

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: _____ **PHONE:** _____

CONTACT PERSON: _____ **MAILING ADDRESS:** _____

EMAIL ADDRESS: _____

AMOUNT OF FUNDS REQUESTED: _____ (Total amount of the 4-year period)

TAX STATUS: _____

DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION OR MISSION STATEMENT:

NO OF BOARD MEMBERS:

NAMES OF BOARD MEMBERS:

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

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, Rancheater and Clearmont)*

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

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: _____

Title: _____

Date: _____

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)