

INFORMATION PACKET

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Friday, September 21, 2018



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A.C.E.S.

Accountable

Communicate

Effective & Efficient

Stewards

The Grid

A working draft of Council Meeting Agendas

September 25, 2018**Councilmembers Absent: Morgan**

Work Session Meeting Agenda Items	Recommendation	Allotted Time	Beginning Time
Recommendations = Information Only, Move Forward for Approval, Direction Requested			
Casper Area Convention & Visitors Bureau Update (Brook Kaufman)	Information Only	20 min	4:30
Casper Area Trails, Path and Bikeway Plan Update	Information Only	20 min	4:50
Summer Pool Usage Discussion	Direction Requested	20 min	5:10
Soil Compaction in Residential Areas - Draft Ordinance	Direction Requested	40 min	5:30
One Cent Projects	Direction Requested	30 min	6:10
Agenda Review		20 min	6:40
Legislative Update		10 min	7:00
Council Around the Table		20 min	7:10
Approximate Ending Time			7:30

October 2, 2018**Councilmembers Absent:**

Regular Council Meeting Agenda Items	Est. Public Hearing	Public Hearing	Ordinances	Resolutions	Minute Action
C = Item is on Consent N = Item is <u>not</u> on Consent					
Establish October 16, 2018 as the Public Hearing Date for Consideration of an Ordinance Pertaining to Soil Compaction. (tentative)		N			
Amending Casper Municipal Code Section 5.08.320 – Hours of Sale of Alcoholic Liquors or Malt Beverages, Uniform for Each Day of the Week. 1st Reading		N			
New Microbrewery Liquor License No. 5 for Gruner Brothers Brewing Corp, d/b/a Gruner Brothers Brewing, Located at 1301 Wilkins Circle.		N			
Zone Change of Lots 1-8 Inclusive, Block 1, North Burlington Addition, Located at 143, 145, 159, 169 West K Street, from R-3 (One to Four Unit Residential) to R-5 (Mixed Residential). Third Reading			N		
Hotel Guest Registration Ordinance. Second Reading			N		
One Cent Allocation				C	
Authorizing the Sole Source purchase of Three (3) Control Panel Enclosure Air Conditioning Units from Andritz Separation Inc., in the Amount of \$28,474.53, for use at the Wastewater Treatment Plant.				C	
Authorizing Outside City Water Contract with CE Swinney LLC. (Tentative)				C	
Authorizing Change Order No. 1 to the Agreement with Treto Construction, LLC, for a Time Extension				C	
Authorizing Change Order No. 1 with Wyoming Office Deliveries, Inc., for a Time Extension of 124 Days, for the Casper Events Center 2018 Seating Replacement Project.				C	
Agency Funding Agreements (Youth Crisis Center, Mercer House, etc.)				C	

The Grid

A working draft of Council Meeting Agendas

Authorizing a Contract for Outside-City Water Service with Fullspeed Service, LLC				C	
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October 9, 2018**Councilmembers Absent:**

Work Session Meeting Agenda Items	Recommendation	Allotted Time	Beginning
Recommendations = Information Only, Move Forward for Approval, Direction Requested			
		20 min	4:30
		20 min	4:50
		20 min	5:10
		20 min	5:30
Agenda Review		20 min	5:50
Legislative Update		10 min	6:10
Council Around the Table		20 min	6:20
Approximate Ending Time:			6:40

October 16, 2018**Councilmembers Absent:**

Regular Council Meeting Agenda Items					
C = Item is on Consent N = Item is <u>not</u> on Consent	Est. Public Hearing	Public Hearing	Ordinances	Resolutions	Minute Action
Establish date of Public Hearing for Consideration of an Ordinance Annexing, Platting, and Zoning as November 6, 2018. (State Office Building Annexation)	C				
Amending Casper Municipal Code Section 5.08.320 – Hours of Sale of Alcoholic Liquors or Malt Beverages, Uniform for Each Day of the Week. 2nd Reading			N		

October 23, 2018**Councilmembers Absent:**

Work Session Meeting Agenda Items	Recommendation	Allotted Time	Beginning Time
Recommendations = Information Only, Move Forward for Approval, Direction Requested			
		20 min	4:30
		20 min	4:50
		20 min	5:10

The Grid

A working draft of Council Meeting Agendas

		20 min	5:30
Agenda Review		20 min	5:50
Legislative Update		10 min	6:10
Council Around the Table		20 min	6:20
Approximate Ending Time			6:40

November 6, 2018**Councilmembers Absent:**

Regular Council Meeting Agenda Items						
C = Item is on Consent N = Item is <u>not</u> on Consent		Est. Public Hearing	Public Hearing	Ordinances	Resolutions	Minute Action

Upcoming Work Session Agenda Items

Hogadon & Golf Debrief
Casper Mountain Biathlon Club-Crushing Operations
Spay & Neuter Code Discussion - Review of Needs
Pre-Annexation & Island Annexation
City of Casper App/Citizen Engagement
Liquor Ordinance, Part II
Demerit Point Revisions (Chief McPheeters) Alcohol Demerit Structure: What is the public position? Do you want us to be proactive like we are going or are we ok with the current state?
Dog Attacks/Bites - Penalties for Impound
Downtown Parking Study Implementation
Goodstein Lot Lease (Long Term Plan)
6th Cent Funding Study
Wyoming Business Council Grant for Midwest
Property Code Revisions
Event Guide

College National Finals Rodeo

Economic Impacts and Visitor Profile

June 2018

September 2018

Prepared for

College National Finals Rodeo
Casper, Wyoming

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ACKNOWLEDGEMENTS

This study was prepared for College National Finals Rodeo. Special thanks are due to the Natrona County Travel and Tourism Council, the Casper Events Center, the National Intercollegiate Rodeo Association (NIRA), NIRA Commissioner Roger Walters; Sarah Neely, Director of Public Relations & Administration for NIRA; Kendra Ziler, Director of Marketing at the Casper Events Center, Kristina Olson, Box Office Manager at the Casper Events Center, Brad Murphy, General Manager of the Casper Events Center and Brook Kaufman, CEO of Visit Casper.

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Summary

In June 2018, College National Finals Rodeo attracted approximately 6,772 attendees, most of whom traveled from outside Natrona County. This summary highlights the characteristics of Event attendees and the economic benefits that they generate for Casper and Natrona County.

Profile of College National Finals Rodeo Attendees

- The majority of College National Finals Rodeo attendees participated in the Championship Round (82%) and/or the Friday Night Performance (79%).
- A large portion (85%) attended College National Finals Rodeo during a previous year.
- Attending College National Finals Rodeo was the primary purpose for travel to Natrona County for the vast majority of overnight (95%) and day (95%) visitors.
- Just under half (45%) of College National Finals Rodeo attendees stayed overnight while traveling.
- Among overnight visitors, the vast majority (79%) stayed in a hotel or motel; most of the remainder stayed at the Central Wyoming Fairgrounds or in private homes with friends and relatives.
- College National Finals Rodeo attendees traveled to or through a number of Wyoming communities and places including: Cheyenne, Sheridan, Rock Springs, Cody, Wheatland, and Jackson Hole.

Economic impacts of attendees who reside outside of Natrona County

- Attendees to College National Finals Rodeo spent \$1.9 million in Natrona County.
- These attendees spent approximately \$530,000 food and beverages in restaurants and bars, \$1.2 million on overnight accommodations, \$260,000 on entertainment and recreation, including ticket sales, and \$360,000 on retail purchases, including motor fuel and groceries.
- Other direct economic impacts include approximately 20 full- and part-time jobs, \$402,000 in earnings (wage and salary disbursements), \$28,000 in local tax revenue, and \$52,000 in state tax revenue.
- Total economic impacts, resulting from direct attendee spending, which include secondary impacts (also known as “multiplier effects”), resulted in approximately \$2.4 million of business activity generated for Natrona County.

1. Introduction and Overview

College National Finals Rodeo hosts the nation's top collegiate outdoor rodeo competitors and functions as a primary visitor attraction for the City of Casper, Wyoming. In June 2018, the event attracted approximately 6,772 attendees, placing it among the largest attractions in Natrona County. Cinch Style Show, Cowboy Church Service, softball and golf tournaments, a Special Olympics, pancake breakfasts, and entertainment are very popular and attract a substantial number of visitors from outside the County in addition to an audience of Natrona County residents.

Based on the results of a survey of College National Finals Rodeo attendees, conducted during June–July 2018, this report provides the economic benefits generated for Casper and Natrona County. In addition, this report describes characteristics for all attendees, including Natrona County residents.

Before proceeding it is useful to clarify a couple of terms that appear throughout this discussion:

Attendee refers to all persons who attended College National Finals Rodeo.

Visitor refers specifically to those persons who reside outside of Natrona County and attended the event.

Data Collection and Sample

An on-line survey of College National Finals Rodeo attendees was conducted in order to gather data on attendee expenditures, location of residence, and other factors for which there are no other reliable data sources.

Attendance

College National Finals Rodeo attendance totaled about 6,772 people, as shown in Table 1-1. This estimate is based on ticket sales for the two most popular events by ticket sales — Championship Round on Saturday Night and Thursday Night Performance — less the number of persons who attended both (based on College National Finals Rodeo survey). The portion attributed to overnight and day travel, as well as average length of stay and party size was also based on College National Finals Rodeo survey data.

Table 1-1
Attendees, Visitors, and Travel Party Days, June 2018

Ticket Sales:	
Thursday Night Rodeo Performance	3,803
Saturday Night Championship Round	<u>5,200</u>
Total Ticketed Sales	9,003
Less: Persons who attended both events (58%)	(2,617)
Unticketed Competitors	<u>386</u>
Total Attendees (number of persons)	<u>6,772</u>
 Overnight Travel:	
Overnight Visitors (45%)	3,047
Average Party Size (includes children)	3.9
Overnight Visitor Parties	783
Days in Casper	6.0
Overnight Visitor Party Days	<u>4,677</u>
 Day Travel:	
Day Trip Attendees (55%)	3,725
Average Party Size (includes children)	4.1
Day Trip Attendee Parties	917
Day Trip Attendee Party Days	<u>917</u>

Economic Impacts

College National Finals Rodeo attendees made a wide variety of purchases for food and beverages, lodging, recreation, transportation and retail items. The purchases made by attendees generate additional economic activity within Casper and Natrona County and help support the local businesses.

Economic benefits included in the study consist of expenditures, payroll and associated tax revenue generated by College National Finals Rodeo attendees. Spending by Natrona County residents is included because it is reflective of spending in addition to residents' regular expenditures. These detailed findings are described in the third section of this report.

2. Attendee and Visitor Profile

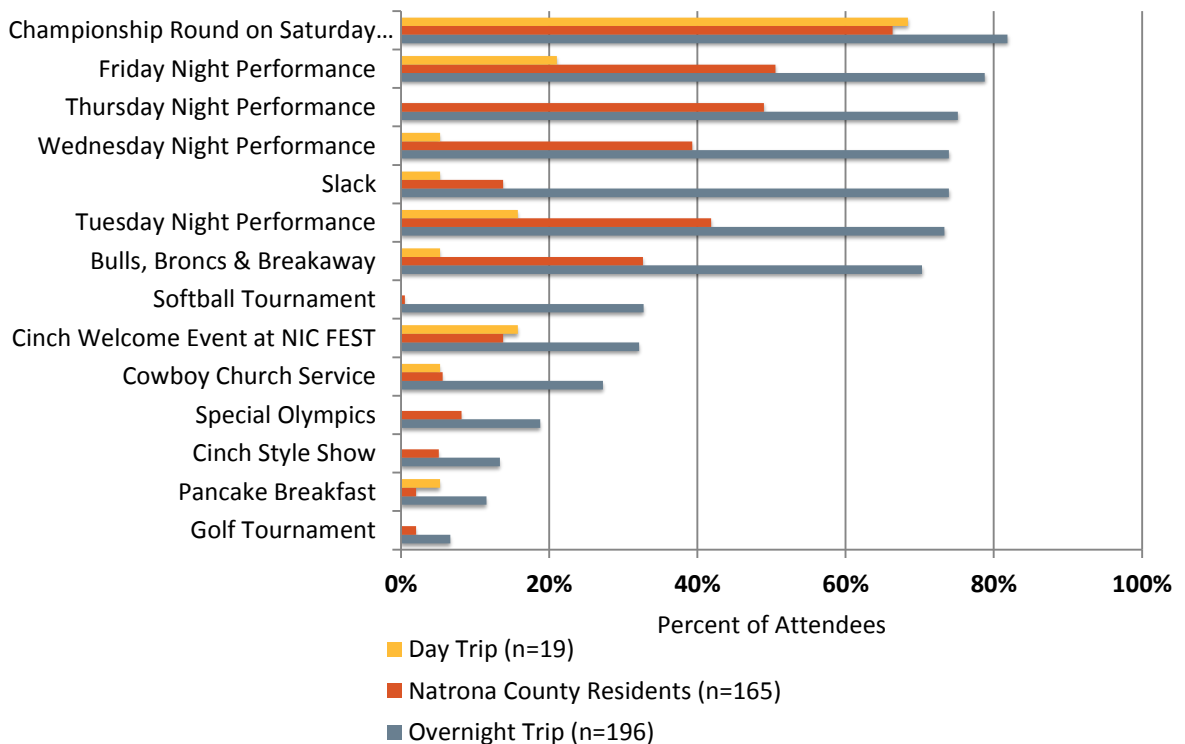
This section provides survey findings useful for planning, program development, and marketing purposes, and includes data related to:

- Activity and Event Participation
- Previous Visitation and Trip Motivation
- Overnight vs. Day Travel and Nights in Casper
- Travel Party Companions and Accommodation Type
- Visits to Attractions, Other Communities, and Places
- Trip Planning and Demographics

Activity and Event Participation

College National Finals Rodeo attendees participated in a wide variety of activities and events, including two primary ticketed events: the Saturday Night Championship Round and the Friday Night Competition. Overall attendance for College National Finals Rodeo was estimated based on the survey data collected and ticket sales for these two events.

Figure 2-1
Activity and Event Participation, June 2018

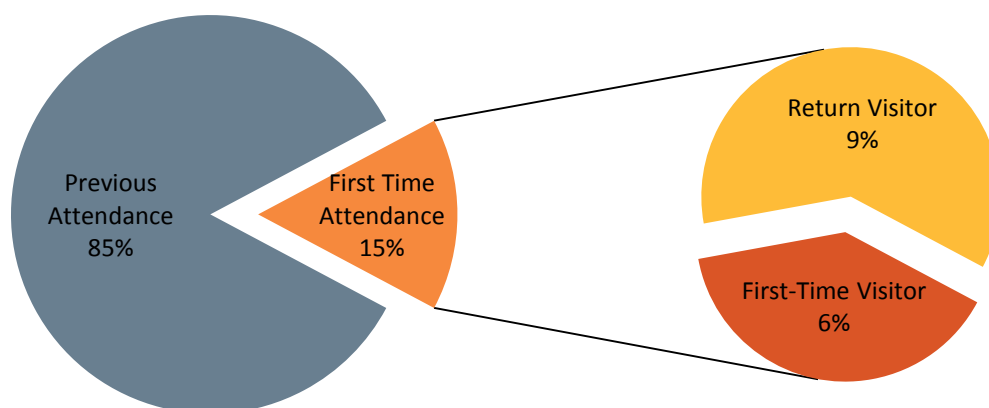


Source: Dean Runyan Associates

Previous Visitation and Origin

College National Finals Rodeo attracted a sizeable proportion of repeat attendees compared to those who attended for the first time, with more than three quarters (85%) who reported that they had attended the College National Finals Rodeo during a previous year. Among those who attended College National Finals Rodeo for the first time (15%), roughly a third were also first time visitors to the City of Casper.

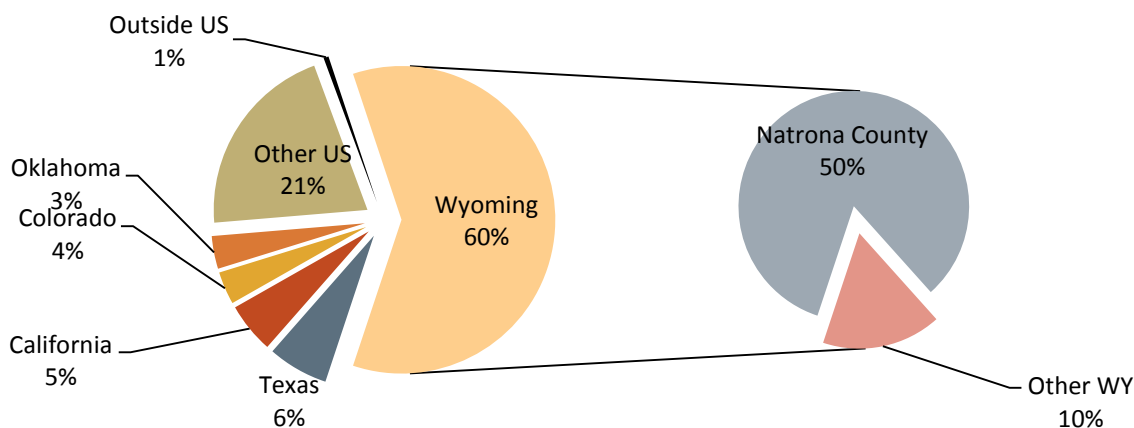
Figure 2-2
First Time Attendance, June 2018
n=391



Source: Dean Runyan Associates

Just over half of event attendees came from Wyoming, and the next largest contingents came from Texas or California. Most Wyoming residents came from Natrona County.

Figure 2-3
Origin of Attendees, June 2018
n=377

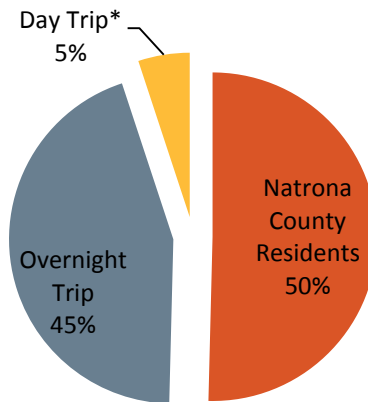


Source: Dean Runyan Associates

Trip Characteristics: Overnight vs. Day

College National Finals Rodeo attendees were slightly less likely (45%) to have stayed at least one night away from home while attending the event.

Figure 2-4
Methods of Travel, June 2018
n=375

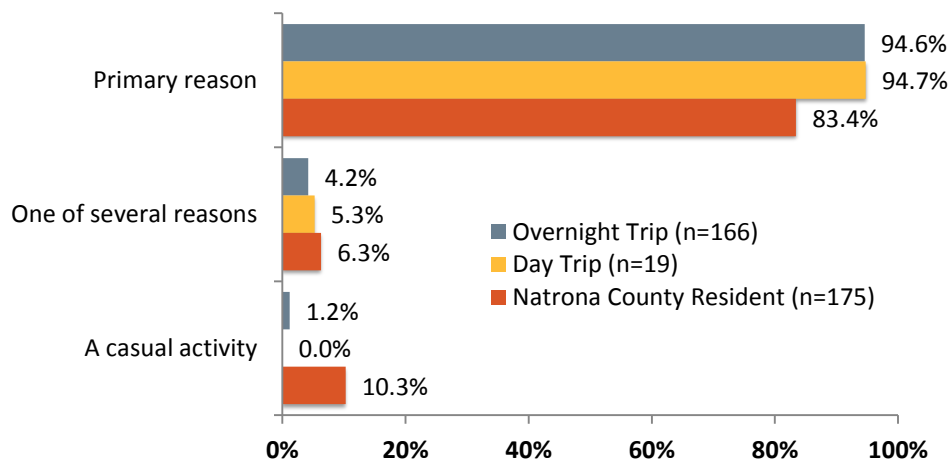


*Attendees who traveled 50 miles or more.

Source: Dean Runyan Associates

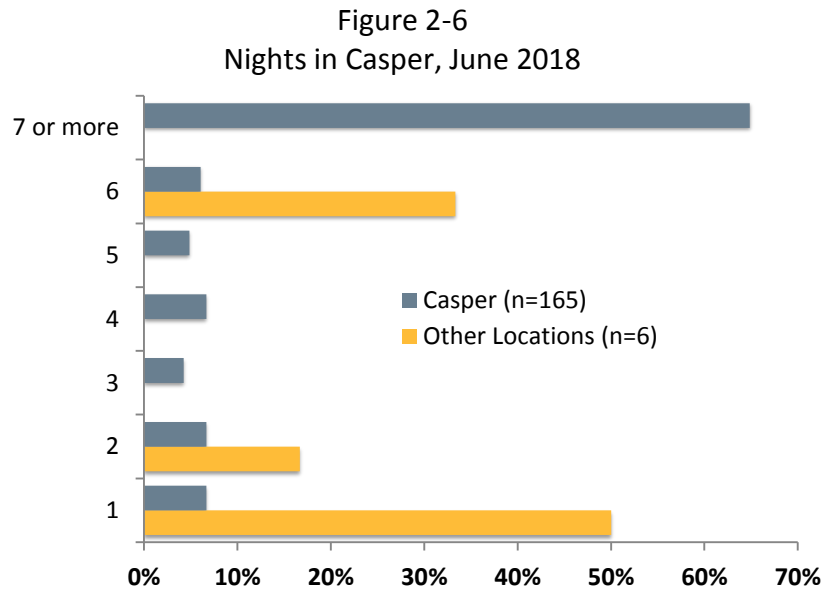
Among those who were visitors (not residents of Natrona County), College National Finals Rodeo was the primary reason for travel. Overall, a strong majority of overnight (95%) and day (95%) visitors indicated College National Finals Rodeo as the primary reason for travel.

Figure 2-5
Motivation for Travel, June 2018



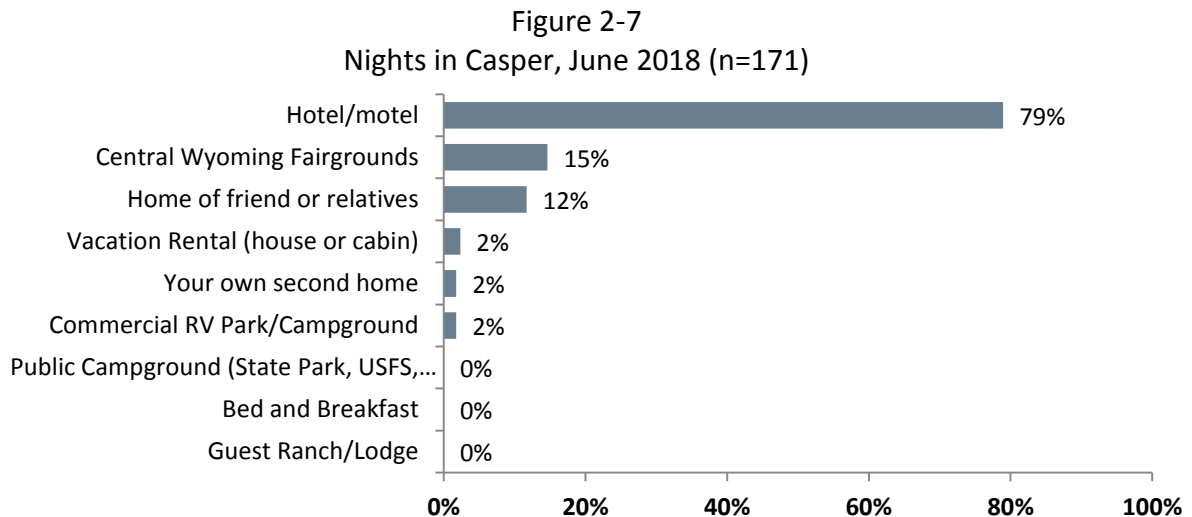
Source: Dean Runyan Associates

Among those attendees who stayed at least one night away from home, about almost all attendees (97%) spent one or more nights in Casper. The other 3% did not spend any nights in Casper, though stayed one or more nights in other locations.



Source: Dean Runyan Associates

Among event attendees who stayed overnight in Casper, a large majority (79%) spent at least one night in a hotel/motel. Most of the remainder stayed at the Central Wyoming Fairgrounds (15%) or with friends and relatives (12%).

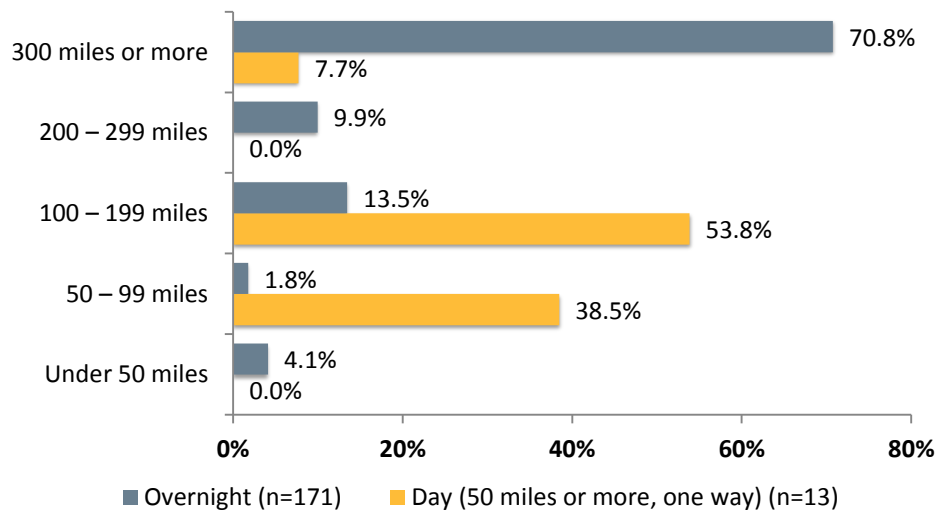


Note: Detail may total more than 100% due to multiple responses.

Source: Dean Runyan Associates

Among College National Finals Rodeo attendees who traveled for the day, most (92%) traveled from a distance of less than 200 miles from their place of residence. Among those attendees who spent one or more nights away from home, almost three quarters (71%) traveled from a distance of 300 miles or more from their place of residence.

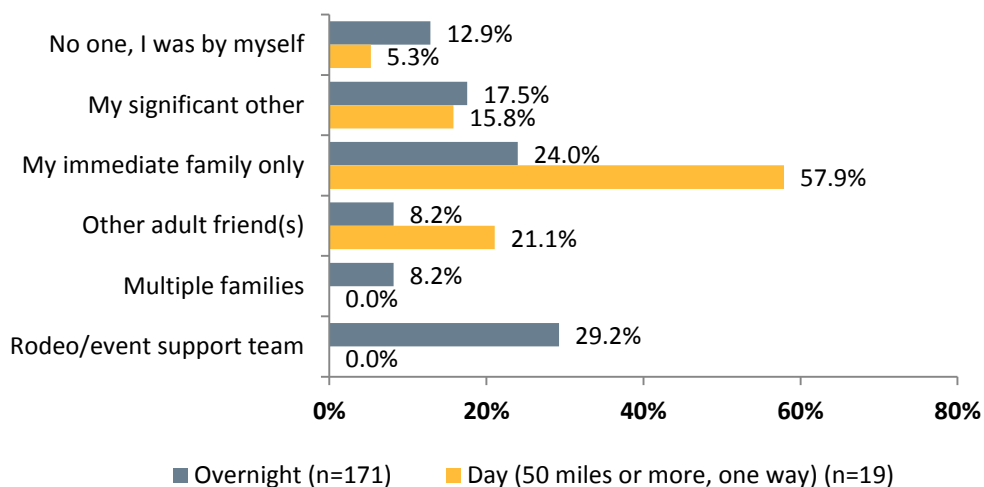
Figure 2-8
Distance Traveled for Overnight and Day Trips, June 2018



Source: Dean Runyan Associates

About two in ten (16% for day trips, 18% for overnight trips) visitors to College National Finals Rodeo attended with a spouse or significant other and nearly a quarter (24%) traveled with their immediate family. Overnight trips were mostly made with a rodeo/event support team (36%).

Figure 2-9
Travel Party Companions, June 2018

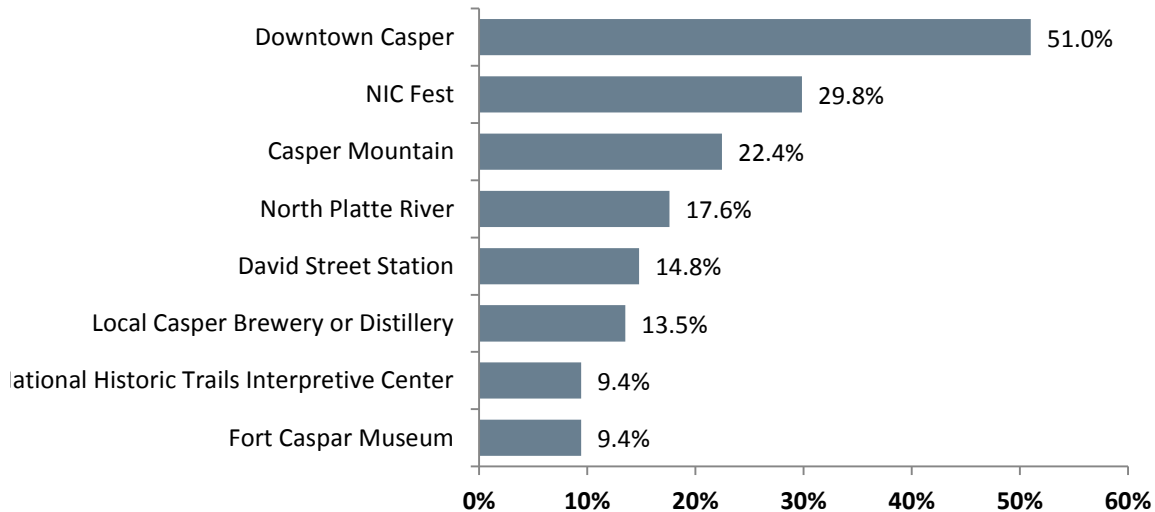


Source: Dean Runyan Associates

Visits to Attractions, Other Communities, and Places

Attendees of College National Finals Rodeo also visited other attractions and places in or near Casper, along with other communities and places throughout the state of Wyoming.

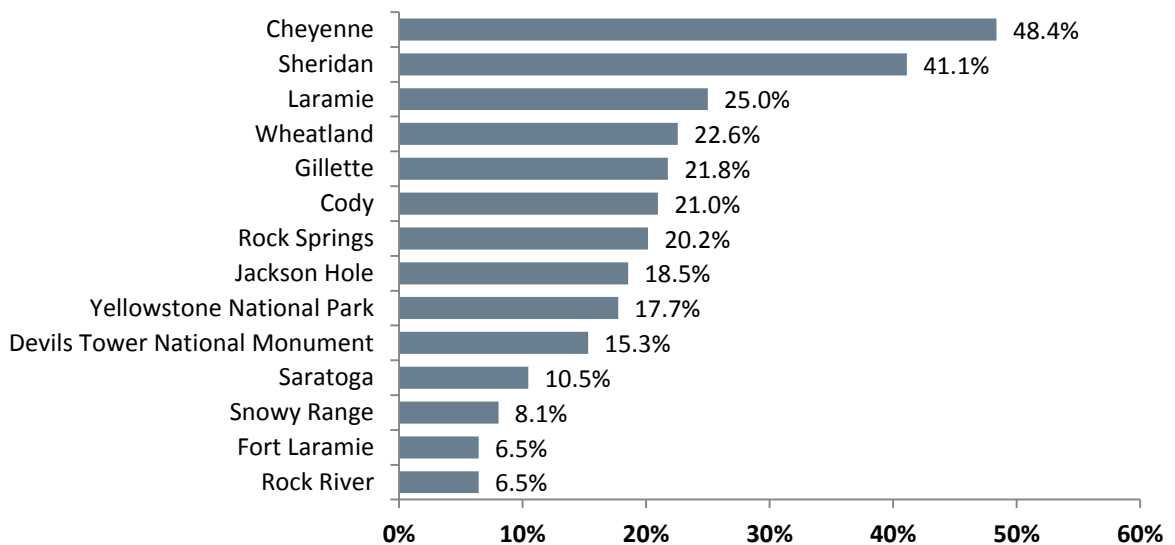
Figure 2-10
Visits to Attractions and Places in or near Casper, June 2018 (n=392)



Note: Detail may total more than 100% due to multiple responses.

Source: Dean Runyan Associates

Figure 2-11
Visits to Other Communities and Places in Wyoming, June 2018 (n=124)

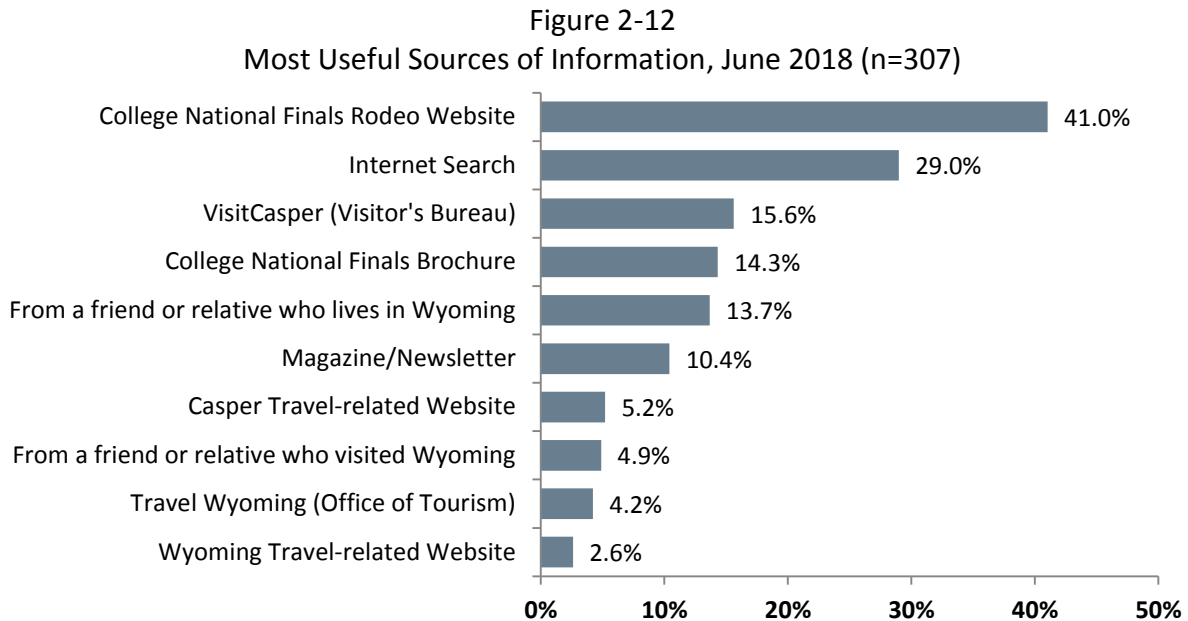


Note: Detail may total more than 100% due to multiple responses.

Source: Dean Runyan Associates

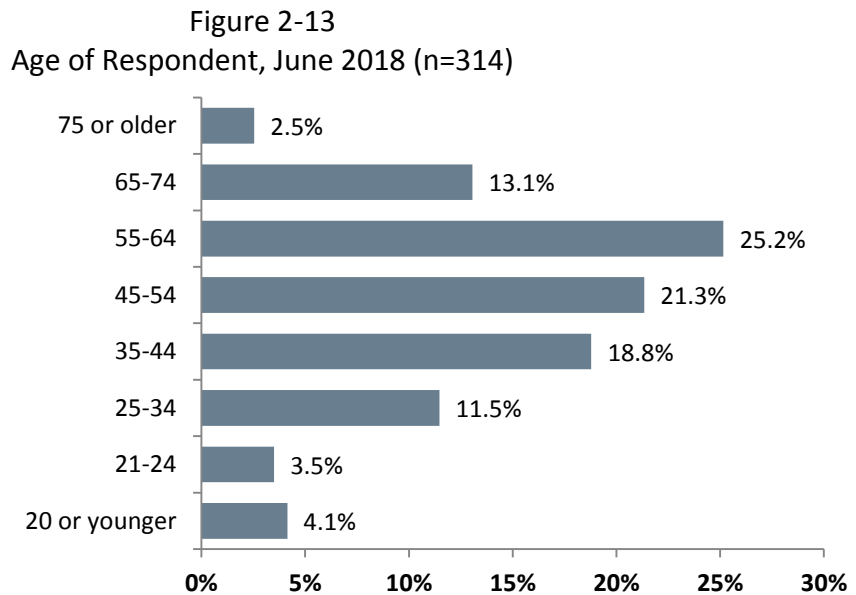
Trip Planning and Demographics

In terms of trip planning, almost half (46%) found the College National Finals Rodeo website useful. General internet searches were also common (30%).



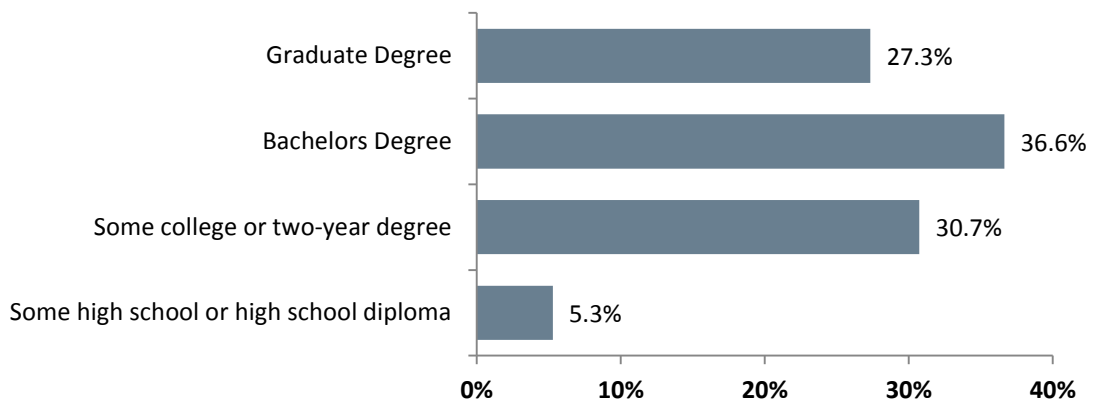
Note: Detail may total more than 100% due to multiple responses.

Source: Dean Runyan Associates



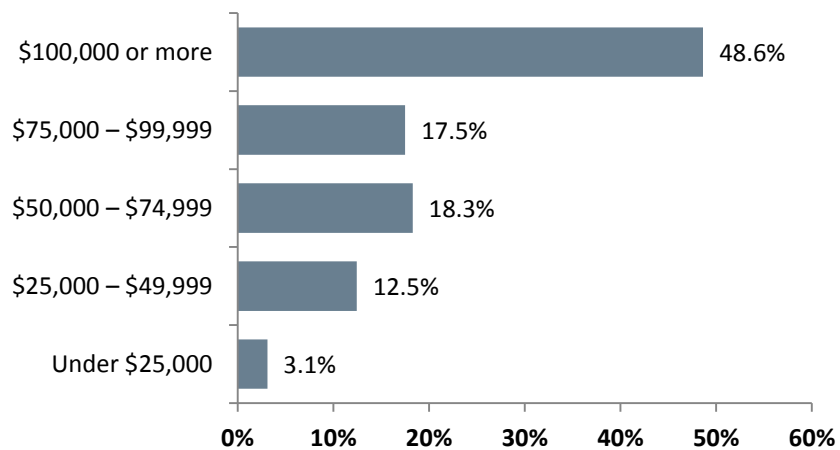
Source: Dean Runyan Associates

Figure 2-14
Education Level of Respondent, June 2018 (n=322)



Source: Dean Runyan Associates

Figure 2-15
Income Range of Respondent's Household, June 2018 (n=257)



Source: Dean Runyan Associates

3. Economic Impacts

College National Finals Rodeo generates economic benefits for Casper and Natrona County to the extent that its attractions and events draw visitors who would otherwise not travel to Casper and Natrona County. The focus of this analysis is on the expenditures made by all attendees and the associated employment, earnings, and tax receipts that they generate.

Expenditures include purchases of food, lodging, transportation, event tickets and retail items made in Casper and Natrona County. Respondents were instructed to report the expenditures made on the trip during which they attended College National Finals Rodeo.

Methodology Overview

This analysis draws on data collected from the survey of those who attended College National Finals Rodeo and on attendance data derived from ticket sales. In addition, the study makes use of other economic data on Natrona County that are available from statewide travel impact studies conducted for Wyoming Office of Tourism by Dean Runyan Associates. The primary emphasis is on expenditures, payroll and tax receipts that are directly attributable to attendees who attended College National Finals Rodeo. These expenditures represent purchases made in Natrona County while on a trip during which attendees attended College National Finals Rodeo.

Direct Economic Impacts

College National Finals Rodeo generated \$1.9 million in direct expenditures made in Casper by event attendees and their travel parties. Table 3-1 shows a breakout of attendee spending by Type of Travel Accommodation *and* Spending by Commodity. Visitors who stayed overnight in a Hotel, Motel, Lodge, or B&B accounted for \$1.2 million of total expenditures (66%). Visitors staying at the Fairgrounds spent about \$240,000, while visitors spending the night with friends and relatives (private homes) spent about \$200,000. These direct expenditures supported approximately 20 both full- and part-time jobs, which generated nearly \$400,000 in earnings (wage and salary disbursements).

State and local tax receipts generated by retail purchases, lodging, food and beverage, and gasoline purchases amounted to nearly \$81,000. Local tax receipts consist of lodging, county general purpose and option tax, and state sales taxes returned to the County (30 percent). State sales taxes include gasoline taxes attributable to travel expenditures and the state share of the state sales tax (69 percent). These state and local tax receipts are calculated based on attendee expenditure amounts discussed previously.

College National Finals Rodeo Direct Attendee Impacts, 2018

	2018
Attendee Spending by Type of Traveler Accommodation(\$)	
Hotel, Motel, B&B	1,235,000
Fairgrounds	242,000
Other	199,000
Day Travel	194,000
Spending at Destination	1,870,000
Attendee Spending by Commodity Purchased (\$)	
Accommodations	572,000
Food & Beverage Services	526,000
Food Stores	156,000
Ground Tran. & Motor Fuel	181,000
Arts, Entertainment, & Recreation (includes ticket sales)	258,000
Other Retail	177,000
Spending at Destination	1,870,000
Industry Earnings Generated by Travel Spending (\$)	
Leisure & Hospitality	140,000
Arts, Entertainment, & Recreation	90,000
Retail (includes merchandise, groceries, and gasoline)	173,000
Total Direct Earnings	402,000
Industry Employment Generated by Travel Spending (Jobs)	
Leisure & Hospitality	7
Arts, Entertainment, & Recreation	4
Retail (includes merchandise, groceries, and gasoline)	9
Total Direct Employment	20
Tax Receipts Generated by Travel Spending (\$)	
Local Tax Receipts	28,000
State Tax Receipts	52,000
Total Direct Tax Receipts	81,000

Note: State sales taxes are allocated to local government (30 percent) and the state (69 percent).

Source: Dean Runyan Associates

Secondary Impacts

College National Finals Rodeo will generate additional travel spending, in the form of business to business transactions, within Casper and Natrona County. Portions of these receipts will then be spent locally for labor and supplies. Employees of these businesses will, in turn, spend a portion of their earnings on local goods and services. This re-spending creates secondary (indirect and induced) impacts.

To summarize:

- **Direct** impacts represent the spending, employment, and earnings attributable to travel expenditures made directly by the participants of College National Finals Rodeo.
- **Secondary (Indirect)** impacts represent the employment and earnings associated with industries that supply goods and services to the direct businesses (i.e., those that receive money directly).
- **Secondary (Induced)** impacts represent the employment and earnings that result from purchases for food, housing, transportation, recreation, and other goods and services made by travel industry employees, and the employees of the indirectly affected industries.

Table 3-2 below shows how the economic impacts for College National Finals Rodeo are distributed among the primary visitor-related commodities, as well as the magnitude of secondary impacts estimated to occur within Natrona County.

Table 3-2
College National Finals Rodeo
Total Economic Impacts, 2018

	Sales (\$)	Employment (Jobs)	Earnings (\$)
Direct Impact			
Accommodations	572,000	7	140,000
Food and Beverage Services	526,000	7	128,000
Food Stores	156,000	1	15,000
Ground Tran. & Motor Fuel	181,000	0	9,000
Arts, Entertainment & Recreation	258,000	4	90,000
Other Retail	177,000	1	21,000
Total Direct Impacts	1,870,000	20	402,000
Secondary Impacts	545,000	4	117,000
Total Economic Impacts	2,415,000	24	519,000

Source: Dean Runyan Associates

Appendix A

DETAILED EXPENDITURE DATA

Table A-1
Average Daily Expenditures (\$/party/day)
By Accommodation Type and Expenditure Category
Jun-18

	Hotel/Motel/B&B	Fairgrounds	Other	Day Trip
Accommodations	\$156.9	\$16.0	\$30.6	\$52.1
Food & Beverage Services	\$117.6	\$60.2	\$24.7	\$20.1
Food Stores	\$29.7	\$35.0	\$22.2	\$19.1
Ground Tran. & Motor Fuel	\$80.7	\$39.0	\$20.2	\$89.3
Arts, Entertainment & Recreation	\$40.0	\$19.2	\$24.6	\$31.2
Other Retail	\$34.9	\$17.0	\$20.4	\$0.0
Total	\$459.8	\$186.5	\$142.7	\$211.8

***CENTRAL WYOMING REGIONAL WATER SYSTEM
JOINT POWERS BOARD***

MEETING PROCEEDINGS

August 21, 2018

A public meeting of the Central Wyoming Regional Water System Joint Powers Board (Board) was held Tuesday, August 21, 2018 at 11:30 a.m., in the Joint Powers Board Conference Room, Regional Water Treatment Plant, 1500 SW Wyoming Boulevard, Casper, WY.

Board Members Present - Chairman King, Vice-Chairman Keffer, Treasurer Lawson, and Board Members Walsh, and Waters. Secretary Powell, and Board Members Humphrey, and Johnson were absent.

City of Casper – Walsh, Andrew Beamer, Bruce Martin, Brian Schroeder, Janette Brown, Scott Baxter

Natrona County – Lawson

Salt Creek Joint Powers Board – King

Wardwell Water & Sewer District – Keffer

Pioneer Water & Sewer District – Waters

Poison Spider Improvement & Service District –

Wyoming Water Development Office -

Sandy Lakes Estates -

Lakeview Improvement & Service District -

33 Mile Road Improvement & Service District –

Mile-Hi Improvement and Service District –

Central Wyoming Groundwater Guardian Team (CWGG) –

Others — Charlie Chapin – Williams, Porter, Day & Neville, P.C.; Steve Quail, Brandon Gebhart, and Doug Haney – HDR Engineering, Inc.

The Board meeting was called to order at 11:47 a.m.

1. There were no Announcements.

2. Chairman King asked for a motion to approve the minutes from the July 17, 2018 meeting. A motion was made by Treasurer Lawson and seconded by Vice-Chairman Keffer to approve the minutes from the July 17, 2018 meeting. Motion put and carried.
3. Mr. Martin asked the Board to reference the updated voucher listing dated today and shown on the screen. Mr. Martin stated that one additional voucher was added to the listing; voucher 7901 for Arcadis U.S., Inc. in the amount of \$3,462.01 for the WTP Emergency Power Project. Mr. Martin recommended approval of the vouchers and offered to answer any questions the Board may have on the voucher listing.

Chairman King asked for a motion to approve the August 2018 vouchers. A motion was made by Vice-Chairman Keffer and seconded by Board Member Walsh to approve the August 2018 voucher list to include voucher numbers 7889 through 7901 in the amount of \$631,061.14. Motion put and carried.

4. Mr. Martin asked the Board to reference the Gallons Produced table in the agenda packet. Mr. Martin stated that production for July 2018 was 575.8 MG. Mr. Martin stated that the five year average is 648.8 MG.

Mr. Martin asked the Board to reference page 2 of the July 2018 Financial. Mr. Martin stated that Water Sales for July was \$1,059,524. Mr. Martin stated that last July, Water Sales were \$1,188,233, a difference of \$128,709.

Mr. Martin stated that Operating Expenses for July 2018 were \$201,392, compared to \$123,961 one year ago. Mr. Martin stated that the difference was due to the hauling of Actiflo sludge, timing of chemical purchases, and the increased Interdepartmental Charges.

Chairman King asked for a motion to approve the July 2018 Financial Report as presented. A motion was made by Board Member Walsh and seconded by Vice-Chairman Keffer to approve the July 2018 Financial Report as presented. Motion put and carried.

5. Chairman King turned the time over to Mr. Schroeder for the Operations Update.

Mr. Schroeder stated that the crane on site today is being used to complete the replacing of the exhaust fans.

Mr. Schroeder stated that August water production to date has been slightly above normal.

Mr. Schroeder stated that one more power outage is needed at the WTP for the completion of the Emergency Power Project. Mr. Schroeder stated that due to the demand for water, the power outage has been delayed until the end of September, or the first part of October.

Mr. Schroeder stated that a new Operator was hired and started yesterday. Mr. Schroeder

stated that he believes the new Operator will fit in nicely. Mr. Schroeder stated that the new employee was a WTP Operator in Douglas.

Mr. Schroeder stated that Mr. Conner is unable to attend the meeting today and asked him to give the Transmission System Update.

Mr. Schroeder stated that chloramine levels have been holding steady. Mr. Schroeder stated that staff usually sees nitrification in the system this time of year. Mr. Schroeder stated that nitrification is experienced in the system every year, but it will probably hit later this year.

Mr. Schroeder stated that the Distribution staff has been checking the cathodic protection on the Crosstown Pipeline, and mowing at the booster stations.

Mr. Schroeder stated that valves are being exercised on the Salt Creek waterline, and sludge has been removed from the east Actiflo lagoon.

6. There was no Public Comment.

7. In Old Business:

a. Project Updates:

i. Mr. Martin turned the time over to Mr. Scott Baxter with the City of Casper Engineering Department for an update on the Alternate Backwash Water Supply Tank Project and the Airport Elevated Water Storage Tank Project.

Mr. Baxter stated that the Alternate Backwash Water Supply Tank is operational. Mr. Baxter stated that there is a sample line not working so the Backwash Tank cannot be operated by itself, it must be in service with the 2.6 MG Tank. Mr. Baxter stated that this is one of the items on the punch list for the contractor to address.

Mr. Baxter stated that the contractor has been given two weeks to complete the punch list. Mr. Baxter stated that the final walk-through will be done at the end of the two weeks.

Mr. Baxter stated that there will possibly be a deduct change order for this project.

ii. Mr. Baxter stated that the contractor is in the process of coating the internal walls and roof of the Airport Elevated Water Storage Tank. Mr. Baxter stated that the coating will take approximately three to four weeks to complete.

Mr. Baxter stated that the finishing work on the tank will start in mid-

September. The tank should be finished and put in service by late October.

- b. There was no Other Old Business.

8. In New Business:

- a. Mr. Martin stated that the Board entered into an agreement with HDR Engineering to update the Wellhead Protection Plan and the Source Water Protection Plan combined into one document. Mr. Martin stated that Mr. Steve Quail and Mr. Brandon Gebhart are in attendance today to review the updated plan with the Board. Mr. Martin turned the time over to Mr. Quail.

Mr. Quail stated that Mr. Doug Haney is on the phone and will be presenting the Source Water Protection Plan to the Board.

Mr. Haney stated that this is the same presentation that was given to the Groundwater Guardians last week.

Mr. Haney stated that in 1986 the Safe Drinking Water Act required a Wellhead Protection Plan, which was a community based plan with education and buy-in on how to protect the groundwater.

Mr. Haney stated that in 1996 the Safe Drinking Water Act included the addition of a Source Water Protection Plan.

Mr. Haney stated that the RWS Source Water Protection Plan included all the requirements: Formation of a Steering Committee, Overview of the CWRWS Water System, Delineation of Wellhead and Source Water Protection Areas and Zones, Compile an Inventory of Known and Potential Contaminants, Susceptibility Determination of Source Water Protection Areas, Develop and Implement a Contaminant Source Management Plan, and Develop a Contingency Plan.

Mr. Haney stated that the Source Water Protection Zones are as follows:

Zone 1: Accident Prevention or Sanitary Protection Zone – Groundwater Source – 100-ft radius for each well.

Zone 2: Attenuation Zone – Groundwater Source – 2-year time of travel to each well. Surface Water Source – 1000-ft buffer zone on each side of a perennial stream for 15-miles upstream.

Zone 3: Remedial Action Zone – Groundwater Source – 5-year time of travel to each well. Surface Water Source – Entire North Platte River watershed.

Mr. Haney stated that data from previous reports and new data were used to identify potential contaminants. Mr. Haney stated that there are two types of contaminant sources: underground storage tanks, and septic systems land use for non-point source contaminants. Mr. Haney stated that the septic system area has monitoring wells that are tested.

Mr. Haney stated that the Susceptibility Determination is based on the following: Well Intake Susceptibility Rating – Well or Intake Integrity Score and Water Source Sensitivity; Sensitivity of Land Area through which Potential Contaminants reach a Well or Intake; Nature of the Potential Contaminant.

Mr. Haney stated that septic system and underground storage are the greatest risk for contamination and stated that best management practices and public participation are needed.

Mr. Haney stated that Non-Regulatory Management Strategies include public participation meetings, zoning changes, water conservation programs, training, household hazardous waste collection programs, and public education programs.

Mr. Haney stated that Regulatory Management Strategies include subdivision regulations and codes, land use agreements, site plan review, purchase of property and development rights, and inspectors at construction and drilling sites.

Mr. Haney stated that the development and implementation of accepted Best Management Practices requires buy-in from stakeholders and from entities that have the potential to impact source water quality and could include zoning and ordinance measures, physical barriers, and public education. Mr. Haney stated that the wellfield has a fence on the land side, but not on the river side.

Mr. Haney stated that the underground storage tanks will need to be monitored. He stated that there is no real trend for the prior sampling of the monitoring wells; the contamination is not increasing, but there are some nitrate spikes.

Mr. Haney stated that other potential contamination sources are underground storage tank drilling companies, and septic tanks from trailer parks.

Mr. Haney stated that Emergency Strategies are being worked on now, which include mentioning the wellhead protection zones in the annual Consumer Confidence Report.

Mr. Haney stated that some of the best management considerations include expanding the wellhead protection buffer zones, gravel pit mining regulations, storm water pollution prevention plans, and hazardous release communications.

Mr. Martin stated that when the report is finalized, it will be sent out to the Board. Mr. Quail stated that there are just a few things that need updated, but the report

will be finalized soon.

Chairman King stated that there are a lot of septic systems in the area. Mr. Quail stated that there is not a lot of contaminate migration from the septic systems as the river infiltration of the wells is diluting any contamination.

- b. Mr. Martin turned the time over to Mr. Baxter to discuss Change Order No. 2 with Landmark Structures I, LP for the Airport Elevated Water Storage Tank Project.

Mr. Baxter stated that this change order is to add six steel protective guard posts filled with concrete around the perimeter of the new tank drain splash box. Mr. Baxter stated that these bollards were an oversight of the engineer and not included in the specifications, but are necessary to prevent any vehicles or equipment from damaging the concrete structure or the metal grate covering the box. Mr. Baxter stated that the total cost for all six posts is \$4,805. Mr. Baxter stated that this change order would be paid from contingency funds, reducing the contingency amount to \$140,864.15.

Mr. Baxter stated that the WWDO has approved this change order.

Chairman King asked if the cost of the change order was based on a low bid. Mr. Baxter stated that this was a quote from a subcontractor.

A motion was made by Treasurer Lawson and seconded by Board Member Waters to approve Change Order No. 2 with Landmark Structures I, LP for the Airport Elevated Water Storage Tank Project in the amount of \$4,805. Motion put and carried.

- c. Board Member Johnson was not in attendance at the meeting and was unable to sign his annual banking letter.
 - d. There was no Other New Business.
9. In the Chairman's Report, Chairman King stated that the next regular meeting will be held on September 18, 2018.

A motion was made by Board Member Waters and seconded by Board Member Walsh to adjourn the meeting at 12:28 p.m. Motion put and carried.


Chairman


Secretary

Advocacy & Self-Sufficiency
Aspen Creek Office Building
800 Werner Court, Suite 201
Casper, Wyoming 82601
PHONE: 307-232-0124
FAX: 307-232-0145
E-Mail: cap@natronacounty-wy.gov
<http://www.capnc.org>



12th Street HCH Clinic
1514 East 12th Street, Suite 201
Casper, Wyoming 82601
PHONE: 307-235-6116
FAX: 307-235-0249
E-Mail: hch@natronacounty-wy.gov
<http://www.capnc.org/services/Clinic.html>

COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY AGENDA
Board of Directors Meeting
Wednesday, September 26, 2018
4:00 pm
800 Werner Ct., Suite 201, CAPNC Conference Room
Casper, WY 82601

- I. INTRODUCTION
- II. ELECTION OF POTENTIAL CAPNC BOARD MEMBER
 - a. Tracy Higgins
- III. MINUTES
 - a. Approval of Minutes of August 22, 2018, Board Meeting
- IV. BUSINESS
 - a. ESG Contract
 - Ratify ESG Contract 2015, 2016 and 2017 = \$148,164.07
 - Ratify CoC Expansion Grant = \$56,176.00
 - Ratify CoC Renewal Grant = \$64,766.00
 - Ratify City of Casper One Cent Grant= \$30,000.00
 - Ratify HRSA Grant=\$3,064,020.96
- V. BOARD TRAINING
 - a. Tuesday, October 23, 2018, 8-11 AM, Joey Samudio, Program Coordinator, Community Services Network of Wyoming, will lead us in the training
- VI. STRATEGIC PLAN
 - a. Wednesday, October 24, 2018, 8AM-5 PM, Regina Dodson, BSSW, CSW, Public Health Division, Rural and Frontier Health, Community Services Program Manager will be running our Strategic Planning session
- VII. FISCAL
 - a. Financials



- VIII. COMMITTEE REPORTS
 - a. Finance Committee
 - b. Personnel and Governance Committee
 - c. Program Planning and Development Committee
- IX. HCH REPORT
 - a. Monthly Numbers
- X. EXECUTIVE DIRECTOR'S REPORT
- XI. ADJOURNMENT

Next Board Meeting – Wednesday, October 24, 2018

MINUTES
Community Action Partnership of Natrona County
Board Meeting
August 22, 2018

Chairman Tyler Disburg called the board meeting to order at 4:04 pm on August 22, 2018, in the CAPNC Conference Room.

MEMBERS PRESENT: Erin O'Brien (holds proxy for Laura Kaehn)
Peggy Phillips
Tyler Disburg
Wyoma Groenenberg (holds proxy for Micki Jaramillo)

MEMBERS ABSENT: Ryan Klinger
Micki Jaramillo
Laura Kaehn

OTHERS PRESENT: Marilyn Dymond Wagner, Interim Executive Director
Janice Laird, CAP Senior Finance Coordinator
Jennifer Helmer, 12th Street Clinic Medical Director
Kristy Oster, prospective board member
Lonna Jones, prospective board member

EXECUTIVE SESSION:

The board went into executive session to vote on Kristy Oster and Lonna Jones as new board members. Wyoma Groenenberg made a motion to elect them to the board; seconded by Erin O'Brien. The motion passed unanimously. There also was a vote on the reappointment of Erin O'Brien to the board. Peggy Phillips made the motion to reappoint him; seconded by Wyoma Groenenberg. The motion passed unanimously.

MINUTES:

The minutes of the July 25, 2018, board meeting were presented. After corrections were made, Erin O'Brien made a motion that was seconded by Peggy Phillips. The motion was unanimously carried.

BUSINESS:

- The board discussed ratifying the ESG contracts for 2015, 2016 and 2017 to equal \$148,164.07.
- Members agreed to meet October 2, 1-5 p.m., to update CAP's strategic plan, and October 24 from 8 a.m. to 5 p.m. to learn how to implement ROMA (Results-Oriented Management Accountability) practices.

FISCAL REPORT: No discrepancies were found in the financial report. Erin O'Brien made a motion to approve the July 2018 Fiscal Report. It was seconded by Wyoma Groenenberg. Motion was unanimously carried.

COMMITTEE REPORTS:

Finance Committee – Noted above.

Personnel and Governance – The new CAP Client Satisfaction Survey was shown to the board. Erin O'Brien made a motion to approve the survey; seconded by Kristy Oster. Motion passed unanimously. Also see 12th Street Clinic report below.

Program Planning and Development Committee – Marilyn Dymond Wagner explained that CAPNC is working on a contract for the upcoming fundraiser scheduled May 4, 2019.

12th STREET CLINIC:

Board-clinic liaison, Wyoma Groenenberg, told the board that the clinic's number of unduplicated patients was 558 at the end of July, which is 139 more than last year at the same time. The staff is evaluating the possibility of adding walk-in clinics in the morning.

Healthcare for the Homeless Day on August 15 had between 75 and 80 attendees tour the clinic and talk with staff, according to Theresa Bush, Operations Manager.

Jennifer Helmer, Medical Director, added more information.

EXECUTIVE DIRECTOR'S REPORT:

Marilyn Dymond Wagner, Interim Executive Director, reviewed the following items:

- There were 189 CSBG services provided in July for 188 clients, including 68 children, 22 senior citizens, 38 disabled individuals and 14 homeless people.; 32 families' rents were paid.
- Furniture donated to CAP from Pathfinder Federal Credit Union is going to be sold by Friends of CAP to help fund Housing First, to which HUD was giving \$60,000 less in funding. Housing First reduced the number of apartments available by four.
- One Renewal and one extension grant were submitted to HUD. Approval will occur at September meeting.
- A staff training, followed by a day of fun, is scheduled Aug. 24

A motion to adjourn the meeting was made by Erin O'Brien; seconded by Wyoma Groenenberg. The meeting was adjourned.

Respectfully submitted,

Wyoma Groenenberg, Secretary-Treasurer

ESG Contract 2015, 2016 & 2017

\$148,164.07

**GRANT AGREEMENT BETWEEN
WYOMING DEPARTMENT OF FAMILY SERVICES
AND
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY**

1. **Parties.** The parties to this Grant Agreement (Agreement) are Wyoming Department of Family Services (Agency), whose address is: 2300 Capitol Avenue, Hathaway Building 5th Floor, Suite C, Cheyenne, Wyoming 82002; and Community Action Partnership of Natrona County (Subrecipient), whose address is: 800 Werner Court, Suite 201, Casper, Wyoming 82601.
2. **Purpose of Agreement.** The purpose of this Agreement is to set forth the terms and conditions by which the Subrecipient shall provide activities and supportive services to homeless and/or at-risk of becoming homeless individuals and families, as described in Attachment A, Statement of Work, which is attached to and incorporated into the Agreement by this reference.
3. **Term of Agreement.** This Agreement is effective when all parties have executed it (Effective Date). The term of the Agreement is from the Effective Date, or the date on which the Congressional Release of the Emergency Services Grant (ESG) funds occurs, whichever is later, through September 30, 2019.

This Agreement may be extended once by agreement of both parties in writing and subject to the required approvals. There is no right or expectation of extension and any extension will be determined at the discretion of the Agency.

4. **Payment.** The Agency agrees to pay the Subrecipient for the services described in Section 5 below and in Attachment A. Total payment under this Agreement shall not exceed one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07). Payment shall be made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. Subrecipient shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Agreement.
 - A. The source for funds for the Agreement is the U.S. Department of Housing and Urban Development (HUD), Community Planning and Development, Emergency Solutions Grant Catalog of Federal Domestic Assistance (DFDA) No. 14.231, in the amount of one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07). The Project ID for this Agreement is 17-01-ESG-CAPNC.
 - B. No payment shall be made for work performed before the Effective Date of this Agreement. Should the Subrecipient fail to perform in a manner consistent with the terms and conditions set forth in this Agreement, payment under this Agreement may be withheld until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.

C. Except as otherwise provided in this Agreement, the Subrecipient shall pay all costs and expenses, including travel, incurred by Subrecipient or on its behalf in connection with Subrecipient's performance and compliance with all of Subrecipient's obligations under this Agreement.

D. Any unexpended funds held by the Subrecipient at the end of the term of this Agreement shall be returned to the Agency no later than September 30, 2019.

5. **Responsibilities of Subrecipient.** The Subrecipient agrees to the following:

- A. **Activities and Supportive Services.** Subrecipient shall provide activities and supportive services as described in Attachment A.
- B. **Performance Reporting.** Subrecipient shall maintain required demographic data in the Homeless Management Information System (HMIS) and submit the Consolidated Annual Performance Report (CAPER) to the Agency no later than thirty (30) days following the last monthly invoice for payment.
- C. **Grant Recovery.** The Agency shall be entitled to recover from the Subrecipient any full or partial payment made under this Agreement for: 1) any payments used for purposes not authorized, or performed outside the Agreement; 2) any payments for services the Subrecipient is unable to provide; and 3) any payments for services the Subrecipient did not provide but was required to provide under the terms of this Agreement.
- D. **Matching Funds.** Subrecipient shall match the awarded amount of one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07) with an equal amount of cash or non-cash contributions to supplement the Subrecipient's ESG program. Matching contributions may be obtained from any source, including any Federal source other than ESG, as well as, state, local, and private sources. However, the following requirements apply to matching contributions from a Federal source of funds:
 - (i) The Subrecipient shall ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match ESG funds; and
 - (ii) If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements under this section.
 - (iii) Complete the Wyoming Emergency Solutions Grant Matching Funds Report (Attachment B, which is attached to and incorporated into this Agreement by this reference) monthly, within thirty (30) days following

the end of the month and month that all funds are exhausted.

- E. **Monthly Report.** Submit a monthly performance narrative and reimbursement request. Subrecipient shall use the ESG Request for Funds Invoice (Attachment C, which is attached to and incorporated into this Agreement by this reference) for reimbursement requests. The ESG Request for Funds Invoice and performance narrative shall be submitted monthly for no more than twelve (12) consecutive months beginning with the Effective Date of this Agreement. The Subrecipient shall submit an invoice within thirty (30) days following the end of the month. The Request for Funds shall provide actual expenditures in sufficient detail to ensure that payments may be made in conformance with this Agreement. Should the Subrecipient fail to submit reports to the Agency within thirty (30) days following the end of the month or otherwise fail to perform in a manner consistent with the terms and conditions set forth in the Agreement, payment under this Agreement may be withheld or delayed, until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.
- F. **Retention of Records.** Subrecipient shall maintain records, documents, and other evidence which sufficiently reflects all expenditures under this Agreement for a period of six (6) years after the termination of the Agreement. Such records shall be made available to the Agency or its designee, or the appropriate federal agency for review and audit.
- G. **Time Analysis Allocation.** Subrecipient shall conduct a time analysis allocation or any position dually-funded from other sources of funds to account for apportioned time charged against this Agreement.
- H. **Continuum of Care Designated Homeless Management Information System.** Subrecipient shall maintain at least one Service Point license or, if a Domestic Violence Provider, an HMIS compatible data base license. The sum of five hundred dollars (\$500) is provided with the grant funding for this purpose. The purchase of any additional licenses is the responsibility of the Subrecipient. The Subrecipient shall maintain data quality as specified in the Wyoming HMIS data quality policy.
- I. **Coordinated Assessment System.** The Subrecipient shall participate in all aspects of the centralized or coordinated assessment system (referred to as "coordinated entry") process with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources.
- J. **Continuum of Care Membership.** The Subrecipient shall maintain a membership in the Wyoming Homeless Collaborative Continuum of Care. The Subrecipient or a designee shall attend a minimum of one membership meeting annually. In addition, participation on a Continuum of Care committee is highly encouraged.

6. **Responsibilities of Agency.** The Agency agrees to:

- A. Pay Subrecipient in accordance with Section 4 above.
- B. The Agency shall consult with and advise the Subrecipient, as necessary, about the requirements of this Agreement.
- C. The Agency shall monitor and evaluate the Subrecipient's compliance with the conditions set forth in this Agreement.

7. **Special Provisions.**

- A. **Assumption of Risk.** The Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the Subrecipient's failure to comply with state or federal requirements. The Agency shall notify the Subrecipient of any state or federal determination of noncompliance.
- B. **Environmental Policy Acts.** Subrecipient agrees all activities under this Agreement will comply with the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, and other related provisions of federal environmental protection laws, rules or regulations.
- C. **Human Trafficking.** As required by 22 U.S.C. § 7104(g) and 2 CFR Part 175, this Agreement may be terminated without penalty if a private entity that receives funds under this Agreement:
 - (i) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
 - (ii) Procures a commercial sex act during the period of time that the award is in effect; or
 - (iii) Uses forced labor in the performance of the award or subawards under the award.
- D. **Kickbacks.** Subrecipient certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Agreement. If Subrecipient breaches or violates this warranty, Agency may, at its discretion, terminate this Agreement without liability to Agency, or deduct from the agreed upon price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.
- E. **Limitations on Lobbying Activities.** By signing this Agreement, Subrecipient

certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by Subrecipient or its subcontractors in connection with lobbying member(s) of Congress, or any federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan.

- F. **Monitoring Activities.** Agency shall have the right to monitor all activities related to this Agreement that are performed by Subrecipient or its subcontractors. This shall include, but not be limited to, the right to make site inspections at any time and with reasonable notice; to bring experts and consultants on site to examine or evaluate completed work or work in progress; to examine the books, ledgers, documents, papers, and records pertinent to this Agreement; and to observe personnel in every phase of performance of Agreement related work.
- G. **Nondiscrimination.** The Subrecipient shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, *et seq.*), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, *et seq.*, and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Agreement. Federal law requires the Subrecipient to include all relevant special provisions of this Agreement in every subcontract awarded over ten thousand dollars (\$10,000.00) so that such provisions are binding on each subcontractor.
- H. **No Finder's Fees:** No finder's fee, employment agency fee, or other such fee related to the procurement of this Agreement, shall be paid by either party.
- I. **Publicity.** Any publicity given to the project's, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Subrecipient and related to the services and work to be performed under this Agreement, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval of Agency.
- J. **Suspension and Debarment.** By signing this Agreement, Subrecipient certifies that neither it nor its principals/agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction or from receiving federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this Agreement suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), 44 CFR Part 17, or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, Subrecipient agrees to notify Agency by certified mail should it or any of its principals/agents become ineligible for payment, debarred, suspended, or voluntarily excluded from receiving federal funds during the term of this

Agreement.

- K. Administration of Federal Funds.** Subrecipient agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 C.F.R. Part 200, *et seq.*; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.
- L. Copyright License and Patent Rights.** Subrecipient acknowledges that federal grantor, the State of Wyoming, and Agency reserve a royalty-free, nonexclusive, unlimited, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal and state government purposes: (1) the copyright in any work developed under this Agreement; and (2) any rights of copyright to which Subrecipient purchases ownership using funds awarded under this Agreement. Subrecipient must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Agreement.
- M. Federal Audit Requirements.** Subrecipient agrees that if it expends an aggregate amount of seven hundred fifty thousand dollars (\$750,000.00) or more in federal funds during its fiscal year, it must undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 C.F.R. Part 200, Subpart F. If findings are made which cover any part of this Agreement, Subrecipient shall provide one (1) copy of the audit report to Agency and require the release of the audit report by its auditor be held until adjusting entries are disclosed and made to Agency's records.
- N. Non-Supplanting Certification.** Subrecipient hereby affirms that federal grant funds shall be used to supplement existing funds, and shall not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this Agreement.
- O. Program Income.** Subrecipient shall not deposit grant funds in an interest bearing account without prior approval of Agency. Any income attributable to the grant funds distributed under this Agreement must be used to increase the scope of the program or returned to Agency.

8. General Provisions.

- A. Amendments.** Any changes, modifications, revisions, or amendments to this Agreement which are mutually agreed upon by the parties to this Agreement shall be incorporated by written instrument, executed by all parties to this Agreement.

- B. Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Agreement shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The terms "hereof," "hereunder," "herein," and words of similar import, are intended to refer to this Agreement as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.
- C. Assignment Prohibited and Agreement Shall Not be Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Agreement without the prior written consent of the other party. The Subrecipient shall not use this Agreement, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.
- D. Audit and Access to Records.** The Agency and its representatives shall have access to any books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Agreement.
- E. Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation and which may be limited for any reason including, but not limited to, congressional, legislative, gubernatorial, or administrative action. If funds are not allocated and available for continued performance of the Agreement, the Agreement may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Subrecipient at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.
- F. Award of Related Contracts.** The Agency may award supplemental or successor contracts for work related to this Agreement or may award Agreements to other Subrecipient for work related to this Agreement. The Subrecipient shall cooperate fully with other contractors and the Agency in all such cases.
- G. Certificate of Good Standing.** The Subrecipient shall provide to the Agency a Certificate of Good Standing from the Wyoming Secretary of State, or other proof that Subrecipient is authorized to conduct business in the State of Wyoming, if required, before performing work under this Agreement. Subrecipient shall ensure that annual filings and corporate taxes due and owing to the Secretary of State's office are up-to-date before signing this Agreement.

- H. **Compliance with Laws.** The Subrecipient shall keep informed of and comply with all applicable federal, state, and local laws and regulations, and all federal grant requirements and executive orders in the performance of this Agreement.
- I. **Confidentiality of Information.** All documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Agreement shall be kept confidential by the Subrecipient unless written permission is granted by the Agency for its release. If and when Subrecipient receives a request for information subject to this Agreement, Subrecipient shall notify Agency within ten (10) days of such request and shall not release such information to a third party unless directed to do so by Agency.
- J. **Entirety of Agreement.** This Agreement, consisting of thirteen (13) pages; Attachment A, Statement of Work, consisting of two (2) pages; Attachment B, Housing and Urban Development, Emergency Solutions Program Final Matching Funds Report, consisting of four (4) pages; and Attachment C, ESG Request for Funds Invoice, consisting of two (2) pages, represent the entire and integrated Agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this Agreement and the language of any attachment or document incorporated by reference, the language of this Agreement shall control.
- K. **Ethics.** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, *et seq.*) and any and all ethical standards governing Subrecipient's profession.
- L. **Extensions.** Nothing in this Agreement shall be interpreted or deemed to create an expectation that this Agreement will be extended beyond the term described herein.
- M. **Force Majeure.** Neither party shall be liable for failure to perform under this Agreement if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays.
- N. **Indemnification.** The Contractor shall release, indemnify, and hold harmless the State, the Agency, and their officers, agents, and employees from any and all claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's failure to perform any of Contractor's duties and obligations hereunder or in connection with the negligent performance of

Contractor's duties or obligations, including, but not limited to, any claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's negligence or other tortious conduct.

- O. **Independent Contractor.** The Subrecipient shall function as an independent contractor for the purposes of this Agreement and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Agreement, the Subrecipient shall be free from control or direction over the details of the performance of services under this Agreement. The Subrecipient shall assume sole responsibility for any debts or liabilities that may be incurred by the Subrecipient in fulfilling the terms of this Agreement and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Agreement. Nothing in this Agreement shall be interpreted as authorizing the Subrecipient or its agents or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on the behalf of the State of Wyoming or the Agency. The Subrecipient agrees that no health or hospitalization benefits, workers' compensation, unemployment insurance, or similar benefits available to State of Wyoming employees will inure to the benefit of the Subrecipient or the Subrecipient's agents or employees as a result of this Agreement.
- P. **Notices.** All notices arising out of, or from, the provisions of this Agreement shall be in writing either by regular mail or delivery in person at the addresses provided under this Agreement.
- Q. **Ownership and Destruction of Documents and Information.** Agency owns all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Agreement. Upon termination of services, for any reason, Subrecipient agrees to return all such original and derivative information/documents to the Agency in a useable format. In the case of electronic transmission, such transmission shall be secured. The return of information by any other means shall be by a parcel service that utilizes tracking numbers. Upon Agency's verified receipt of such information, Subrecipient agrees to physically and electronically destroy any residual Agency-owned data, regardless of format, and any other storage media or areas containing such information. Subrecipient agrees to provide written notice to Agency confirming the destruction of any such residual Agency-owned data.
- R. **Patent or Copyright Protection.** The Subrecipient recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license, or other similar restrictions, and warrants that no work performed by the Subrecipient or its subcontractors will violate any such restriction. The Subrecipient shall defend and indemnify the Subrecipient for any infringement or alleged infringement of such patent, trademark, copyright, license, or other restrictions.

- S. **Prior Approval.** This Agreement shall not be binding upon either party, no services shall be performed, and the Wyoming State Auditor shall not draw warrants for payment, until this Agreement has been fully executed, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming, or his designee, if required by Wyo. Stat. § 9-2-1016(b)(iv).
- T. **Insurance Requirements.**
- (i) During the term of this Agreement, the Subrecipient shall obtain and maintain, and ensure that each subcontractor obtains and maintains, each type of insurance coverage specified in Insurance Coverage, below.
 - (ii) All policies shall be primary over any insurance or self-insurance program carried by the Subrecipient or the State of Wyoming. All policies shall include clauses stating that each insurance carrier shall waive all rights of recovery under subrogation or otherwise against Subrecipient or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.
 - (iii) The Subrecipient shall provide Certificates of Insurance to the Agency verifying each type of coverage required herein. If the policy is a "claims made" policy instead of an "occurrence" policy, the information provided shall include, but is not limited to, retroactive dates and extended reporting periods or tails.
 - (iv) All policies shall be endorsed to provide at least thirty (30) days advance written notice of cancellation to the Agency. A copy of the policy endorsement shall be provided with the Certificate of Insurance.
 - (v) In case of a breach of any provision relating to Insurance Requirements or Insurance Coverage, the Agency may, at the Agency's option, obtain and maintain, at the expense of the Subrecipient, such insurance in the name of the Subrecipient, or subcontractor, as the Agency may deem proper and may deduct the cost of obtaining and maintaining such insurance from any sums which may be due or become due to the Subrecipient under this Agreement.
 - (vi) All policies required by this Agreement shall be issued by an insurance company with an A.M. Best rating of A- VIII or better.
 - (vii) The Agency reserves the right to reject any policy issued by an insurance company that does not meet these requirements.
- U. **Insurance Coverage.** The Subrecipient shall obtain and maintain the following insurance in accordance with the Insurance Requirements set forth above:

- (i) Commercial General Liability Insurance. Commercial general liability insurance (CGL) coverage, occurrence form, covering liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury, with minimum limits as follows:

- (a) \$1,000,000.00 each occurrence;
- (b) \$1,000,000.00 personal injury and advertising injury;
- (c) \$2,000,000.00 general aggregate; and
- (d) \$2,000,000.00 products and completed operations.

The CGL policy shall include coverage for Explosion, Collapse and Underground property damage. This coverage may not be excluded by endorsement.

- (ii) Workers' Compensation and Employer's Liability Insurance. Employees hired in Wyoming to perform work under this Agreement shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program, if statutorily required. Employees brought into Wyoming from Subrecipient's home state to perform work under this Agreement shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program or other state or private workers' compensation insurance approved by the Wyoming Department of Workforce Services, if statutorily required.

The Subrecipient shall provide the Agency with a Certificate of Good Standing or other proof of workers' compensation coverage for all of its employees who are to perform work under this Agreement, if such coverage is required by law. If workers' compensation coverage is obtained by Subrecipient through the Wyoming Department of Workforce Services' workers' compensation program, Subrecipient shall also obtain Employer's Liability "Stop Gap" coverage through an endorsement to the CGL policy required by this Agreement, with minimum limits as follows:

- (a) Bodily Injury by Accident: \$1,000,000.00 each accident;
- (b) Bodily Injury by Disease: \$1,000,000.00 each employee; and
- (c) Bodily Injury by Disease: \$1,000,000.00 policy limit.

- (iii) Unemployment Insurance. The Subrecipient shall be duly registered with the Department of Workforce Services and obtain such unemployment insurance coverage as required. The Subrecipient shall supply Agency with a Certificate of Good Standing or other proof of unemployment insurance coverage.

- (iv) Automobile Liability Insurance. Automobile liability insurance covering any auto (including owned, hired, and non-owned) with minimum limits of \$1,000,000.00 each accident combined single limit.

- V. **Severability.** Should any portion of this Agreement be judicially determined to be illegal or unenforceable, the remainder of the Agreement shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.
- W. **Sovereign Immunity and Limitations.** Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.
- X. **Taxes.** The Subrecipient shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and social security taxes, workers' compensation, unemployment insurance, and sales taxes.
- Y. **Termination of Agreement.** This Agreement may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Agreement may be terminated by the Agency immediately for cause if the Subrecipient fails to perform in accordance with the terms of this Agreement
- Z. **Third-Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties, and obligations contained in this Agreement shall operate only between the parties to this Agreement and shall inure solely to the benefit of the parties to this Agreement. The provisions of this Agreement are intended only to assist the parties in determining and performing their obligations under this Agreement.
- AA. **Time is of the Essence.** Time is of the essence in all provisions of this Agreement.
- BB. **Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Agreement.
- CC. **Waiver.** The waiver of any breach of any term or condition in this Agreement shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.

DD. Counterparts. This Agreement may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same Agreement. Delivery by the Subrecipient of an originally signed counterpart of this Agreement by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

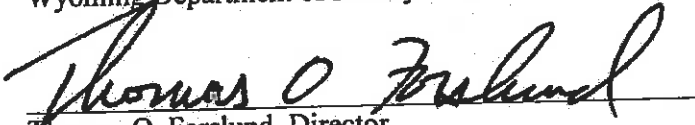
THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

9. **Signatures.** The parties to this Agreement, either personally or through their duly authorized representatives, have executed this Agreement on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement.

The Effective Date of this Agreement is the date of the signature last affixed to this page.

AGENCY:

Wyoming Department of Family Services


Thomas O. Forslund, Director

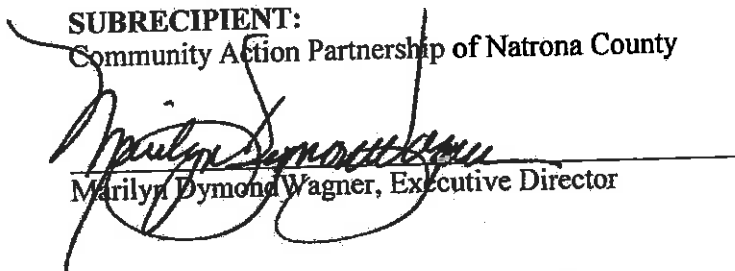
6/29/18
Date


Karin A. Schmidt, Interim Senior Administrator

6/29/18
Date

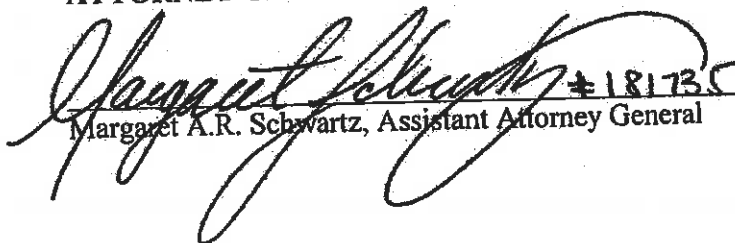
SUBRECIPIENT:

Community Action Partnership of Natrona County


Marilyn Dymond Wagner, Executive Director

June 22, 2018
Date

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM


Margaret A.R. Schwartz, Assistant Attorney General

June 15, 2018
Date

Statement of Work General Description

This document is intended as a Statement of Work (SOW) to identify and describe eligible services for the Emergency Solutions Grant (ESG). The goal of the funding is to provide assistance to individuals and families experiencing a housing crisis and/or homelessness and help them quickly regain stability in permanent housing.

Eligible Activities and Supportive Services

The following table shows specific tasks, eligible activities and supportive services, estimated number of unduplicated clients to be served during the term of the Contract, amount of funding allocated for each task, and the last date services can be rendered.

Emergency Solutions Grant (ESG)				
Task	Eligible Activities and Supportive Services as described in Subtitle 8 of Title IV of the Stewart B. McKinney Homeless Assistance Act (U.S. Code: 42 USC 11371-11378 as amended by the Hearth Act.	Estimated # of Unduplicated Clients	Allocated Funding Amount	Last Date Services can be rendered
1	Street Outreach		\$27,235.37	9/30/2019
	Street Outreach = Essential Supportive Services provided to individuals and families who are literally homeless. These services will be provided to persons on the streets, in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Eligible Activities include engagement, case management, emergency health services, emergency mental health services, transportation, and services to special populations. Staff salaries related to carrying out Street Outreach activities are also eligible costs.			
2	Emergency Shelter		\$24,312.00	9/30/2019
	Emergency Shelter = Essential Supportive Services provided to individual and families who are literally homeless. These services will be provided to persons in emergency shelters, for renovating buildings to be used as emergency shelters, and operating emergency shelters. Eligible Activities for persons in an emergency shelter include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills, mental health services, substance abuse treatment services, transportation, and services for special populations. Eligible Activities for rehabilitation and renovation of buildings to be used for emergency shelter include labor; materials; tools; other costs for renovation, including soft costs; major rehabilitation of an emergency shelter; and conversion of a building into an emergency shelter. Eligible Activities for shelter operations includes maintenance, rent, security, fuel, insurance, utilities, food, furnishings, equipment, and supplies necessary for the operation of the shelter, and hotel or motel vouchers for individuals or families when no appropriate emergency shelter is available. Staff salaries related to carrying out Emergency Shelter activities are also eligible costs.			

Attachment A

Contract between Department of Family Services

and Community Action Partnership Natrona County

3	Homeless Prevention		\$33,797.00	9/30/2019
	<p>Homelessness Prevention = Supportive Services provided to individuals and families who are at imminent risk of homelessness, homeless under other federal statutes, or fleeing or attempting to flee domestic violence and have an income at, or below, 30% of the Area Median Income to prevent them from becoming homeless in a shelter or an unsheltered situation and to help such persons regain stability in their current housing or other permanent housing. Eligible Activities for Homelessness Prevention and Rapid Re-Housing include short- (up to 3 months) and medium-term (4-24 months) rental assistance and housing relocation and stabilization services. Financial assistance includes moving costs, rental application fees, security deposits, last months rent, utility deposits, and utility payments. Services include housing search and placement, housing stability case management, mediation, legal services, and credit repair. Staff salaries related to carrying out Homelessness Prevention and Rapid Re-Housing activities are also eligible costs.</p>			
4	Rapid Rehousing		\$58,819.70	9/30/17
	<p>Rapid Re-Housing = Supportive Services provided to individuals and families who are literally homeless living on the streets or in an emergency shelter to transition as quickly as possible to permanent housing, and then, to help such persons achieve stability in that housing. Eligible Activities for Homelessness Prevention and Rapid Re-Housing include short- (up to 3 months) and medium-term (4-24 months) rental assistance and housing relocation and stabilization services. Financial assistance includes moving costs, rental application fees, security deposits, last months rent, utility deposits, and utility payments. Services include housing search and placement, housing stability case management, mediation, legal services, and credit repair. Staff salaries related to carrying out Homelessness Prevention and Rapid Re-Housing activities are also eligible costs.</p>			
5	Administration & HMIS		\$4,000.00	9/30/2019
	<p>Administration costs related to the planning and execution of the Emergency Solutions Grant activities. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention, and rapid re-housing activities, as those costs are eligible as part of those activities.</p>			

Attachment A

Contract between Department of Family Services
and Community Action Partnership Natrona County

**HOUSING AND URBAN DEVELOPMENT (HUD)
EMERGENCY SOLUTIONS PROGRAM (ESG)
FINAL MATCHING FUNDS REPORT
DUE THIRTY (30) DAYS FROM END DATE OF CONTRACT**

AGENCY:		CONTRACT #:	
----------------	--	--------------------	--

Reference: Federal Register Vol. 76 No. 233 dated 5 Dec 2011

Matching Requirement: The recipient must make matching contributions to supplement the recipient's ESG program in an amount that equals the amount of ESG funds provided by HUD. If the recipient is a State, the first \$100,000 of the fiscal year grant is not required to be matched. Matching contributions may be obtained from any source, including any Federal source other than the ESG program, as well as state, local, and private sources. However, the following requirements apply to matching contributions from a Federal source of funds: (1) The recipient must ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match Emergency Solutions Grant (ESG) funds. (2) If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements under this section.

Eligible types of matching contributions: The matching requirement may be met by one or both of the following:
(1) **Cash contributions.** Cash expended for allowable costs, as defined in OMB Circulars A-87 (2 CFR part 225) and A-122 (2 CFR part 230), of the recipient or subrecipient.

(2) **Noncash contributions (in-kind).** The value of any real property, equipment, goods, or services contributed to the recipient's or subrecipients ESG program, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been allowable. Noncash contributions may also include the purchase value of any donated building.

Calculating the amount of noncash contributions: To determine the value of any donated material or building, or of any lease, the recipient must use a method reasonably calculated to establish the fair market value. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. Some noncash contributions are real property, equipment, goods, or services that, if the recipient or subrecipient had to pay for them with grant funds, the payments would have been indirect costs. Matching credit for these contributions must be given only if the recipient or subrecipient has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or programs the value of those contributions.

Costs paid by program income. Costs paid by program income shall count toward meeting the recipient's matching requirements, provided the costs are eligible ESG costs that supplement the recipient's ESG program.

Recordkeeping: The recipient must keep records of the source and use of contributions made to satisfy the matching requirement in § 576.201. The records must indicate the particular fiscal year grant for which each matching contribution is counted. The records must show how the value placed on third-party, noncash contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

*****Matching is on a statewide basis; document as much match as possible.*****

Eligible Activity - Street Outreach: Unsheltered individuals and families, meaning those who qualify under paragraph (1)(i) of the definition of "homeless". Essential services to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Shelters: Essential services to persons in emergency shelters, renovating buildings to be used as emergency shelters, and operating emergency shelters. Staff salaries related to carrying out shelter activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____

- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Homeless Prevention: Individuals and families who are at imminent risk, or at risk, of homelessness, meaning those who qualify under paragraph (2) and (3) of the homeless definition or those who qualify as at risk of homelessness. Individuals and families must have an income at, or below, 30% of AMI. Eligible activities are short-and medium-term rental assistance and housing relocation and stabilization services. Staff salaries related to carrying out homeless prevention activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Rapid Re-Housing: To help homeless persons living on the streets or in an emergency shelter transition as quickly as possible into permanent housing, and then, to help such persons achieve stability in that housing. Assist literally homeless individuals and families (currently living in an emergency shelter or place not meant for human habitation. Staff salaries related to carrying out rapid re-housing activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____

- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity: - Administration: Costs of overall program management, coordination, monitoring, and evaluation. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention and rapid re-housing activities as those costs are eligible as part of those activities.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Total ESG funds spent to date: \$ _____ Total match spent to date: \$ _____

I certify that the information contained on this report is true and accurate to the best of my knowledge. Documentation is on file at this agency regarding the amount of expenditures and nature of the reported expended matching funds. This documentation can be presented upon request.

Agency signature: _____ Date: _____

ESG REQUEST FOR FUNDS INVOICE
Department of Family Services

Rev. 9-2017

Sub-recipient	Request Number	Amount Requested SO - 0.00 ES - 0.00 HP - 0.00 RR - 0.00 Admin - 0.00 HMIS - 0.00 Total - 0.00													
Prepared by	Phone Number														
Is this a Final Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Request														
	Grant Begin Date	Grant End Date													
FUND STATUS REPORT	A	B													
1. Grant Amount															
2. Funds Received to Date															
3. Funds Requested, But Not Yet Received															
4. Amount of this Request															
5. Total Funds Request To Date (add lines 2, 3, 4)															
6. Funds Available for Request (line 1 less line 5)															
7. Amount Requested: (Enter below the use of the requested ESG project funds as identified on your Statement of Work)															
SO – Street Outreach		HP – Homeless Prevention	Administration												
ES – Emergency Shelter		HP – Relocation & Stabilization	HMIS												
ES – Operations		HP – Rental Assistance													
ES – Essential Services		RR – Rapid Re-housing													
ES – Renovation		RR – Relocation & Stabilization													
		RR – Rental Assistance	Total (must = line 4 above)												
APPROVAL BY DFS		CERTIFICATION													
DFS Authorized Signature	Date	To the best of my knowledge, the data on this form are correct and all disbursements were made in accordance with grant conditions. Signature													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">THIS SECTION FOR DFS USE</td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> <tr> <td>Release of Funds</td> <td></td> <td></td> </tr> <tr> <td>Special Conditions Released</td> <td></td> <td></td> </tr> <tr> <td>Authorized Signature</td> <td></td> <td></td> </tr> </table>				THIS SECTION FOR DFS USE	Yes	No	Release of Funds			Special Conditions Released			Authorized Signature		
THIS SECTION FOR DFS USE	Yes	No													
Release of Funds															
Special Conditions Released															
Authorized Signature															

Attachment C

Agreement between Department of Family Services

and Community Action Partnership of Natrona County

INSTRUCTIONS FOR COMPLETING "REQUEST FOR FUNDS INVOICE"

Please do not write in any shaded areas.

SUB-RECIPIENT – Same as "Contractor" as shown on Contract.

REQUEST NUMBER – Begins with number one (1) and follows in numerical sequence for each request submitted to DFS.

AMOUNT REQUESTED – DO NOT ENTER – this is auto filled from #7 below.

PREPARED BY – Name and telephone number of the individual preparing this request.

DATE OF REQUEST – Date Request for Funds is prepared.

GRANT PERIOD – Include the grant period as specified on the Contract or as stated in subsequent approved amendments.

FUND STATUS REPORT

1. Include the total grant amount as authorized on the Contract or any subsequent approved amendments to the grant.
2. Include cumulative funds received to date.
3. Funds previously requested from DFS, but have not been received by sub-recipient. (In transit)
4. Amount of this request. Must be the same as Total in Section 7.
5. Add lines 2, 3, and 4, for total funds requested to date.
6. Line 1 less line 5 for remaining funds to be drawn.
7. Identify each component as identified in your contract for which the funds were used and the amount to be allocated.

CERTIFICATION: Must be signed by an individual authorized to request the funds.

MAIL COMPLETED FORM TO: Debby Rieff
Department of Family Services
109 West 14th Street
Powell, WY 82435

OR

EMAIL FORM TO THE FOLLOWING ADDRESS: debby.rieff@wyo.gov

Attachment C

Agreement between Department of Family Services
and Community Action Partnership of Natrona County

**GRANT AGREEMENT BETWEEN
WYOMING DEPARTMENT OF FAMILY SERVICES
AND
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY**

1. **Parties.** The parties to this Grant Agreement (Agreement) are Wyoming Department of Family Services (Agency), whose address is: 2300 Capitol Avenue, Hathaway Building 5th Floor, Suite C, Cheyenne, Wyoming 82002; and Community Action Partnership of Natrona County (Subrecipient), whose address is: 800 Werner Court, Suite 201, Casper, Wyoming 82601.
2. **Purpose of Agreement.** The purpose of this Agreement is to set forth the terms and conditions by which the Subrecipient shall provide activities and supportive services to homeless and/or at-risk of becoming homeless individuals and families, as described in Attachment A, Statement of Work, which is attached to and incorporated into the Agreement by this reference.
3. **Term of Agreement.** This Agreement is effective when all parties have executed it (Effective Date). The term of the Agreement is from the Effective Date, or the date on which the Congressional Release of the Emergency Services Grant (ESG) funds occurs, whichever is later, through September 30, 2019.

This Agreement may be extended once by agreement of both parties in writing and subject to the required approvals. There is no right or expectation of extension and any extension will be determined at the discretion of the Agency.
4. **Payment.** The Agency agrees to pay the Subrecipient for the services described in Section 5 below and in Attachment A. Total payment under this Agreement shall not exceed one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07). Payment shall be made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. Subrecipient shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Agreement.
 - A. The source for funds for the Agreement is the U.S. Department of Housing and Urban Development (HUD), Community Planning and Development, Emergency Solutions Grant Catalog of Federal Domestic Assistance (DFDA) No. 14.231, in the amount of one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07). The Project ID for this Agreement is 17-01-ESG-CAPNC.
 - B. No payment shall be made for work performed before the Effective Date of this Agreement. Should the Subrecipient fail to perform in a manner consistent with the terms and conditions set forth in this Agreement, payment under this Agreement may be withheld until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.

- C. Except as otherwise provided in this Agreement, the Subrecipient shall pay all costs and expenses, including travel, incurred by Subrecipient or on its behalf in connection with Subrecipient's performance and compliance with all of Subrecipient's obligations under this Agreement.
- D. Any unexpended funds held by the Subrecipient at the end of the term of this Agreement shall be returned to the Agency no later than September 30, 2019.

5. **Responsibilities of Subrecipient.** The Subrecipient agrees to the following:

- A. **Activities and Supportive Services.** Subrecipient shall provide activities and supportive services as described in Attachment A.
- B. **Performance Reporting.** Subrecipient shall maintain required demographic data in the Homeless Management Information System (HMIS) and submit the Consolidated Annual Performance Report (CAPER) to the Agency no later than thirty (30) days following the last monthly invoice for payment.
- C. **Grant Recovery.** The Agency shall be entitled to recover from the Subrecipient any full or partial payment made under this Agreement for: 1) any payments used for purposes not authorized, or performed outside the Agreement; 2) any payments for services the Subrecipient is unable to provide; and 3) any payments for services the Subrecipient did not provide but was required to provide under the terms of this Agreement.
- D. **Matching Funds.** Subrecipient shall match the awarded amount of one hundred forty-eight thousand, one hundred sixty-four dollars and seven cents (\$148,164.07) with an equal amount of cash or non-cash contributions to supplement the Subrecipient's ESG program. Matching contributions may be obtained from any source, including any Federal source other than ESG, as well as, state, local, and private sources. However, the following requirements apply to matching contributions from a Federal source of funds:
 - (i) The Subrecipient shall ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match ESG funds; and
 - (ii) If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements under this section.
 - (iii) Complete the Wyoming Emergency Solutions Grant Matching Funds Report (Attachment B, which is attached to and incorporated into this Agreement by this reference) monthly, within thirty (30) days following

the end of the month and month that all funds are exhausted.

- E. **Monthly Report.** Submit a monthly performance narrative and reimbursement request. Subrecipient shall use the ESG Request for Funds Invoice (Attachment C, which is attached to and incorporated into this Agreement by this reference) for reimbursement requests. The ESG Request for Funds Invoice and performance narrative shall be submitted monthly for no more than twelve (12) consecutive months beginning with the Effective Date of this Agreement. The Subrecipient shall submit an invoice within thirty (30) days following the end of the month. The Request for Funds shall provide actual expenditures in sufficient detail to ensure that payments may be made in conformance with this Agreement. Should the Subrecipient fail to submit reports to the Agency within thirty (30) days following the end of the month or otherwise fail to perform in a manner consistent with the terms and conditions set forth in the Agreement, payment under this Agreement may be withheld or delayed, until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.
- F. **Retention of Records.** Subrecipient shall maintain records, documents, and other evidence which sufficiently reflects all expenditures under this Agreement for a period of six (6) years after the termination of the Agreement. Such records shall be made available to the Agency or its designee, or the appropriate federal agency for review and audit.
- G. **Time Analysis Allocation.** Subrecipient shall conduct a time analysis allocation or any position dually-funded from other sources of funds to account for apportioned time charged against this Agreement.
- H. **Continuum of Care Designated Homeless Management Information System.** Subrecipient shall maintain at least one Service Point license or, if a Domestic Violence Provider, an HMIS compatible data base license. The sum of five hundred dollars (\$500) is provided with the grant funding for this purpose. The purchase of any additional licenses is the responsibility of the Subrecipient. The Subrecipient shall maintain data quality as specified in the Wyoming HMIS data quality policy.
- I. **Coordinated Assessment System.** The Subrecipient shall participate in all aspects of the centralized or coordinated assessment system (referred to as "coordinated entry") process with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources.
- J. **Continuum of Care Membership.** The Subrecipient shall maintain a membership in the Wyoming Homeless Collaborative Continuum of Care. The Subrecipient or a designee shall attend a minimum of one membership meeting annually. In addition, participation on a Continuum of Care committee is highly encouraged.

6. **Responsibilities of Agency.** The Agency agrees to:

- A. Pay Subrecipient in accordance with Section 4 above.
- B. The Agency shall consult with and advise the Subrecipient, as necessary, about the requirements of this Agreement.
- C. The Agency shall monitor and evaluate the Subrecipient's compliance with the conditions set forth in this Agreement.

7. **Special Provisions.**

- A. **Assumption of Risk.** The Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the Subrecipient's failure to comply with state or federal requirements. The Agency shall notify the Subrecipient of any state or federal determination of noncompliance.
- B. **Environmental Policy Acts.** Subrecipient agrees all activities under this Agreement will comply with the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, and other related provisions of federal environmental protection laws, rules or regulations.
- C. **Human Trafficking.** As required by 22 U.S.C. § 7104(g) and 2 CFR Part 175, this Agreement may be terminated without penalty if a private entity that receives funds under this Agreement:
 - (i) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
 - (ii) Procures a commercial sex act during the period of time that the award is in effect; or
 - (iii) Uses forced labor in the performance of the award or subawards under the award.
- D. **Kickbacks.** Subrecipient certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Agreement. If Subrecipient breaches or violates this warranty, Agency may, at its discretion, terminate this Agreement without liability to Agency, or deduct from the agreed upon price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.
- E. **Limitations on Lobbying Activities.** By signing this Agreement, Subrecipient

certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by Subrecipient or its subcontractors in connection with lobbying member(s) of Congress, or any federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan.

- F. **Monitoring Activities.** Agency shall have the right to monitor all activities related to this Agreement that are performed by Subrecipient or its subcontractors. This shall include, but not be limited to, the right to make site inspections at any time and with reasonable notice; to bring experts and consultants on site to examine or evaluate completed work or work in progress; to examine the books, ledgers, documents, papers, and records pertinent to this Agreement; and to observe personnel in every phase of performance of Agreement related work.
- G. **Nondiscrimination.** The Subrecipient shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, *et seq.*), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, *et seq.*, and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Agreement. Federal law requires the Subrecipient to include all relevant special provisions of this Agreement in every subcontract awarded over ten thousand dollars (\$10,000.00) so that such provisions are binding on each subcontractor.
- H. **No Finder's Fees:** No finder's fee, employment agency fee, or other such fee related to the procurement of this Agreement, shall be paid by either party.
- I. **Publicity.** Any publicity given to the project's, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Subrecipient and related to the services and work to be performed under this Agreement, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval of Agency.
- J. **Suspension and Debarment.** By signing this Agreement, Subrecipient certifies that neither it nor its principals/agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction or from receiving federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this Agreement suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), 44 CFR Part 17, or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, Subrecipient agrees to notify Agency by certified mail should it or any of its principals/agents become ineligible for payment, debarred, suspended, or voluntarily excluded from receiving federal funds during the term of this

Agreement.

- K. **Administration of Federal Funds.** Subrecipient agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 C.F.R. Part 200, *et seq.*; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.
- L. **Copyright License and Patent Rights.** Subrecipient acknowledges that federal grantor, the State of Wyoming, and Agency reserve a royalty-free, nonexclusive, unlimited, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal and state government purposes: (1) the copyright in any work developed under this Agreement; and (2) any rights of copyright to which Subrecipient purchases ownership using funds awarded under this Agreement. Subrecipient must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Agreement.
- M. **Federal Audit Requirements.** Subrecipient agrees that if it expends an aggregate amount of seven hundred fifty thousand dollars (\$750,000.00) or more in federal funds during its fiscal year, it must undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 C.F.R. Part 200, Subpart F. If findings are made which cover any part of this Agreement, Subrecipient shall provide one (1) copy of the audit report to Agency and require the release of the audit report by its auditor be held until adjusting entries are disclosed and made to Agency's records.
- N. **Non-Supplanting Certification.** Subrecipient hereby affirms that federal grant funds shall be used to supplement existing funds, and shall not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this Agreement.
- O. **Program Income.** Subrecipient shall not deposit grant funds in an interest bearing account without prior approval of Agency. Any income attributable to the grant funds distributed under this Agreement must be used to increase the scope of the program or returned to Agency.

8. **General Provisions.**

- A. **Amendments.** Any changes, modifications, revisions, or amendments to this Agreement which are mutually agreed upon by the parties to this Agreement shall be incorporated by written instrument, executed by all parties to this Agreement.

- B. Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Agreement shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The terms "hereof," "hereunder," "herein," and words of similar import, are intended to refer to this Agreement as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.
- C. Assignment Prohibited and Agreement Shall Not be Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Agreement without the prior written consent of the other party. The Subrecipient shall not use this Agreement, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.
- D. Audit and Access to Records.** The Agency and its representatives shall have access to any books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Agreement.
- E. Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation and which may be limited for any reason including, but not limited to, congressional, legislative, gubernatorial, or administrative action. If funds are not allocated and available for continued performance of the Agreement, the Agreement may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Subrecipient at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.
- F. Award of Related Contracts.** The Agency may award supplemental or successor contracts for work related to this Agreement or may award Agreements to other Subrecipient for work related to this Agreement. The Subrecipient shall cooperate fully with other contractors and the Agency in all such cases.
- G. Certificate of Good Standing.** The Subrecipient shall provide to the Agency a Certificate of Good Standing from the Wyoming Secretary of State, or other proof that Subrecipient is authorized to conduct business in the State of Wyoming, if required, before performing work under this Agreement. Subrecipient shall ensure that annual filings and corporate taxes due and owing to the Secretary of State's office are up-to-date before signing this Agreement.

- H. **Compliance with Laws.** The Subrecipient shall keep informed of and comply with all applicable federal, state, and local laws and regulations, and all federal grant requirements and executive orders in the performance of this Agreement.
- I. **Confidentiality of Information.** All documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Agreement shall be kept confidential by the Subrecipient unless written permission is granted by the Agency for its release. If and when Subrecipient receives a request for information subject to this Agreement, Subrecipient shall notify Agency within ten (10) days of such request and shall not release such information to a third party unless directed to do so by Agency.
- J. **Entirety of Agreement.** This Agreement, consisting of thirteen (13) pages; Attachment A, Statement of Work, consisting of two (2) pages; Attachment B, Housing and Urban Development, Emergency Solutions Program Final Matching Funds Report, consisting of four (4) pages; and Attachment C, ESG Request for Funds Invoice, consisting of two (2) pages, represent the entire and integrated Agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this Agreement and the language of any attachment or document incorporated by reference, the language of this Agreement shall control.
- K. **Ethics.** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, *et seq.*) and any and all ethical standards governing Subrecipient's profession.
- L. **Extensions.** Nothing in this Agreement shall be interpreted or deemed to create an expectation that this Agreement will be extended beyond the term described herein.
- M. **Force Majeure.** Neither party shall be liable for failure to perform under this Agreement if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays.
- N. **Indemnification.** The Contractor shall release, indemnify, and hold harmless the State, the Agency, and their officers, agents, and employees from any and all claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's failure to perform any of Contractor's duties and obligations hereunder or in connection with the negligent performance of

Contractor's duties or obligations, including, but not limited to, any claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's negligence or other tortious conduct.

- O. **Independent Contractor.** The Subrecipient shall function as an independent contractor for the purposes of this Agreement and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Agreement, the Subrecipient shall be free from control or direction over the details of the performance of services under this Agreement. The Subrecipient shall assume sole responsibility for any debts or liabilities that may be incurred by the Subrecipient in fulfilling the terms of this Agreement and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Agreement. Nothing in this Agreement shall be interpreted as authorizing the Subrecipient or its agents or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on the behalf of the State of Wyoming or the Agency. The Subrecipient agrees that no health or hospitalization benefits, workers' compensation, unemployment insurance, or similar benefits available to State of Wyoming employees will inure to the benefit of the Subrecipient or the Subrecipient's agents or employees as a result of this Agreement.
- P. **Notices.** All notices arising out of, or from, the provisions of this Agreement shall be in writing either by regular mail or delivery in person at the addresses provided under this Agreement.
- Q. **Ownership and Destruction of Documents and Information.** Agency owns all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Agreement. Upon termination of services, for any reason, Subrecipient agrees to return all such original and derivative information/documents to the Agency in a useable format. In the case of electronic transmission, such transmission shall be secured. The return of information by any other means shall be by a parcel service that utilizes tracking numbers. Upon Agency's verified receipt of such information, Subrecipient agrees to physically and electronically destroy any residual Agency-owned data, regardless of format, and any other storage media or areas containing such information. Subrecipient agrees to provide written notice to Agency confirming the destruction of any such residual Agency-owned data.
- R. **Patent or Copyright Protection.** The Subrecipient recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license, or other similar restrictions, and warrants that no work performed by the Subrecipient or its subcontractors will violate any such restriction. The Subrecipient shall defend and indemnify the Subrecipient for any infringement or alleged infringement of such patent, trademark, copyright, license, or other restrictions.

- S. Prior Approval.** This Agreement shall not be binding upon either party, no services shall be performed, and the Wyoming State Auditor shall not draw warrants for payment, until this Agreement has been fully executed, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming, or his designee, if required by Wyo. Stat. § 9-2-1016(b)(iv).
- T. Insurance Requirements.**
- (i) During the term of this Agreement, the Subrecipient shall obtain and maintain, and ensure that each subcontractor obtains and maintains, each type of insurance coverage specified in Insurance Coverage, below.
 - (ii) All policies shall be primary over any insurance or self-insurance program carried by the Subrecipient or the State of Wyoming. All policies shall include clauses stating that each insurance carrier shall waive all rights of recovery under subrogation or otherwise against Subrecipient or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.
 - (iii) The Subrecipient shall provide Certificates of Insurance to the Agency verifying each type of coverage required herein. If the policy is a "claims made" policy instead of an "occurrence" policy, the information provided shall include, but is not limited to, retroactive dates and extended reporting periods or tails.
 - (iv) All policies shall be endorsed to provide at least thirty (30) days advance written notice of cancellation to the Agency. A copy of the policy endorsement shall be provided with the Certificate of Insurance.
 - (v) In case of a breach of any provision relating to Insurance Requirements or Insurance Coverage, the Agency may, at the Agency's option, obtain and maintain, at the expense of the Subrecipient, such insurance in the name of the Subrecipient, or subcontractor, as the Agency may deem proper and may deduct the cost of obtaining and maintaining such insurance from any sums which may be due or become due to the Subrecipient under this Agreement.
 - (vi) All policies required by this Agreement shall be issued by an insurance company with an A.M. Best rating of A- VIII or better.
 - (vii) The Agency reserves the right to reject any policy issued by an insurance company that does not meet these requirements.
- U. Insurance Coverage.** The Subrecipient shall obtain and maintain the following insurance in accordance with the Insurance Requirements set forth above:

- (i) Commercial General Liability Insurance. Commercial general liability insurance (CGL) coverage, occurrence form, covering liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury, with minimum limits as follows:

- (a) \$1,000,000.00 each occurrence;
- (b) \$1,000,000.00 personal injury and advertising injury;
- (c) \$2,000,000.00 general aggregate; and
- (d) \$2,000,000.00 products and completed operations.

The CGL policy shall include coverage for Explosion, Collapse and Underground property damage. This coverage may not be excluded by endorsement.

- (ii) Workers' Compensation and Employer's Liability Insurance. Employees hired in Wyoming to perform work under this Agreement shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program, if statutorily required. Employees brought into Wyoming from Subrecipient's home state to perform work under this Agreement shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program or other state or private workers' compensation insurance approved by the Wyoming Department of Workforce Services, if statutorily required.

The Subrecipient shall provide the Agency with a Certificate of Good Standing or other proof of workers' compensation coverage for all of its employees who are to perform work under this Agreement, if such coverage is required by law. If workers' compensation coverage is obtained by Subrecipient through the Wyoming Department of Workforce Services' workers' compensation program, Subrecipient shall also obtain Employer's Liability "Stop Gap" coverage through an endorsement to the CGL policy required by this Agreement, with minimum limits as follows:

- (a) Bodily Injury by Accident: \$1,000,000.00 each accident;
- (b) Bodily Injury by Disease: \$1,000,000.00 each employee; and
- (c) Bodily Injury by Disease: \$1,000,000.00 policy limit.

- (iii) Unemployment Insurance. The Subrecipient shall be duly registered with the Department of Workforce Services and obtain such unemployment insurance coverage as required. The Subrecipient shall supply Agency with a Certificate of Good Standing or other proof of unemployment insurance coverage.

- (iv) **Automobile Liability Insurance.** Automobile liability insurance covering any auto (including owned, hired, and non-owned) with minimum limits of \$1,000,000.00 each accident combined single limit.
- V. **Severability.** Should any portion of this Agreement be judicially determined to be illegal or unenforceable, the remainder of the Agreement shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.
- W. **Sovereign Immunity and Limitations.** Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.
- X. **Taxes.** The Subrecipient shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and social security taxes, workers' compensation, unemployment insurance, and sales taxes.
- Y. **Termination of Agreement.** This Agreement may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Agreement may be terminated by the Agency immediately for cause if the Subrecipient fails to perform in accordance with the terms of this Agreement.
- Z. **Third-Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties, and obligations contained in this Agreement shall operate only between the parties to this Agreement and shall inure solely to the benefit of the parties to this Agreement. The provisions of this Agreement are intended only to assist the parties in determining and performing their obligations under this Agreement.
- AA. **Time is of the Essence.** Time is of the essence in all provisions of this Agreement.
- BB. **Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Agreement.
- CC. **Waiver.** The waiver of any breach of any term or condition in this Agreement shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.

DD. Counterparts. This Agreement may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same Agreement. Delivery by the Subrecipient of an originally signed counterpart of this Agreement by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

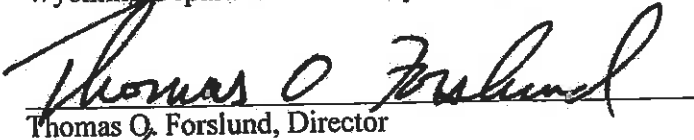
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9. **Signatures.** The parties to this Agreement, either personally or through their duly authorized representatives, have executed this Agreement on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement.

The Effective Date of this Agreement is the date of the signature last affixed to this page.

AGENCY:

Wyoming Department of Family Services


Thomas O. Forslund, Director

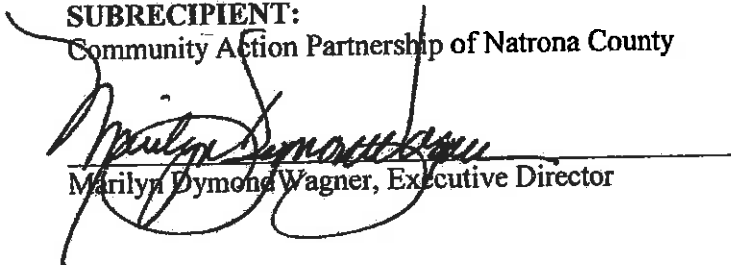
6/29/18
Date


Karin A. Schmidt, Interim Senior Administrator

6/29/18
Date

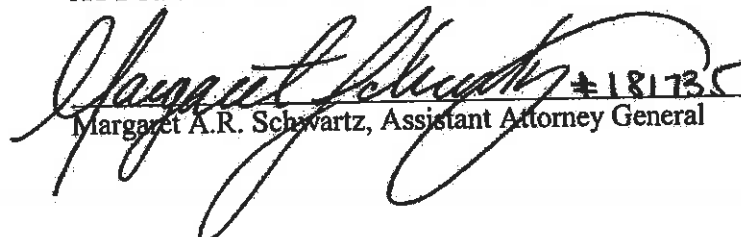
SUBRECIPIENT:

Community Action Partnership of Natrona County


Marilyn Dymond Wagner, Executive Director

June 22, 2018
Date

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM


Margaret A.R. Schwartz, Assistant Attorney General

June 15, 2018
Date

Statement of Work General Description

This document is intended as a Statement of Work (SOW) to identify and describe eligible services for the Emergency Solutions Grant (ESG). The goal of the funding is to provide assistance to individuals and families experiencing a housing crisis and/or homelessness and help them quickly regain stability in permanent housing.

Eligible Activities and Supportive Services

The following table shows specific tasks, eligible activities and supportive services, estimated number of unduplicated clients to be served during the term of the Contract, amount of funding allocated for each task, and the last date services can be rendered.

Emergency Solutions Grant (ESG)				
Task	Eligible Activities and Supportive Services as described in Subtitle 8 of Title IV of the Stewart 8. McKinney Homeless Assistance Act (U.S. Code: 42 USC 11371-11378 as amended by the Hearth Act.	Estimated # of Unduplicated Clients	Allocated Funding Amount	Last Date Services can be rendered
1	Street Outreach		\$27,235.37	9/30/2019
	Street Outreach = Essential Supportive Services provided to individuals and families who are literally homeless. These services will be provided to persons on the streets, in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Eligible Activities include engagement, case management, emergency health services, emergency mental health services, transportation, and services to special populations. Staff salaries related to carrying out Street Outreach activities are also eligible costs.			
2	Emergency Shelter		\$24,312.00	9/30/2019
	Emergency Shelter = Essential Supportive Services provided to individual and families who are literally homeless. These services will be provided to persons in emergency shelters, for renovating buildings to be used as emergency shelters, and operating emergency shelters. Eligible Activities for persons in an emergency shelter include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills, mental health services, substance abuse treatment services, transportation, and services for special populations. Eligible Activities for rehabilitation and renovation of buildings to be used for emergency shelter include labor; materials; tools; other costs for renovation, including soft costs; major rehabilitation of an emergency shelter; and conversion of a building into an emergency shelter. Eligible Activities for shelter operations includes maintenance, rent, security, fuel, insurance, utilities, food, furnishings, equipment, and supplies necessary for the operation of the shelter, and hotel or motel vouchers for individuals or families when no appropriate emergency shelter is available. Staff salaries related to carrying out Emergency Shelter activities are also eligible costs.			

Attachment A

Contract between Department of Family Services

and Community Action Partnership Natrona County

3	Homeless Prevention		\$33,797.00	9/30/2019
	<p>Homelessness Prevention = Supportive Services provided to individuals and families who are at imminent risk of homelessness, homeless under other federal statutes, or fleeing or attempting to flee domestic violence and have an income at, or below, 30% of the Area Median Income to prevent them from becoming homeless in a shelter or an unsheltered situation and to help such persons regain stability in their current housing or other permanent housing. Eligible Activities for Homelessness Prevention and Rapid Re-Housing include short- (up to 3 months) and medium-term (4-24 months) rental assistance and housing relocation and stabilization services. Financial assistance includes moving costs, rental application fees, security deposits, last months rent, utility deposits, and utility payments. Services include housing search and placement, housing stability case management, mediation, legal services, and credit repair. Staff salaries related to carrying out Homelessness Prevention and Rapid Re-Housing activities are also eligible costs.</p>			
4	Rapid Rehousing		\$58,819.70	9/30/17
	<p>Rapid Re-Housing = Supportive Services provided to individuals and families who are literally homeless living on the streets or in an emergency shelter to transition as quickly as possible to permanent housing, and then, to help such persons achieve stability in that housing. Eligible Activities for Homelessness Prevention and Rapid Re-Housing include short- (up to 3 months) and medium-term (4-24 months) rental assistance and housing relocation and stabilization services. Financial assistance includes moving costs, rental application fees, security deposits, last months rent, utility deposits, and utility payments. Services include housing search and placement, housing stability case management, mediation, legal services, and credit repair. Staff salaries related to carrying out Homelessness Prevention and Rapid Re-Housing activities are also eligible costs.</p>			
5	Administration & HMIS		\$4,000.00	9/30/2019
	<p>Administration costs related to the planning and execution of the Emergency Solutions Grant activities. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention, and rapid re-housing activities, as those costs are eligible as part of those activities.</p>			

Attachment A

Contract between Department of Family Services
and Community Action Partnership Natrona County

**HOUSING AND URBAN DEVELOPMENT (HUD)
EMERGENCY SOLUTIONS PROGRAM (ESG)
FINAL MATCHING FUNDS REPORT
DUE THIRTY (30) DAYS FROM END DATE OF CONTRACT**

AGENCY:		CONTRACT #:	
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Reference: Federal Register Vol. 76 No. 233 dated 5 Dec 2011

Matching Requirement: The recipient must make matching contributions to supplement the recipient's ESG program in an amount that equals the amount of ESG funds provided by HUD. If the recipient is a State, the first \$100,000 of the fiscal year grant is not required to be matched. Matching contributions may be obtained from any source, including any Federal source other than the ESG program, as well as state, local, and private sources. However, the following requirements apply to matching contributions from a Federal source of funds: (1) The recipient must ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match Emergency Solutions Grant (ESG) funds. (2) If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements under this section.

Eligible types of matching contributions: The matching requirement may be met by one or both of the following:
(1) Cash contributions. Cash expended for allowable costs, as defined in OMB Circulars A-87 (2 CFR part 225) and A-122 (2 CFR part 230), of the recipient or subrecipient.

(2) Noncash contributions (in-kind). The value of any real property, equipment, goods, or services contributed to the recipient's or subrecipients ESG program, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been allowable. Noncash contributions may also include the purchase value of any donated building.

Calculating the amount of noncash contributions: To determine the value of any donated material or building, or of any lease, the recipient must use a method reasonably calculated to establish the fair market value. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

Some noncash contributions are real property, equipment, goods, or services that, if the recipient or subrecipient had to pay for them with grant funds, the payments would have been indirect costs. Matching credit for these contributions must be given only if the recipient or subrecipient has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or programs the value of those contributions.

Costs paid by program income. Costs paid by program income shall count toward meeting the recipient's matching requirements, provided the costs are eligible ESG costs that supplement the recipient's ESG program.

Recordkeeping: The recipient must keep records of the source and use of contributions made to satisfy the matching requirement in § 576.201. The records must indicate the particular fiscal year grant for which each matching contribution is counted. The records must show how the value placed on third-party, noncash contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

*****Matching is on a statewide basis; document as much match as possible.*****

Eligible Activity - Street Outreach: Unsheltered individuals and families, meaning those who qualify under paragraph (1)(i) of the definition of "homeless". Essential services to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Shelters: Essential services to persons in emergency shelters, renovating buildings to be used as emergency shelters, and operating emergency shelters. Staff salaries related to carrying out shelter activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____

- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Homeless Prevention: Individuals and families who are at imminent risk, or at risk, of homelessness, meaning those who qualify under paragraph (2) and (3) of the homeless definition or those who qualify as at risk of homelessness. Individuals and families must have an income at, or below, 30% of AML. Eligible activities are short-and medium-term rental assistance and housing relocation and stabilization services. Staff salaries related to carrying out homeless prevention activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity - Rapid Re-Housing: To help homeless persons living on the streets or in an emergency shelter transition as quickly as possible into permanent housing, and then, to help such persons achieve stability in that housing. Assist literally homeless individuals and families (currently living in an emergency shelter or place not meant for human habitation. Staff salaries related to carrying out rapid re-housing activities are eligible as an "in-kind" match. All "in-kind" match must have been completed during the contract time frame.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____

- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Eligible Activity: - Administration: Costs of overall program management, coordination, monitoring, and evaluation. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention and rapid re-housing activities as those costs are eligible as part of those activities.

Match source:

- Other Non-ESG HUD Funds: _____
- Other Federal Funds: _____
- State Government: _____
- Local Government: _____
- Private Funds: _____
- Other: _____
- Fees: _____
- Program Income: _____

Total Match amount: \$ _____ Total Expended amount: \$ _____

Total ESG funds spent to date: \$ _____ Total match spent to date: \$ _____

I certify that the information contained on this report is true and accurate to the best of my knowledge. Documentation is on file at this agency regarding the amount of expenditures and nature of the reported expended matching funds. This documentation can be presented upon request.

Agency signature: _____ Date: _____

ESG REQUEST FOR FUNDS INVOICE
Department of Family Services

Rev. 9-2017

Sub-recipient	Request Number	Amount Requested													
		SO -	0.00												
		ES -	0.00												
Prepared by	Phone Number	HP -	0.00												
		RR -	0.00												
		Admin -	0.00												
Is this a Final Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Request	HMIS -	0.00												
		Total -	0.00												
	Grant Begin Date	Grant End Date													
FUND STATUS REPORT	A	B													
1. Grant Amount															
2. Funds Received to Date															
3. Funds Requested, But Not Yet Received															
4. Amount of this Request															
5. Total Funds Request To Date (add lines 2, 3, 4)															
6. Funds Available for Request (line 1 less line 5)															
7. Amount Requested: (Enter below the use of the requested ESG project funds as identified on your Statement of Work)															
SO - Street Outreach		HP - Homeless Prevention	Administration												
ES - Emergency Shelter		HP - Relocation & Stabilization	HMIS												
ES - Operations		HP - Rental Assistance													
ES - Essential Services		RR - Rapid Re-housing													
ES - Renovation		RR - Relocation & Stabilization													
		RR - Rental Assistance	Total (must = line 4 above)												
APPROVAL BY DFS		CERTIFICATION													
DFS Authorized Signature	Date	To the best of my knowledge, the data on this form are correct and all disbursements were made in accordance with grant conditions.													
<table border="1"> <tr> <td>THIS SECTION FOR DFS USE</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Release of Funds</td> <td></td> <td></td> </tr> <tr> <td>Special Conditions Released</td> <td></td> <td></td> </tr> <tr> <td>Authorized Signature</td> <td></td> <td></td> </tr> </table>		THIS SECTION FOR DFS USE	Yes	No	Release of Funds			Special Conditions Released			Authorized Signature			Signature	
THIS SECTION FOR DFS USE	Yes	No													
Release of Funds															
Special Conditions Released															
Authorized Signature															
		Name and Title of Authorized Official													
		Date Signed													

Attachment C

Agreement between Department of Family Services
and Community Action Partnership of Natrona County

INSTRUCTIONS FOR COMPLETING "REQUEST FOR FUNDS INVOICE"

Please do not write in any shaded areas.

SUB-RECIPIENT – Same as "Contractor" as shown on Contract.

REQUEST NUMBER – Begins with number one (1) and follows in numerical sequence for each request submitted to DFS.

AMOUNT REQUESTED – DO NOT ENTER – this is auto filled from #7 below.

PREPARED BY – Name and telephone number of the individual preparing this request.

DATE OF REQUEST – Date Request for Funds is prepared.

GRANT PERIOD – Include the grant period as specified on the Contract or as stated in subsequent approved amendments.

FUND STATUS REPORT

1. Include the total grant amount as authorized on the Contract or any subsequent approved amendments to the grant.
2. Include cumulative funds received to date.
3. Funds previously requested from DFS, but have not been received by sub-recipient. (In transit)
4. Amount of this request. Must be the same as Total in Section 7.
5. Add lines 2, 3, and 4, for total funds requested to date.
6. Line 1 less line 5 for remaining funds to be drawn.
7. Identify each component as identified in your contract for which the funds were used and the amount to be allocated.

CERTIFICATION:

Must be signed by an individual authorized to request the funds.

MAIL COMPLETED FORM TO:

Debby Rieff
Department of Family Services
109 West 14th Street
Powell, WY 82435

OR

EMAIL FORM TO THE FOLLOWING ADDRESS: debby.rieff@wyo.gov

Attachment C

Agreement between Department of Family Services
and Community Action Partnership of Natrona County

CoC Expansion Grant

\$56,176.00

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/09/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Partnership of Natrona County

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-1065210

	c. Organizational DUNS:	009620530	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 800 Werner Court, Suite 201

Street 2:

City: Casper

County: Natrona

State: Wyoming

Country: United States

Zip / Postal Code: 82601

e. Organizational Unit (optional)

Department Name: Community Action Partnership

Division Name: Life Steps Transitional Housi

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Lily

Middle Name:

Last Name: Patton

Suffix:

Title: Housing First Manager

Organizational Affiliation: Community Action Partnership of Natrona County

Telephone Number: (307) 232-0124

Applicant: Community Action Partnership of Natrona County
Project: Expansion Life Steps PSH

112019490
165964

Extension:

Fax Number: (307) 232-0145

Email: lpatton@natronacounty-wy.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Wyoming
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Expansion Life Steps PSH

16. Congressional District(s):

a. Applicant: WY-000

b. Project: WY-000
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Partnership of Natrona County
Prefix: Ms.
First Name: Marilyn
Middle Name:
Last Name: Dymond Wagner
Suffix:
Title: Executive Director
Organizational Affiliation: Community Action Partnership of Natrona County
Telephone Number: (307) 232-0124
Extension:
Email: mdymondwagner@natronacounty-wy.gov
City: Casper
County: Natrona
State: Wyoming
Country: United States
Zip/Postal Code: 82601

2. Employer ID Number (EIN): 86-1065210

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$56,176.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Marilyn Dymond Wagner, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Partnership of Natrona County
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Community Action Partnership of Natrona County

Name / Title of Authorized Official: Marilyn Dymond Wagner, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Community Action Partnership of Natrona County

Street 1: 800 Werner Court, Suite 201

Street 2:

City: Casper

County: Natrona

State: Wyoming

Country: United States

Zip / Postal Code: 82601

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Community Action Partnership of Natrona County has over twenty years of experience managing federal grants. The agency began partnering with federal granting organizations with the Community Service Block Grant, which funds emergency rental assistance, job skill training, and life skill education. We then partnered with HRSA to open the 12th Street Clinic/Healthcare for the Homeless (HCH) fifteen years ago, and opened HUD funded transitional housing in 2003. Throughout our history of operating federal grants we have consistently used funding in a timely manner and completed reports when due.

In addition to our history of successful federal grant fund management, we have a strong history of successfully operating the programs funded. We regularly meet or exceed the outcomes we have established, as well as those required by the funders. Our programs include primary medical care, permanent supportive housing, emergency assistance, job skill development, budgeting skills, interview skills, and basic life skills. We have recently added a SOAR certified client advocate, Registered Nurse who assists eligible individuals who are disabled apply for disability income and Medicaid.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Community Action Partnership of Natrona County has been partnering with the City of Casper and Natrona County Board of County Commissioners for thirty years. We are committed to leveraging local funding sources in order to support human service programming in our community, which includes housing assistance to the homeless. During the last fiscal year, we were able to leverage \$65,000 of City and County funding, as well as state Emergency Shelter Grant funding and Community Service Block Grant funding. We also are able to leverage HRSA funding through the Health Center Cluster program, which provides primary medical care to homeless individuals and families.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

CAPNC is governed by a nine member board of directors which oversees the Executive Director. The E.D. is responsible for overseeing all other agency staff. Key staff includes an Operations Manager. We have an annual financial audit, which includes an A-133 each year. In order to ensure we have a clear separation of duties regarding financial transactions, we hired a financial

coordinator who is responsible for overseeing all financial transactions, in order to strengthen our financial accountability and deepen the separation of duties. In order to ensure our programming is meeting the needs of the community, we participate in quarterly homeless collaborative that is attended by 10-15 agency representatives who serve the low income and homeless.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: WY-500 - Wyoming Statewide CoC

1b. CoC Collaborative Applicant Name: Wyoming Homeless Collaborative

2. Project Name: Expansion Life Steps PSH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Community Action Partnership of Natrona County (CAPNC) has secured 18 units to operate the Housing First Model for individuals and families experiencing chronic homelessness. CAPNC will identify potential clients through outreach and engagement with referrals from partnering community agencies. Referrals are commonly provided by Wyoming Rescue Mission, Central Wyoming Counseling Center and CAPNC's Healthcare for the Homeless. A CAPNC employee, who is a licensed Social worker will build trust in a neutral setting with people experiencing homelessness, utilizing outreach evidenced based practices. Continued face to face contact with the Case Manager will eventually build trust and provide the opportunity to successfully link people to appropriate housing. There is no expectation of sobriety, treatment, compliance or mandated services. We use a client centered approach and participants are not commanded to participate in psychiatric services, attend life skills training or parenting classes or address any other medical issues. The only expectations of Housing First Participants are to meet weekly in their home with their respective case manager, pay their proportionate share of rent and to comply with a standard lease agreement, essentially agreeing to "be a good neighbor". Units are centrally located to provide ease of access to transportation, medical services, food pantries, parks, churches and social supports. A trip to the local food pantries is scheduled weekly for program participants. Continuing education (GED/HI-SET, secondary education) is strongly encouraged and supported. A community college and four-year college are located within walking distance of the apartments and provides numerous educational and vocational training programs. Transportation is available utilizing CAPNC's van for medical and mental health appointments at CAPNC's Healthcare for the Homeless (HCH-a federally qualified health center) and other medically necessary appointments. Additional rides may be given to job interviews, school and accessing food and medical prescriptions. Another service provided by HCH is the enrollment in the Patient Assistance Program, which provides prescriptions for patients at an extremely reduced cost of \$2 per prescription. A SOAR Certified Advocate is available to assist clients with mainstream services such as filing for SSI/SSDI Benefits and applying for Medicare/Medicaid. Lastly, participants are provided opportunities to integrate into the larger community through volunteering. Volunteering is known to provide a higher sense of purpose and create a greater sense of community engagement.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process?

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on

the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and

families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: WY0008

Eligible Renewal Grant Project Name: Life Steps Permanent Supportive Housing

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)

Replace the loss of non-renewable funding

Indicate how the project is proposing to "replace the loss of non-renewable funding from private, federal, and/or other (excluding state/local government)."

Is the source of non-renewable funding controlled by the state or local government? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge
you will be required to meet the above
requirements if you have any qualifying
participants.**

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

CAPNC will continue to participate in coordinated entry as the primary means of having clients obtain permanent housing, as well as implementing active street outreach, and utilizing other community agency referrals. Once clients are in our Permanent Supportive Housing Program, we utilize intensive case management to work with residents in order to transition them to unsubsidized permanent housing within our community.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Our intensive case management includes an employment opportunities for success program which is unique in that we actively partner with local businesses by having an agreement that individuals referred by our office will be strongly considered for employment and if hired, our staff will partner with employee managers to ensure that issues that could lead to termination will be referred to our staff in order to provide an appropriate intervention. The goal is to prevent termination of our client and reduce turnover for the business owner. This local business partnership also assists a client's ability to increase income which leads to independent living. Our program enhances our community involvement. Traditionally we have worked with other human service agencies; we have now brought in the private sector employer.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	Weekly
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 5

Total Beds: 7

Total Dedicated CH Beds: 7

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	5	7

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 5

b. Beds: 7

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 3861 Gannett

Street 2:

City: Casper

State: Wyoming

ZIP Code: 82609

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

569025 Natrona County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	3		5

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	3		5
Adults ages 18-24	1			1
Accompanied Children under age 18	2			2
Unaccompanied Children under age 18				0
Total Persons	5	3	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2			2		2	2			
Adults ages 18-24	1					1				
Children under age 18	2									
Total Persons	5	0	0	2	0	3	2	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3			2		3		1	1	
Adults ages 18-24										
Total Persons	3	0	0	2	0	3	0	1	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
10%	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

We provide active and extensive street outreach routinely. Two social workers work with Central Wyoming Rescue Mission (CWRM) to meet their homeless clients twice weekly. We also send a van to CWRM and provide transportation to HCH. Additionally, we frequent Poverty Resistance, 12/24 Building, Salvation Army, Joshua's and Probation and Parole. Wednesday afternoons we work in tandem with St. Mark's Church at the Library providing outreach and distributing hygiene items. Twice per month we coordinate dispensing free laundry vouchers to the homeless. Additionally, we have just opened our Comfort Closet, that provides diapers, women's essential items, soap, shampoo, lotion, detergent for washing clothes, blankets, hats, gloves, and various other items. We routinely go to Walmart, Flying J, all of the parks, with a heavy emphasis at the river. We have run the Point in Time Count for over five years for Natrona County and this has afforded us great knowledge relative to the areas where our homeless reside. Churches and other agencies provide regular referrals to us as well.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$38,400	
Grant Term:		1 Year	
Total Request for Grant Term:		\$38,400	
Total Units:		5	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WY - Casper, WY M...	5	\$38,400	\$38,400

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WY - Casper, WY MSA (5602599999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$488		x	12	=	\$0
0 Bedroom		x	\$651		x	12	=	\$0
1 Bedroom	3	x	\$746	\$600	x	12	=	\$21,600
2 Bedroom	2	x	\$918	\$700	x	12	=	\$16,800
3 Bedroom		x	\$1,266		x	12	=	\$0
4 Bedroom		x	\$1,573		x	12	=	\$0
5 Bedroom		x	\$1,809		x	12	=	\$0
6 Bedroom		x	\$2,045		x	12	=	\$0
7 Bedroom		x	\$2,281		x	12	=	\$0
8 Bedroom		x	\$2,517		x	12	=	\$0
9 Bedroom		x	\$2,753		x	12	=	\$0
Total units and annual assistance requested:		5						\$38,400
Grant term:								1 Year
Total request for grant term:								\$38,400

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.09 FTE for Client Advocate	\$4,000
2. Assistance with Moving Costs		
3. Case Management	.09 FTE for Client Advocate	\$4,000
4. Child Care		
5. Education Services		
6. Employment Assistance	.045 FTE for Client Advocate	\$2,000
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	.045 FTE for Client Advocate	\$2,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

Applicant: Community Action Partnership of Natrona County
Project: Expansion Life Steps PSH

112019490
165964

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$12,000
Grant Term		1 Year
Total Request for Grant Term		\$12,000

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Apartment Repair and Cleanup	\$1,776
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$1,776
Grant Term		1 Year
Total Request for Grant Term		\$1,776

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$4,444
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$4,444

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? **No**

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Natrona County Bo...	08/01/2018	\$4,444

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: Natrona County Board of County Commissioners
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: \$4,444

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$38,400	1 Year	\$38,400
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$12,000	1 Year	\$12,000
5. Operating	\$1,776	1 Year	\$1,776
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$52,176
8. Admin (Up to 10%)			\$4,000
9. Total Assistance Plus Admin Requested			\$56,176
10. Cash Match			\$4,444
11. In-Kind Match			\$0
12. Total Match			\$4,444
13. Total Budget			\$60,620

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Marilyn Dymond Wagner

Date: 08/09/2018

Title: Executive Director

Applicant Organization: Community Action Partnership of Natrona County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page		Last Updated
1A. SF-424 Application Type		No Input Required
New Project Application FY2018	Page 48	09/20/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/01/2018
1G. HUD 2880	08/01/2018
1H. HUD 50070	08/01/2018
1I. Cert. Lobbying	08/01/2018
1J. SF-LLL	08/01/2018
2A. Subrecipients	No Input Required
2B. Experience	08/09/2018
3A. Project Detail	08/01/2018
3B. Description	08/09/2018
3C. Expansion	08/03/2018
4A. Services	08/03/2018
4B. Housing Type	08/03/2018
5A. Households	08/03/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/09/2018
6A. Funding Request	08/01/2018
6C. Leased Units	08/03/2018
6F. Supp Srvcs Budget	08/09/2018
6G. Operating	08/03/2018
6I. Match	08/03/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/03/2018

CoC Renewal Grant

\$64,766.00

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/09/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WY0008

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

☒

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Partnership of Natrona County
b. Employer/Taxpayer Identification Number (EIN/TIN): 86-1065210

c. Organizational DUNS:		009620530	PLUS 4	
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d. Address

Street 1: 800 Werner Court, Suite 201
Street 2:
City: Casper
County: Natrona
State: Wyoming
Country: United States
Zip / Postal Code: 82601

e. Organizational Unit (optional)

Department Name: Community Action Partnership
Division Name: Life Steps Transitional Housi

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Lily
Middle Name:
Last Name: Patton
Suffix:
Title: Housing First Manager
Organizational Affiliation: Community Action Partnership of Natrona County
Telephone Number: (307) 232-0124

Applicant: Community Action Partnership of Natrona County

112019490

Project: Life Steps Permanent Supportive Housing

165962

Extension:

Fax Number: (307) 232-0145

Email: lpatton@natronacounty-wy.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Wyoming
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Life Steps Permanent Supportive Housing

16. Congressional District(s):

a. Applicant: WY-000
(for multiple selections hold CTRL key)

b. Project: WY-000
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Partnership of Natrona County

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Organizational Affiliation: Community Action Partnership of Natrona County

Telephone Number: (307) 232-0124

Extension:

Email: mdymondwagner@natronacounty-wy.gov

City: Casper

County: Natrona

State: Wyoming

Country: United States

Zip/Postal Code: 82601

2. Employer ID Number (EIN): 86-1065210

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$64,766.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Life Steps Permanent Supportive Housing 800 Werner Court, Suite 201 Casper Wyoming

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Marilyn Dymond Wagner, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Partnership of Natrona County
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Community Action Partnership of Natrona County

Name / Title of Authorized Official: Marilyn Dymond Wagner, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Community Action Partnership of Natrona County

Street 1: 800 Werner Court, Suite 201

Street 2:

City: Casper

County: Natrona

State: Wyoming

Country: United States

Zip / Postal Code: 82601

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Dymond Wagner

Suffix:

Title: Executive Director

Telephone Number: (307) 232-0124
(Format: 123-456-7890)

Fax Number: (307) 232-0145
(Format: 123-456-7890)

Email: mdymondwagner@natronacounty-wy.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/09/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes



4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of WY0008
expiring grant:

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WY-500 - Wyoming Statewide CoC

2b. CoC Collaborative Applicant Name: Wyoming Homeless Collaborative

3. Project Name: Life Steps Permanent Supportive Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more No
properties that have been conveyed through
the Title V process?

7. Will this renewal project be part of a new Yes
application for a Renewal Expansion Grant?

a. Input the name of the New renewal Expansion Project
Expanded Life Steps PSH

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Community Action Partnership of Natrona County (CAPNC) has secured 18 units to operate the Housing First Model for individuals and families experiencing chronic homelessness. CAPNC will identify potential clients through outreach and engagement with referrals from partnering community agencies. Referrals are commonly provided by Wyoming Rescue Mission, Central Wyoming Counseling Center and CAPNC's Healthcare for the Homeless. A CAPNC employee, who is a licensed Social worker will build trust in a neutral setting with people experiencing homelessness, utilizing outreach evidenced based practices. Continued face to face contact with the Case Manager will eventually build trust and provide the opportunity to successfully link people to appropriate housing. There is no expectation of sobriety, treatment, compliance or mandated services. We use a client centered approach and participants are not commanded to participate in psychiatric services, attend life skills training or parenting classes or address any other medical issues. The only expectations of Housing First Participants are to meet weekly in their home with their respective case manager, pay their proportionate share of rent and to comply with a standard lease agreement, essentially agreeing to "be a good neighbor". Units are centrally located to provide ease of access to transportation, medical services, food pantries, parks, churches and social supports. A trip to the local food pantries is scheduled weekly for program participants. Continuing education (GED/Hi-SET, secondary education) is strongly encouraged and supported. A community college and four-year college are located within walking distance of the apartments and provides numerous educational and vocational training programs. Transportation is available utilizing CAPNC's van for medical and mental health appointments at CAPNC's Healthcare for the Homeless (HCH-a federally qualified health center) and other medically necessary appointments. Additional rides may be given to job interviews, school and accessing food and medical prescriptions. Another service provided by HCH is the enrollment in the Patient Assistance Program, which provides prescriptions for patients at an extremely reduced cost of \$2 per prescription. A SOAR Certified Advocate is available to assist clients with mainstream services such as filing for SSI/SSDI Benefits and applying for Medicare/Medicaid. Lastly, participants are provided opportunities to integrate into the larger community through volunteering. Volunteering is known to provide a higher sense of purpose and create a greater sense of community engagement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		Domestic Violence	
Renewal Project Application FY2018		Page 22	09/20/2018

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	Weekly
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:


2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 9

Total Beds: 18

Total Dedicated CH Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	16
Scattered-site apartments (...)	---	1	2

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 8

b. Beds: 16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 16

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2405 Grandview Place

Street 2:

City: Casper

State: Wyoming

ZIP Code: 82601

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

569025 Natrona County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1271 Boulder Dr.

Street 2:

City: Casper

State: Wyoming

ZIP Code: 82601

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

569025 Natrona County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	3	6		9

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	6		9
Adults ages 18-24	1	0		1
Accompanied Children under age 18	5			5
Unaccompanied Children under age 18				0
Total Persons	9	6	0	15

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	3			3		3	1			
Adults ages 18-24	1					1				
Children under age 18	5									
Total Persons	9	0	0	3	0	4	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	6			3		6	2			
Adults ages 18-24										
Total Persons	6	0	0	3	0	6	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
10%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$64,766	
Grant Term:		1 Year	
Total Request for Grant Term:		\$64,766	
Total Units:		9	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WY - Casper, WY M...	9	\$64,766	\$64,766

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan WY - Casper, WY MSA (5602599999)
 fair market rent area:

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	9	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	9	\$64,766
Grant Term		1 Year
Total Request for Grant Term		\$64,766

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	
Total Value of In-Kind Commitments:	
Total Value of All Commitments:	

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
This list contains no items					

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$64,766
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$64,766
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	\$64,766
9. Cash Match	
10. In-Kind Match	
11. Total Match	\$0
12. Total Budget	\$64,766

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Marilyn Dymond Wagner

Date: 08/09/2018

Title: Executive Director

Applicant Organization: Community Action Partnership of Natrona County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>

6D. Match	<input checked="checked" type="checkbox"/>
6E. Summary Budget	<input checked="checked" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Because our grant award was reduced last year, we may need to make changes.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/01/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 44	09/20/2018
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1D. SF-424 Congressional District(s)	08/09/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/01/2018
1G. HUD-2880	08/01/2018
1H. HUD-50070	08/01/2018
1I. Cert. Lobbying	08/01/2018
1J. SF-LLL	08/01/2018
Recipient Performance	08/01/2018
Renewal Grant Consolidation	08/01/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/03/2018
3B. Description	08/09/2018
3C. Dedicated Plus	08/03/2018
4A. Services	08/03/2018
4B. Housing Type	08/07/2018
5A. Households	08/07/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/01/2018
6A. Funding Request	08/01/2018
6B. Leased Units	08/07/2018
6D. Match	08/03/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/03/2018
Submission Without Changes	08/03/2018

City of Casper One Cent Grant

\$30,000.00

1% #16 Funding Application

JS

COMMUNITY AGENCY FUNDING REQUEST

Type or print clearly, form is available in electronic format
Please, **DO NOT** submit any additional documentation unless requested.

				Today's Date:		08/23/18	
Organization Requesting Funding							
Name:		Community Action					
Address:		800 Werner Ct., Suite 201					
Phone #:		307-232-0124		Fax:		307-232-0145	
						Date Organized:	
						06/15/05	

Organization Contact			
Name and Title:		Marilyn Dymond Wagner Executive Dir. Interim	
Email:		mdymondwagner@natronacounty-wy.gov	
Phone #:		307-232-0124	
Name and Title:		Janice Laird Finance Coord.	
Email:		jlaird@natronacounty-wy.gov	
Phone #:		307-232-0124	

Organization Board Members					
Name:	Tyler Disburg	Office Held:	Chair	Term:	2018
Name:	Erin O'Brien	Office Held:	Vice Chair	Term:	2018
Name:	Wyoma Groenenberg	Office Held:	Secretary/Treasurer	Term:	2020
Name:	Ryan Klinger	Office Held:	Member At Large	Term:	2019
Name:	Peggy Phillips	Office Held:	Member At Large	Term:	2020
Name:	Micki Jaramillo	Office Held:	Member At Large	Term:	2020
Name:	Laura Kaehn	Office Held:	Member At Large	Term:	2018
Name:	Lonna Jones	Office Held:	Member At Large	Term:	2022
Name:	Kristy Oster	Office Held:	Member At Large	Term:	2019
Name:		Office Held:		Term:	
Name:		Office Held:		Term:	

Funding History and Amount Requested (if not applicable, list N/A)		
Fiscal Year	Other City Funds	1% Funds (City or other entity, like County, please specify)
FY 19		\$30,000
FY18		\$30,000
Previous Years (specify what year(s)).	various amounts dating back to the 1990s	

Please Attach an Agency Organizational Chart
--

1. What is your organizations mission?

The mission of Community Action Partnership of Natrona County is to empower individuals to become self-sufficient by reducing poverty and homelessness, and promoting physical and mental health in collaboration with other human service agencies.

2. What geographical area & populations are being served by your organization?

Community Action Partnership of Natrona County serves all Natrona County residents. Our services focus on individuals and families experiencing poverty and homelessness. Although the level of poverty differs based on different funding guidelines, the majority of the clients we serve are below 125% of the Federal Poverty Guidelines. To put this in perspective, the 2018 poverty level for a family of 4 to receive services at or below 125% poverty level would be an annual income of \$31,375 (\$2,614/month) or less. Over the last three years we have seen a significant increase in the number of individuals who have lost jobs or had hours reduced due to the economic downturn in our community. This has increased the number of individuals who meet these funding guidelines. In addition to addressing those in poverty, we place significant effort identifying and intervening for families who are homeless; this includes situational, generational, and chronic homelessness. In order to address homelessness, we must analyze the causes of the homelessness. One of the key causes of homelessness is mental health, often co-occurring with substance abuse. This requires that Community Action Partnership of Natrona County provide appropriate services for those experiencing mental illness, as well.

3. What programs/services are currently offered by your organization?

Community Action Partnership of Natrona County provides services in four (4) areas: housing, self-sufficiency, physical and mental health, and supporting other human service agencies in our community. In the arena of housing, there are very few agencies in Natrona County providing assistance. We currently offer financial assistance by providing rental payments that prevent families from losing existing housing. We often see families who encounter a large unexpected expense, such as vehicle repairs. If they lose their car, it could impact their ability to retain employment; however, if they pay the car repair bill, they may not have enough to make their monthly rent payment. We assist with a monthly rent check in order to retain their housing. For those who have already lost their housing, we are able to re-house that family by paying up to three (3) months rent. When evaluating which clients we can assist, we analyze the family's ability to maintain that housing after our rental assistance expires. In addition to rent, we also assist with utility payments. We often see in the winter families who have electric heat with enormous bills that exceed their low income budget. We are able to make a portion of the utility payment. Within the housing arena we also provide 22 units of Permanent Supportive Housing, specifically for those who are chronically homeless, which includes a diagnosis of mental illness. In the arena of self-sufficiency, we assist low income families with skills that help them gain employment or increase their employment income. We financially assist with the fees for certification courses, which, once complete, can quickly move an individual from living below the poverty line. In addition to the financial assistance, we provide support with a variety of employment and life skills, such as resume writing, job interviewing, and budgeting. All clients who are assisted with self sufficiency support are tracked for one year to evaluate the effectiveness of the service. The majority of our physical and mental health services are provided through Healthcare for the Homeless. We are funded to provide primary care, as well as supportive mental health services, which include medication. We participate in the Patient Assistance Program in order to enroll patients in a program that provides prescriptions that are funded by the pharmaceutical companies. We also operate a 340b dispensary that provides medically needed prescriptions. We partner very closely with University of Wyoming Family Practice, Wyoming Behavioral Institute, Central Wyoming Counseling Center, and Community Health Center of Central Wyoming. We have recently implemented a significant outreach component by partnering with Central Wyoming Rescue Mission. Twice each week our medical provider is at the Mission to provide care, removing a travel barrier. Finally, we have served to assist the Natrona County Board of County Commissioners and the City of Casper distribute one cent funding to human service agencies in the community. We will continue to provide this service for the Board of County Commissioners. The detail of how those funds have been distributed is discussed in question 4.

4. Describe how your 1% #15 funding was used.

The Community Action Partnership of Natrona County utilized 2017-2018 funds awarded under our four (4) year contract that ended 6/30/2018 to support 13 agencies within Natrona County for services that assist senior citizens, low income/homeless, individuals with disabilities, family violence, juvenile justice, and substance abuse. Summary of subcontracts: Food Bank of the Rockies -- \$17,000, Food Pantries of Natrona County -- \$40,000, Hospice -- \$10,000, Wyoming Senior Companion Program -- \$7,000, Central Wyoming Rescue Mission -- \$37,300, Central Wyoming Senior Center -- \$18,000, Brain Injury Alliance -- \$4,000, Self Help Center -- \$23,000, Meals on Wheels -- \$12,800, CASA -- \$13,000, Mercer Family Resource Center -- \$16,750, Youth Crisis Center -- \$10,000, Children's Advocacy Project -- \$17,000, Retired Senior Volunteer Program -- \$10,000, and Housing First -- \$64,574. These subcontracts are made with a combination of Natrona County One Cent Allocations and City of Casper One Cent Allocations, which is why the total exceeds the amount of the 2017-2018 City of Casper allocation noted on page 1 of this request. If our 1% #15 request for the period of 7/1/2018- 6/30/2019 is funded, those monies will be used to support Permanent Supportive Housing that follows the Housing First Model. This program has strong outcomes; During the grant period July 1, 2017 – June 30, 2018, eighty six percent (86%) of our residents have maintained housing stability, exceeding the program outcome goal outlined in the grant application. Ten percent (10%) of those clients graduated from the program and now have unsubsidized housing because of the intensive supportive services provided by CAPNC staff. These graduations from the program allow us to open a PSH unit to another chronically homeless individual. During that same time frame thirty two percent (32%) of our residents increased total family income as a result of our supportive services.

5. Describe how your 1% #16 funding will be used.

As a result of the reduction of agencies in our community that support homeless prevention and rapid re-housing, we will use any funds allocated through this request to provide direct services to low income and homeless individuals and families in our community who are at risk of losing their housing or to get them quickly re-housed. This will primarily be rental assistance; however, it could include utility payments that can often interfere with housing stability. In the past there were two other agencies in our community that provided rental and utility assistance that we regularly partnered with. Both those agencies have dramatically reduced that assistance or eliminated that assistance. As a result, Community Action Partnership of Natrona County currently provides the majority of these services. We will implement the same poverty guidelines that are in place with the CSBG grant -- 125% or below the federal poverty guidelines to ensure those who are most in need can receive assistance that stabilizes a family.

6. If your total grant request is more than the previously requested, please explain why.

N/A This request is not an increase over the 1% #15 request.

7. How will it affect your program if you do not receive this funding?

We are fortunate to have a federal grant that currently supports some of the need to stabilize housing in our community. This means we have a formalized process in place to assist our community with housing. With this process in place we can increase the number of families we assist if awarded 1% #16 funding. If we do not receive the funding in this request, it will reduce the number of families we can assist with housing stabilization services in our community. We do not yet know if those federal funds will be affected by the federal budgeting process; however, the service will continue to be offered through that grant to whatever extent the funding awarded can support.

8. How does your organization evaluate itself and programs for effectiveness?

Community Action Partnership of Natrona County utilizes a case management software system and an electronic health record system that allows us to track both service delivery and program outcomes. In the housing and self-sufficiency program we evaluate outcomes such as, maintaining housing, maintaining a budget, acquiring and maintaining a job. We also track the number of families who request housing stabilization services and those receiving housing stabilization services. We also track our physical and mental health outcomes, such as diabetes management, depression screenings, cancer screenings, and asthma management. For our subcontracts we collect and compile quarterly reports from all subcontractors detailing their progress toward outcomes outlined in their application process. Those are summarized in a spreadsheet and forwarded to the City of Casper and Natrona County on a quarterly basis. Community Action has continued to meet and/or exceed its goals and outcomes for number of clients seen and individuals and families receiving rental assistance. Additionally, the federal Housing Management Information System allows us to input and track data on homeless clients. Many of our grants require monthly or quarterly reporting, which enables us to monitor our effectiveness in a timely manner. Our case management system, CAP 60, reflected a 19% increase in the number of individuals whose rent Community Action Partnership of Natrona County paid during October 1, 2016 to September 30, 2017 verses that same period of time during 2015-2016. The information in our case management system is paramount as it provides us with a precise look at the needs of the community. From a qualitative perspective, Community Action also utilizes a Client Satisfaction Survey, which is anonymous and directly reflects the client's overall assessment of the case management/advocacy received. This affords our clients a way to provide us with feedback and Community Action a way to maintain and/or improve the quality of client interactions, if necessary. Also, Community Action completed a Needs Assessment for Natrona County in December of 2017. Housing and health care were among the top three poverty indicators and showed a need for change. Lastly, Community Action is embarking on a new pilot program that will provide long-term case management and support services to 20 families in Casper. This will afford them to be a viable part of this community. Our new motto is, "If we're not talking about housing we're not asking the right questions."

REQUESTED BUDGET DETAIL

Outline in the table below specifically how your request will be used. <i>Example: \$5,000.00 to pay director's salary, which is 6% of total funding request.</i>		
ITEM	AMOUNT OF FUNDING	% OF TOTAL REQUESTED
<i>EXAMPLE: Director's Salary</i>	\$5,000.00	6%
Housing Stabalization Support (rental payments, utility payments)	\$30,000.00	100%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
		0%
TOTAL REQUESTED	\$30,000.00	100%

PROGRAM SALARY AND BENEFIT INFORMATION

[illegible]

PROGRAM EXPENDITURE DETAIL

Prior Fiscal Year Operating Budget (Actual)		Current Fiscal Year Operating Budget (Projected)		Next Fiscal Year Operating Budget (Projected)	
Month / Year:	Jul-17	Month / Year:	Jul-18	Month / Year:	Jul-19
to Month / Year:	Jun-18	to Month / Year:	Jun-19	to Month / Year:	Jun-20

Personnel			
Full-Time			
Regular Wages	\$847,395.02	\$791,708.80	\$831,294.24
Overtime Wages	\$0.00		
Part-Time			
Regular Wages	\$0.00	\$28,080.00	\$28,080.00
Overtime Wages	\$0.00		
Employer Contributions			
Taxes	\$75,221.52	\$79,361.00	\$83,129.00
Benefits	\$284,021.67	\$273,254.20	\$286,797.00
Other (please list below)			
Subtotal Personnel	\$1,206,638.21	\$1,172,404.00	\$1,229,300.24

General Administration			
Postage & Freight	\$2,634.44	\$2,600.00	\$2,700.00
Telephone	\$10,202.38	\$10,200.00	\$10,500.00
Printing / Duplication	\$10,133.18	\$10,000.00	\$10,000.00
Publicity, Dues / Subscriptions	\$3,810.00	\$3,800.00	\$3,800.00
Utility Services			
Professional Services	\$12,500.00	\$30,000.00	\$30,000.00
Maintenance Agreements	\$68,596.54	\$68,258.00	\$68,258.00
Travel	\$14,031.15	\$14,201.00	\$14,201.00
Employees	\$8,860.11		
Other (please list below)			
Medical Supervision		\$3,000.00	\$3,500.00
Medical/Staff Development	\$3,122.17	\$5,000.00	\$5,000.00
Software	\$2,077.52	\$2,000.00	\$2,200.00
Janitorial	\$6,880.92	\$6,900.00	\$7,000.00
Subtotal General Administration	\$142,848.41	\$155,959.00	\$157,159.00

REVENUE DETAIL

Prior Operating Budget Year Actual Revenue		Current Operating Budget Year Projected Revenue		Next Operating Budget Year Projected Revenue	
Month / Year:	Jul-17	Month / Year:	Jul-18	Month / Year:	Jul-19
to Month / Year:	Jun-18	to Month / Year:	Jun-19	to Month / Year:	Jun-20

Program Fees	\$20,000.00	\$25,000.00	\$25,000.00
United Way	\$11,850.00		\$12,000.00
Donations	\$2,000.00	\$2,500.00	\$2,500.00
Grants - State			
Grants - Federal	\$2,034,676.00	\$1,989,676.00	\$2,188,643.00
Grants - Private			
Interest Income			
Other Fundraisers			\$20,000.00
Foundations		\$45,000.00	\$45,000.00
Corporations			
County Funding	\$160,436.00	\$160,436.00	\$160,436.00
City Funding 1%	\$214,740.00	\$30,000.00	\$30,000.00
City Funding Community Promotions			
City Other			
Other (please list below)			
SUMMARY OF REVENUES	\$2,443,702.00	\$2,252,612.00	\$2,483,579.00

DEBT DETAIL - CAPITAL OUTLAY

List all debts owed by your organization.

Debtor	Amount Owed	Anticipated Pay-off Date
NONE		
TOTAL DEBT	\$0.00	

Capital Outlay						
	Prior Operating Budget Year Actual		Current Operating Budget Year Projected		Next Operating Budget Year Projected	
	Month / Year:	Jul-17	Month / Year:	Jul-18	Month / Year:	Jul-19
	to Month / Year:	Jun-18	to Month / Year:	Jun-19	to Month / Year:	Jun-20
Land						
Buildings						
Machinery & Equipment						
Other (List Below)						
Capital Outlay Summary		\$0.00		\$0.00		\$0.00

REVENUE VS. EXPENDITURE SUMMARY
(Please Fill in Blue Shaded Boxes)

Prior Budget Year Actual Values		Current Budget Year Projected Values		Next Budgeted Year Projected Values	
Month / Year:	Jul-17	Month / Year:	Jul-18	Month / Year:	Jul-19
to Month / Year:	Jun-18	to Month / Year:	Jun-19	to Month / Year:	Jun-20

1	Revenue (Line 15 Revenue Detail)	\$2,443,702.00	\$2,252,612.00	\$2,483,579.00
2	Expenditure Summary (Total from Expenditure Detail)	\$2,453,482.37	\$2,252,612.00	\$2,483,578.24
3	Capital Outlay Summary (Total from Capital Outlay Detail)	\$0.00	\$0.00	\$0.00
4	Total Expenditures (Line #2 plus line #3 from above)	\$2,453,482.37	\$2,252,612.00	\$2,483,578.24
5	Over/Under Revenues (Subtract line #4 from line#1 above)	(\$9,780.37)	\$0.00	\$0.76
Total Reserve Breakdown				
6	Operating Reserves From Prior Year (see below for definition)	\$0.00	(\$9,780.37)	(\$9,780.37)
7	Change in Operating Reserve (line #5 from above)	(\$9,780.37)	\$0.00	\$0.76
8	New Operating Reserve (line #6 (+ or -) line #7 from above)	(\$9,780.37)	(\$9,780.37)	(\$9,779.61)
9	Capital Reserves From Prior Year (see definition below)	\$0.00	\$0.00	\$0.00
10	Change in Capital Reserve (any additions or uses of capital reserves)	\$0.00	\$0.00	\$0.00
11	New Capital Reserve (line #9 (+ or -) line #10 from above)	\$0.00	\$0.00	\$0.00
TOTAL RESERVES		(\$9,780.37)	(\$9,780.37)	(\$9,779.61)

Please identify the purpose of all reserves being held by your agency:
Operating (unrestricted, available for use) vs. Capital (restricted for a particular purpose or project)

The negative in operating reserves was covered by program fees that were not expended in FY 2016-2017.

Below are the definitions for Reserves:

*Operating Reserves - these are the funds necessary for the organization to cover operating costs. Usually these funds are needed to cover gaps between funding periods, or to cover shortages in revenue.

** Capital Reserves - Funds restricted for a specific purpose such as for long-term capital investment projects or any other large and anticipated expense(s) that will be made in the future

Financials

Community Action Partnership of Natrona County
Balance Sheet
As of 8/31/2018

		Current Period Balance
Assets		
Current Assets		
Cash - Operating	1010	121,639.41
Petty Cash CAPNC	1012	100.00
Petty Cash HCH	1015	100.00
Accounts Receivable	1200	154,079.80✓
AR - Other	1220	0.00
Due from	1301	0.00
Due From	1400	75,762.66
Due from Primary Government	1401	0.00
Total Current Assets		351,681.87
Fixed Assets		
Construction In Progress	1305	0.00
Buildings and Improvements	1801	82,003.21
Machinery and Equipment	1802	185,674.73
Accum Depr-Machinery & Equipment	1803	(20,558.09)
Accumulated Depreciation -Building and Improvements	1804	(166,816.95)
Total Fixed Assets		80,302.90
Other		
Investment GFA	1890	0.00
Investment in GFA	1900	6,788.10
Deffered Outflows - Pension items	1901	248,614.27
Total Other		255,402.37
Total Assets		687,387.14
Liabilities		
Current Liabilities		
Accounts Payable	2010	61,549.36
Fed Withholding Payable	2040	0.00
FUTA Payable	2041	138.36
FICA Payable	2042	0.00
Retirement Payable	2043	0.00
Payroll Insurance Payable	2044	749.68
Garnishments Payables	2050	0.00
SUTA Payable	2051	1,046.41
Workers Compensation Payable	2052	1,016.26
Accrued Payroll	2055	0.00
Due To	2101	1,133.33
S-T accrued vaction/sick leave	2150	7,116.87
L-T accrued vacation/sick leave	2151	33,099.09
Due To	2400	75,762.66
Net pension laibility	2600	1,049,685.65
Deffered inflow	2610	26,890.15
Total Current Liabilities		1,258,187.82
Other Liabilities		
Capital Leases PayAble	2020	10,562.67
Capital Leases-Current Portion	2021	3,254.00
Total Other Liabilities		13,816.67
Total Liabilities		1,272,004.49

Community Action Partnership of Natrona County
Balance Sheet
As of 8/31/2018

		Current Period Balance
Net Assets		
Prior Year Fund Balance		
Fund Balance	3000	(723,291.04)
Total Prior Year Fund Balance		(723,291.04)
Net Income		
		138,673.69
Total Net Income		138,673.69
Total Net Assets		(584,617.35)
Liabilities and Net Assets		687,387.14

Community Action Partnership of Natrona County
Aged Receivables by Due Date - Aged Receivables
Aging Date - 8/31/2018
From 7/1/2018 Through 8/31/2018

Customer ID	Customer Name	Invoice Number	Due Date	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due	Total
City of Casper	City of Casper On...	033118	5/30/2018	0.00	0.00	0.00	0.00	(69,734.30)	(69,734.30)
City of Casper		CITY	5/30/2018	0.00	0.00	0.00	0.00	69,734.30	69,734.30
City of Casper		CITY-14	7/30/2018	0.00	0.00	(64,257.29)	0.00	0.00	(64,257.29)
City of Casper		cityfinal	7/30/2018	0.00	0.00	68,732.62	0.00	0.00	68,732.62
Total City of Casper	City of Casper On...			0.00	0.00	4,475.33	0.00	0.00	4,475.33
CSBG	Community Servc...	CSBG083118	9/30/2018	16,368.55	0.00	0.00	0.00	0.00	16,368.55
Total CSBG	Community Servc...			16,368.55	0.00	0.00	0.00	0.00	16,368.55
ESG	Dept. Family Servi...	ESG083118	9/30/2018	39,261.61	0.00	0.00	0.00	0.00	39,261.61
Total ESG	Dept. Family Servi...			39,261.61	0.00	0.00	0.00	0.00	39,261.61
HUD-SHP	Housing and Urba...	HUD083118	9/10/2018	21,584.00	0.00	0.00	0.00	0.00	21,584.00
Total HUD-SHP	Housing and Urba...			21,584.00	0.00	0.00	0.00	0.00	21,584.00
Natrona County	Natrona County O...	0090518COU...	9/30/2018	40,420.50	0.00	0.00	0.00	0.00	40,420.50
Total Natrona County	Natrona County O...			40,420.50	0.00	0.00	0.00	0.00	40,420.50
PATH	PATH GRANT	PATH0818	9/30/2018	23,411.40	0.00	0.00	0.00	0.00	23,411.40
PATH		PATHROUND...	9/30/2018	0.53	0.00	0.00	0.00	0.00	0.53
Total PATH	PATH GRANT			23,411.93	0.00	0.00	0.00	0.00	23,411.93
RSVP	National Corporati...	RSVP083118	9/30/2018	8,557.88	0.00	0.00	0.00	0.00	8,557.88
Total RSVP	National Corporati...			8,557.88	0.00	0.00	0.00	0.00	8,557.88
Report Total				149,604.47	0.00	4,475.33	0.00	0.00	154,079.80

Community Action Partnership of Natrona County
Aged Payables by Invoice Date - Outstanding Payables
Aging Date - 8/31/2018
From 7/1/2015 Through 8/31/2018

Vendor ID	Vendor Name	Invoice Date	Invoice Number	Total	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due
6WN PARTNERSHIP	6WN PARTNERSHIP	8/14/2018	6WN/081418...	1,300.00	0.00	1,300.00	0.00	0.00	0.00
Cardmember	Cardmember Services	7/18/2018	CARD/J5-5	507.56	0.00	0.00	507.56	0.00	0.00
		8/1/2018	072418HCH-2	631.53	0.00	631.53	0.00	0.00	0.00
		8/6/2018	CARDM/GT...	250.95	0.00	250.95	0.00	0.00	0.00
		8/15/2018	CARDM/WGE...	710.59	0.00	710.59	0.00	0.00	0.00
		8/15/2018	CARDM/WGE...	710.59	0.00	710.59	0.00	0.00	0.00
		9/1/2018	080218HCH	(63.00)	(63.00)	0.00	0.00	0.00	0.00
		9/1/2018	990FRIENDS	(39.95)	(39.95)	0.00	0.00	0.00	0.00
CASHOUSING	CASPER HOUSING AUTHORITY	9/1/2018	CARD/07171...	22.89	22.89	0.00	0.00	0.00	0.00
		8/10/2018	CHA/081020...	658.00	0.00	658.00	0.00	0.00	0.00
CasperRV	Casper East RV	8/31/2018	CHA/083118...	176.00	176.00	0.00	0.00	0.00	0.00
CasStar80	Casper Star Tribune	8/1/2018	CASPERRV/A...	300.00	0.00	300.00	0.00	0.00	0.00
Colonial Life	Colonial Life	11/8/2018	425771	(230.00)	(230.00)	0.00	0.00	0.00	0.00
COMMERSEV	Colonial Life COMMERCIAL SERVICES, INC	8/31/2018	COLONIAL/0...	70.87	70.87	0.00	0.00	0.00	0.00
		8/7/2018	CSI/080818/...	450.00	0.00	450.00	0.00	0.00	0.00
CspRentalA...	Casper Rental Agency - Serge M D'Elia	8/27/2018	CSI/082718/...	500.00	0.00	500.00	0.00	0.00	0.00
		7/16/2018	CRA/071618...	1,750.00	0.00	0.00	1,750.00	0.00	0.00
GRANTMARSH	GRANT MARSH PROPERTY	8/3/2018	cha/0801318...	658.00	0.00	658.00	0.00	0.00	0.00
		8/9/2018	MP/080918/...	400.00	0.00	400.00	0.00	0.00	0.00
GrimshawIn-1	Grimshaw Investments	8/28/2018	MARSH/0828...	503.00	0.00	503.00	0.00	0.00	0.00
		8/2/2018	WYO/NATL/0...	550.00	0.00	550.00	0.00	0.00	0.00
Highland	Highland Property Management Inc / Prairie Sage Apts	8/3/2018	GRIMSHAW/...	400.00	0.00	400.00	0.00	0.00	0.00
		8/27/2018	HPM/082718...	678.00	0.00	678.00	0.00	0.00	0.00
HNB941Dept	HNB - 941 Deposit	8/31/2018	HNB083118	14,755.68	14,755.68	0.00	0.00	0.00	0.00
MEYER-J	JOHN MEYER	8/6/2018	MEYERS/080...	200.00	0.00	200.00	0.00	0.00	0.00
NatMetLife	Natrona County	8/31/2018	NCBT/08311...	2,782.00	2,782.00	0.00	0.00	0.00	0.00
		8/31/2018	NCBT/08318	14,924.00	14,924.00	0.00	0.00	0.00	0.00

Community Action Partnership of Natrona County
Aged Payables by Invoice Date - Outstanding Payables

Aging Date - 8/31/2018
From 7/1/2015 Through 8/31/2018

Vendor ID	Vendor Name	Invoice Date	Invoice Number	Total	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due
PATTON	Lily Patton -- Reimbursement	8/31/2018	LNP/083118/...	71.40	71.40	0.00	0.00	0.00	0.00
PettyCash	Petty Cash-Debbie Foreman	8/31/2018	PATTON/8-20	314.26	314.26	0.00	0.00	0.00	0.00
		8/29/2018	PC/082918	55.00	0.00	55.00	0.00	0.00	0.00
RockyMntPw	Rocky Mountain Power	7/11/2018	RMP/071118...	197.00	0.00	0.00	197.00	0.00	0.00
StaplesCre	Staples Credit Plan	8/3/2018	RMP/080318...	67.65	0.00	67.65	0.00	0.00	0.00
		8/30/2018	RMP/083018...	575.00	0.00	575.00	0.00	0.00	0.00
		6/1/2018	2067375861	41.94	0.00	0.00	0.00	0.00	41.94
		7/12/2018	17104	64.28	0.00	0.00	64.28	0.00	0.00
		8/1/2018	073018HCH	161.98	0.00	161.98	0.00	0.00	0.00
		8/8/2018	1580560	90.26	0.00	90.26	0.00	0.00	0.00
		8/13/2018	15805-d	3.64	0.00	3.64	0.00	0.00	0.00
		8/13/2018	1580560-HCH	(3.64)	0.00	(3.64)	0.00	0.00	0.00
		8/17/2018	1891496	287.97	0.00	287.97	0.00	0.00	0.00
		8/21/2018	1813951-1	186.86	0.00	186.86	0.00	0.00	0.00
UNITEDWAY	UNITED WAY OF NATRONA COUNTY, INC	8/21/2018	1813951/08...	81.99	0.00	81.99	0.00	0.00	0.00
		7/16/2028	31992	(39.89)	(39.89)	0.00	0.00	0.00	0.00
		8/31/2018	UNITED0831...	100.00	100.00	0.00	0.00	0.00	0.00
WASHINGTON...	WASHINGTON NATIONAL	8/31/2018	W1827033-8...	439.30	439.30	0.00	0.00	0.00	0.00
WASHUT	CAROLINE M. WASHUT	8/27/2018	WASHUT/09...	600.00	0.00	600.00	0.00	0.00	0.00
WyomNatLLC	Wyoming National LLC	1/2/2018	GRIMSHAW/...	682.00	0.00	0.00	0.00	0.00	682.00
WyomRetireSy...	Wyoming Retirement System	5/29/2018	GRIMSHAW/...	1,100.00	0.00	0.00	0.00	0.00	1,100.00
		8/31/2018	RET/083118	10,069.10	10,069.10	0.00	0.00	0.00	0.00
Report Total				58,702.81	43,352.66	11,007.37	2,518.84	0.00	1,823.94

2846.55

2908.55
62.00
2846.55

61,549.26

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - County Grant FY 19 - Unposted Transactions Included In Report
From 7/1/2018 Through 8/31/2018

		Current Period	Total Budget - Original	Total Budget Variance - Original
Revenue				
6800	County General Fund	26,561.50	106,246.00	(79,684.50)
6810	County 1 Percent	13,859.00	55,436.00	(41,577.00)
	Total Revenue	40,420.50	161,682.00	(121,261.50)
Expenses				
7010	Salaries	13,352.73	55,578.00	42,225.27
7020	Retirement	1,621.59	6,299.00	4,677.41
7021	Social Security Match	808.74	3,448.00	2,639.26
7022	Medicare Match	189.12	808.00	618.88
7023	Employee Medical Insurance	2,848.50	8,403.00	5,554.50
7024	Unemployment Insurance	60.71	545.00	484.29
7025	Worker's Comp	105.48	359.00	253.52
7130	Staff Development	0.00	6,996.00	6,996.00
7140	Office Supplies	0.00	700.00	700.00
7150	Software	0.00	500.00	500.00
7240	Repair/Maintenance/Equ... Contracts	0.00	500.00	500.00
7600	Emergency Rent/Mortgage	0.00	37,546.00	37,546.00
7700	Contractual Services	0.00	40,000.00	40,000.00
	Total Expenses	18,986.87	161,682.00	142,695.13
	Net Revenue Over Expenditures	21,433.63	0.00	21,433.63

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - CSBG 18 - Unposted Transactions Included In Report
From 10/1/2017 Through 8/31/2018

		Current Period	Total Budget - Original	Total Budget Variance - Original	Percent Total Budget Remaining
Revenue					
5101	CSBG	510,625.13	567,312.00	(56,686.87)	(9.99)%
	Total Revenue	<u>510,625.13</u>	<u>567,312.00</u>	<u>(56,686.87)</u>	<u>(9.99)%</u>
Expenses					
7010	Salaries	145,268.28	175,569.00	30,300.72	17.25%
7011	Third Party Sick Pay	1,133.33	0.00	(1,133.33)	0.00%
7020	Retirement	20,653.08	24,780.00	4,126.92	16.65%
7021	Social Security Match	8,601.93	10,974.00	2,372.07	21.61%
7022	Medicare Match	2,012.03	2,567.00	554.97	21.61%
7023	Employee Medical Insurance	39,673.77	16,746.00	(22,927.77)	(136.91)%
7024	Unemployment Insurance	1,690.64	1,555.00	(135.64)	(8.72)%
7025	Worker's Comp	1,197.34	2,000.00	802.66	40.13%
7026	Other Insurance Expense	2,440.25	2,500.00	59.75	2.39%
7050	Temporary Staff	10,011.62	10,000.00	(11.62)	(0.11)%
7105	Travel -- In State	228.50	1,500.00	1,271.50	84.76%
7110	Travel Expense -- Out of State	1,009.02	5,000.00	3,990.98	79.81%
7130	Staff Development	1,899.25	100.00	(1,799.25)	(1,799.25)%
7140	Office Supplies	8,069.65	8,000.00	(69.65)	(0.87)%
7145	Printing/Duplicating	6,633.27	8,300.00	1,666.73	20.08%
7146	Postage	1,443.91	1,300.00	(143.91)	(11.07)%
7155	Advertising	85.00	0.00	(85.00)	0.00%
7160	Dues/Licensing	1,470.00	1,270.00	(200.00)	(15.74)%
7165	Publications	460.00	9,000.00	8,540.00	94.88%
7170	Telephone	2,665.24	5,450.00	2,784.76	51.09%
7180	Internet	439.78	1,068.00	628.22	58.82%
7200	Office Rent	45,584.77	48,000.00	2,415.23	5.03%
7210	Janitorial	72.50	100.00	27.50	27.50%
7240	Repair/Maintenance/Equ... Contracts	15,458.96	14,514.50	(944.46)	(6.50)%
7520	Pharmacy	123.76	500.00	376.24	75.24%
7540	Dental	0.00	500.00	500.00	100.00%
7550	Vision	0.00	500.00	500.00	100.00%
7560	Medical Supervision	595.00	0.00	(595.00)	0.00%
7570	Specialty Medical	144.88	1,000.00	855.12	85.51%
7580	Client Transportation	8,240.40	9,000.00	759.60	8.44%
7590	Food Assistance	11,600.00	15,000.00	3,400.00	22.66%
7600	Emergency Rent/Mortgage	144,352.99	156,153.00	11,800.01	7.55%
7610	Emergency Utilities	19,235.50	20,000.00	764.50	3.82%
7620	Emergency Motel/Shelter	5,622.06	6,500.00	877.94	13.50%
7640	Self-Sufficiency	1,417.63	5,000.00	3,582.37	71.64%
7641	After School/Day Camp	355.54	250.00	(105.54)	(42.21)%
7700	Contractual Services	2,500.00	2,615.50	115.50	4.41%
9016	Bank Fees	(27.25)	0.00	27.25	0.00%
	Total Expenses	<u>512,362.63</u>	<u>567,312.00</u>	<u>54,949.37</u>	<u>9.69%</u>
	Net Revenue Over Expenditures	<u>(1,737.50)</u>	<u>0.00</u>	<u>(1,737.50)</u>	<u>0.00%</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - ESG FY 18-19 - Unposted Transactions Included In Report
From 7/1/2018 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>
Revenue				
5190	Emergency Shelter Grant	<u>39,261.61</u>	<u>148,164.07</u>	<u>(108,902.46)</u>
	Total Revenue	<u>39,261.61</u>	<u>148,164.07</u>	<u>(108,902.46)</u>
Expenses				
7010	Salaries	1,139.07	2,152.90	1,013.83
7020	Retirement	46.46	302.00	255.54
7021	Social Security Match	66.93	134.00	67.07
7022	Medicare Match	15.65	32.00	16.35
7023	Employee Medical Insurance	155.80	362.00	206.20
7024	Unemployment Insurance	18.57	0.00	(18.57)
7025	Worker's Comp	2.63	17.10	14.47
7140	Office Supplies	0.00	1,000.00	1,000.00
7605	Homeless Prevention Rent	20,096.50	33,797.00	13,700.50
7606	Street Outreach	0.00	27,235.37	27,235.37
7607	Rapid Re-Housing Rent	17,170.00	19,766.00	2,596.00
7700	Contractual Services	<u>0.00</u>	<u>63,365.70</u>	<u>63,365.70</u>
	Total Expenses	<u>38,711.61</u>	<u>148,164.07</u>	<u>109,452.46</u>
	Net Revenue Over Expenditures	<u>550.00</u>	<u>0.00</u>	<u>550.00</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - HCH FY 18-19 - Unposted Transactions Included In Report
From 3/1/2018 Through 8/31/2018

		Current Period	Total Budget - Original	Total Budget Variance - Original	Percent Total Budget Remaining
Revenue					
5110	HCH Grant	457,163.76	1,042,184.00	(585,020.24)	(56.13)%
	Total Revenue	<u>457,163.76</u>	<u>1,042,184.00</u>	<u>(585,020.24)</u>	<u>(56.13)%</u>
Expenses					
7010	Salaries	202,337.97	483,524.00	281,186.03	58.15%
7020	Retirement	27,438.94	67,693.00	40,254.06	59.46%
7021	Social Security Match	11,855.87	29,979.00	18,123.13	60.45%
7022	Medicare Match	2,772.69	7,011.00	4,238.31	60.45%
7023	Employee Medical Insurance	48,402.13	105,021.00	56,618.87	53.91%
7024	Unemployment Insurance	2,397.99	3,958.00	1,560.01	39.41%
7025	Worker's Comp	1,598.42	4,400.00	2,801.58	63.67%
7026	Other Insurance Expense	6,140.54	5,000.00	(1,140.54)	(22.81)%
7050	Temporary Staff	3,806.25	0.00	(3,806.25)	0.00%
7105	Travel -- In State	948.86	2,555.00	1,606.14	62.86%
7110	Travel Expense -- Out of State	1,076.77	8,000.00	6,923.23	86.54%
7130	Staff Development	2,634.00	3,000.00	366.00	12.20%
7140	Office Supplies	6,546.63	12,000.00	5,428.82	45.24%
7145	Printing/Duplicating	1,392.92	4,140.00	2,747.08	66.35%
7146	Postage	1,334.45	500.00	(834.45)	(166.89)%
7150	Software	105.00	23,600.00	23,495.00	99.55%
7155	Advertising	379.00	0.00	(379.00)	0.00%
7160	Dues/Licensing	573.25	4,000.00	3,426.75	85.66%
7170	Telephone	1,946.56	3,500.00	1,553.44	44.38%
7180	Internet	479.88	725.00	245.12	33.80%
7200	Office Rent	21,565.98	41,200.00	19,634.02	47.65%
7210	Janitorial	2,847.50	5,700.00	2,852.50	50.04%
7230	Bio-Hazard	331.00	600.00	269.00	44.83%
7240	Repair/Maintenance/Equipment Contracts	30,881.65	25,000.00	(5,881.65)	(23.52)%
7251	Office Equipment/Furniture	0.00	6,868.00	6,868.00	100.00%
7500	Mental Health-Substance Abuse	18,400.00	46,320.00	27,920.00	60.27%
7510	Lab	150.00	11,990.00	11,840.00	98.74%
7511	X-Ray	5,855.80	14,500.00	8,644.20	59.61%
7520	Pharmacy	7,943.48	20,000.00	12,056.52	60.28%
7530	Medical Supplies	8,180.83	10,000.00	1,819.17	18.19%
7540	Dental	5,026.00	15,000.00	9,974.00	66.49%
7550	Vision	5,477.24	19,000.00	13,522.76	71.17%
7560	Medical Supervision	25.00	3,000.00	2,975.00	99.16%
7570	Specialty Medical	8,588.50	12,000.00	3,411.50	28.42%
7580	Client Transportation	965.25	2,400.00	1,434.75	59.78%
7700	Contractual Services	26,055.00	40,000.00	13,945.00	34.86%
	Total Expenses	<u>466,461.35</u>	<u>1,042,184.00</u>	<u>575,698.10</u>	<u>55.24%</u>
	Net Revenue Over Expenditures	<u>(9,297.59)</u>	<u>0.00</u>	<u>(9,322.14)</u>	<u>0.00%</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - HUD 18-19 - Unposted Transactions Included In Report
From 1/1/2016 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>
Revenue				
6900	HUD/SHP	<u>21,584.00</u>	<u>64,766.00</u>	<u>(43,182.00)</u>
	Total Revenue	<u>21,584.00</u>	<u>64,766.00</u>	<u>(43,182.00)</u>
Expenses				
7600	Emergency Rent/Mortgage	<u>21,584.00</u>	<u>64,766.00</u>	<u>43,182.00</u>
	Total Expenses	<u>21,584.00</u>	<u>64,766.00</u>	<u>43,182.00</u>
	Net Revenue Over Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - PATH FY 18 - Unposted Transactions Included In Report
From 8/1/2017 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>	<u>Percent Total Budget Remaining</u>
Revenue					
PATH	5116	102,945.50	112,000.00	(9,054.50)	(8.08)%
State of Wyoming	5130	9,054.50	0.00	9,054.50	0.00%
Total Revenue		<u>112,000.00</u>	<u>112,000.00</u>	<u>0.00</u>	<u>0.00%</u>
Expenses					
Salaries	7010	46,825.98	45,000.00	(1,825.98)	(4.05)%
Retirement	7020	6,233.34	6,300.00	66.66	1.05%
Social Security Match	7021	2,775.23	2,790.00	14.77	0.52%
Medicare Match	7022	649.05	653.00	3.95	0.60%
Employee Medical Insurance	7023	7,280.92	4,238.00	(3,042.92)	(71.80)%
Unemployment Insurance	7024	443.30	259.00	(184.30)	(71.15)%
Worker's Comp	7025	389.70	509.00	119.30	23.43%
Other Insurance Expense	7026	0.00	700.00	700.00	100.00%
Travel -- In State	7105	747.96	2,080.00	1,332.04	64.04%
Travel Expense -- Out of State	7110	900.00	900.00	0.00	0.00%
Staff Development	7130	728.00	1,600.00	872.00	54.50%
Office Supplies	7140	775.52	1,320.00	544.48	41.24%
Software	7150	0.00	1,000.00	1,000.00	100.00%
Telephone	7170	400.00	600.00	200.00	33.33%
Internet	7180	400.00	600.00	200.00	33.33%
Office Rent	7200	4,521.00	4,521.00	0.00	0.00%
Emergency Rent/Mortgage	7600	32,030.00	32,030.00	0.00	0.00%
Self-Sufficiency	7640	6,900.00	6,900.00	0.00	0.00%
Total Expenses		<u>112,000.00</u>	<u>112,000.00</u>	<u>0.00</u>	<u>0.00%</u>
Net Revenue Over Expenditures		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00%</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - RSVP 18-19 - Unposted Transactions Included In Report
From 7/1/2018 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>	<u>Percent Total Budget Remaining</u>
Revenue					
6545	National Health Service Corp	12,599.49	98,032.00	(85,432.51)	(87.14)%
	Total Revenue	<u>12,599.49</u>	<u>98,032.00</u>	<u>(85,432.51)</u>	<u>(87.15)%</u>
Expenses					
7010	Salaries	7,500.00	46,110.00	38,610.00	83.73%
7020	Retirement	1,045.52	6,594.00	5,548.48	84.14%
7021	Social Security Match	465.00	2,859.00	2,394.00	83.73%
7022	Medicare Match	108.76	668.00	559.24	83.71%
7024	Unemployment Insurance	51.74	0.00	(51.74)	0.00%
7025	Worker's Comp	59.26	0.00	(59.26)	0.00%
7026	Other Insurance Expense	367.00	0.00	(367.00)	0.00%
7105	Travel -- In State	0.00	1,681.00	1,681.00	100.00%
7110	Travel Expense -- Out of State	1,340.09	2,085.00	744.91	35.72%
7140	Office Supplies	32.14	1,200.00	1,167.86	97.32%
7146	Postage	33.55	0.00	(33.55)	0.00%
7166	Marketing	90.00	0.00	(90.00)	0.00%
7580	Client Transportation	1,506.43	0.00	(1,506.43)	0.00%
7660	Volunteer Recognition Expenses	0.00	36,835.00	36,835.00	100.00%
	Total Expenses	<u>12,599.49</u>	<u>98,032.00</u>	<u>85,432.51</u>	<u>87.15%</u>
	Net Revenue Over Expenditures	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00%</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - TANF FY 2018 - Unposted Transactions Included In Report
From 10/1/2017 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>
Revenue				
5109	TANF	<u>60,759.43</u>	<u>100,000.00</u>	<u>(39,240.57)</u>
	Total Revenue	<u>60,759.43</u>	<u>100,000.00</u>	<u>(39,240.57)</u>
Expenses				
7010	Salaries	17,824.98	19,800.00	1,975.02
7020	Retirement	2,484.80	3,168.00	683.20
7021	Social Security Match	1,089.18	1,228.00	138.82
7022	Medicare Match	254.76	287.00	32.24
7023	Employee Medical Insurance	3,385.25	7,920.00	4,534.75
7024	Unemployment Insurance	196.68	208.00	11.32
7025	Worker's Comp	147.02	229.00	81.98
7140	Office Supplies	0.00	400.00	400.00
7146	Postage	27.35	0.00	(27.35)
7200	Office Rent	0.00	2,730.00	2,730.00
7590	Food Assistance	1,000.00	0.00	(1,000.00)
7640	Self-Sufficiency	2,970.67	14,030.00	11,059.33
7700	Contractual Services	<u>36,972.84</u>	<u>50,000.00</u>	<u>13,027.16</u>
	Total Expenses	<u>66,353.53</u>	<u>100,000.00</u>	<u>33,646.47</u>
	Net Revenue Over Expenditures	<u>(5,594.10)</u>	<u>0.00</u>	<u>(5,594.10)</u>

Community Action Partnership of Natrona County
Statement of Revenues and Expenditures - RUTH ELLBOGEN 2018 - Unposted Transactions Included In Report
From 1/1/2016 Through 8/31/2018

		<u>Current Period</u>	<u>Total Budget - Original</u>	<u>Total Budget Variance - Original</u>	<u>Percent Total Budget Remaining</u>
Revenue					
5165	ELLBOGEN FOUNDATION	10,000.00	0.00	10,000.00	0.00%
	Total Revenue	<u>10,000.00</u>	<u>0.00</u>	<u>10,000.00</u>	<u>0.00%</u>
Expenses					
7580	Client Transportation	54.96	0.00	(54.96)	0.00%
7600	Emergency Rent/Mortgage	2,991.00	0.00	(2,991.00)	0.00%
7610	Emergency Utilities	414.04	0.00	(414.04)	0.00%
	Total Expenses	<u>3,460.00</u>	<u>0.00</u>	<u>(3,460.00)</u>	<u>0.00%</u>
	Net Revenue Over Expenditures	<u>6,540.00</u>	<u>0.00</u>	<u>6,540.00</u>	<u>0.00%</u>

**CITY OF CASPER
LICENSING AND APPEALS BOARD
CITY HALL, DOWNSTAIRS MEETING ROOM
SEPTEMBER 20, 2018
4:00 P.M.**

Members of the public wishing to place a new item on the agenda must submit a written request to the Community Development Department no later than eight (8) days preceding the Licensing and Appeals Board meeting.

Members of the public wishing to comment at a regular Licensing and Appeals Board Meeting may do so at the end of the regular meeting with a majority of the board voting in favor of their request. These comments will be limited to five (5) minutes.

AGENDA

- I. ROLL CALL**
- II. CONSIDERATION OF MINUTES FOR AUGUST 16, 2018**
- III. MONTHLY REPORT**
- IV. NEW BUSINESS**
 - A. Complaint – Rafael Ruiz - Ruiz Construction LLC
 - B. Compaction Ordinance Update
- V. APPLICATIONS FOR THE BOARD'S CONSIDERATION:**

GENERAL CONTRACTORS

DAVE KENNY, G.E. JOHNSON CONSTRUCTION COMPANY, LLC – Applying for a Class I General Contractor's License (G.E. Johnson is currently licensed, new qualifying party).

MITCH REECE, ETHOS DISTRIBUTED SOLUTIONS – Applying for a Class I General Contractor's License.

GORDON MAHOOD, MARKOVICH CONSTRUCTION, INC. - Applying for a Class I General Contractor's License (Different Qualifying Party than previously approved).

MATTHEW BRATZKE, LA MACCHIA GROUP, LLC – Applying for a Class I General Contractor's License (Different Qualifying Party than previously approved).

KEVIN CUMMINGS, CROWN CONSTRUCTION – *Re-submittal* - Applying for a Class I General Contractor's License.

RAFAEL RUIZ – Applying for an upgrade to a Class II, General Contractor's License.

JACQUELYN BILEK, JACQUELYN BILEK INTERIORS – *Re-Submittal* - Applying for a Class III General Contractor's License.

PLUMBING CONTRACTOR

JOSEPH STONEKING – Applying for a Journeyman Plumbing License.

MECHANICAL CONTRACTOR

JOSHUA HARVEY – Applying for a Journeyman Mechanical License.

VI. COMMUNICATIONS FROM PERSONS PRESENT

VII. ADJOURNMENT

**CITY OF CASPER
CONTRACTORS' LICENSING AND APPEALS BOARD
AUGUST 16, 2018**

MEMBERS PRESENT:

**ANDREW ELSTON
JASON HUBER
SCOTT WARREN**

**ZAC HORNER
JOHN HAID
ADAM HALL**

CITY STAFF:

DAN ELSTON

KELLY SHANLEY

CALL MEETING TO ORDER – Chairperson Zac Horner called the regular meeting to order at 4:00 p.m.

MINUTES FROM JULY 19, 2018 – John Haid moved to approve the meeting minutes of July 19, 2018. Jason Huber seconded the motion. Motion approved.

MONTHLY REPORT UPDATE - Dan Elston reported for the month of July, 5 building permits were issued for construction of single family homes. To date, 36 permits for construction of single family homes have been issued compared to 35 this time last year. The Building Division issued 137 building, 87 electrical, 69 mechanical, and 87 plumbing permits during July with valuations of \$10,833,352. The Building Division is down approximately 4 million dollars in permitting compared to this time last year. The inspectors completed 584 inspections in July, which includes consults and plan reviews.

Below is a breakdown of the 16 commercial projects that are in progress:

- Kelly Walsh High School – Site work continues.
- Boyd Avenue Church Gym – The first floor walls are up.
- U-Haul – Old Cretex Building
- Raven Crest Apartments – This project is on-going.
- Senior Living Homes – Fairgrounds
- Rescue Mission – Site work and final finishes are in process. An October opening is anticipated.
- Gruner Brothers Brewery – The brewing equipment is being installed.
- NCHS – S VAC Building Remodel
- Alpine Motor Sports – This project is on-going.
- Fire Station #5 – The roof sheathing is complete; the footings and foundation have been poured.
- Miscellaneous Cell Towers
- City of Casper Balefill Building – Footings are in process.
- Masterson Place
- Taco Johns – The foundation is complete.
- Old Chicago Restaurant – They are working on the remodel of the entry doors.
- Sagewood Elementary School

Completed Projects in July:

- Casper Orthopedics – MRI Addition
- Lincoln Elementary

New Plans Submitted for Approval:

- Sleep Number Store
- WyHy Federal Credit Union Remodel
- Wyoming Medical Center – This is an extensive two phase remodel.
- Blackmore Marketplace – Three tenant spaces.

LICENSE APPLICATIONS –

KEVIN CUMMINGS, CROWN CONSTRUCTION – Applying for a Class I General Contractor's License. After discussion and review of the application and affidavit, Scott Warren moved to table Kevin Cummings application. The Board would like to see additional detailed record of experience for Kevin. John Haid seconded the motion. Motion approved.

ROBERT H WINKELMANN, LA MACCHIA GROUP, LLC – Applying for a Class I General Contractor's License. After discussion and review of the application and affidavits, Adam Hall moved to approve Robert Winkelmann to test for a Class I General Contractor's License. Andrew Elston seconded the motion. Motion approved.

MISAEEL YANEZ, JR., K & M CONSTRUCTION, LLC – Applying for a Class II General Contractor's License. After discussion and review of the application and affidavits, Jason Huber moved to deny Misael Yanez a Class II General Contractor's License. However, Jason Huber moved to approve Misael Yanez to test for a Class III General Contractor's License. Andrew Elston seconded the motion. Motion approved.

BRENNAN SHEW – Applying for a Journeyman Plumbing License. After discussion and review of the application and affidavit, Andrew Elston moved to approve Brennan Shew to test for a Journeyman Plumbing License. Steve Boyle seconded the motion. Motion approved.

MISCELLANEOUS COMMUNICATIONS

PROPOSED COMPACTION ORDINANCE – Of 1,795 homes that have been built within city limits since 2007, one home had be moved; two homes have had to be repaired because of structural issues; and 11 are in litigation. However, due to a news article regarding sinking houses on the west side of town and the implication this was caused by improper compaction, City Council is considering implementing a Compaction Ordinance that would require compaction inspections and testing for construction of all one and two family dwellings.

The City is holding a "Coffee Talk" on August 23rd at 7 a.m. to discuss implementation of a soil compaction ordinance. Dan Elston invited the Board to attend. Invitations will go out to those who would be affected by the proposed Compaction Ordinance (i.e., Class I and II general contractor's that construct homes, utility contractors, developers, and realtors). Dan Elston has made contact with several other jurisdictions to see if they enforce compaction. Of all the cities/counties polled, Dan did not find any other jurisdiction that require soil compaction. Dan distributed a questionnaire to the Board for their review, which will be sent out to those affected by compaction. Dan Elston asked the Board for their approval/input on the survey. Steve Boyle moved to give Dan Elston the approval to distribute the questionnaire to those who would be affected by the proposed ordinance. Adam Hall seconded the motion. Motion Approved.

COMPLAINT – ELITE CONSTRUCTION – A complaint was filed on Steven Hoff of Elite Construction. The complaint states that the complaining party paid Elite Construction 65% of the bid price, windows were partially installed when Casper had several rain storms in which the complaining party's basement flooded, and to date the job still has not been completed. Justin Scott (residential inspector) has done several inspections for this project in which the complaint was filed. When performing an inspection, the inspector looks to see if the work performed meets the minimum code standards (i.e., size, heights, etc.) of the IRC. The inspector does not look at quality of workmanship. Justin Scott's inspection did confirm that the egress windows meet the egress opening and height standard requirements from the finished floor and that the window wells are the correct size for emergency egress. However, there are some drainage issues that need to be addressed. Dan Elston stated that he has contacted Steven Hoff regarding the complaint, and Steven has stated that he would take care of the drainage issues. Because the inspections show that the minimum standards of the IRC were met, there is nothing that the Building Division can do. The City of Casper Building Division does not have authority over the time lapse of a project nor monetary issues. This complaint appears to be a civil issue. Dan Elston stated that he will put this complaint on file.

ADJOURN – The meeting adjourned at 4:50 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dan Elston". The signature is fluid and cursive, with the first name "Dan" and last name "Elston" clearly distinguishable.

Dan Elston, Secretary



COMMUNITY DEVELOPMENT
DEPARTMENT

State of Wyoming
City of Casper
200 N David St Phone: (307) 235-8264
Building Department
August 2018 Reports



Type of Permit	Number of Permits	Fees	Valuations
Rem-Kitchen	3	\$394.00	\$16,600.00
Rep-Re-Roof	88	\$15,739.00	\$801,322.80
Add-garage	1	\$2,241.00	\$350,000.00
Add-residential	3	\$971.00	\$22,000.00
Rep-Comm Misc	1	\$445.00	\$36,000.00
Rem-Basement	4	\$688.00	\$38,000.00
New-residential	9	\$17,240.20	\$2,175,085.34
Dem-Commercial	1	\$300.00	\$0.00
Rem-Residential	12	\$3,306.00	\$260,100.00
Add-Other	10	\$1,219.00	\$50,166.00
Rem-Commercial	3	\$7,572.65	\$747,064.00
Add-Deck	4	\$372.00	\$7,900.00
Rep-Res Misc	3	\$861.00	\$60,500.00
Dem-residential	2	\$362.00	\$8,000.00
New-Detached Garage	1	\$162.00	\$8,000.00
Add-Commercial	1	\$3,235.65	\$300,000.00
Retaining Wall	2	\$292.00	\$12,000.00
Rep-Deck	2	\$349.00	\$17,277.00
Rem-Bathroom	1	\$70.00	\$500.00
New-Sign	1	\$174.00	\$9,000.00
	152	\$55,993.50	\$4,919,515.14

Electrical Permits Issued	Fees Invoiced
87	\$13,017.00

Mechanical Permits Issued	Fees Invoiced
67	\$9,370.00

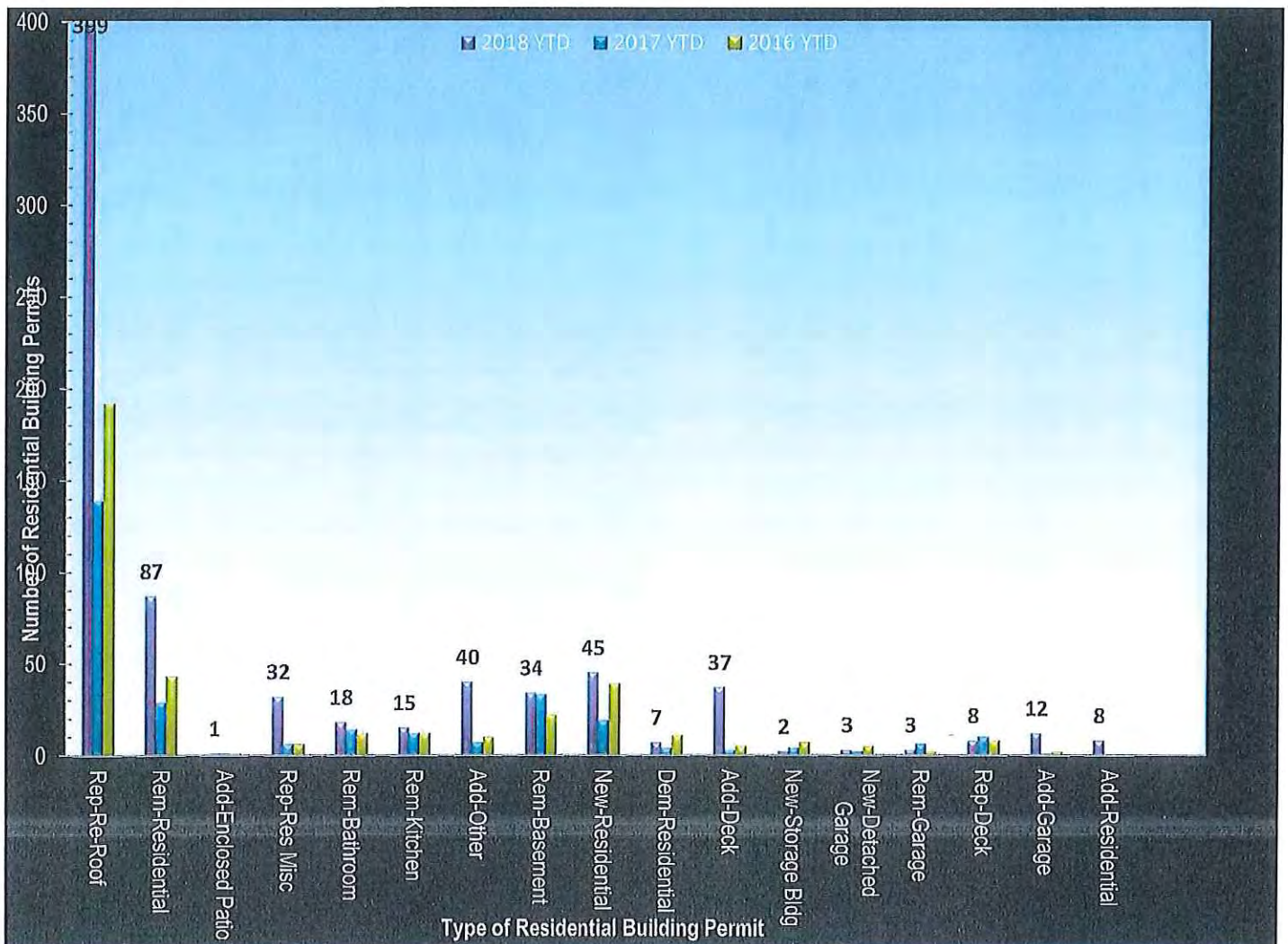
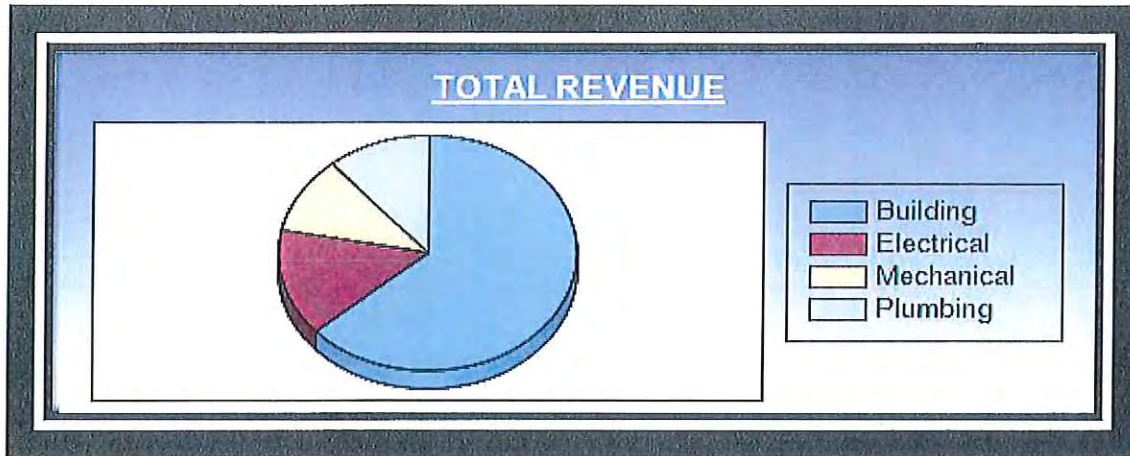
Plumbing Permits Issued	Fees Invoiced
115	\$9,921.50

Single Family Houses YTD:			August 2018 Single Family Houses		
2017		40	2017		5
2018		45	2018		9



COMMUNITY DEVELOPMENT
DEPARTMENT

State of Wyoming
City of Casper
200 N David St Phone: (307) 235-8264
Building Department
August 2018 Reports





COMMUNITY DEVELOPMENT
DEPARTMENT

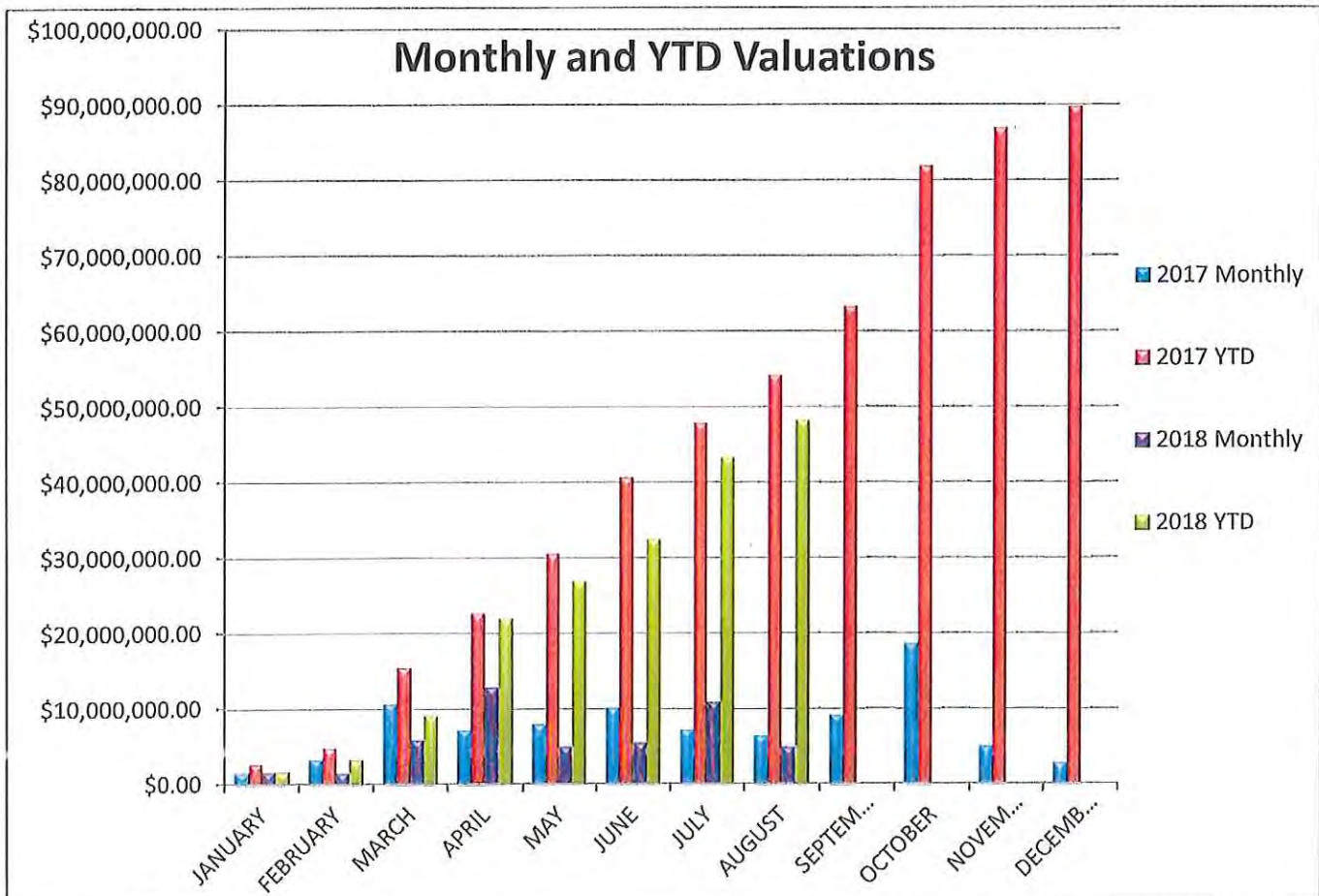
State of Wyoming
City of Casper
200 N David St Phone: (307) 235-8264
Building Department
August 2018 Reports



MONTH	2017 Monthly Valuation	2017 YTD Valuation	2018 Monthly Valuation	2018 YTD Valuation
JANUARY	\$1,530,744.20	\$2,659,149.99	\$1,661,039.40	\$1,661,039.40
FEBRUARY	\$3,271,856.76	\$4,802,600.96	\$1,551,977.75	\$3,213,017.15
MARCH	\$10,662,750.45	\$15,465,351.41	\$5,836,851.00	\$9,049,868.15
APRIL	\$7,162,724.38	\$22,628,075.79	\$12,821,244.41	\$21,871,112.56
MAY	\$7,907,350.15	\$30,535,425.94	\$4,986,078.01	\$26,857,190.57
JUNE	\$10,111,043.55	\$40,646,469.49	\$5,525,644.37	\$32,382,834.94
JULY	\$7,183,820.80	\$47,830,290.29	\$10,833,352.90	\$43,216,187.84
AUGUST	\$6,342,767.77	\$54,173,058.06	\$4,919,515.14	\$48,135,702.98
SEPTEMBER	\$9,109,861.61	\$63,282,919.67		
OCTOBER	\$18,606,798.53	\$81,889,718.20		
NOVEMBER	\$5,007,976.20	\$86,897,694.40		
DECEMBER	\$2,850,440.36	\$89,748,134.76		
	\$89,748,134.76		\$48,135,702.98	\$48,135,702.98

LARGE VALUATIONS:

No projects over \$1,000,000 in the month of August 2018





COMMUNITY DEVELOPMENT
DEPARTMENT

State of Wyoming
City of Casper

200 N David St Phone: (307) 235-8264

Building Department

Fees Collected

August 2018 Report



BUILDING PERMITS	\$ 43,911.80
ELECTRICAL PERMITS	\$ 12,917.00
MECHANICAL PERMITS	\$ 11,261.00
PLUMBING PERMITS	\$ 9,930.50
ELECTRICAL LICENSES	\$ 1,962.00
PLUMBING LICENSES	\$ 3.00
MOBILE HOME LICENSES	\$ -
MECHANICAL LICENSES	\$ -
UTILITY LICENSES	\$ 175.00
GENERAL CONTRACTORS LICENSES	\$ 900.00
SIGN PERMITS	\$ 975.00
C-CAN PERMITS	\$ 50.00
MOBILE HOME PERMITS	\$ -
PLAN CHECK FEES	\$ 5,165.80
PLANNING FEES	\$ 6,700.00
DEMO PERMITS (included in Building Permits)	\$ -

Totals: \$ 93,951.10

MONTHLY INSPECTIONS:

BUILDING	ELECTRIC	PLUMBING	MECHANICAL
206	202	148	66

CONSULTS	PLAN REVIEW	FIRE
14	44	0

YTD INSPECTIONS:

BUILDING	ELECTRIC	PLUMBING	MECHANICAL
1531	1378	980	414

CONSULTS	PLAN REVIEW	FIRE
172	317	22

2018 Monthly Inspections
August 2018

Inspector	Building Inspections	Electrical Inspections	Plumbing Inspections	Mechanical Inspections	Plan Reviews	Fire Training/ Inspections	Consults, Gray Slips, Miscellan eous	Total Inspections and Plan Reviews
Jim Bowden	0	0	130	65	0	0	0	195
Justin Scott	151	0	6	0	26	0	0	183
Shawn Barrett	9	88	0	1	4	0	10	112
Dan Elston	40	0	12	0	8	0	4	64
Bill McCloy	6	114	0	0	6	0	0	126
								0
Monthly Total	206	202	148	66	44	0	14	680
YTD Totals	1531	1378	980	414	317	22	172	4814



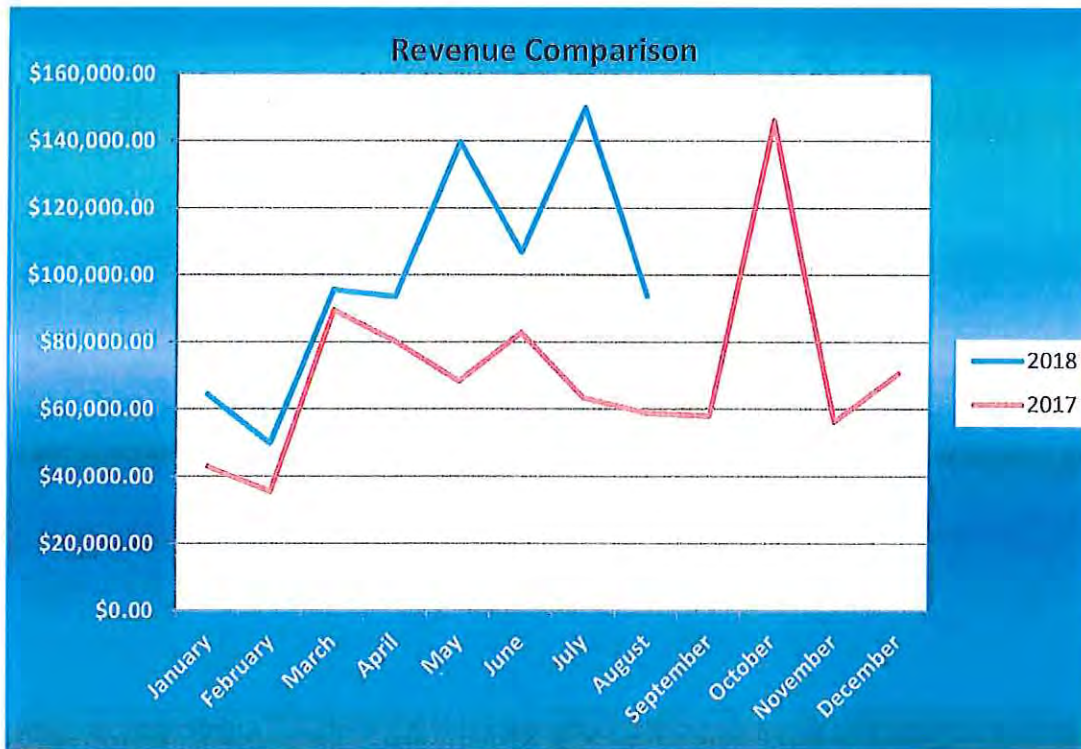
COMMUNITY DEVELOPMENT
DEPARTMENT

State of Wyoming
City of Casper
200 N David St Phone: (307) 235-8264



Building Department
Revenue Collected
August 2018 Report

Month	TOTAL REVENUE FOR 2017	TOTAL REVENUE FOR 2018
January	\$42,948.76	\$64,406.94
February	\$35,564.22	\$49,910.69
March	\$89,533.66	\$95,661.23
April	\$80,340.27	\$93,605.60
May	\$68,451.29	\$139,648.90
June	\$82,939.45	\$106,906.31
July	\$63,462.70	\$149,912.87
August	\$58,880.15	\$93,951.10
September	\$58,098.97	
October	\$146,173.92	
November	\$56,338.25	
December	\$70,664.59	
	\$853,396.23	\$794,003.64



Dan Elston: Building Official

Tarandeep Kaur
50% Owner of Ruiz Construction LLC
20 SE Wyoming Boulevard
Casper, WY 82609
(307) 277-8494

Community Development Department
Attn: Contractors' Board & Dan Elston
200 North David, Room 205
Casper, WY 82601

Subject: Rafael Villa Ruiz - Complaint

Dear Sirs:

I am a 50% owner of Ruiz Construction LLC; and Rafael Villa Ruiz (Ruiz) owns the other 50%. The operating agreement of Ruiz Construction LLC which both Ruiz and I signed provides for a "Duty of Loyalty" to Ruiz Construction LLC and both Ruiz and myself must "act solely for the benefit of the LLC" and not for our personal benefit. Now Ruiz is continuing to operate but not communicating with me or the bookkeepers for the LLC.

Ruiz has been diverting funds belonging to the LLC for his own personal benefit and to the detriment of the LLC. (1) On a job bid, completed and invoiced by the LLC Ruiz had the customers make out their check for \$7,650.00 on 7-20-18 in his name and Ruiz negotiated said check without notice to the LLC and strictly for Ruiz's personal benefit. (2) On another job bid, completed and invoiced by the LLC Ruiz purportedly took \$2000.00 in cash without notice to the LLC and strictly for Ruiz's personal benefit. (3) On another job bid, completed and invoiced by the LLC in the amount of approximately \$70,000.00 Ruiz purportedly received funds in satisfaction for the job without notice to the LLC and strictly for Ruiz's personal benefit. (4) Although Ruiz and I as sole members of the LLC have agreed that copies of all contracts, invoices, bills and receipts, and checks for payment are to be provided to the LLC's bookkeepers Ruiz has and continues to refuse and fail to do that; but Ruiz is instead taking payments and negotiating them into cash for Ruiz's personal benefit to the detriment of the LLC.

Ruiz is utilizing the license from the Contractor's Board to produce revenue that belongs to the LLC but taking it for his personal benefit.

Sincerely,

Tarandeep Kaur



✓
JL

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Date Sept 11 2018

Name of Company (if applicable) _____

Name of Qualifying Person or Persons Dave Kenny

Current Address 12034 W 85th ave City Arvada State CO Zip 80005

Telephone Number 720-642-1245 Cell Number 720-985-5896

Email kennyd@gejohnson.com

Employer GE Johnson Construction Company, LLC

Employer's Address 25 N Cascade Ave Ste 400 City Colorado Springs State CO Zip 80903

Position Sr. Superintendent Years at present employer 12 Comments _____

Date and location of residence in Wyoming N/A

If not Wyoming resident, location of residence Arvada, CO

Class of License you are applying for? Class I x Class II _____ Class III _____

Demolition _____ Roofing _____

Part II- LICENSER HISTORY

Please list all licenses that you presently hold in any other state or municipality. Attach a photocopy of each license.

Location of License	Year Issued	Type of License
<u>See Attachment</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEP 13 2018

Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name Dave Kenny
(Print)

Name and address of employer or person verifying time and position of Applicant (Name) GE Johnson Construction Company, LLC
(Address) 25 N. Cascade Ave Ste 400
(City) Colorado Springs (State) Colorado
(Zip) 80903 (Phone No.) 719-473-5321

Date of Employment: From 07/2006 through Present 9/2018 Add additional
From _____ through _____ dates
From _____ through _____ (as necessary)

Job Title of Applicant Senior Superintendent

Job Description of Applicant Assists in preconstruction and project management. Coordinates daily operational within the facilities.

To be completed by Employer or Person verifying Applicant's information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES x NO _____

COMMENTS: I have verified information with AP.

If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address 25 N. Cascade Ave #400 City Colorado Springs State CO Zip 80903

Day Phone No. 719-302-1460 Cell Phone No. N/A

Email Address paynes@gejohnson.com

DATED this 11 day of September, 20 2018

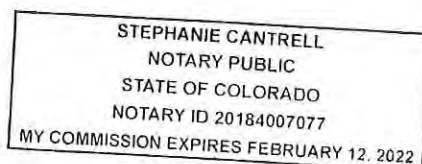
Sara Payne
Signature

Sara Payne
Printed Name of Signature

Subscribed and sworn to before me this 11 day of Sept, 20 18

[Signature]
Notary Public

My Commission Expires: Feb 12, 2022





OFFICIAL RESULTS REPORT

W11 - National Standard General
Building Contractor (A)



Name: David Kenney

Candidate ID: ICNON106951

Address: 12034 W 85th AVE

Date: 3/15/2014

Arvada CO 80005

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 266759647

Validation Number: 929999374

BUILD/REPAIR

• CELL TOWERS

• WIND TURBINES

JL.

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Name of Company (if applicable) Ethos Distributed Solutions Date 8/24 2018
Name of Qualifying Person or Persons Mitch Reece
Current Address 221 Corporate Ct ^{Suite H} City Golden State CO Zip 80401
Telephone Number 303 590 9425 Cell Number 720 352 6236
Email mreece@ethosolutions.com
Employer Ethos Distributed Solutions
Employer's Address 221 Corporate Ct ^{Suite H} City Golden State CO Zip 80401
Position Service manager Years at present employer 8 Comments _____

Date and location of residence in Wyoming _____

If not Wyoming resident, location of residence Thornton, Colorado

Class of License you are applying for? Class I ☒ Class II _____ Class III _____

Demolition _____ Roofing _____

Part II- LICENSER HISTORY

Please list all licenses that you presently hold in any other state or municipality. Attach a photocopy of each license.

Location of License	Year Issued	Type of License
<u>Zawlin, WY</u>	<u>2018</u>	<u>General Contractor</u>
<u>Gillette, WY</u>	<u>2018</u>	<u>General Contractor</u>
<u>Larimer County, CO</u>	<u>2018</u>	<u>Contractor</u>
<u>Pikes Peak, CO</u>	<u>2018</u>	<u>Building B-2</u>

Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name Mitch Reece
(Print)

Name and address of employer or person verifying time and position of Applicant
(Name) Ethos Distributed Solutions
(Address) 221 Corporate Creek H
(City) Golden (State) CO
(Zip) 80401 (Phone No.) 303 440 8309

Date of Employment: From 01/2010 through present Add additional
From _____ through _____ dates
From _____ through _____ (as necessary)

Job Title of Applicant Service Manager
Job Description of Applicant manages field projects

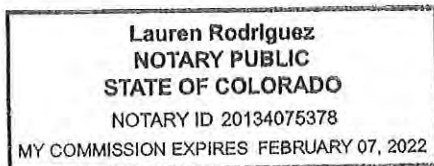
To be completed by Employer or Person verifying Applicant's information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES ☒ NO ☐
COMMENTS: _____

If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address 221 Corporate Creek H City Golden State CO Zip 80401
Day Phone No. 303 440 8309 Cell Phone No. 720 939 2952
Email Address kwood@ethosolutions.com

DATED this 24th day of August, 2018



Signature

Printed Name of Signature

Subscribed and sworn to before me this 24th day of August, 2018

Notary Public

My Commission Expires: 2/07/22



OFFICIAL RESULTS REPORT

W11 - National Standard General
Building Contractor (A)



Name: Mitchell Reece

Candidate ID: ICNON120668

Address: 3980 Youngfield St

Date: 1/15/2016

Wheat Ridge CO 80033

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 293407840

Validation Number: 146608701

CITY OF RAWLINS

CONTRACTOR'S LICENSE NO. 720

CLASSIFICATION: Class A- General Contractor

TO: Ethos Distruted Solutions, Inc.

ADDRESS: 221 Corporate Circle, Suites G-1
Golden CO 80401

FROM: February 01, 2018

TO: February 01, 2019

(The holder of this license is entitled to the protection afforded by the ordinances of the City of Rawlins, Carbon County, Wyoming.)

DATED: 03/02/2018

City of Rawlins
Community Development
P.O. Box 95
Rawlins, WY 82301

BY:





CITY OF GILLETTE, WYOMING
DEVELOPMENT SERVICES DEPARTMENT
BUILDING INSPECTION DIVISION

CONTRACTOR LICENSE

Issued to: ETHOS DISTRIBUTED SOLUTIONS INC

License: GENERAL CONTRACTOR # 3377

This license duly recognizes the above named as meeting the Gillette Municipal Code, Chapter 5 requirements for registration/license as a contractor in the City of Gillette for the term set forth below. This license may be revoked, suspended, or denied for cause in accordance with Chapter 5.

BOARD OF EXAMINERS

Effective: 04/10/2018
Expires: 04/10/2019

By: Dean Thompson
Dean Thompson, Chairman



CONTRACTOR LICENSE

This certifies that Mitchell Reece has met the required qualifications and is licensed with Larimer County, Colorado.

License Number: CL1597
License Type: Specialized
Classification: Tower/Wind Generator

Date Issued: 07/17/2018

Expiration Date: 07/17/2020

Building Official: Erie Fried



License Number: CL1597

Name: Mitchell Reece
License: Specialized Tower/Wind Generator
Issued: 07/17/2018
Expiration: 07/17/2020

Larimer County Building Dept.
200 W Oak Street
Fort Collins, CO 80521
970-498-7700
www.Larimer.org/Building

Building Official: Erie Fried



THIS IS TO CERTIFY THAT
ETHOS DISTRIBUTED SOLUTIONS, INC.

IS A LICENSED (ID# 22983)
BUILDING B-2

Examinee: MITCH REECE
Expires: 31-Jul-2019

D.K.

A.E.

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I – GENERAL INFORMATION

Date August 28 20 18Name of Company: Markovich Construction, Inc.Name of Qualifying Person or Persons: Gordon MahoodCurrent Address 2827 Lexington Ave. City: Butte State: MT Zip: 59701Telephone Number (406)494-3901 Cell Number (406)490-9119Email gmahood@markovichinc.comEmployer Markovich Construction, Inc.Employer's Address 2827 Lexington Ave. City: Butte State: MT Zip: 59701Position Foreman Years at Present Employer 5 years Comments _____

Date and location of Residence in Wyoming _____

If not Wyoming resident, location of residence Butte, MTClass of License you are applying for? Class I X Class II _____ Class III _____

Demolition _____ Roofing _____

Part II – LICENSER HISTORY

Please list all licenses that you presently hold in another state or municipality. Attach a photocopy of each license.

Location of License	Year Issued	Type of License
<u>Montana Contractors License</u>	<u>1976</u>	<u>Construction-General</u>
<u>Butte Silverbow Business Lic</u>	<u>1976</u>	<u>General Business License</u>
<u>Anaconda Business License</u>	<u>2013</u>	<u>Business License</u>
<u>Bozeman Business License</u>	<u>2004</u>	<u>Business License</u>

Part III – EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name Gordon Mahood

Name and address of employer or person (Name) Markovich Construction

Verifying time and position of Applicant (Address) 2827 Lexington Ave
(City) Butte (State) MT
(Zip) 59701 (Phone No.) (406)494-3901

Date of Employments: From: 2013 through present Add additional
From: _____ through _____ dates
From: _____ through _____ (as necessary)

Job Title of Applicant: Project Foreman

Job Description of Applicant Performs general project management, scheduling of subcontractors, carpentry, etc.

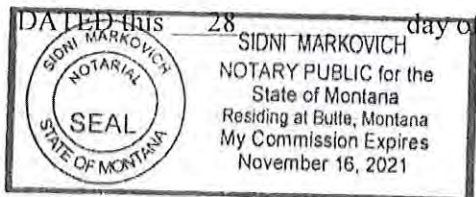
To be completed by Employer or Person verifying Applicant's information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties: YES X NO _____

COMMENTS: _____

If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address: 2827 Lexington Ave City Butte State MT ZIP 59701
Day Phone No. (406)494-3901 Cell Phone No. (406)498-4381
Email Address: janderson@markovichinc.com



DATED this 28 day of August, 2018
[Signature]
Signature
Carey Markovich
Printed Name of Signature

Subscribed and sworn to me this 28th day of August, 2018.

Notary Public [Signature]

My Commission Expires:



OFFICIAL RESULTS REPORT

F11 - National Standard General Building
Contractor (A)



Name: Gordon Mahood
Address: 2827 Lexington Ave

Candidate ID: ICNON143038
Date: 8/25/2018

Butte MT 59701

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 339889968

Validation Number: 46761132

✓
L.E.

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Name of Company (if applicable) LAMACHTA GROUP, LLC Date 9/10 2018
Name of Qualifying Person or Persons MATTHEW BRATZKE
Current Address NE9 W24310 QUAIL RUN LANE City SUSSEX State WI Zip 53089
Telephone Number 414-727-4388 Cell Number 414-531-7177
Email MBRATZKE@LAMACHTAGROUP.COM
Employer LAMACHTA GROUP, LLC
Employer's Address 157 N. MILWAUKEE ST. City MILWAUKEE State WI Zip 53202
Position DIRECTOR Years at present employer 1 Comments _____

Date and location of residence in Wyoming N/A

If not Wyoming resident, location of residence WISCONSIN

Class of License you are applying for? Class I ☒ Class II ☐ Class III ☐

Demolition ☐ Roofing ☐

Part II- LICENSER HISTORY

Please list all licenses that you presently hold in any other state or municipality. Attach a photocopy of each license.

Location of License	Year Issued	Type of License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

✓
Dr.

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Name of Company (if applicable) Crown Construction Date 8-7 2018
Name of Qualifying Person or Persons Kevin Cummings
Current Address PO Box 664 City Mills State WY Zip 82644
Telephone Number 307-337-7069 Cell Number 11
Email Kevin.Cummings@CrownConstruction.cc
Employer Andreae Hunt Construction
Employer's Address PO Box 1175 City Mills State WY Zip 82644
Position Superintendent Years at present employer 18 Comments _____

Date and location of residence in Wyoming 40 Years Casper

If not Wyoming resident, location of residence _____

Class of License you are applying for? Class I ☒ Class II _____ Class III _____

Demolition _____ Roofing _____

Part II- LICENSER HISTORY

by hold in any other state or municipality. Attach a

WILL GET MORE
INFORMATION AND
RE-SUBMIT.

PER PHONE 8-30-18

Dr.

Year Issued

Type of License

Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name KEVIN CUMMINGS
(Print)

Name and address of employer or person verifying time and position of Applicant
(Name) ANDREEN HUNT CONST., INC.
(Address) P.O. Box 1175
(City) MILLS (State) WY
(Zip) 82644 (Phone No.) 265-1405

Date of Employment: From 2000 through 2018 Add additional
From _____ through _____ dates
From _____ through _____ (as necessary)

Job Title of Applicant FOREMAN / SUPERINTENDENT

Job Description of Applicant FIELD SUPERVISOR FOR CIVIL & BUILDING PROJECTS INCLUDING BUT NOT LIMITED TO EARTHWORK, UTILITY INSTALLATIONS, STREET CONSTRUCTION, STRUCTURAL CONCRETE, BUILDING FOUNDATIONS, WOOD/STEEL FRAMING, STEEL BUILDING ERECTION & OTHER MISC. BUILDING CONSTRUCTION.

To be completed by Employer or Person verifying Applicant's information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES ☒ NO ☐

COMMENTS: _____

If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address P.O. Box 1175 City MILLS State WY Zip 82644
Day Phone No. 265-1405 Cell Phone No. 262-1701
Email Address steve.c@ahcinc.us

DATED this 7TH day of AUGUST, 2018

Signature

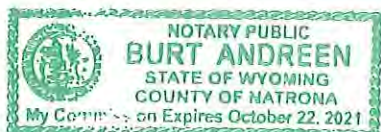
STEVE COUGHENOUR
Printed Name of Signature

Subscribed and sworn to before me this 7th day of August, 2018

Notary Public

My Commission Expires:

October 22, 2018



DATE: 9/9/18

✓
LZ

CITY OF CASPER
GENERAL CONTRACTOR'S LICENSE APPLICATION
FOR CHANGES IN
CLASS, OWNERSHIP, NAME AND ADDRESS

CURRENT COMPANY NAME Rafael Ruiz 247-2569

CURRENT ADDRESS 2022 MANDAN TRAIL, BAR Nunn, WY 82401

CURRENT CLASS OF LICENSE III General III

CURRENT LICENSE NUMBER CL-17-1750

Please list any changes in status (address, name change or license change) since original application was completed:

Looking TO upgrade my License to a General
II

PARTNERSHIP OR CORPORATION CHANGES:

DELETE _____

ADD _____

OTHER _____

You must provide a new certificate of insurance, with all of the changes, within two weeks (14 days) after approval of this application.

[Signature]
SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

APPROVE _____ DISAPPROVE _____

BUILDING/CODE ENFORCEMENT MANAGER

Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name Rafael Ruiz, Ruiz Construction

(Print)

Name and address of employer or person
verifying time and position of Applicant

(Name) Larry Loeber, StoneBridge Builders

(Address) PO Box 1727

(City) Richland (State) WA

(Zip) 99352 (Phone No.) 509-554-7400

Date of Employment:

From May 15 through present

Add additional

From _____ through _____

dates

From _____ through _____

(as necessary)

Job Title of Applicant Drywall and Concrete flatwork

Job Description of Applicant Provide and install drywall and finish to our high standards
Provide and install forms, rebar and concrete for exterior flatwork to builders specs

To be completed by Employer or Person verifying Applicant's information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES X NO _____

COMMENTS: Rafael is very good at listening to our specific instructions and providing quality work performance. Additionally he keeps in communication with us on the details.


If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address PO Box 1727 City Richland State WA Zip 99352

Day Phone No. _____ Cell Phone No. 509-554-7400

Email Address larry@stonebridgewa.com

DATED this 28th day of July, 2018


Signature

Larry Loeber

Printed Name of Signature

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public

My Commission Expires:



July 27, 2018

Letter of Recommendation

For:

Ruiz Construction

Rafael Ruiz

To Whom It May Concern:

We are a small specialty custom quality builder. We go to different areas and find trustworthy people to do needed work on our custom projects who will meet our high standards.

As we are building a custom home in Casper, Wyoming, we heard about Rafael Ruiz and his Ruiz Construction business. We asked to view some of his work. We inspected his drywall on a large custom home and found his work to be of superior quality. We then contracted with him for our drywall job in the custom home. Upon completion, several well respected local subs commented that it was the best drywall finish they had seen.

He completed the work in a timely way and even kept us informed daily as to the progress. We have relied on him for other work as he is versatile, completes work on time, and operates ethically and fairly.

We highly recommend him. Please let us know if you have any questions or would want additional details about his work.

Best regards,

A handwritten signature in blue ink, appearing to read "Larry Loeber", followed by a long horizontal line.

Larry Loeber
Stonebridge Builders

Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant's Name Rafael Ruiz
(Print)

Name and address of employer or person
verifying time and position of Applicant

(Name) Matt Jennings
(Address) 2190 PINE RD
(City) Casper (State) WY
(Zip) 82604 (Phone No.) 307-224-3626

Date of Employment: From Nov 17 through Current Add additional
From _____ through _____ dates
From _____ through _____ (as necessary)

Job Title of Applicant General Contractor

Job Description of Applicant Building remodel, maintenance, and yard work.

To be completed by Employer or Person verifying Applicant's information. (Do Not
use self-verification.)

Is the information true and correct to the best of your knowledge including the time and
type of work and duties? YES ☒ NO _____

COMMENTS: _____

If it is necessary for a representative of the City of Casper to contact you about this
information, please give any information that may expedite this process.

Current Address 2190 Pine Rd City Casper State WY Zip 82604
Day Phone No. 307-224-3626 Cell Phone No. 307-257-8223
Email Address Matt.Jennings@noy.com

DATED this 10th day of September, 2018



Signature

Matt Jennings

Printed Name of Signature

Subscribed and sworn to before me this 10 day of Sept, 2018

Notary Public

My Commission Expires: 10/05/2019

September 7, 2018

City of Casper
Contractors Licensing Board
200 N. David St.
Casper, WY. 82601

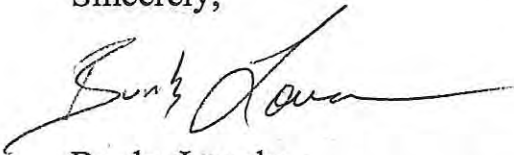
To Whom It May Concern,

It gives me great pleasure to write this letter of recommendation on behalf of Rafael Ruiz; general contractor. Rafael has been the single contractor I have come to rely on in the past two years.

While I have only known Rafael personally for a short time, he has become my trusted "go to" contractor, as others I have hired have been unreliable, slow to get the job done, and overpriced. Quite frankly, we have had well known contractors not even show up when they confirmed they would be on site at a specific date. Rafael is an organized leader and a great coordinator, running multiple crews simultaneously and efficiently. Rafael has a high level of expertise in the field and I trust his judgment and input. We have also hired his crews to go out of town for us when we could not man our own labor crews. Raphael Ruiz has always shown up when promised and finished the job correctly, and with no call backs.

What I appreciate most about Rafael is his expertise, professionalism, and honesty. He always returns my calls and always makes sure the job he was hired to do getting the job done correctly, and in a timely manner. He is up-front and fair regarding pricing and the quality of his work is top-notch. Rafael always makes sure the customer is satisfied with his work prior to completing a job. I highly recommend Rafael for class 2 General Contractors License.

Sincerely,

A handwritten signature in black ink, appearing to read "Bunky Loucks", with a long, sweeping horizontal line extending to the right.

Bunky Loucks
Owner: Wyoming Office Products & Interiors
Co-owner: BHL Rentals LLC



OFFICIAL RESULTS REPORT

F11 - National Standard General Building
Contractor (A)



Name: Rafael Ruiz Candidate ID: ICNON130683
Address: 2022 Mandan Trail Date: 4/20/2017
Casper WY 82601

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number: 315341072

Validation Number: 227249439

JUL 9 2018
✓
DE

APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Name of Company (if applicable) Jacquelyn Bilek Interiors Date June 11 2018
Name of Qualifying Person or Persons Jacquelyn Bilek
Current Address 2011 S. Cedar City Casper State WY Zip 82601
Telephone Number 307-315-8451 Cell Number Same
Email J@jbilek.com
Employer Jacquelyn Bilek Interiors (Self employed)
Employer's Address 124 W. 2nd St City Casper State WY Zip 82601
Position Owner Years at present employer 5 1/2 Comments Professional Interior Designs have complete Commercial & Residential Project management - multimillion dollar Budgets. simple bathroom remodel
Date and location of residence in Wyoming 7 years
If not Wyoming resident, location of residence _____
Class of License you are applying for? Class I _____ Class II ☒ Class III _____
Demolition _____ Roofing _____

Part II- LICENSER HISTORY

Please list all licenses that you presently hold in any other state or municipality. Attach a photocopy of each license.

Location of License	Year Issued	Type of License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To Whom It May Concern,

I worked with Jacquelyn Bilek from 2012- 2013 in new construction and remodels. Her tasks were punch lists, logistics and overseeing different subs. She did a great job and I would recommend her to anyone needing a project manager or general contractor. She is knowledgeable and knows who to ask when in doubt. She brings a lot to the table and am glad she is taking her GC Exam.

Sincerely,

John Bilek

307-277-5027



JOHN BILEK
IS HER UNCLE




To Whom It May Concerns:

I hired Jacquelyn Bilek to renovate my Farmers Insurance office in 2016. She produced construction documents for the city and project managed the entire job. Jacquelyn hired all the subs and made sure that the project ran on time and passed all checkpoints. She did a great job managing and making sure anything that came up was taken care of promptly without cutting corners.

The project was extensive including: plumbing, electrical, structural, complete floor redesign, HVAC, flooring, framing, finish work and data.

Sincerely,


Sandy Widmer

301-262-5880

To Whom It May Concerns:

I hired Jacquelyn Bilek to renovate my home. She drew the new floorplan and ran a crew that did an extensive remodel. There was structural work involved, plumbing, electrical, complete floor redesign, HVAC, flooring, framing, finish, casework and new doors. Her company did a great job and passed all required inspections with the city. She was easy to work with and delivered a great product.

Sincerely,



Stacy Heili

307-234-2341

2017 KH

To Whom It May Concerns:

Jacquelyn Bilek has worked for me from 2014-2015 renovating the Coke Building. Jacquelyn drew drawings for the electrical contractor and the carpenters and worked hand in hand with them to get the work done. Everything went smoothly and passed inspection. She did a fantastic job, was knowledgeable and a delight to work with. I am glad to write this letter and help Jacquelyn further her career as she is great at her work.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Houck', with a long horizontal flourish extending to the right.

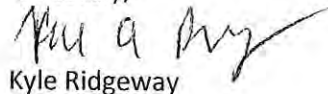
Shawn Houck

Adbay

To Whom It May Concern:

I hired Jacquelyn Bilek to renovate our master bath in 2017 -2018. She drew the new floorplan and ran a crew that did an extensive remodel. She is very hands on and was always present overseeing the process. There was structural work involved, plumbing, extensive electrical rewiring, complete floor redesign, HVAC, flooring, framing, finish, casework and new doors. Her company did a great job and passed all required inspections with the city.

Sincerely,

A handwritten signature in black ink, appearing to read "Kyle Ridgeway", with a long, sweeping horizontal stroke extending to the right.


Kyle Ridgeway

Th Whom It May Concern,

Jacquelyn Bilek has worked for me from 2015-2018 renovating the Turner Cottman. Jacquelyn project managed and drew the new drawings. She single handedly oversaw the construction of all trades for the entire scope of work. She did a wonderful job and the building turned out better than anticipated. She worked to have it placed on the National Historic Register, which is quite an asset to the city.

I would highly recommend Jacquelyn Bilek Interiors on any project as she does an excellent job!

Sincerely,



Cynthia Cartier

Cartier Enterprises, LLC

Home # 265-8482

Cell # 277-6540

To Whom It May Concern:

I have worked on several of Jacquelyn's projects from 2013-2018. Her company does a good job and she is knowledgeable. I feel confident accepting work from her knowing it will get done right and turn out as planned.

Sincerely,

Michelle Blake

A handwritten signature in black ink that reads "Michelle Blake". The signature is written in a cursive style, with the first name "Michelle" and the last name "Blake" clearly legible.

Owner AC Electric

✓
JE.

APPLICATION FOR EXAMINATION
CITY OF CASPER
LICENSING AND APPEALS BOARD

PLEASE RETURN OR MAIL TO:

CITY OF CASPER
COMMUNITY DEVELOPMENT
200 NORTH DAVID
CASPER, WYOMING 82601

TO THE LICENSING AND APPEALS BOARD:

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EXAMINATION, WITH A VIEW TO

BEING REGISTERED AS A Mr Journeyman Plumber

NAME: Joseph Stordens

ADDRESS: P.O. Box 53 CITY, STATE, ZIP: Evansville WY 82636

TELEPHONE NUMBER: 307315-5815 CELL NUMBER: Same

EMAIL ADDRESS: smokinjoe2013@gmail.com

PLEASE ANSWER THE FOLLOWING QUESTIONS IF APPLICABLE

1. AGE: 33

2. ARE YOU CURRENTLY LICENSED UNDER ANOTHER GOVERNMENTAL JURISDICTION?

TYPE OF LICENSE _____

CITY AND STATE OF LICENSE _____

3. WHERE DID YOU SERVE YOUR APPRENTICESHIP?

EMPLOYER	CITY	TIME OF EMPLOYMENT
<u>GW Mech.</u>	<u>Casper</u>	<u>June 30 2008 to Feb 14 2011</u>
<u>Haid's plumbing and Heating</u>	<u>Casper</u>	<u>July -20-16 to Feb. 28 2018</u> <u>Nov 20 2012 to Sept. 9 2013</u>

4. WHERE DID YOU WORK AS A LICENSED JOURNEYMAN?

EMPLOYER

CITY

TIME OF EMPLOYMENT

5. IF CURRENTLY A MASTER UNDER ANOTHER JURISDICTION, WITH WHOM ARE YOU EMPLOYED?

EMPLOYER

CITY

TIME OF EMPLOYMENT

6. WHO WAS YOUR LAST EMPLOYER?

EMPLOYER

CITY

TIME OF EMPLOYMENT

Hicks Plumbing and Heating

Casper

7. DATE OF TERMINATION: _____

8. CURRENT EMPLOYER:

EMPLOYER

CITY

TIME OF EMPLOYMENT

ABM-Wyoming Medical Center

Casper

SIGNATURE: _____

Joseph H. H. H.

DATE: _____

AFFIDAVIT

APPLICANTS MUST SUBMIT AFFIDAVITS TO CERTIFY ALL TIME AND EXPERIENCE. THESE AFFIDAVITS MUST BE WRITTEN ON COMPANY STATIONERY OR YOU MAY USE THE ATTACHED AFFIDAVIT. ALL APPLICANT'S AFFIDAVITS MUST BE NOTARIZED.

NOTARIZED AFFIDAVIT

NAME OF APPLICANT: Joseph Storching (PRINT)

IS APPLYING TO THE LICENSING AND APPEALS BOARD OF THE CITY OF CASPER,
WYOMING, TO BECOME A LICENSED Journeyman Plumber
(TYPE OF LICENSE)

John n Haid Jr, BEING DULY SWORN ON HIS OATH,
(NAME OF PERSON SUPPORTING AFFIDAVIT)
DEPOSES AND SAYS:

1. THAT HE HAS KNOWN THE APPLICANT FOR 7 YEARS.

2. APPLICANT WAS EMPLOYED BY GW Mech. Haid's Plumbing and Heating
(FIRM NAME)
FROM Nov. 20 2012 to Sept. 9 2013 TO July 20 2016 to Feb. 28 -2018

AS Apprentice AND PERFORMED THE FOLLOWING DUTIES:

(DESCRIBE FULLY THE DUTIES AND WORK PERFORMED): All Plumbing Duties

DATED THIS 22 DAY OF Aug, 2018

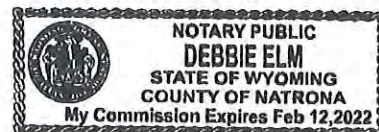
[Signature]
SIGNATURE

John n Haid Jr
PRINTED NAME OF SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22 DAY OF August, 2018

Debbie Elm
NOTARY PUBLIC

MY COMMISSION EXPIRES: February 12, 2022



✓
J.H.

APPLICATION FOR EXAMINATION
CITY OF CASPER
LICENSING AND APPEALS BOARD

PLEASE RETURN OR MAIL TO:

CITY OF CASPER
COMMUNITY DEVELOPMENT
200 NORTH DAVID
CASPER, WYOMING 82601

TO THE LICENSING AND APPEALS BOARD:

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EXAMINATION, WITH A VIEW TO
BEING REGISTERED AS A Journeyman Hvac Mechanic

NAME: Joshua Galen Harvey

ADDRESS: 247 N Nebraska CITY, STATE, ZIP: Casper WY, 82609

TELEPHONE NUMBER: ⁽³⁰⁷⁾ 247-9731 CELL NUMBER: ⁽³⁰⁷⁾ 247-9731

EMAIL ADDRESS: josh-harvey-away@yahoo.com

PLEASE ANSWER THE FOLLOWING QUESTIONS IF APPLICABLE

1. AGE: 25
2. ARE YOU CURRENTLY LICENSED UNDER ANOTHER GOVERNMENTAL JURISDICTION?
TYPE OF LICENSE _____
CITY AND STATE OF LICENSE _____
3. WHERE DID YOU SERVE YOUR APPRENTICESHIP?

EMPLOYER	CITY	TIME OF EMPLOYMENT
<u>Casper Tin Shop</u>	<u>Casper WY</u>	<u>3 months</u>
<u>CK Mechanical</u>	<u>Casper WY</u>	<u>2 years</u>
<u>Air Comfort complete Inc.</u>	<u>Casper WY</u>	

4. WHERE DID YOU WORK AS A LICENSED JOURNEYMAN?

EMPLOYER

CITY

TIME OF EMPLOYMENT

5. IF CURRENTLY A MASTER UNDER ANOTHER JURISDICTION, WITH WHOM ARE YOU EMPLOYED?

EMPLOYER

CITY

TIME OF EMPLOYMENT

6. WHO WAS YOUR LAST EMPLOYER?

EMPLOYER

CITY

TIME OF EMPLOYMENT

CK Mechanical

Casper

two years

7. DATE OF TERMINATION: Apr - 13 - 2005

8. CURRENT EMPLOYER:

EMPLOYER


CITY

TIME OF EMPLOYMENT

Air comfort complet

Casper

March 1st of 2015 - current date

SIGNATURE:  DATE: 9 - 1 - 2018

AFFIDAVIT

APPLICANTS MUST SUBMIT AFFIDAVITS TO CERTIFY ALL TIME AND EXPERIENCE. THESE AFFIDAVITS MUST BE WRITTEN ON COMPANY STATIONERY OR YOU MAY USE THE ATTACHED AFFIDAVIT. ALL APPLICANT'S AFFIDAVITS MUST BE NOTARIZED.

NOTARIZED AFFIDAVIT

NAME OF APPLICANT: Joshua Galen Harvey
(PRINT)

IS APPLYING TO THE LICENSING AND APPEALS BOARD OF THE CITY OF CASPER,
WYOMING, TO BECOME A LICENSED Journey man - (Mechanical)
(TYPE OF LICENSE)

Aron Corey, BEING DULY SWORN ON HIS OATH,
(NAME OF PERSON SUPPORTING AFFIDAVIT)
DEPOSES AND SAYS:

1. THAT HE HAS KNOWN THE APPLICANT FOR 5 YEARS.
2. APPLICANT WAS EMPLOYED BY Casper Tin / CK mechanical / air ^{comfort & complete}
(FIRM NAME)
FROM 2013 TO 2018 present
AS Sheet metal mechanic AND PERFORMED THE FOLLOWING DUTIES:

(DESCRIBE FULLY THE DUTIES AND WORK PERFORMED): Field Install-
Shop Assembly for Residential & commercial
Job Site coordination with other trades, Fire place
Install, Kitchen hood Install, Furnace Install, Exhaust Fan
venting, Furnace venting, hot water heater venting, Fire place venting

DATED THIS 14 DAY OF August, 20 18

Aron C Corey
SIGNATURE
Aron C Corey
PRINTED NAME OF SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14 DAY OF August, 20 18

Venessa Libolt
NOTARY PUBLIC



MY COMMISSION EXPIRES: 02/22/2020



To whom it may concern,

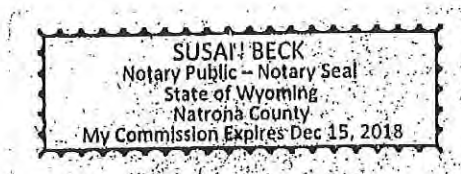
Josh Harvey has worked with CK Mechanical Plumbing & Heating in the HVAC department from 07/2013 until 04/2015. He accrued 2,876.50 hours with us on the HVAC department.

Please feel free to contact us with any questions.

Terra Newins

Date 11-8-17

Before me appeared Terra Newins, on this 8 day of NOV, 2017.



From: Damion Burback [mailto:dburback@wilr.org]
Sent: Friday, September 14, 2018 1:46 PM
To: Renee Jordan-Smith <rjordansmith@casperwy.gov>
Subject: Community Block Grant

Hello, my name is Damion Burback, I'm the transportation specialist at Wyoming Independent Living. I'm writing regarding the city's decision not to pursue the Community Block Grant this year. I understand that going after this grant has become very time consuming for city staff. Working in nonprofit, I understand the hardship in applying for these grants and the time and energy that is put in to them. But I also know how essential it is to get these funds. I know that CATC used to get around \$70,000.00 a year to provide subsidized tickets and tokens to people who could not afford to pay for those rides. At Wyoming Independent Living, I run the Transportation Check Program. We help people with disabilities who are unable to drive with funding for transportation, primarily public transit. I am currently capped out with 165 consumers on my program. I have nearly 75 people on my waitlist and have received somewhere around 20 calls and walk ins in the last week asking for assistance. I honestly don't know what to tell these people. Other than my program, there is nothing out there to assist them with transportation, and I'm limited on what I can do.

I also refer people to Community Action regularly for assistance with emergencies and in times of hardship. I know because of this decision not to pursue the block grants, CAP will lose a great deal of their funding. I fear that there are very dark days ahead for the disabled, poor, and disadvantaged in this community. These programs provided at least some assistance to those in need. We are talking about the most vulnerable people in this community who are going to be impacted by these decisions. I understand the hardship in applying for these grants, but I think that hardship pales in comparison to the hardship that the already extremely vulnerable are going to endure, based on the decision to not pursue the Community Block funds. I urge you to reconsider this. Thank you for your time!

Damion Burback
Mobility Management Specialist
dburback@wilr.org
Wyoming Independent Living, Inc.
305 West 1st Street
Casper, Wyoming 82601
307-266-6956
307-266-6957 (fax)
www.wyotransit.org
www.wilr.org
Like us on Facebook!

State of Wyoming

- The state provides a voluntary deferred compensation plan. This plan offers a plan under which employees may defer a portion of their income to provide returns on investment. Withdrawal is triggered by termination of employment or retirement. Contributions may be made on a pre-tax or post-tax basis.
- The State contributes an additional \$20 per month to employees enrolled in the Deferred Compensation Program.

HEALTH INSURANCE:

- The State pays roughly 85% towards the employees elected health, dental and life insurance monthly.
- For more details [click here](#).
- All plans have an initial deductible; the State Health Plan pays in-network and in-state providers for covered medical expenses at 80 or 85 percent. This amount may be less, if care is received from an out-of-state non-network provider.
- A new employee and their dependents have 31 days from date of eligibility to enroll.
- Coverage begins on the first day of the month following employment.
- Various deductibles are available.
- The State also offers a Health Savings Account (HSA) option. An HSA is like an IRA for medical care and requires a great deal of thought before electing to participate due to the restrictions and limitations. There are, however, some very attractive aspects to this option for certain individuals. If you think you may be interested, please request additional information on this option.

LIFE INSURANCE:

- Term Life insurance and AD&D coverage is available. Cost increases with age.
- The death benefit is \$50,000 through age 59 and declines afterwards.
- Term Life coverage is also available for dependents.
- Additional life insurance is available through the Wyoming Retirement System. Group term costs \$16.00 per month.

DENTAL COVERAGE:

- State employees may be covered by the Delta Dental Plan.
- There are two dental plans available. The preventive is required with the health plan. The optional dental plan, which provides coverage for restorations and etc., is voluntary.

FLEXIBLE SPENDING ACCOUNTS:

- Flexible Spending Account allows you to pay for eligible medical insurance premiums on a pre-tax basis, and
- Medical Reimbursement Accounts: money from earnings can be set aside, on a pre-tax basis, to pay eligible medical expenses.
- Dependent Day Care Reimbursement Account: money from earnings can be set aside, on a pre-tax basis, to pay for eligible dependent care expenses.

LONGEVITY PAY:

- Additional \$40 earned per month for each five years of unbroken service after completion of the first five years, unlimited accrual.

ALTERNATIVE WORK SCHEDULES:

- Employees may have flexibility to work on an alternative schedule. For more details [click here](#).

Automatic payroll deposit is available.

Several credit union memberships are available to employees.

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[History of the Capitol](#)
[Map of the Capitol Complex](#)
[Location of State Agencies](#)

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State of Wyoming

2018 Premium Rates

For Active employees and COBRA participants

For help calculating your premium rates, please go to: EGI.WYO.GOV

Coverage Options	Health	Preventive Dental	Optional Dental	Employer Contribution
Active \$500 Deductible				If FULL Match
Employee	934.30	21.82	14.88	833.07
Employee + Children	1,418.64	48.20	34.88	1,267.18
Employee + Spouse	1,881.08	48.20	34.88	1,660.25
Family	2,162.86	48.20	34.88	1,899.76
Split	1,081.43	24.10	17.44 *	949.88
COBRA Employee	952.99	22.26	15.18	-
COBRA Employee + Children	1,447.01	49.16	35.58	-
COBRA Employee + Spouse	1,918.70	49.16	35.58	-
COBRA Family	2,206.12	49.16	35.58	-
Active \$900 Deductible				
Employee	904.98	21.82	14.88	833.07
Employee + Children	1,374.12	48.20	34.88	1,267.18
Employee + Spouse	1,822.04	48.20	34.88	1,660.25
Family	2,096.74	48.20	34.88	1,899.76
Split	1,048.37	24.10	17.44 *	949.88
COBRA Employee	923.08	22.26	15.18	-
COBRA Employee + Children	1,401.60	49.16	35.58	-
COBRA Employee + Spouse	1,858.48	49.16	35.58	-
COBRA Family	2,138.67	49.16	35.58	-
Active \$1500 Deductible (High Deductible Health Plan)				
Employee	845.20	21.82	14.88	833.07
COBRA Employee	862.10	22.26	15.18	-
Active \$3000 Deductible (High Deductible Health Plan)				
Employee + Children	1,283.37	48.20	34.88	1,267.18
Employee + Spouse	1,701.70	48.20	34.88	1,660.25
Family	1,962.96	48.20	34.88	1,899.76
Split	981.48	24.10	17.44 *	949.88
COBRA Employee + Children	1,309.04	49.16	35.58	-
COBRA Employee + Spouse	1,735.73	49.16	35.58	-
COBRA Family	2,002.22	49.16	35.58	-
Active \$2000 Deductible				
Employee	835.43	21.82	14.88	833.07
Employee + Children	1,268.15	48.20	34.88	1,267.18
Employee + Spouse	1,681.52	48.20	34.88	1,660.25
Family	1,933.44	48.20	34.88	1,899.76
Split	966.72	24.10	17.44 *	949.88
COBRA Employee	852.14	22.26	15.18	-
COBRA Employee + Children	1,293.51	49.16	35.58	-
COBRA Employee + Spouse	1,715.15	49.16	35.58	-
COBRA Family	1,972.11	49.16	35.58	-

*If either employee is an AWEC/TP01/Contract employee, split matches are:
 Contracted employee = 833.07
 Spouse of contracted = 1,066.69

City of Casper Jan. 2019
MEDICAL
CIGNA

PLAN FEATURES

MID OPTION PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible –	\$2,000/person	\$2,000/person
Calendar Year	\$4,000/family	\$4,000/family
Calendar Year Out-of-	\$4,000/person	\$4,000/person
Pocket Maximum	\$8,000/family	\$8,000/family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	100%	30% AD
Office Visits	\$35	30% AD
Urgent Care	\$35	30% AD
Inpatient Hospital Services	20% AD	30% AD
Outpatient Hospital Services	20% AD	30% AD
Emergency Room	20% AD	30% AD
Pharmacy – Retail and Mail Order		
Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
Specialty Medications 30 day supply	50% with a maximum of \$200	50% with a maximum of \$200

MEDICAL PREMIUMS- MID OPTION PLAN

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$734.72	\$614.59	\$120.13	\$60.07
Employee & Spouse	\$1,469.48	\$1,229.21	\$240.27	\$120.14
Employee & Child(ren)	\$1,359.27	\$1,137.02	\$222.25	\$111.13
Family	\$1,926.39	\$1,611.42	\$314.97	\$157.49

City of Casper Jan. 2019
MEDICAL
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PLAN FEATURES

BUY DOWN PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible –	\$3,000/person	\$3,000/person
Calendar Year	\$6,000/family	\$6,000/family
Calendar Year Out-of-	\$6,000/person	\$6,000/person
Pocket Maximum	\$12,000/family	\$12,000/family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	100%	30% AD
Office Visits	\$50	30% AD
Urgent Care	\$50	30% AD
Inpatient Hospital Services	20% AD	30% AD
Outpatient Hospital Services	20% AD	30% AD
Emergency Room	20% AD	30% AD
Pharmacy – Retail and Mail Order		
Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
Specialty Medications <i>30 day supply</i>	50% with a maximum of \$200	50% with a maximum of \$200

MEDICAL PREMIUMS- BUY-DOWN PLAN

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$681.87	\$609.79	\$72.08	\$36.04
Employee & Spouse	\$1,363.76	\$1,219.60	\$144.16	\$72.08
Employee & Child(ren)	\$1,261.48	\$1,128.13	\$133.35	\$66.68
Family	\$1,787.80	\$1,598.82	\$188.98	\$94.49

City of Casper Jan. 2019
DENTAL
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PREMIER PLAN

PLAN FEATURES

Calendar Year Deductible (waived for Preventive Services and Orthodontics)	\$50 per person (maximum 3 per family)
Calendar Year Out-of-Pocket Maximum	\$1,500 per person (for Class II and Class III services)
Class I – Preventive Services (e.g. x-rays, cleanings, exams)	100%
Class II – Basic Services (e.g. fillings, extractions, root canals)	80%
Class III – Major Services (e.g. dentures, crowns, bridges)	60%
Class IV – Orthodontics (for dependent children under 19)	60%
Orthodontic Lifetime Maximum	\$1,500 per person

DENTAL PREMIUMS

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$39.77	\$31.82	\$7.95	\$3.98
Employee & Spouse	\$79.54	\$63.63	\$15.91	\$7.96
Employee & Child(ren)	\$73.57	\$58.86	\$14.71	\$7.36
Family	\$104.27	\$83.42	\$20.85	\$10.43

From: Justin [mailto:jschilling@wyomuni.org]
Sent: Wednesday, September 19, 2018 12:03 AM
To: Renee Jordan-Smith <rjordansmith@casperwy.gov>
Subject: Word from WAM - Are you two weeks ready?



Wyoming
Association of
Municipalities
Building Strong Communities

Word from WAM!

A Weekly Message

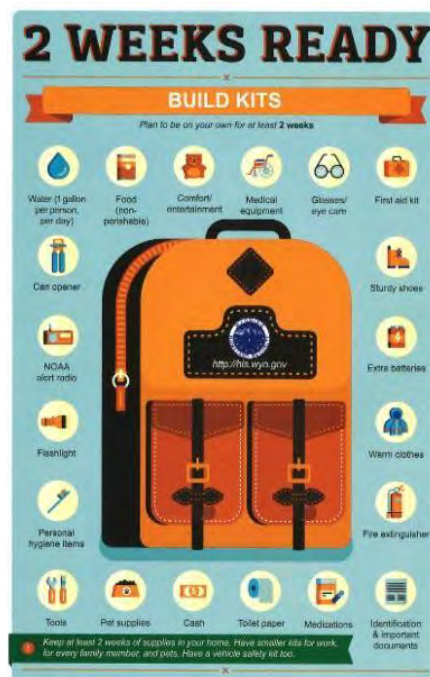
WOHS Wants to Get Wyoming Two Weeks Ready

September is National Preparedness Month

In continued partnership with The Wyoming Office of Homeland Security, WAM is pleased to spread the word about the new "2 Weeks Ready" initiative. In assessing current and possible future threats, the decision was made to change the advice for individuals and families having supplies on hand for 72 hours, to now recommending having a two week store of food and provisions on hand. In support of this effort to help Wyoming residents successfully plan for and assemble their emergency build kits, WOHS has produced two supporting documents. Click the links below to access printable versions of both resources.

[The 2 Weeks Ready brochure](#)

[Emergency Information Tool](#)



Region Road Trippin' With WAM

Two weeks and nearly 2000 miles brought WAM to four of our six regions for Fall meetings. We've enjoyed the beautiful late Summer weather, the first hints of Fall color, and amazing hospitality from all of our host cities. Thanks again to Laramie, Powell, Lander and Jackson for welcoming in their fellow municipalities.

Region 1

Sept. 5th 2018 Laramie

The WAM Region 1 meeting featured a legislative resolution update from Mayor Andi Summerville of Laramie and spirited discussion between WAM members and State Legislators like Senate Minority Leader Chris Rothfuss and State Treasurer candidate Curt Meier.



Laramie Mayor Andi Summerville



Region 3 Attendees

Region 3

Sept. 6th 2018 Powell

WAM's Region 3 meeting got a legislative update from Cody Mayor Matt Hall, and featured discussion with State Representative Dan Laursen from House District 25 about funding for Wyoming's struggling small towns.

Region 4

Sept. 12th 2018 Lander

The WAM Region 4 meeting in Lander provided an opportunity for members to have the ear of Wyoming Senate President Eli Bebout, Senator Cale Case and State Representative Lloyd Larsen. Discussion focused on alternative sources of funding for Wyoming cities and towns.



L to R Wyoming Senate President Eli Bebout, Senator Cale Case and State Representative Lloyd Larsen



WAM Executive Director Rick Kaysen presents to Region 5

Region 5

Sept. 13th 2018 Jackson Hole

Region 5 got a detailed update on WAM's legislative resolutions from Executive Director Rick Kaysen, as well as discussing issues with hiring and retaining local law enforcement officers.

WAM Brings Municipal Training to Your Desktop

Nearly 500 people have taken the time to learn about the administration of municipal government in

Wyoming by watching our new training video series. If you're not one of them, what are you waiting for? They are available on the [WAM website](#) or via the links below. Already watched? Then please give us your feedback [here](#).



The topics are:

- **Fundamentals of Municipal Budgeting** [Click here](#)
- **Guidelines for the Conduct of Elected Officials** [Click Here](#)
- **Basic Responsibilities of the Governing Body** [Click Here](#)
- **Ethics and Conflict of Interest** [Click Here](#)
- **Wyoming Open Meetings Law** [Click Here](#)
- **Legal Framework for Municipal Government** [Click Here](#)
- **Wyoming Public Records Act** [Click Here](#)

FALL REGION MEETINGS



The crisp mornings and cool evenings remind us that the beautiful season of Fall in Wyoming is just around the corner.

Fall Region Meetings are scheduled for the following days and locations.

Region 6, Monday, September 24, Rawlins

Region 2, Saturday, October 2, Gillette

We look forward to seeing everyone at these final two regional meetings.

**WAM's Fall Workshop in Lander, WY
Online Registration Now Open**



WAM's Fall Workshop for Administrators/Manager and Finance Directors will be held October 31 - November 2, in Lander, WY.

Online Event Registration is [Available Here.](#)

WAM has a group rate for lodging accommodations at The Inn at Lander. Rooms rates are ranging from \$93-\$103/night. Please call 307-332-2847 before October 19th to insure the group rate. Ask for the WAM Block.

See you in Lander!

2018 City Summit National League of Cities



The City Summit is for local leaders to convene and collaborate on solutions to the common challenges facing America's cities. Each year, the conference is hosted in a different U.S. city - offering fresh and new best practices for government officials to improve the conditions back home.

Learn more at citysummit.nlc.org.

The beautiful Los Angeles, California will be the 2018 host.

2019 WAM Winter Conference Start Making Plans Now!

**Come join us for the WAM Winter Conference to be held
February 20-22, 2019 at Little America in Cheyenne.**



Gregg Piburn - WAM General Session Speaker

Early Bird Registration Opening Soon!

Legislative Interim Committee Meetings

Revenue

9/20/2018 - 9/21/2018, 8:30 AM

Buffalo, Wyoming

Judiciary Committee

9/20/2018 - 9/21/2018 - 8:00 AM

University of Wyoming, Coe Library, 1000 E. University Ave., Laramie, WY

Livestream available on the Legislature's website at www.wyoleg.gov

Blockchain Task Force

9/24/2018 - 9/25/2018, 8:30 AM
Teton County Library, Ordway Auditorium
Jackson Hole, Wyoming

Agriculture, State and Public Lands & Water Resources

9/27/2018 - 9/28/2018 -8:00 AM
Northwest College, Yellowstone Conference Center, 331 W. 7th Street, Powell, WY
Livestream available on the Legislature's website at www.wyoleg.gov

Education Committee

9/27/2018 - 9/28/2018 - 8:30 AM
UW at Casper College, UU 322, 125 College Drive, Casper, WY
Livestream available on the Legislature's website at www.wyoleg.gov



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