



CONVERSE COUNTY
Local Government Funding Request
Application Fiscal Year 2027

This application is to be used to request funds (a.k.a. “Aid to Others” funding) from Converse County as authorized under W.S. §16-1-101 through 16-1-110; §35-1-613(a)(iv); and 35-1-614(a). **The completion of this application does not guarantee approval of funding, nor does it guarantee that approved funds will be equal to the amount requested.** The purpose of this application is to identify your Organization’s need(s) for and the purpose of funding from Converse County, and to simplify the process for the Commissioners, Clerk, and staff, as well as for you as the requesting party.

Please submit one original and five (5) copies; please do not staple together. Be aware that requests for the City of Douglas require a separate application and approval by that governing body. Please complete ALL questions. If a question does not apply to your Organization, please indicate as such. If you need additional space, please attach extra pages to this application and reference extra pages within that number on the application. **APPLICATION SUBMISSION DEADLINE FOR FISCAL YEAR 2027 IS FRIDAY, APRIL 3, 2026, before close of business at 5:00 p.m. Late submissions may not be accepted or considered for funding during the County’s FY2027 budget cycle.**

APPLICANT INFORMATION:

1.Organization/Company Name:		2.Organization TIN/EIN/SSN:	
3. Type of Non-Profit: [e.g., 501(c)(3) or (c)(6), not for profit, governmental, etc.]			
4. Primary Phone #:	5. Primary Email:	6. Website:	
7. Complete Address:			
8. Complete Mailing Address (if different from above):			
9. Authorizing Person & Title:	10. Phone # (if different)	11. Email (If different)	
12. Funding Amount Requested: \$			
13. Please list your Board of Directors (first and last name and title for each member):			

14. If applicable, provide the names of all board members who have completed the Public Officer Training as required by the WY Department of Audit.

15. Explain the purpose of your organization. Be specific regarding services provided that benefit the citizens of Converse County.

16. List the approximate number of County residents served during the previous calendar year.

17. Identify and list what services, improvements, repairs, etc. that the requested funding will be used for. Provide sufficient detail for the Board of Commissioners to understand the use and/or project. The Organization will be required to quantify (measure) the services provided and/or project benefit prior to being considered for funding.

18. Please list **all other funding sources** for your organization and the amount allocated from each for the **current** fiscal year (FY2026).

19. Please ensure you have attached a copy of **each** of the following documents:

- a. ____ The most recent financial statement showing total assets, liabilities, income, and expenses.
- b. ____ The **current** fiscal year budget.
- c. ____ The **proposed upcoming** fiscal year budget.
- d. ____ A current Certificate of Liability Insurance Coverage for the entity and/or for the Board of Directors, with a minimum of \$1 Million/\$2 Million limits.
- e. ____ A copy of a current completed and signed W-9.
- f. ____ NEW REQUESTS ONLY: A copy of your IRS non-profit designation letter.

I hereby certify the above information to be true and correct to the best of my knowledge. I understand that you may deny or revoke my application if any of the information provided is false.

Signature on behalf of Applicant

Date of Application

Printed Name of Signatory

Title of Signatory

TO BE COMPLETED BY County Clerk

Date Received:	All attachments received: ___ Yes ___ No
If no, list items needed to complete application:	