REQUIRED**

1. VISIT <https://www.surveymonkey.com/r/SC1CentNonProfit> TO UPLOAD INFORMATION AND PHOTOS REGARDING YOUR ORGANIZATION.
2. PROVIDE A SUMMARY COPY OF YOUR CURRENT FISCAL YEAR BUDGET.
3. PROVIDE A SUMMARY COPY OF YOUR CURRENT FINANCIAL STATEMENT.
4. PROVIDE PAGE 1 OF YOUR MOST RECENT 990 (IF APPLICABLE)