

**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:** \_Sheridan Memorial Hospital\_      **PHONE:** 307-672-1014

**CONTACT PERSON:** Nathan Stutte      **MAILING ADDRESS:** 1401 W 5<sup>th</sup> Street

**EMAIL ADDRESS:** nathanstutte@sheridanhospital.org

**AMOUNT OF FUNDS REQUESTED:** \$160,000 (Total amount of the 4-year period)

**TAX STATUS:** County Component Unit

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

For over 100 years, Sheridan Memorial Hospital has been serving our community. Licensed for 88 beds, Sheridan Memorial Hospital is a progressive, state-of-the-art facility located along the valley of the eastern slope of the Big Horn Mountains in beautiful Sheridan, Wyoming. With sophisticated technology and services beyond what one might expect in a hospital this size, patients can take comfort in knowing they are receiving high quality care. Our patient satisfaction surveys tell us that we are providing exemplary service to our patients and their families. We are proud of our more than 600 experienced and caring employees. Over 45 physicians provide primary medical care and specialty care in more than 15 areas.

**NO OF BOARD MEMBERS:**

7

**NAMES OF BOARD MEMBERS:**

Mr. Kevin Bailey (Chairman)  
P.O. Box 6007  
Sheridan, WY 82801

Mr. David Smith (Vice Chairman)  
P.O. Drawer 5059  
50 E. Loucks, Suite #110  
Sheridan, WY 82801

Mr. J.E. (Gene) Davis (Treasurer)  
955 Pioneer Rd.  
Sheridan, WY 82801

Mrs. Shirley Coulter (Secretary)  
1884 Summit Drive  
Sheridan, WY 82801

Mr. Ron Mischke (Trustee)  
2656 Coffeen Ave.  
Sheridan, WY 82801

Mrs. Dixie See (Trustee)  
P.O. Box 665  
Sheridan, WY 82801

Dr. Timothy Scott (Trustee)  
210 Soldier Creek Road  
Sheridan, WY 82801

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

**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*)

*The requested funds will be used to support care delivered to title 25 patients.*

**BRIEFLY DESCRIBE YOUR ORGANIZATION GOALS AND ESTIMATE THE NUMBER OF PERSON YOU SERVICE IN THE COMMUNITY:** Please see information on file

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

**Amount Awarded:**

**Have all the funds been expended:**

**Did you receive 1% Optional Tax Funds from the City of Sheridan or the towns of Dayton, Ranchester and Clearmont. If so what amount was awarded:**

**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.)*
- *Describe the overall impact of these funds on your program, project or organization*
- *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*
- *Did your agency use One Cent funding to leverage additional funds, either through grants or other means?*

SIGNED: Nath Stant

Title: CFO

Date: 5-11-2018

**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)