



*Senior Services Board*

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.

<input type="checkbox"/>	Letter of request for Emergency Grant funding to the WSSB Board
<input type="checkbox"/>	Emergency Grant Funding Application cover page signed by both the senior project director and chairperson of your project's board. On completion an original should be sent to the Aging Division, Community Living Section, and copies to WSSB's Emergency Grants Coordinator, to the requesting senior project director's WSSB representative, and to WSSB's Chairperson.
<input type="checkbox"/>	Emergency Grant Budget Summary Form.
<input type="checkbox"/>	Written or copied description of each individual piece of equipment or project must be included in the Emergency Grant request.
<input type="checkbox"/>	A minimum of 3 price quotes from different companies considered to provide equipment or complete project. If there are valid reasons for seeking less than three bids, please detail them in the grant narrative.
<input type="checkbox"/>	Written description of the senior project's company of preference for each piece of equipment or each project, if funding is awarded. Explain why that company or companies would be your choice.
<input type="checkbox"/>	WSSB Meeting Attendance Requirement
<input type="checkbox"/>	It is necessary to plan for up to a ten minute presentation for the WSSB meeting at which your Emergency Grant will be considered by the Board.
<input type="checkbox"/>	If you must be absent from the meeting at which your request will be considered, please ask one of your project's board or staff members who are familiar with the grant to make the presentation for you.



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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?



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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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Board Chair or other authorized Board member)

Typed or Printed Name of Board Chair: \_\_\_\_\_

Signature of Applicant Organization's Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of WSSB Emergency Grant Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_