



# General Purpose Excise Tax Annual Application

## General Information

Applications are available for download on the City of Sheridan website at [www.sheridanwy.gov](http://www.sheridanwy.gov). Contact Cecilia Good at [cgood@sheridanwy.net](mailto:cgood@sheridanwy.net) or 675-4211 if you have questions or require additional information. In addition, applicants must submit a Good Standing Certificate from the Wyoming Secretary of State. Forms can be obtained at <https://wyobiz.wyo.gov/Business/FilingSearch.aspx>.

All sections of the Application must be completed in the provided format. Only provide what is requested. Do not include brochures, promotional materials, etc.

All requested information must be completed before this Application will be considered. Incomplete applications will be returned to the applicant for completion. Applications must be submitted to the City Clerk's Office by 5 PM November 3, 2023.

If your application is approved by the Governing Body, disbursements will begin after July 1, 2024.

**Applicants must submit (1) electronic application to [cgood@sheridanwy.gov](mailto:cgood@sheridanwy.gov).**

## **Application Checklist - Submit with Application**

Completed Application Form:

Good Standing Certificate from the Wyoming Secretary of State

Completed W-9 (only for new recipient applications – existing organizations are on file)

One (1) electronic Application

# General Purpose Excise Tax Annual Application

(July 1, 2024 through June 30, 2025)

## SECTION I: Cover Sheet

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization TIN/EIN: \_\_\_\_\_ (Attach completed W-9)

Funds Requested: \$ \_\_\_\_\_

Board Members and Terms:

Name	Term Start	Term End
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certification:** I hereby certify that the information given in this General-Purpose Excise Tax Annual Application is true and correct to the best of my knowledge.

Agency Director \_\_\_\_\_  
Signature Printed Name Date

President \_\_\_\_\_  
Signature Printed Name Date

## **SECTION II: Fact Sheet - Keep responses to a single page**

### **Mission Statement and Organizational History**

Provide your organization's Mission Statement and a brief history of your organization in Sheridan County, including services provided to area residents.

## SECTION II: Fact Sheet (Continued)

### Funding Requested

Briefly explain how the funds will be used and why public funds are necessary to accomplish this goal. Include the following:

- Previous funding history (amounts requested and received; how long funds have been received)
- If the funds are for one-time or on-going expenses
- For one-time expenses, list the item(s) and the purpose or use of that/those item(s)
- For on-going expenses, list the project(s) or outcome(s)
- How your project relates to or improves the overall quality, character, or health of the community
- Identify the municipal function that will be performed with the funds
- If the funding will be used to leverage additional funding for your organization either through grants or other means

## SECTION III: Statement of Financial Position – Must use this form

### Statement of Financial Position as of September 30, 2023:

Assets:	Total
<b>Current Assets</b>	
Cash and Cash Equivalents	
Investments	
Accounts Receivable	
Prepaid Expenses	
Other	
<b>Total Current Assets</b>	

<b>Non-Current Assets</b>	
Furniture & Equipment	
Land/Building	
Accumulated Depreciation	
Other	
<b>Total Non-Current Assets</b>	
<b>Total Assets</b>	

<b>Liabilities and Net Assets:</b>	
<b>Current Liabilities</b>	
Accounts Payable	
Accrued Payroll Expenses	
Other Accrued Expenses	
Notes Payable (Current Portion)	
Other	
<b>Total Current Liabilities</b>	

<b>Non-Current Liabilities</b>	
Notes Payable (Long-term Portion)	
<b>Total Non-Current Liabilities</b>	
<b>Total Liabilities</b>	

<b>Net Assets</b>	
Temporarily Restricted	
Unrestricted	
Unrestricted (Board designated)	
<b>Total Net Assets</b>	
<b>Total Liabilities and Net Assets</b>	

## SECTION IV: Current Annual Budget - Must use this form

From \_\_\_\_\_ Through \_\_\_\_\_

Budgeted Revenue	Amount	Comments/Explanation
City of Sheridan GPET		
Sheridan County One Cent		
Federal Grants		
State Grants		
Other Grants		
Donations		
Fundraising		
Dues/Memberships		
Interest		
Other		
Other		
<b>Total Budgeted Revenue</b>		

Budgeted Expenses	Amount	Comments/Explanation
<b>Administrative Expenses</b>		
Salary, Director		
Salary, Other(s)		
Benefits		
Supplies		
Equipment		
Rent		
Utilities		
Contractual Services		
Other		
<b>Program Expenses</b>		
Salaries		
Benefits		
Supplies		
Equipment		
Lodging		
Food		
Advertising/Printing		
Other		
<b>Total Budgeted Expenses</b>		This figure must match Total Budgeted Revenue line above.

# SECTION V: Proposed Budget of Requested Funds - Must use this form

From July 1 \_\_\_\_\_ Through June 30 \_\_\_\_\_

Budgeted Expenses	Amount	Comments/Explanation
<b>Administrative Expenses</b>		
Salary & Benefits, Director		
Salary & Benefits, Other(s)		
Supplies		
Equipment		
Rent		
Utilities		
Contractual Services		
Other		
<b>Program Expenses</b>	If you have more than one program, please make a copy of this page	
Salary & Benefits		
Supplies		
Equipment		
Lodging		
Rent		
Utilities		
Food		
Advertising/Printing		
Other		
<b>Total Budgeted Expenses</b>		