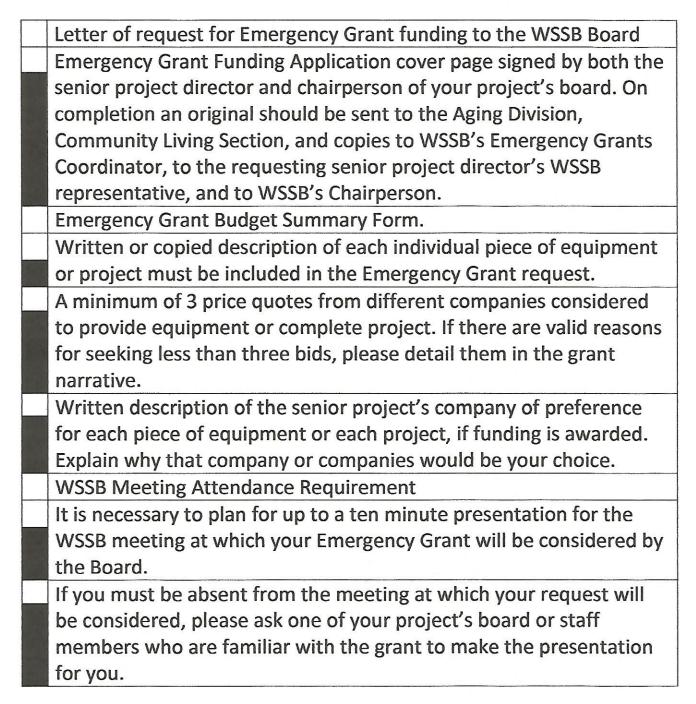


c/o Aging Division, Wyoming Department of Health 6101 Yellowstone Road, Suite 259B Cheyenne, WY 82002 (307) 777-7986

http://www.health.wyo.gov/aging/wssb/wssb.html

## **Check Sheet**

Carefully read and follow the WSSB Emergency Grant Policy and Procedures on the Website before and while writing your grant.





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## **WSSB Meeting Attendance Requirement**

1)	Address whether your facility is self-owned or leased. If the center is leased, has the building's owner been approached to pay for the project? If you are requesting equipment from the Emergency Grant, who will own the equipment?
2)	What were the other funding sources that you sought out before you made a request to the WSSB Board for emergency grant funding?
3)	Why were the other funding sources not utilized to fund this equipment or project? Please explain why for each funding source.
4)	How will this equipment or project affect the seniors once the equipment is set up or the project is completed?

Senior Services Board

c/o Aging Division, Wyoming Department of Health 6101 Yellowstone Road, Suite 259B Cheyenne, WY 82002 (307) 777-7986

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5) Will any accommodations have to be made while the equipment is being set up or the project is taking place? If so please describe what the accommodations are and how they will affect the seniors.

## **Wyoming Senior Services Board**

c/o Community Living Section-Aging Division, Wyoming Department of Health

## **EMERGENCY GRANT CLOSEOUT REPORT**

Date Emergency Grant funds were expended:			
Date of Final Report (Due within 45 days of above date):			
Type of Application(s):   Emergency Grant			
Applicant Organization:			
Address:(Street address, P.O. Box, City, State, Zip Code)			
Phone: Fax: Email:			
Organization Director: (Name and official title)			
Project Final Report:			
1) Funds awarded as a result of this request are to be expended for the purposes set forth, herein, and in accordance with all applicable laws, regulations, policies and procedures of the Wyoming Senior Services Board, the Wyoming Department of Health - Senior Services-Aging Division, and the State of Wyoming.			
2) This report is due within 45 days of project completion. Attach a brief narrative explaining the project and supporting documentation such as work orders and receipts, showing how grant funds were expended. If not all the grant funds were expended on the project, explain in the narrative and comply with the requirements for unexpended funds in the WSSB Emergency Grant Policy. Attach a copy of the check and any accompanying documentation to this report. Return this report and accompanying documentation to the WSSB Emergency Grant Coordinator.			
3) Failure to complete this report in a timely manner or comply with WSSB Emergency Grant requirements may affect future access to emergency funds or the timely payment of other WSSB grant funding.			
Signatures:			
Signature of Applicant's Board Chair:  (Signature of Board Chair or other authorized Board member)	Date:		
Typed or Printed Name of Board Chair:			
Signature of Applicant Organization's Director:	Date:		
Signature of WSSB Emergency Grant Coordinator:	Date:		