



BOARD OF COUNTY COMMISSIONERS

MICHAEL ARZY • CHRISTI HASWELL • HOLLY JENNINGS • NICK SIDDLE • LONNIE WRIGHT

Regular Board Meeting Agenda Sheridan County Courthouse Addition 224 S. Main St, Second Floor Board Room, #220 Tuesday, May 19, 2026, 9:00 a.m.

1. Call to Order and Pledge.
2. Consent Agenda:
 - a. 05-04-2026 Staff Meeting Draft Minutes;
 - b. Official Bond and Oath, Brittany Gorzalka, Sheridan County Fair Board, \$10,000.00, 04/25/2026 – 04/25/2027;
 - c. Presented to Board for Acknowledgement-County Planning Monthly statement of fees April 2026
 - d. Presented to Board for Acknowledgement -Airport Monthly Statement of Fees April 2026
 - e. Presented to Board for Acknowledgement-Clerk of District Court Monthly Statement of Fees April 2026
 - f. Presented to Board for Acknowledgement -Sheriff Monthly Statement of Fees April 2026
 - g. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, June 27, 2026, for Sammie Kinnison Wedding, 415 US Hwy 14E , Sheridan WY 82801;
 - h. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, July 18, 2026, for Rosic's Wedding, 189 N. Piney Rd, Story WY;
 - i. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, July 19, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - j. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, July 26, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - k. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, August 2, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - l. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, August 6-8, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - m. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, August 23, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - n. Ratify 24-hour Malt Beverage Permit for Albatraoz LLC dba Last Chance Bar, August 30, 2026, for Sheridan Speedway Races, 69 Industrial Lane, Sheridan WY 82801;
 - o. Ratify Contract Agreement for Improvements to Sheridan County Airport Sheridan, Wyoming.
3. Consider Agenda.
4. Announcements.
5. Public Comments on Matters not on the Agenda.

6. Consider closure of Johnson Street in Bighorn on Saturday, June 20th, 2026 between 10 am and 4 pm for festivities at Last Chance Bar.
7. Consideration of FY 25-26 Budget Amendment #3.
8. Consider Resolution 26-05-050 Board of County Commissioners' Rescheduled Meetings.
9. Consider Grant Agreement between Wyoming Office of State Lands and Investments and Sheridan County.
10. Consider Formal Objection letter to the proposed replacement of parts of Brundage Lane/Coffeen Avenue center lane with concrete median barriers.
11. Consider Memorandum of Understanding (MOU) between Wyoming Department of Health, Public Health Division and Sheridan County, with supporting documents.
12. Consider Memorandum of Understanding (MOU) between the University of Wyoming and the Board of County Commissioners of Sheridan County.
13. Consider Resolution 26-05-051 Notice of Intent to Vacate a portion of alley between Block 3 and Block 4 in Town of Lodore Subdivision in Unincorporated Story Wyoming, Located in the S1/2 of Section 8, Township 53N, Range 83W.
14. Consider (Revised) Application for Federal Assistance to acquire new Snow Removal Equipment.

ADJOURN

Sheridan County Board of County Commissioners, Staff Meeting Minutes
County Courthouse, 224 S. Main Street, 2nd Floor Board Room, 220
Monday, May 4, 2026, 9:00 a.m.

Commissioners Present: Mike Arzy, Holly Jennings, Christi Haswell (Chair), Nick Siddle, Lonnie Wright.

County Clerk Present: Eda Schunk Thompson.

Elected Present:

- Katie Araas, County Treasurer;
- Rene Botten, Clerk of District Court;
- Dr. Robert Byrd, County Coroner;
- Levi Dominguez, County Sheriff;

Staff Present:

- Clint Beaver, Deputy County Attorney;
- Kenny Custis, Human Resources Director;
- Cameron Duff, Administrative Director;
- Misti Dunkelberger, County Clerk Administrative Coordinator;
- Robert Gill, Airport Manager;
- Kelly Iott, Administrative Coordinator;
- Amy Long, Library Director;
- Jesse Ludikhuizen, Emergency Management Coordinator;
- Deb Ottema, County Clerk Financial Coordinator;
- Mark Reid, County Planner;
- Heidi Smith, Public Health Nurse Manager;
- Kimber Solberg, Fairgrounds Director;

Call to Order: Chairwoman Haswell called the meeting to order at 9:00 a.m.

Warrant Review and Approval.

Misti Dunkelberger, County Clerk Administrative Coordinator.

No questions asked.

Motion by Commissioner Siddle approve the warrants as presented.

Vote Motion Passed Unanimously.

05-04-2026 WARRANTS PAID

| VENDOR | DESCRIPTION | AMOUNT |
|----------------------|-------------------------------------|------------|
| 307 AUTO GLASS | WINDSHIELD REPAIR | \$59.99 |
| 307 SHREDDING LLC | SHREDDING SVS 4/21/26 | \$75.00 |
| ALPHAGRAPHICS | 10.5 FT FEATHER FLAG/POLE BANNER | \$6,751.26 |
| BARGREEN ELLINGSON | LAUNDRY TUBE ASSY/BATTERIES | \$35.78 |
| BIG HORN WATER WAGON | HAUL ROAD BASE CR87 BEAVER CREEK RD | \$2,500.00 |
| BMO BANK N.A. | PUBLIC DEFENDER RENT JUNE 2026 | \$2,338.00 |

| | | |
|-------------------------------------|--|--------------|
| BONNET, LARISSA | WALMART - FOOD CANISTERS FOR KITCHEN | \$28.93 |
| CASTLE BRANCH INC | EMPLOYMENT SCREENING | \$162.00 |
| CENTURYLINK | PHONE SVS | \$519.18 |
| CITY OF SHERIDAN | WATER/SEWER/SANI | \$597.55 |
| COMMUNICATION TECHNOLOGIES INC. | E911 - KM SWITCHES & INSTALL | \$2,389.00 |
| COWBOY STATE FIRE EQUIPMENT & SVS | ANNUAL MAINT/HYDROSTATIC TST | \$412.00 |
| DELL MARKETING L.P. | DELL PRO MICRO/PRO TOWER/PRO 14/DOCK | \$30,717.11 |
| DUNBAR, DON & MARILYN | TREE DEBRIS CLEANUP REIMBURSEMENT | \$500.00 |
| EAST RIDGE TOWING | CALL OUT FEE & WINCH OUT | \$550.00 |
| GARCIA CLINICAL LABORATORY | LAB SVS 2026 MARCH | \$70.00 |
| HANGING C TRUCKING, LLC | ROAD BASE | \$3,625.00 |
| JEANI L STONE | LEGAL SVS | \$950.00 |
| KOBIELUSZ WELDING, TRUCKING AND | 7 LOADS BEAVER CREEK RD | \$562.50 |
| MASTERCARD | APRIL EXPENSES | \$357.47 |
| MCKESSON MEDICAL SURGICAL | BELT,STETHESCOPE/FOAM WASH | \$68.30 |
| MEMORIAL HOSPITAL | HOSPITAL FUND MAY 2026 | \$25,000.00 |
| MENGHINI, JORUNN | TREE DEBRIS CLEANUP REIMBURSEMENT | \$500.00 |
| MIKES ELECTRIC INC | 4/16/26-CHNG OUT CNRTL ON STEAM TBL | \$125.00 |
| MONTANA DAKOTA UTILITIES | GAS/ELEC 1604 N MAIN ST | \$643.31 |
| MOTOROLA SOLUTIONS INC | MBL RADIO ALL BND/SFTWRE LICENSES | \$8,670.23 |
| MULLINAX | GRAD W ROAD BASE | \$82,012.50 |
| NAPA AUTO PARTS | RAIN-X LATTITUDE | \$30.98 |
| NORCO | SQUEEGEE SVC KIT/GLOVES/KLNX/CLNR | \$1,323.18 |
| OPEN RANGE TRANSPORT LLC | GRAVEL | \$2,375.00 |
| OSTBERG LAW | LEGAL SVS | \$245.00 |
| PROFORCE LAW ENFORCEMENT | DUAL TAC FLSH LGTS/NSTNG SFTY CONES | \$2,392.20 |
| ROCKY MOUNTAIN DISCOUNT SPORTS | AFG ANGLED FORE GRIP/SUPP CLNR KIT/ RAIL | \$2,442.68 |
| ROMANJENKO, ELIZABETH | CLOTHING REIMBURSEMENT | \$250.00 |
| SECRETARY OF STATE | NOTARY APPLICATION FEE | \$60.00 |
| SHERIDAN CNTY AIRPORT | AIRPORT FUNDING MAY 2026 | \$26,596.17 |
| SHERIDAN CNTY FAIR ASSN | FAIR BOARD FUNDING MAY 2026 | \$50,000.00 |
| SHERIDAN CNTY FULMER PUBLIC LIBRARY | LIBRARY FUNDING MAY 2026 | \$117,750.00 |
| SHERIDAN COMMERCIAL CO | NI BALL CHAIN/CHAIN CPLNG/HOOK/RINGS | \$319.94 |
| SKAGGS COMPANIES INC | UNIFORM PANTS | \$188.85 |
| SUMMIT FOOD SERVICES LLC | FOOD SVS DETENTION | \$5,676.18 |
| TERRY, SUSAN D | WALMART - CHARMIN/BNTY/KLX | \$60.70 |
| THE TINT SHOP | WINDOW TINTING | \$120.00 |
| TYLER TECHNOLOGIES INC. | ITAX/iDOC WEB HOSTING | \$433.78 |
| UNIVERSITY OF WYOMING | CHARTER REBILL 01-MAR | \$180.80 |
| WATER PRODUCTS & SOLUTIONS, INC | WATER 5 GALLON DELIVERED | \$140.00 |

TOTAL WARRANTS PAID ON 04-06-2026**\$380,805.57****AIRPORT WARRANTS PAID 04-06-2026**

| VENDOR | DESCRIPTION | AMOUNT |
|---|---------------------------------------|---------------------|
| ADB SAFEGATE | SIGNAL PANELS/TRANSFORMER | \$1,162.02 |
| AIRPORT LIGHTING COMPANY | LAMPS | \$922.08 |
| AUTOMATIC DOORS OF MONTANA | TERMINAL BUILDING DOORS | \$1,350.00 |
| AXE BUILDING LLC | AIRPORT HANGER #5 IMPROVEMENTS | \$37,197.00 |
| C & B OPERATIONS LLC | TRACTOR MOWER PARTS | \$1,579.91 |
| DOUGLAS PORTABLE TOILETS | HANGAR PORTABLE TOILETS | \$253.00 |
| DYT SOLUTIONS LLC | MARKETING GRANT | \$7,205.84 |
| GRAINGER | LANDSCAPING PINS/DE-ICE PUMP PLUMBING | \$130.39 |
| HEARTLAND KUBOTA LLC | WALKER MOWER PARTS | \$142.33 |
| | CONCRETE ANCHORS/COAX | |
| HOME DEPOT | CABLE/GROMMETS | \$267.96 |
| LEE METAL WORKS | REPLACE CONTROL BOARD/ SERVICE CALL | \$1,590.59 |
| MASTERCARD | WATER/ EMPLOYEE MTG SNACKS | \$214.03 |
| MASTERCARD 2 | RADIO/VERIZON/DUES | \$2,221.72 |
| MIKE'S ELECTRIC INC | BRAKER FOR BACKUP GENERATOR | \$187.76 |
| MORRISON-MAIERLE 14 | REALIGN TAXIWAY A CONSTRUCTION | \$27,453.02 |
| NAPA AUTO PARTS | HALOGEN BEAMS/MOWER FILTER/WIRE LOOM | \$159.30 |
| NORCO INC | GARBAGE BAGS/MOPS/HANDWASH | \$282.14 |
| OFTEDAL CONSTRUCTION INC | REALIGN TAXIWAY A & CONNECTORS | \$321,093.97 |
| PEAK PEST SOLUTIONS LLC | MONTHLY SVS | \$102.08 |
| POWDER RIVER POWER OF SEHRIDAN | PRESSURE WASHER HOSE/WHEEL SWIVEL | \$221.42 |
| SERVALL UNIFORM & LINNEN SUPPLY | SHOP TOWELS/MATS | \$119.52 |
| SHERIDAN ACE | BALLAST | \$36.99 |
| SHERIDAN COUNTY AIRPORT PETTY CASH | KLEENEX/COFFEE | \$31.33 |
| SHIPTONS BIG R SHERIDAN | DE-ICE PUMP | \$2.48 |
| TOTAL AIRPORT WARRANTS PAID 04-06-2026 | | \$403,926.88 |

Elected and Staff Reports and Topics Discussed:Mark Reid, County Planner.

Provided a brief update on the Planning & Zoning meeting, Thursday, May 7, 2026. The agenda includes three items: Dietz Legacy Homes Subdivision on Decker Road, Conditional Use Permit (CUP) to operate a small retail needlework shop in an existing building; and third, a variance request for a reduction in lot area, involving boundary line adjustments between the Ziegler's and Buszkiewicz's to facilitate property exchange, which is straightforward with no impact on density or setbacks.

Eda Schunk Thompson, County Clerk.

Highlighted the final page of the package, which contains the law enforcement, monthly and airport payroll totals for April and thanked the board for their general approval and emphasized the importance of reviewing the actual payroll numbers once they are completed.

Katie Araas, County Treasurer.

Reminded everyone that the property tax refund program for the 2025 tax year is open, with applications due by Monday, June 1st, no exceptions. The program is income and asset-based, providing refunds on property taxes paid for 2025, and is available even if you receive certain tax exemptions. Applications can be submitted online, in person, or by mail, but the second half of property taxes must be paid before applying. The office has helped with around 150 applications so far and appreciates everyone's patience as they handle increased traffic and their regular duties.

Kimber Solberg, Fairgrounds Director.

Announced that the open class book for the county fair is available and shared updates on event changes, including the teddy bear dress competition and pie auction and discussed the upcoming 250th celebration at the historic pavilion and clarified that livestock and youth participation are increasing despite perceptions of a decline, with fluctuations in open class and horticulture. Ms. Solberg highlighted ongoing efforts to promote the fair through outreach and media to boost attendance and engagement.

Cameron Duff, Administrative Director.

Provided a positive update on the county's health insurance premiums, explaining that initial projections of around a 16.7% increase were negotiated down to a 5% increase, saving the county approximately \$167,000, despite the rise. Blue Cross Blue Shield will have about a 5% increase, with other plans like Delta Dental and EyeMed remaining at 0%. Mr. Duff emphasized that these figures are being finalized for the budget discussion on May 20. Chairwoman Haswell added insights from a health conference about the importance of shopping around for insurance and managing costs, especially in rural areas where options are limited, and highlighted how hitting deductibles early can impact future premiums.

Board Updates.

Commissioner Siddle will attend the Bighorn National Forest Service Steering Committee Spring meeting in Greybull on Thursday, and shared that his health has improved significantly, allowing him to drive again and he is doing well, with some support measures still in place. Commissioner Wright will attend a meeting scheduled for Thursday via Zoom instead of traveling to Cheyenne. Chairwoman Haswell will be in Cheyenne on Thursday for a water development meeting and will leave Friday to go to Jackson for lacrosse.

Recessed: 9:13

Reconvened: 9:24 a.m.

Bighorn National Forest Quarterly Update.

Amy Ormseth, District Ranger.

Presentation was cancelled.

Adjourn: Chairwoman Haswell adjourned the meeting at 9:24 a.m.

BOARD OF COUNTY COMMISSIONERS
Sheridan County, Wyoming

Attest:

Christi Haswell, Chairwoman

Eda Schunk Thompson, County Clerk

26.

Wyoming

BOARD OF COUNTY COMMISSIONERS
Christy Head
 Chairman
05/14/26
 Date



APPROVED AS TO FORM

 County Attorney

 Date

Western Surety Company

OFFICIAL BOND AND OATH

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 72353318

That we Brittany Gorzalka

of Sheridan, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound

unto Sheridan County Fair Board, the State of Wyoming, in the penal

sum of Ten Thousand and 00/100 DOLLARS (\$ 10,000.00), to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

Dated this 16th day of March, 2026.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden

Principal was duly elected or appointed to the office of Treasurer

in the _____ of Sheridan County Fair Board,

and State aforesaid for the term beginning April 25th, 2026, and ending

April 25th, 2027.

NOW THEREFORE, If the above bounden Principal and their deputies shall faithfully, honestly and

impartially perform all the duties of their said office of Treasurer as is or may be prescribed by law, and shall with all reasonable skill, diligence, good faith and honesty safely keep and be responsible for all funds coming into the hands of such officer by virtue of their office; and pay over without delay to the person or persons authorized by law to receive the same, all moneys which may come into their hands by virtue of their said office; and shall well and truly deliver to their successor in office or such other person or persons as are authorized by law to receive the same, all moneys, books, papers and things of every kind and nature held by them as such officer, the above obligation shall be void, otherwise to remain in full force and effect.



Brittany Gorzalka
 Principal

WESTERN SURETY COMPANY

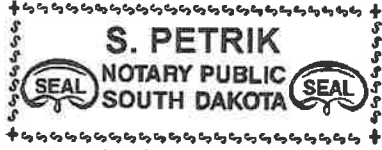
By Larry Kasten
 Larry Kasten, Vice President

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA }
County of Minnehaha } ss

On this 16th day of March, 2026, before me, appeared

Larry Kasten to me personally known, being by me sworn, and did say that he is the aforesaid officer of WESTERN SURETY COMPANY, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said officer acknowledged said instrument to be the free act and deed of said corporation.



My Commission Expires August 11, 2028

S. Petrik

Notary Public

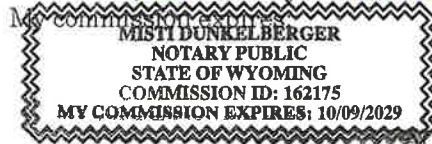
OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, obey and defend the constitution of the United States, and the constitution of the state of Wyoming; that I have not knowingly violated any law related to my election or appointment, or caused it to be done by others; and that I will discharge the duties of my office with fidelity.

Brittany Gorzalka

State of Wyoming }
County of Sheridan } ss

This Oath of Office was subscribed and sworn to before me by Brittany Gorzalka
on this 13 day of May, 2025



Misti Dunkelberger
Notary Public, Wyoming

ACKNOWLEDGMENT OF PRINCIPAL

THE STATE OF WYOMING }
County of Sheridan } ss

On this 13th day of May, 2026, before me, personally appeared

Brittany Gorzalka

, to me known to be the person described in and who executed the foregoing instrument as Principal, and acknowledged that the same was executed as

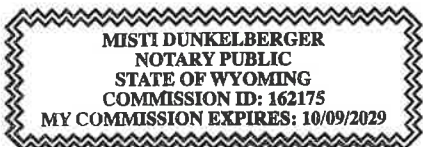
she free act and deed.

My commission expires

October 9, 2029

Misti Dunkelberger

Notary Public, Wyoming





Sheridan County

W.S. 18-3-814 MONTHLY STATEMENT

Statement of the collections by MARK REID as
Name of Elected or Appointed County Official
County Planner for the County of Sheridan,
Title
 State of Wyoming for the month ending APRIL 30, 2026, filed with the
 County Clerk for presentation to the Board of County Commissioners.

See attached documents.

I hereby certify that the above is true and correct statement of the monies collected by me and that the same has been paid to the County Treasurer.

This 4th day of may, 2026


 Sheridan County Elected or Appointed County Official

REPORT OF
Collection of Monies

MARK PEIDA
Name of Elected or Appointed County Official

AS

County planner
Title

For the month of
APRIL, 2026

TO BE COMPLETED BY THE COUNTY CLERK
FILED WITH COUNTY CLERK

FILED
Sheridan County Clerk & Recorder

MAY 04 2026

EDA SCHUNK THOMPSON, CLERK
DEPUTY
Cheri Stepp
County Clerk, Financial Administrator Assst

Presented and acknowledged by the Board of County

Commissioners on this 12 day of
May, 2026

Christi Hamell
Chairman

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/07/2026

Receipt#: 31667

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 4,084.79

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|----------|
| 1 | R | 1000.000.42101.0100.000 | PLANNING - REZONE | 600.00 |
| 2 | R | 1000.000.42103.0100.000 | PLANNING ZONING PERMITS | 900.00 |
| 3 | R | 1000.000.42104.0100.000 | PLANNING BUILDING PERMIT | 1,556.79 |
| 4 | R | 1000.000.42109.0100.000 | PLANNING VARIANCE | 475.00 |
| 5 | R | 1000.000.42112.0100.000 | PLANNING FINAL PLAT SUBD | 550.00 |
| 6 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 3.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|----------|-------------------|----------|
| CURRENCY | | PUBLIC WORKS FEES | 153.00 |
| CHECK | 9-CHECKS | PUBLIC WORKS FEES | 3,931.79 |

SHERIDAN COUNTY
 224 S MAIN - SUITE B3
 SHERIDAN, WY 82801
 MISC RECEIPTS

Trans Date: 04/15/2026

Receipt#: 31733

Clerk ID: kschaefr

Receipt Total: 753.25

Receipt Type: MISC

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|--------|
| 1 | R | 1000.000.42103.0100.000 | PLANNING ZONING PERMITS | 150.00 |
| 2 | R | 1000.000.42104.0100.000 | PLANNING BUILDING PERMIT | 150.00 |
| 3 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 121.00 |
| 4 | R | 1000.000.42100.0100.000 | ENGINEERING UTILITY LICE | 332.25 |

| Payment Type | Doc# | Description | Amount |
|--------------|----------|-------------------|--------|
| CURRENCY | | PUBLIC WORKS FEES | 3.00 |
| CHECK | 7-CHECKS | PUBLIC WORKS FEES | 750.25 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31850

Clerk ID: kschaefer

Receipt Total: 0.75

Receipt Type: MISC

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS CC CHARGES

| Line# | PT Account | Description | Amount |
|-------|-------------------------|------------------------|--------|
| 1 R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 0.75 |

| Payment Type | Doc# | Description | Amount |
|--------------|----------|-------------------------|--------|
| CREDIT | 1-CHARGE | PUBLIC WORKS CC CHARGES | 0.75 |

Received Transaction Activity

SHERIDAN CO PUBLIC WORKS POS (228038)

Thursday April 2, 2026

Received (Mountain) | First Name
04/02/26 14:10

Last Name

Auth Code
664820

Method | Last4
VISA 5682

Principal | Service Fee
\$0.75 \$2.00

Amount | *CODE
\$2.75

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|---------------|---------------|---------------|
| VISA | 1 | \$0.75 | \$2.00 | \$2.75 |
| TOTAL | 1 | \$0.75 | \$2.00 | \$2.75 |

SHERIDAN COUNTY
 224 S MAIN - SUITE B3
 SHERIDAN, WY 82801
 MISC RECEIPTS

Trans Date: 04/22/2026

Receipt#: 31782

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 11,209.54

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|----------|
| 1 | R | 1000.000.42103.0100.000 | PLANNING ZONING PERMITS | 750.00 |
| 2 | R | 1000.000.42104.0100.000 | PLANNING BUILDING PERMIT | 9,646.54 |
| 3 | R | 1000.000.42105.0100.000 | PLANNING SEPTIC PERMITS | 250.00 |
| 4 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 357.50 |
| 5 | R | 1000.000.42100.0100.000 | ENGINEERING UTILITY LICE | 205.50 |

| Payment Type | Doc# | Description | Amount |
|--------------|-----------|-------------------|-----------|
| CURRENCY | | PUBLIC WORKS FEES | 20.50 |
| CHECK | 12-CHECKS | PUBLIC WORKS FEES | 11,189.04 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31851

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 419.50

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS CC CHARGES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|--------|
| 1 | R | 1000.000.42105.0100.000 | PLANNING SEPTIC PERMITS | 250.00 |
| 2 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 7.00 |
| 3 | R | 1000.000.42100.0100.000 | ENGINEERING UTILITY LICE | 162.50 |

| Payment Type | Doc# | Description | Amount |
|--------------|-----------|-------------------------|--------|
| CREDIT | 3-CHARGES | PUBLIC WORKS CC CHARGES | 419.50 |

Received Transaction Activity
 SHERIDAN CO PUBLIC WORKS POS (228038)
 Tuesday April 14, 2026

Received (Mountain) : First Name
 04/14/26 13:56 ACCOUNT

Last Name
 HOLDER

Auth Code
 922354

Method | Last4
 MAST 2745

Principal
 \$7.00

Service Fee
 \$2.00

Amount * CODE
 \$9.00

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|---------------|---------------|---------------|
| MAST | 1 | \$7.00 | \$2.00 | \$9.00 |
| TOTAL | 1 | \$7.00 | \$2.00 | \$9.00 |

Received Transaction Activity

SHERIDAN CO PUBLIC WORKS POS (228038)

Friday April 17, 2026

Received (Mountain) | First Name
04/17/26 10:20 BRAYDEN

Last Name
JAMES

Auth Code
05122G

Method | Last4
VISA 4903

Principal
\$250.00

Service Fee
\$6.38

Amount * CODE
\$256.38

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|-----------------|---------------|-----------------|
| VISA | 1 | \$250.00 | \$6.38 | \$256.38 |
| TOTAL | 1 | \$250.00 | \$6.38 | \$256.38 |

Received Transaction Activity

SHERIDAN CO PUBLIC WORKS POS (228038)

Monday April 20, 2026

Received (Mountain) | First Name
04/20/26 09:58 DANILLEE

Last Name
SORENSEN

Auth Code
003201

Method | Last4
VISA 8733

Principal
\$162.50

Service Fee
\$4.14

Amount: *.CODE
\$166.64

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|-----------------|---------------|-----------------|
| VISA | 1 | \$162.50 | \$4.14 | \$166.64 |
| TOTAL | 1 | \$162.50 | \$4.14 | \$166.64 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/29/2026

Receipt#: 31808

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 4,600.09

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|----------|
| 1 | R | 1000.000.42104.0100.000 | PLANNING BUILDING PERMIT | 4,335.09 |
| 2 | R | 1000.000.42105.0100.000 | PLANNING SEPTIC PERMITS | 250.00 |
| 3 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 15.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|----------|-------------------|----------|
| CURRENCY | | PUBLIC WORKS FEES | 251.00 |
| CHECK | 2-CHECKS | PUBLIC WORKS FEES | 4,349.09 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31852

Clerk ID: kschaefr

Receipt Total: 182.00

Receipt Type: MISC

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS CC CHARGES

| Line# | PT Account | Description | Amount |
|-------|---------------------------|-------------------------|--------|
| 1 | R 1000.000.42103.0100.000 | PLANNING ZONING PERMITS | 150.00 |
| 2 | R 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 32.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|-----------|-------------------------|--------|
| CREDIT | 3-CHARGES | PUBLIC WORKS CC CHARGES | 182.00 |

Received Transaction Activity
 SHERIDAN CO PUBLIC WORKS POS (228038)
 Tuesday April 21, 2026

| Received (Mountain) | First Name | Last Name | Auth Code | Method | Last4 | Principal | Service Fee | Amount * CODE |
|---------------------|------------|-----------|-----------|--------|-------|-----------|-------------|---------------|
| 04/21/26 15:15 | EULALIO | GARZA | 025320 | VISA | 1545 | \$150.00 | \$3.83 | \$153.83 |
| 04/21/26 15:49 | ACCOUNT | HOLDER | 110323 | MAST | 8423 | \$25.00 | \$2.00 | \$27.00 |
| 04/21/26 16:10 | ACCOUNT | HOLDER | 210818 | MAST | 2745 | \$7.00 | \$2.00 | \$9.00 |

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|-----------------|---------------|-----------------|
| VISA | 1 | \$150.00 | \$3.83 | \$153.83 |
| MAST | 2 | \$32.00 | \$4.00 | \$36.00 |
| TOTAL | 3 | \$182.00 | \$7.83 | \$189.83 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31831

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 2,296.00

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|----------|
| 1 | R | 1000.000.42105.0100.000 | PLANNING SEPTIC PERMITS | 500.00 |
| 2 | R | 1000.000.42112.0100.000 | PLANNING FINAL PLAT SUBD | 1,650.00 |
| 3 | R | 1000.000.44551.0100.000 | PLANNING MISCELLANEOUS | 146.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|----------|-------------------|----------|
| CURRENCY | | PUBLIC WORKS FEES | 14.00 |
| CHECK | 7-CHECKS | PUBLIC WORKS FEES | 2,282.00 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31853

Clerk ID: kschaefer

Receipt Type: MISC

Receipt Total: 400.00

Received Of: SHERIDAN CO PUBLIC WORKS

On Account Of: PUBLIC WORKS CC CHARGES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|-------------------------|--------|
| 1 | R | 1000.000.42103.0100.000 | PLANNING ZONING PERMITS | 150.00 |
| 2 | R | 1000.000.42105.0100.000 | PLANNING SEPTIC PERMITS | 250.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|-----------|-------------------------|--------|
| CREDIT | 2-CHARGES | PUBLIC WORKS CC CHARGES | 400.00 |

Received Transaction Activity
SHERIDAN CO PUBLIC WORKS POS (228038)
Monday April 27, 2026

Received (Mountain) | First Name **Last Name** **Auth Code** **Method** **Last4** **Principal** **Service Fee** **Amount** ***CODE**
 04/27/26 15:00 ACCOUNT HOLDER 294426 VISA 3740 \$150.00 \$3.83 \$153.83

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|-----------------|---------------|-----------------|
| VISA | 1 | \$150.00 | \$3.83 | \$153.83 |
| TOTAL | 1 | \$150.00 | \$3.83 | \$153.83 |

Received Transaction Activity

SHERIDAN CO PUBLIC WORKS POS (228038)

Tuesday April 28, 2026

Received (Mountain) | First Name
04/28/26 09:33 SHAD

Last Name
CONNELLY

Auth Code
00675G

Method | last4
VISA 558

Principal
\$250.00

Service Fee
\$6.38

Amount * .CODE
\$256.38

| Method | Quantity | Principal | Service Fee | Amount |
|--------------|----------|-----------------|---------------|-----------------|
| VISA | 1 | \$250.00 | \$6.38 | \$256.38 |
| TOTAL | 1 | \$250.00 | \$6.38 | \$256.38 |



Sheridan County

W.S. 18-3-814

AIRPORT MONTHLY STATEMENT

Statement of the collections of E. Robert Gill as
Name of Appointed County Official
Airport Manager for the County of Sheridan,
Title
 State of Wyoming for the month ending April, 2026, filed with
 the County Clerk for presentation to the Board of County Commissioners.

See attached documents.

I hereby certify that the above is true and correct statement of the moneys collected by me and deposited.

This 8th day of May, 2026


 Sheridan County Appointed County Official

REPORT OF

Earning or Collection

E. Robert Gill

Name of Appointed County Official

AS

Airport Manager

For the month of

April, 2026

TO BE COMPLETED BY THE COUNTY CLERK
FILED WITH COUNTY CLERK

FILED

Sheridan County Clerk & Recorder

MAY 08 2026

EDA SCHUNK THOMPSON, CLERK
Chadley DEPUTY
County Clerk, Financial Administration Ass't

Presented and acknowledged by the Board of County

Commissioners on this 12 day of

May, 2026

Donald Hamill
Chairman

Sheridan County Airport
Balance Sheet
As of April 30, 2026

05/07/26

Accrual Basis

| | Apr 30, 26 |
|--|----------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1100 · Fst Fed Operating Account | 210,354.73 |
| 1101 · Fst Fed Operating Warrants | -60,340.83 |
| 1102 · Fst Fed CI Account | 280,158.37 |
| 1103 · Fst Fed CI Warrants | -385,743.99 |
| 1104 · Fst Fed Hangar Account | 30,987.31 |
| 1105 · Fst Fed PFC Account | 124,108.46 |
| 1211 · Wyo Star | 3,258,378.64 |
| 1201 · Petty Cash | 200.00 |
| 1224 · 2013 Bond Reserve Account | 271,186.10 |
| Total Checking/Savings | 3,729,288.79 |
| Accounts Receivable | |
| 1209 · Accounts Receivable | -44,647.50 |
| Total Accounts Receivable | -44,647.50 |
| Other Current Assets | |
| 1230 · Federal Grant Receivable | 359,602.04 |
| 1240 · State Grant Receivable | 13,456.28 |
| 1260 · Gas Tax Receivable | 6,235.80 |
| Total Other Current Assets | 379,294.12 |
| Total Current Assets | 4,063,935.41 |
| Fixed Assets | |
| 1320.1D · Deferred Outflows - OPEBDUP | -2,098.00 |
| 1320D0 · Deferred Outflow - PensionDUP | -322,195.00 |
| Property & Equipment | |
| 1300 · Construction in Progress | 167,472.00 |
| 2301 · Land | 1,125,805.57 |
| 2307 · Buildings | 13,108,919.98 |
| 2313 · Improvements | 41,143,635.01 |
| 2319 · Equipment | 3,580,034.99 |
| 2331 · Accumulated Depreciation | -40,261,013.60 |
| Total Property & Equipment | 18,864,853.95 |
| Total Fixed Assets | 18,540,560.95 |
| Other Assets | |
| 1902 · Lease Receivable | 3,302,643.00 |
| 1320 · Deferred Outflow - Pension | 448,045.00 |
| 1320.1 · Deferred Outflows - OPEB | 8,859.00 |
| Total Other Assets | 3,759,547.00 |
| TOTAL ASSETS | 26,364,043.36 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 3401 · Accounts Payable | 534.84 |
| Total Accounts Payable | 534.84 |
| Other Current Liabilities | |
| 3390 · Accrued Salary - Overtime | 27,120.17 |
| 3403 · Compensated Absences Payable | 39,691.31 |
| 3404 · Current Revenue Bonds | 200,000.00 |
| 3409 · Interest Payable | 9,263.33 |
| 3416 · Life Insurance Payable | 19.22 |
| Total Other Current Liabilities | 276,094.03 |

9:59 AM

05/07/26

Accrual Basis

Sheridan County Airport
Balance Sheet
As of April 30, 2026

| | <u>Apr 30, 26</u> |
|---------------------------------------|-----------------------------|
| Total Current Liabilities | 276,628.87 |
| Long Term Liabilities | |
| Deferred Inflows - Lease | -120,702.58 |
| 3423 · Deferred Inflow - Leases | 3,423,345.58 |
| 3411 · Rev Bond 2013 Payable | 485,444.82 |
| 3412 · Unfunded Pension Liability | 808,319.00 |
| 3421 · OPEB Liability | 38,028.00 |
| 3420 · Deferred Inflows | 51,395.00 |
| 3422 · Deferred Inflows - OPEB | 14,167.00 |
| Total Long Term Liabilities | <u>4,699,996.82</u> |
| Total Liabilities | 4,976,625.69 |
| Equity | |
| 4500 · Fund Balance | 21,250,807.41 |
| Net Income | 136,610.26 |
| Total Equity | <u>21,387,417.67</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>26,364,043.36</u></u> |

2e.

Step #2 – County Clerk



Sheridan County

W.S. 18-3-814

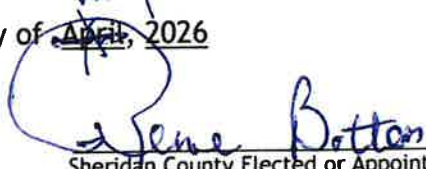
MONTHLY STATEMENT

Statement of the collections by **Rene Botten** as **Clerk of District Court** for the
Name of Elected or Appointed County Official
 County of Sheridan, State of Wyoming for the month ending April, 2026, filed with the
Title
 County Clerk for presentation to the Board of County Commissioners.

See attached documents.

I hereby certify that the above is true and correct statement of the monies collected
 by me and that the same has been paid to the County Treasurer.

This 6th day of ^{May}~~April~~, 2026


 Sheridan County Elected or Appointed County Official

REPORT OF
Collection of Monies
Rene Botten

Name of Elected or Appointed County Official

AS
Sheridan County Clerk of District
Court

Title

For the month of _____, 20____

TO BE COMPLETED BY THE COUNTY CLERK
FILED WITH COUNTY CLERK

Presented and acknowledged by the Board of County

Commissioners on this 12 day of

May, 2026
Christ Hamel

SHERIDAN COUNTY
 224 S MAIN - SUITE B3
 SHERIDAN, WY 82801
 MISC RECEIPTS

Trans Date: 05/08/2026

Receipt#: 31866

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 8,574.59

Received Of: CLERK OF DISTRICT COURT

On Account Of: DISTRICT COURT FEES

| Line# | PT | Account | Description | Amount |
|-------|----|-------------------------|--------------------------|----------|
| 1 | R | 1000.000.44300.0200.000 | CDC CIVIL FEES | 4,450.00 |
| 2 | R | 1000.000.44301.0200.000 | CDC PROBATE FEES | 716.00 |
| 3 | R | 1000.000.44303.0200.000 | CDC CERTIFICATES & SEALS | 2.50 |
| 4 | R | 1000.000.44305.0200.000 | CDC MISCELLANEOUS FEES | 1,386.09 |
| 5 | R | 1000.000.44308.0200.000 | CDC JUV CT REIMBURSED FE | 20.00 |
| 6 | R | 2503.000.40600.0000.000 | SD#1 FINES & FORFEITURES | 518.80 |
| 7 | R | 2507.000.40600.0000.000 | SD#2 FINES & FORFEITURES | 1,445.60 |
| 8 | R | 2510.000.40600.0000.000 | SD#3 FINES & FORFEITURES | 35.60 |

| Payment Type | Doc# | Description | Amount |
|--------------|-------|---------------------|----------|
| CHECK | 36320 | DISTRICT COURT FEES | 8,574.59 |

Monthly Statement

Statement of the Earnings or Collections of **RENE BOTTEN as Clerk of District Court** within and for the County of **Sheridan**, State of Wyoming, for the month ending **April 2026**, and reported to the Board of County Commissioners of said County.

| | | |
|--------------------------------------|--|-------------------|
| 1000.000.44300.0200.000 ----- | Civil/Appeal Fees | <u>4450.00</u> |
| 1000.000.44301.0200.000 ----- | Probate Fees | <u>716.00</u> |
| 1000.000.44302.0200.000 ----- | Jury Fees | <u>-0</u> |
| 1000.000.44303.0200.000 ----- | Certifications, Authentications, & Abatements | <u>2.50</u> |
| 1000.000.44305.0200.000 ----- | Miscellaneous Fees (copies, fax, postage, records search, pro se packs and court costs, bank interest) | <u>1386.09</u> |
| 1000.000.44308.0200.000 ----- | JV Court Reimbursed Atty Fees | <u>20.00</u> |
| 1000.210.50297.0200.000 ----- | Indigent Burial | <u>-0-</u> |
| Criminal Fines/Bond Forfeitures----- | | <u>\$ 2000.00</u> |
| TOTAL ----- | | <u>\$ 8574.59</u> |

THE STATE OF WYOMING }

County of Sheridan }

I hereby certify that the above is a true and correct statement of the earnings of my office, or of money's collected by me as such officer during the month above mentioned, and that the same has been by me paid into the County Treasury.

WITNESS my hand and seal this 6th day of May, 2026.


Rene Botten, Clerk of District Court

Step #2 – County Clerk



Sheridan County

W.S. 18-3-814 MONTHLY STATEMENT

Statement of the collections by William Levi Dominguez as
Name of Elected or Appointed County Official
Sheriff for the County of Sheridan,
Title
 State of Wyoming for the month ending April 2026, filed with the County Clerk for presentation
 to the Board of County Commissioners.

See attached documents.

I hereby certify that the above is true and correct statement of the monies collected by me and that the same has been paid to the County Treasurer.

This 1 day of May, 2026


 Sheridan County Elected or Appointed County Official

REPORT OF
Collection of Monies

W"Levi" Dominguez
Name of Elected or Appointed County Official

AS

Sheriff
Title

For the month of
April, 2026

TO BE COMPLETED BY THE COUNTY CLERK
FILED WITH COUNTY CLERK

FILED
Sheridan County Clerk & Recorder

APR 01 2026

EDA SCHUNK THOMPSON, CLERK
Chad Jeff DEPUTY
County Clerk, Financial Adminstrator Asst

Presented and acknowledged by the Board of County

Commissioners on this 12 day of

May, 2026

Christi Howell
Chairman

SHERIFF'S OFFICE RECEIPTS

Apr-26

| | | | |
|-------------------------|---------------------------|----|-----------|
| JAIL CONTRACT - CITY | (1000.000.44402.0200.000) | \$ | - |
| DAYTON CONTRACT | (1000.000.44404.0200.000) | \$ | - |
| CIVIL PROCESS | (1000.000.44403.0200.000) | \$ | 2,015.00 |
| WORK RELEASE | (1000.000.44400.0200.000) | \$ | - |
| VOA WORK RELEASE | (1000.000.44410.0200.000) | \$ | - |
| FINGERPRINTS / ID / CFP | (1000.000.44405.0200.000) | \$ | 585.00 |
| INMATE PHONE | (1000.000.44408.0200.000) | \$ | 12,000.00 |
| MISC. RECEIPTS | (1000.000.44406.0200.000) | \$ | 13,045.26 |
| COMMISSARY | (1000.000.47006.0200.000) | \$ | - |
| FOREST SERVICE | (1000.000.44407.0200.000) | \$ | - |
| MEDICAL CO-PAYS | (1000.000.44413.0200.000) | \$ | 1,727.26 |
| INMATE INDIGENT | (1000.000.44406.0200.000) | \$ | - |
| WEEKEND PAY TO STAY | (1000.000.44415.0200.000) | \$ | 1,105.00 |
| PROPERTY DAMAGE | (1000.000.44406.0200.000) | \$ | - |
| INMATE NOTARY | (1000.000.44406.0200.000) | \$ | - |
| INMATE MISCELLANEOUS | | \$ | 61.32 |

CHECK TOTAL: \$ 30,538.84

INCLUDED IN MISC. RECEIPTS

| | | | |
|--|---------------------------|----|---------------------|
| College Patrol Services MOU | | \$ | 7,457.02 |
| Restitution | | \$ | 2,281.41 |
| Forclosure Sales | | | |
| Collection Professional Inc. | | | |
| Case Request/Record Info | | \$ | 35.00 |
| Livestock Law Enforcement MOU | | \$ | 275.00 |
| Sheriff K9 Program | (1000.637.48803.0200.428) | | |
| Reimbursement WLEA Instructor | (1000.050.50233.0200.000) | \$ | 194.83 |
| 24/7 Program | (1000.051.50300.0200.247) | | |
| Opioid Grant | (1000.637.48803.0200.248) | | |
| SRO Contract | (1000.000.44418.0200.190) | | |
| New Trucks 1% | (1000.301.50844.0200.000) | | |
| Sheriff Community Grant | (1000.637.48803.0200.433) | \$ | 2,802.00 |
| Born in a Barn Security | | | |
| Night Vision Grant | (1000.050.50842.0200.000) | | |
| Big Horn Equestrian Center - Traffic Control - Soccer Tournament | | | |
| TOTAL MISC. RECEIPTS: | | | \$ 13,045.26 |

DIRECT DEPOSITS TO TREASURER

DUI GRANT - NOT INCLUDED IN REVENUE
 HOMELAND SECURITY GRANT - NOT INCLUDED IN REVENUE
 DCI WAGE REIMBURSE GRANT - NOT INCLUDED IN REVENUE
 TOTAL FOR DIRECT DEPOSITS - ALL GRANTS NOT REVENUE
 SPLIT SENTENCE (1000.000.44400.0200.000)
 SHERIFF MISC FEES (1000.000.44406.0200.000)
 BULLETPROOF VEST GRANT REVENUE (1000.48803.0200.923)

Total Revenue

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/30/2026

Receipt#: 31837

Clerk ID: kschafer

Receipt Type: MISC
Received Of: STATE OF WYOMING
On Account Of: 24/7 PROGRAM REVENUE

Receipt Total: 1,696.50

| Line# | PT Account | Description | Amount |
|-------|-------------------------|----------------------|----------|
| 1 R | 1000.000.44417.0200.000 | 24/7 PROGRAM REVENUE | 1,696.50 |

| Payment Type | Doc# | Description | Amount |
|--------------|---------|----------------------|----------|
| OTHER | ACH DEP | 24/7 PROGRAM REVENUE | 1,696.50 |

First Interstate Bank-Main Routing
ACH Customer Service: 406-237-2731opt 1

R-31837
4/30/24
MLM

Sheridan County Treasurer

ACH REMITTANCE ADVICE DETAIL REPORT

RECEIVER INFORMATION

Receiver Name: VC0000086860
DFI Account Number: 13000005
Receiving DFI ID: 092901683
ID Number: 202604277657839
Settlement Date: April 29, 2026
Transaction Type: 22
Amount: \$1,696.50

ORIGINATOR INFORMATION

Originator Name: State of Wyoming
Company ID: B830208667
Originating DFI: 091000019
Company Descriptive Date: 260427
Effective Entry Date: April 29, 2026
Transaction Description: Demand Credit - Auto Deposit

TRANSACTION DETAILS

Discretionary Data:
Entry Description: Wyoming
SEC Code: CCD
Service Class Code: 200 - ACH Entries Mixed
Batch Number: 30221

Discretionary Data:
Company Name/ID#: VC0000086860
Addenda Rec. Count: 1
ACH Trace Number: 091000013968502
Reference Code:

Trace

Current Transaction Trace Numbers 202604277657839
Originating Company Identifier B830208667
Reference Identification 24/7 Sobriety Program- Sheridan CO Count

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/07/2026

Receipt#: 31700
Clerk ID: kschaefr
Receipt Total: 200.00

Receipt Type: MISC
Received Of: SSA TREASURY
On Account Of: SOCIAL SECURITY PMT FOR INMATE

| Line# | PT Account | Description | Amount |
|--------------|---------------------------|--------------------------------|--------|
| 1 | R 1000.000.44406.0200.000 | SHERIFF MISCELLANEOUS FE | 200.00 |
| Payment Type | Doc# | Description | Amount |
| OTHER | ACH DEP | SOCIAL SECURITY PMT FOR INMATE | 200.00 |

04/06/2026 4:57 AM

Page 1 of 1

13-31700

4/7/24

MW

ACH Summary Wyoming
ACH Customer Service: 406-237-2731 Opt.1

Sheridan County Treasurer

ACH REMITTANCE ADVICE DETAIL REPORT

RECEIVER INFORMATION

Receiver Name: COUNTY OF SHERIDAN
 DFI Account Number: 13000005
 Receiving DFI ID: 102300129
 ID Number: 836000124280400
 Settlement Date: April 06, 2026
 Transaction Type: 22
 Amount: \$200.00

ORIGINATOR INFORMATION

Originator Name: SSA TREAS 310
 Company ID: 9101036151
 Originating DFI: 101036151
 Company Descriptive Date: 040626
 Effective Entry Date: April 06, 2026
 Transaction Description: Demand Credit - Auto Deposit

TRANSACTION DETAILS

Discretionary Data:
 Entry Description: MISC PAY
 SEC Code: CCD
 Service Class Code: 220 - ACH Credits Only
 Batch Number: 23

Discretionary Data: 01
 Company Name/ID#: COUNTY OF SHERIDAN
 Addenda Rec. Count: 1
 ACH Trace Number: 101036150847230
 Reference Code:

Remittance Advice Accounts Receivable Open Item Reference

| | |
|-------------------------|------------------------|
| Seller's Invoice Number | 20260401-INCENTIVE-PMT |
| Monetary Amount | \$200.00 |
| Monetary Amount | \$200.00 |
| Monetary Amount | \$0.00 |

*** END OF REPORT ***

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/15/2026

Receipt#: 31742

Clerk ID: kschaefr

Receipt Type: MISC

Receipt Total: 600.00

Received Of: SHERIDAN CO SHERIFF

On Account Of: USDOJ-BJA FY 17 BULLETPROOF VEST GRANT EXP

| Line# | PT Account | Description | Amount |
|-------|-------------------------|--|--------|
| 1 E | 1000.637.50350.0200.923 | USDOJ-BJA FY 17 BULLETPROOF VEST GRANT EXP | 600.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|-------|---|--------|
| CHECK | 12896 | USDOJ-BJA FY 17 BULLETPROOF VEST GRANT EXP | 600.00 |

SHERIDAN COUNTY
224 S MAIN - SUITE B3
SHERIDAN, WY 82801
MISC RECEIPTS

Trans Date: 04/15/2026

Receipt#: 31741

Clerk ID: kschaefr

Receipt Total: 3,000.00

Receipt Type: MISC

Received Of: SHERIDAN CO SHERIFF

On Account Of: SHERIFF K9 PROGRAM

| Line# | PT Account | Description | Amount |
|-------|-------------------------|--------------------|----------|
| 1 R | 1000.637.48803.0200.428 | SHERIFF K9 PROGRAM | 3,000.00 |

| Payment Type | Doc# | Description | Amount |
|--------------|-------|--------------------|----------|
| CHECK | 12897 | SHERIFF K9 PROGRAM | 3,000.00 |

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

2g.

**PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT,
NO PACKAGE (TO-GO) SALES ARE ALLOWED!**

To be completed by City/County Clerk

| | |
|--|---------------------------------------|
| Date filed with clerk: <u>4/7/2026</u> | Local Permit #: <u>2026-L-9148</u> |
| Permit Fee Per Day: \$ <u>30.00</u> | (\$50.00 maximum fee per day) |
| Number of Days: <u>1</u> | |
| Total Permit Fee: \$ <u>30.00</u> | (Permit fee per day x number of days) |
| Permit Date: <u>06/27/2026</u> through <u>06/27/2026</u> | |

Applicant: Albatraz LLC

Business/Trade Name (DBA): Last Chance Bar

Contact Person: Jessica Winner Phone: (307) 751-2903

Address: 44 Johnson St City Big Horn State: Wyoming Zip: 82833

Mailing Address: 10 Cato Drive City: Sheridan State: Wyoming Zip: 82801

Business Phone: 307-674-8369 Email Address: albatrazchance@gmail.com

Event Name: Sammie Kinnison Wedding

Event Location: Born in a Barn (415 US Hwy E)

Event Sponsor: Sammy Kinnison

Event Type: Wedding Catering

| | | | | | |
|---|--|--|--|--|--|
| FILING IN (CHOOSE ONLY ONE) <input type="checkbox"/> CITY OF: _____ <input checked="" type="checkbox"/> COUNTY OF: <u>Sheridan</u> | | FILING AS (CHOOSE ONLY ONE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LLLP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LC | | FILING AS (CHOOSE ONLY ONE) <input type="checkbox"/> CORPORATION (INC) <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____ | |
| TYPE OF PERMIT (CHOOSE ONLY ONE) | | | | | |
| <input type="checkbox"/> MALT BEVERAGE PERMIT (W.S. 12-4-502(a) / W.S. 12-2-201(b)) Malt beverage permit applicants receiving anything of value (i.e. money, goods and or services) from any industry representative must answer the following: (W.S. 12-5-402(a)) Nonprofit corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/> Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/> And has the applicant been in continuous operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input checked="" type="checkbox"/> CATERING PERMIT (W.S. 12-4-502(b)) For currently licensed Retail or Resort license holders only | | <input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PER (W.S. 12-2-203(g)(iii)) For the sale of the manufacturer's own Wyc Manufactured alcoholic liquor products only <input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-502(a)) For the sale of the microbrewery's own Wyc brewed malt beverage products only <input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g)) For the sale of the winery's own Wyoming manufactured wine products only | |

2026-L-9148 4/24/2026 12:24 PM PAGE: 1 OF 2
 BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.

Jessica Winner Printed Name 04/07/2026 Date
 Applicant Signature
Christi Haswell Printed Name 04/07/2026 Date
 Signature of Licensing Authority Official

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sammie Kinnison Wedding
Event Location: 415 US Hwy 14E, Sheridan
Permit Date(s): June 27, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christi Hamell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9148 4/24/2026 12:24 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

2h

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/2026 Local Permit #: 2026-L-9149
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 1
Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
Permit Date: 07/18/2026 through 07/18/2026

Applicant: Albatraz LLC

Business/Trade Name (DBA): Last Chance Bar

Contact Person: Jessica Winner Phone: (307) 751-2903

Address: 44 Johnson St City Big Horn State: Wyoming Zip: 82833

Mailing Address: 10 Cato Drive City: Sheridan State: Wyoming Zip: 82801

Business Phone: 307-674-8369 Email Address: albatrazchance@gmail.com

Event Name: Rosic's Wedding

Event Location: 189 N. Piney Road, Story, WY

Event Sponsor: Rosic Family

Event Type: Wedding Catering

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
MALT BEVERAGE PERMIT
CATERING PERMIT
MANUFACTURER'S OFF-PREMISE PER
MALT BEVERAGE PERMIT FOR MICROBREWERIES
WINERY OFF-PREMISE PERMIT

4/24/2026 12:25 PM PAGE: 1 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Jessica Winner Jessica Winner 04/07/2026
Christi Haswell Christi Haswell 04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Rosic Wedding
Event Location: 189 N Piney Rd., Story WY
Permit Date(s): July 18, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Signature

Christi Howell

Date

04/27/2026

Post this permit in a conspicuous location at the event



2026-L-9149 4/24/2026 12:25 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK



2i.

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/2026 Local Permit #: 2026-L-9150
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 1
Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
Permit Date: 07/19/2026 through 07/19/2026

Applicant: Jessica Winner
Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
Contact Person: Jessica Winner Phone: (307) 751-7903
Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Business Phone: (307) 674-8369 Email Address: albatrazchance@gmail.com
Event Name: Sheridan Speedway Catering
Event Location: 69 Industrial Lane, Sheridan, WY 82801
Event Sponsor: Sheridan Speedway
Event Type: Races

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
MALT BEVERAGE PERMIT
CATERING PERMIT
MANUFACTURER'S OFF-PREMISE PER
MALT BEVERAGE PERMIT FOR MICROBREWRIES
WINERY OFF-PREMISE PERMIT

4/24/2026 12:26 PM PAGE: 1 OF 2
2026-L-9150
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Jessica Winner
Christi Haswell
04/07/2026
04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): July 19, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christi Hamwell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9150 4/24/2026 12:26 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK



24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

2j.

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/2026 Local Permit #: 2026-L-9151
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 1
Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
Permit Date: 07/26/2026 through 07/26/2026

Applicant: Jessica Winner
Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
Contact Person: Jessica Winner Phone: (307) 751-7903
Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Business Phone: (307) 674-8369 Email Address: albatrazchance@gmail.com
Event Name: Sheridan Speedway Catering
Event Location: 69 Industrial Lane, Sheridan, WY 82801
Event Sponsor: Sheridan Speedway
Event Type: Races

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
CATERING PERMIT (W.S. 12-4-502(b))
MANUFACTURER'S OFF-PREMISE PERMIT (W.S. 12-2-203(g)(iii))
MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-502(a))
WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g))

4/24/2026 12:27 PM PAGE: 1 OF 2
2026-L-9151
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Jessica Winner Jessica Winner 04/07/2026
Christi Haswell Christi Haswell 04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): July 26, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:
Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christi Hamnell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9151 4/24/2026 12:27 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

2k

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/2026 Local Permit #: 2026-L-9152
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 1
Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
Permit Date: 08/02/2026 through 08/02/2026

Applicant: Jessica Winner
Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
Contact Person: Jessica Winner Phone: (307) 751-7903
Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Business Phone: 307 7674-8369 Email Address: albatrazchance@gmail.com
Event Name: Sheridan Speedway Catering
Event Location: 69 Industrial Lane, Sheridan, WY 82801
Event Sponsor: Sheridan Speedway
Event Type: Races

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
MALT BEVERAGE PERMIT
CATERING PERMIT
MANUFACTURER'S OFF-PREMISE PERMIT
MALT BEVERAGE PERMIT FOR MICROBREWERIES
WINERY OFF-PREMISE PERMIT

2026-L-9152 4/24/2026 12:28 PM PAGE: 1 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Jessica Winner Jessica Winner 04/07/2026
Christi Haswell Christi Haswell 04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraoz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): August 2, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christ Haswell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9152 4/24/2026 12:28 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

2L.

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/26 Local Permit #: 2026-L-9153
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 3
Total Permit Fee: \$ 90.00 (Permit fee per day x number of days)
Permit Date: 08/06/2026 through 08/08/2026

Applicant: Jessica Winner
Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
Contact Person: Jessica Winner Phone: (307) 751-7903
Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Business Phone: (307) 674-8369 Email Address: albatrazchance@gmail.com
Event Name: Sheridan Speedway Catering
Event Location: 69 Industrial Lane, Sheridan, WY 82801
Event Sponsor: Sheridan Speedway
Event Type: Races

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
CATERING PERMIT (W.S. 12-4-502(b))
MALT BEVERAGE PERMIT (W.S. 12-4-502(a) / W.S. 12-2-201(b))
MANUFACTURER'S OFF-PREMISE PERMIT (W.S. 12-2-203(g)(iii))
MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-502(a))
WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g))

2026-L-9153 4/24/2026 12:30 PM PAGE: 1 OF 2
BOOK: PAGE: FEES: \$90.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Applicant Signature: Jessica Winner Printed Name: Jessica Winner Date: 04/07/2026
Signature of Licensing Authority Official: Christi Haswell Printed Name: Christi Haswell Date: 04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): August 6-8, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christa Hamell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9153 4/24/2026 12:30 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$90.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE (TO-GO) SALES ARE ALLOWED!

To be completed by City/County Clerk

Date filed with clerk: 4/7/26 Local Permit #: 2026-L-9154
Permit Fee Per Day: \$ 30.00 (\$50.00 maximum fee per day)
Number of Days: 1
Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
Permit Date: 08/23/2026 through 08/23/2026

Applicant: Jessica Winner
Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
Contact Person: Jessica Winner Phone: (307) 751-7903
Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
Business Phone: 307-674-8369 Email Address: albatrazchance@gmail.com
Event Name: Sheridan Speedway Catering
Event Location: 69 Industrial Lane, Sheridan, WY 82801
Event Sponsor: Sheridan Speedway
Event Type: Races

FILING IN (CHOOSE ONLY ONE)
FILING AS (CHOOSE ONLY ONE)
TYPE OF PERMIT (CHOOSE ONLY ONE)
MALT BEVERAGE PERMIT
CATERING PERMIT
MANUFACTURER'S OFF-PREMISE PERM
MALT BEVERAGE PERMIT FOR MICROBREWERIES
WINERY OFF-PREMISE PERMIT

Barcode and vertical text: 2026-L-9154 4/24/2026 12:31 PM PAGE: 1 OF 2 BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.
Jessica Winner Jessica Winner 04/07/2026
Christi Haswell Christi Haswell 04/27/2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): August 23, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christi Howell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9154 4/24/2026 12:31 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK



24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION


2.

**PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT,
NO PACKAGE (TO-GO) SALES ARE ALLOWED!**

To be completed by City/County Clerk

Date filed with clerk: 4 / 7 / 2026 Local Permit # 2026-L-9155
 Permit Fee Per Day: \$ 30 - (\$50.00 maximum fee per day)
 Number of Days: 1
 Total Permit Fee: \$ 30.00 (Permit fee per day x number of days)
 Permit Date: 08 / 30 / 2026 through 08 / 30 / 2026

Applicant: Jessica Winner
 Business/Trade Name (DBA): Albatraz, LLC dba Last Chance Bar
 Contact Person: Jessica Winner Phone: (307) 751-7903
 Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
 Mailing Address: 10 Cato Drive City: Sheridan State: WY Zip: 82801
 Business Phone: 307, 674-8369 Email Address: albatrazchance@gmail.com
 Event Name: Sheridan Speedway Catering
 Event Location: 69 Industrial Lane, Sheridan WY 82801
 Event Sponsor: Sheridan Speedway
 Event Type: Races

| | | | |
|---|--|--|---|
| FILING IN (CHOOSE ONLY ONE) <input type="checkbox"/> CITY OF: _____ <input checked="" type="checkbox"/> COUNTY OF: <u>Sheridan</u> | | FILING AS (CHOOSE ONLY ONE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LLLP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LC <input type="checkbox"/> CORPORATION (INC) <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____ | |
| TYPE OF PERMIT (CHOOSE ONLY ONE) | | | |
| <input type="checkbox"/> MALT BEVERAGE PERMIT (W.S. 12-4-502(a) / W.S. 12-2-201(b)) Malt beverage permit applicants receiving anything of value (i.e. money, goods and or services) from any industry representative must answer the following: (W.S. 12-5-402(a)) Nonprofit corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/> Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/> And has the applicant been in continuous operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input checked="" type="checkbox"/> CATERING PERMIT (W.S. 12-4-502(b)) For currently licensed Retail or Resort license holders only | <input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PER (W.S. 12-2-203(g)(iii)) For the sale of the manufacturer's own Wyo. Manufactured alcoholic liquor products only |  2026-L-9155 4/24/2026 12:29 PM PAGE: 1 OF 2 BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK |
| | | <input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-502(a)) For the sale of the microbrewery's own Wyo. brewed malt beverage products only | |
| | | <input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g)) For the sale of the winery's own Wyoming manufactured wine products only | |

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules and Federal laws, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.

Applicant Signature: Jessica Winner Printed Name: Jessica Winner Date: 04 / 07 / 2026
 Signature of Licensing Authority Official: Christi Haswell Printed Name: Christi Haswell Date: 04 / 27 / 2026

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT

Applicant: Albatraoz LLC
Business / Trade Name (D/B/A): Last Chance Bar
Name of Event: Sheridan Speedway Race
Event Location: 69 Industrial Lane, Sheridan WY 82801
Permit Date(s): August 30, 2026

This permit authorizes the applicant and their representatives to sell alcoholic beverages under the permit type designated below for on-premises sales and consumption only pursuant to all applicable Wyoming state laws and rules, and all applicable local laws and rules.

TYPE OF PERMIT (CHOOSE ONLY ONE)

- Catering Permit** (W.S. 12-4-502(b))
For the sale of the Retail or Resort license holder's alcohol inventory only
- Malt Beverage Permit** (W.S. 12-4-502(a) / W.S. 12-2-201(b))
For the sale of malt beverage products obtained from a licensed malt beverage wholesaler
- Manufacturer's Off-Premise Permit** (W.S. 12-2-203(g)(iii))
For the sale of the manufacturer's own Wyoming manufactured products only
- Winery's Off-Premise Permit** (W.S. 12-4-414(g))
For the sale of the winery's own Wyoming manufactured products only

Authorized by the City/Town Council or the Board of County Commissioners of:

Sheridan County

Licensing Jurisdiction

Licensing Authority Official:

Christi Howell
Signature

04/27/2026
Date

Post this permit in a conspicuous location at the event



2026-L-9155 4/24/2026 12:29 PM PAGE: 2 OF 2
BOOK: PAGE: FEES: \$30.00 MD LIQUOR LICENSE MARGIN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

0.

**CONTRACT AGREEMENT
FOR
IMPROVEMENTS TO
SHERIDAN COUNTY AIRPORT
SHERIDAN, WYOMING**

THIS AGREEMENT, made and entered into by and between Sheridan County, Wyoming, hereinafter referred to as the Sponsor (First Party) and Wagner Ranch Services, LLC, Contractor (Second Party), shall become effective upon the date of signature by the Sponsor.

WITNESSETH:

Article 1. STATEMENT OF THE WORK. The Contractor shall furnish all labor and materials and perform all work for improvements to Sheridan County Airport, under AIP Project No. 3-56-0027-063-2026, State Project No. ASH034A, Expand Long Term Parking Lot in strict accordance with the Project Manual dated February 2026, prepared by Morrison-Maierle for improvements to Sheridan County Airport. All work shall be completed by the specified completion date as defined in General Provisions Section 80-08 and the Special Provisions.

Article 2. It is hereby further agreed, that, in consideration of the faithful performance of the work by the Contractor, the Sponsor shall pay the Contractor the compensation due him by reason of said faithful performance of the work, at stated intervals and in the amounts certified by the Engineer in accordance with the provisions of this Contract.

Article 3. It is hereby further agreed, that, in the completion of the work and its acceptance by the Sponsor all sums due the Contractor by reason of his faithful completion of the work, taking into consideration additions to or deductions from the contract price by reason of "Force Account" work authorized under this contract in accordance with the provisions of this Contract, will be paid the Contractor by the Sponsor after said completion and acceptance. Final acceptance cannot be made by the Sponsor until any and all proper legal advertisements have been made.

Article 4. It is hereby further agreed that any reference herein to the "Contract" shall include all "Contract Documents" listed below and described in the Instructions to Bidders and are hereby made a part of this agreement as fully as if set out at length herein.

- A. Advertisement for Bids
- B. Instructions to Bidders
- C. Bid Proposal Packet
- D. Form of Proposal Guaranty
- E. Contract Agreement
- F. Performance Bond
- G. Payment Bond
- H. Wage Rates
- I. Federal Provisions
- J. General Provisions
- K. Special Provisions
- L. Construction Safety and Phasing Plan *(not required for this project)*

- M. Plans, and Technical Specifications bound together and labeled AIP Project No. 3-56-0027-063-2026, State Project No. ASH034A, or included herein by reference, together with Plans dated February 2026.

Article 5. Contract Clauses and General Requirements for all Construction Contracts and Subcontracts.

A. Contract Clauses for all Construction Contracts and Subcontracts.

1. Airport Improvement Program Project. The work in this contract is included in Airport Improvement Program Project No. 3-56-0027-063-2026, State Project No. ASH034A, which is being undertaken and accomplished by the Sponsor in accordance with the terms and conditions of a grant agreement between the Sponsor and the United States under the Airport and Airway Improvement Act of 1982, and FAR Part 152 (14 CFR Part 152), pursuant to which the United States has agreed to pay a certain percentage of the costs of the project that are determined to be allowable project costs under the Act. The United States is not a party to this contract and no reference in this contract to the FAA or any representative thereof, or to any rights granted to the FAA or any representative thereof, or the United States, by the contract, makes the United States a party to this contract.
2. Consent to Assignment. The Contractor shall obtain the prior written consent of the Sponsor to any proposed assignment of any interest in or part of this contract.
3. Convict Labor. No convict labor shall be employed under this contract.
4. Withholding, Sponsor from Contractor. Whether or not payments or advances to the Sponsor are withheld or suspended by the FAA, the Sponsor may withhold or cause to be withheld from the Contractor so much of the accrued payments or advances as may be considered necessary to pay laborers and mechanics employed by the Contractor or any subcontractor on the work the full amount of wages required by this contract.
5. Federal Aviation Administration (FAA) and Wyoming Department of Transportation - Aeronautics Division (WYDOT AD) Inspection and Review. The Contractor shall allow any authorized representative of the FAA or WYDOT AD to inspect and review any work or materials used in the performance of this contract.
6. Subcontracts. The Contractor shall insert in each of his subcontracts the applicable provisions contained herein and also a clause requiring the subcontractors to include these provisions in any lower tier subcontracts which they may enter into, together with a clause requiring this insertion in any further subcontracts that may in turn be made.
7. Solicitations for Subcontractors Including Procurements of Materials and Equipment. In all solicitations either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor

or supplier shall be notified by the Contractor of the Contractor's obligations under this contract and the Regulations relative to nondiscrimination of the grounds of race, sex, age, color, or national origin.

8. Information and Reports. The Contractor shall provide all information and reports required by the Regulations or directive issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information and its facilities as may be determined by the Sponsor to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a Contractor is in the exclusive possession of another who fails or refuses to furnish this information, the Contractor shall so certify to the Sponsor as appropriate, and shall set forth what efforts it has made to obtain the information.

B. General Requirements for all Construction Contracts and Subcontracts.

This section is hereby referenced in its entirety in Section 1.8 – Federal Contract Provisions of the Project Manual.

C. Bonding Clauses for Construction Contracts and Subcontracts.

1. The Contractor agrees to furnish a performance bond for 100 percent of the Contract price. This bond is one that is executed in connection with a contract to secure fulfillment of all the Contractor's obligations under such contract.
2. The Contractor agrees to furnish a payment bond for 100 percent of the Contract price. This bond is one that is executed in connection with a contract to assure payment as required by law of all persons supplying labor and material and the execution of the work provided for in the Contract.

Article 6. The Contractor agrees to accept as his full and only compensation for the performance of all the work required under this Contract such sum or sums of money as may be proper in accordance with the price or prices set forth in the Contractor's Proposal attached hereto and made a part hereof covering all of the items.

Article 7. The Contractor agrees to indemnify, defend and hold harmless the Sponsor, from any and all claims and damages to property and injury to persons which may arise both of and during operations under this Contract, whether such operations be by the Contractor or by any subcontractor or anyone directly or indirectly employed by the Contractor or any other employee or person employed or engaged on or about, or in connection with, the construction.

The total estimated cost for AIP Project No. 3-56-0027-063-2026, State Project No. ASH034A, Expand Long Term Parking Lot thereof to be nine hundred ninety-two thousand two hundred and six dollars and zero cents (\$992,206.00).

IN WITNESS WHEREOF, The First Party and the Second Party, respectively have caused this agreement to be duly executed the day and year first herein written in four (4) copies, all of which to all intents and purposes shall be considered as the original.

SPONSOR, First Party

ATTEST:

Party of the First Part (Owner)
COUNTY OF SHERIDAN
State of Wyoming, Lessor

By _____

By _____
Chairman, Board of
County Commissioners

Date _____

APPROVED AS TO FORM:

By _____
Attorney

CONTRACTOR, Second Party

By Dana M Wagner

Wagner Ranch Services, LLC

Title member

By [Signature]

Title member

Date 5/12/20

**RESOLUTION 26-05-049
BUDGET AMENDMENT #3**

WHEREAS, pursuant to Wyo. Stat. §16-4-112 through 113, the Board of Sheridan County Commissioners (“County”), as the governing body of Sheridan County, may transfer any unencumbered or unexpended appropriation balances or part thereof from one fund to another and therefore increase the general fund budget amount upon the request of the County Clerk as the County Budget Officer; and

WHEREAS, on July 22, 2025, the County adopted the annual appropriation of Sheridan County for the fiscal year beginning July 1, 2025, and ending June 30, 2026, following a properly noticed public hearing; and

WHEREAS, a notice of public hearing for FY2026 proposed budget amendment was published in the Sheridan Press, as the official newspaper of general circulation for Sheridan County, on May 12, 2026; and

WHEREAS, the County Clerk, as the County Budget Officer, hereby requests the transfer of unencumbered or unexpended appropriation balances to certain funds further described below that require additional funds to ensure all FY2026 expenditures are budgeted.

NOW, THEREFORE, BE IT RESOLVED by the Sheridan County Board of Commissioners that the following changes are to be made to the Sheridan County FY2026 Budget from the General Fund:

| Revenues | | | |
|-----------------------------|---------------------|----------------|----------------------|
| Capital Facilities Tax Fund | | | |
| Other Revenue/Transfers | AMENDED FY2025-2026 | Amendment No 3 | AMENDED FY2025-2026 |
| 3502.000.49000.0300.000 | \$225,697.00 | \$1,566,995.00 | \$1,792,692.00 |
| Expenditures | | | |
| GPET 1% Optional Tax | | | |
| Library Capital Projects | FY2025-2026 | Amendment No 3 | AMENDED FY 2025-2026 |
| 1000.301.50760.0500.030 | \$100,000.000 | \$150,000.00 | \$250,000.00 |

1. Revenues: Capital Facilities Tax Fund 3502.000.49000.0300.000, increase in the amount of \$1,566,995.00; Was missed when budget was submitted for adoption; and
2. Expenditures: Information Technology 1000.301.50760.0500.030, increase in the amount of \$150,000.00; Additional funding request to modernize the Fulmer Library’s elevator system approved by Board on April 6, 2026.

PASSED, APPROVED AND ADOPTED this 19th day of May 2026.

**BOARD OF COMMISSIONERS
SHERIDAN COUNTY, WYOMING:**

Christi Haswell, Chairwoman

ATTEST:

Eda Schunk Thompson, County Clerk

RESOLUTION 26-05-050

BOARD OF COUNTY COMMISSIONERS' RESCHEDULED MEETINGS

WHEREAS, Resolution 13-01-003, adopted on January 15, 2013, established the first and third Tuesday of each month as the days regular Board meetings will be held; and

WHEREAS, the Commissioners' Chambers will be needed to conduct election operations by the County Clerk for the 2026 Primary and General Elections, both dates of which will conflict with the Board's Tuesday regular meeting schedule; and

WHEREAS, those two regular Board meetings can be held on the Wednesdays following the 2026 Primary and General Elections with minimal disruption of County business;

NOW THEREFORE, BE IT RESOLVED that the Board of County Commissioners hereby reschedules its regular Board meetings from Tuesday, August 18, 2026, to Wednesday, August 19, 2026, and from Tuesday November 4, 2026, to Wednesday, November 5, 2026.

ADOPTED this _____ day of May, 2026.

BOARD OF COUNTY COMMISSIONERS
Sheridan County, Wyoming

Attest:

Christi Haswell, Chair

Eda Schunk Thompson, County Clerk

**GRANT AGREEMENT BETWEEN
WYOMING OFFICE OF STATE LANDS AND INVESTMENTS
AND
SHERIDAN COUNTY**

- 1. **Parties.** The parties to this Grant Award Agreement (Agreement) are Wyoming Office of State Lands and Investments (Agency), whose address is: 122 W. 25th Street, Suite W103, Cheyenne, WY 82002, and Sheridan County (Grantee), whose address is: 224 South Main Street; Suite B-17, Sheridan, Wyoming 82801.
- 2. **Purpose of Agreement.** The purpose of this Agreement is to set forth the terms and conditions by which the Grantee shall complete the approved technology changes and upgrades to the critical infrastructure in accordance with 2024 Wyo. Sess. Laws 139.
- 3. **Term of Agreement.** This Agreement is effective when all parties have executed it (Effective Date). The term of the Agreement is from Effective Date through June 30, 2028. All services shall be completed during this term.
- 4. **Payment.**
 - A. The Agency agrees to pay the Grantee for the services described in Section 5 below. Total payment under this Agreement shall not exceed ten thousand eight hundred sixty-nine dollars and fifty-six cents (\$10,869.56). Payment shall be made following receipt of a Grant Draft Request (GDR) with attached supporting documentation, including invoices and proof of payment. Payment shall be made within forty-five (45) days after submission of invoice. pursuant to Wyo. Stat. § 16-6-602. Grantee shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Agreement.
 - B. No payment shall be made for work performed before the Effective Date of this Agreement. Should the Grantee 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 Grantee performs its duties and responsibilities to the satisfaction of Agency.
 - C. Except as otherwise provided in this Agreement, the Grantee shall pay all costs and expenses, including travel, incurred by Grantee or on its behalf in connection with Grantee's performance and compliance with all of Grantee's obligations under this Agreement.
- 5. **Responsibilities of Grantee.** The Grantee agrees to:
 - A. Submit a proposal outlining requested technology changes and upgrades to the critical infrastructure for approval.

- B. Implementation of the approved critical infrastructure per the approved proposal.
 - C. The Grantee shall establish and maintain sufficient internal controls to ensure that grant funds are spent in accordance with this Agreement and all other state and federal laws.
6. **Responsibilities of Agency.** The Agency agrees to:
- A. Coordinate with the Wyoming Office of Homeland Security to review and approve the proposal submitted by the Grantee.
 - B. Pay Grantee in accordance with Section 4 above.
7. **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 Grantee 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 Grantee 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 Grantee 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. **Compliance with Laws.** The Grantee shall keep informed of and comply with all applicable federal, state, and local laws and regulations in the performance of this Agreement.
- G. **Entirety of Agreement.** This Agreement, consisting of six (6) pages and the Grant Draft Request (GDR) form, provided in Excel format, represents the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.
- H. **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.
- I. **Indemnification.** Each party to this Agreement shall assume the risk of any liability arising from its own conduct. Neither party agrees to insure, defend, or indemnify the other.
- J. **Independent Contractor.** The Grantee 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 Grantee shall be free from control or direction over the details of the performance of services under this Agreement. The Grantee shall assume sole responsibility for any debts or liabilities that may be incurred by the Grantee 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 Grantee 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 behalf of the State of Wyoming or the Agency. The Grantee 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 Grantee or the Grantee's agents or employees as a result of this Agreement.
- K. **Nondiscrimination.** The Grantee 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.

- L. **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.
- M. **Publicity.** Any publicity given to the projects, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices in whatever form, prepared by or for the Grantee, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval from the Agency.
- N. **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.
- O. **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 Agreement and the Grantee expressly reserves governmental immunity. Each of them specifically retains all immunities and defenses available to them as sovereign or governmental entities pursuant to Wyo. Stat. § 1-39-101, *et seq.*, and all other applicable law. 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 Agreement shall not be strictly construed, either against or for either party, except that any ambiguity as to immunity shall be construed in favor of immunity.
- P. **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.
- Q. **Time is of the Essence.** Time is of the essence in all provisions of this Agreement.
- R. **Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Agreement.
- S. **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.

T. 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 Grantee 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.

8. **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 Office of State Lands and Investments

Stacia Berry, Director

Date

GRANTEE:


Sheridan County

Signature

Date

Printed Name and Title

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM



Tyler M. Renner, Supervising Attorney General

05-11-2026
Date



BOARD OF COUNTY COMMISSIONERS

MICHAEL ARZY • CHRISTI HASWELL • HOLLY JENNINGS • NICK SIDDLE • LONNIE WRIGHT

May 19, 2026

To: **WYDOT District 4**
Attn: Scott Taylor, District Engineer
100 W. 12th Street
Sheridan, WY 82801

RE: Formal Objection to the proposed replacement of parts of Brundage Lane/Coffeen Avenue center lane with concrete median barriers.

Dear Mr. Taylor,

We are writing to formally express our concerns regarding the proposal to replace the center turn lanes on Coffeen Avenue and Brundage Lane with concrete median barriers. While we fully support the mill and overlay portion of the proposed project and are grateful for the effort that has been put in to expanding the business access scope of the project, we still respectfully request the Wyoming Department of Transportation consider other alternatives for the center/turning lane replacement.

Our objections are based on the following points:

- **Emergency Fire, Police and Ambulance Access and Response Time:** The proposed concrete median barriers could hinder navigation and restrict access to our emergency response vehicles. The installation of these barriers will eliminate entirely the current bi-directional center turn lanes which provide essential through traffic access for first responder vehicles during emergency response situations. The presence of 12-foot-wide concrete barriers could reduce overall lane capacity on these corridors, making it more difficult, riskier, and overall, less efficient for emergency vehicles to access impacted persons and properties. This, along with a limited ability to make U-turns along the corridor, severely restricts left turn options, leaving no safe or efficient way to change directions once they have entered the corridor. This could result in increased emergency response times for first responders in our community, placing the citizens of Sheridan County at an increased risk for loss of life, significant injury, and property damage.
- **Restricted Public Access and Impaired Navigation:** With the proposed barriers, left hand turns in both directions of traffic will be severely restricted and limited to a few specialized left turn pockets which will serve only limited individual business properties. The dedicated left turn pockets are designed not to allow motorists to change directions; a process that effectively prevents motorists from changing directions once they enter the corridor. Unless they first turn left into a pocket, cross over two lanes of oncoming traffic, enter a business property, travers its' parking lot and then exit via pre-existing private property driveways, motorists will not be able to change directions outside of intersections. Even then, a motorist will only be able to turn right as they exit. These maneuvers are dangerous and could increase the levels of liability and cost of maintenance for business owners. As a result, these concrete median barriers will restrict public access to local businesses, community services, impair navigation on the corridor, and create additional safety concerns.



- **Increased Safety Concerns:** Left-turning motorists, along with longer truck and trailer traffic, will inevitably spill out of the left turn pockets and back up into the adjacent traffic lanes. This could create congestion, increase potential for rear end collisions, and result in increased emergency response times. The installation of concrete barriers may create confusion and complicated navigation for citizens and visitors to our community. Further, the barriers could cause increased safety risks for both motorists and pedestrians as well as increased risk of damage to parked cars and properties when travelers, intent on changing directions, enter and navigate parking lots and driveways or make U-turns to execute necessary directional turns that cannot be completed on Coffeen Avenue or Brundage Lane.
- **Impact on Local Businesses, Economy and Tourism:** The probable navigation challenges, increased traffic congestion, reduced traveling lane capacity, increased travel times, severely restricted access to business properties, and reduced overall accessibility of community resources, goods and services for our citizens and the visitors who frequent this corridor have a strong potential to severely impact local businesses and our tourism economy. As is currently drafted, many businesses will have no left-hand turn access at all from Coffeen Avenue or Brundage Lane. Other established cornerstone businesses will have no access in one or more directions. Some truck and trailer combinations, semi-trucks and other commercial vehicles may be too long to utilize the specialized left turn pockets, making it impossible for these motorists to access businesses, deliver materials and goods, or access repair services. Reduced vehicle access results in a reduction in customers, which leads to decreased local business activity and a reduction in tourism traffic for these corridors. The loss of business and decreased revenue could cause some businesses to fail; creating a reduction in the diversity of business and service offerings that could change, in part, the quality of life we enjoy here in Sheridan County and impact the experience of the tourists who visit our communities and spend their dollars here.
- **Impact on Infrastructure, Maintenance Costs and Snow Removal:** Once the concrete median barriers are installed, it will be the responsibility of our local municipality to maintain and repair them. The length and proposed extent of these solid concrete structures and the number of specialized left-hand turn cuts in the medians are substantial. The total length of exposed curb subject to damage from vehicles and snowplow equipment could be incredibly significant. It is anticipated that these concrete structures will become damaged routinely and will need regular repair and maintenance not only for safety but also aesthetics for a continued positive visitor experience. It is also a possibility that snowplow equipment will become damaged given the complexity and extent of the curbs expected for the project. These expenses have not currently been anticipated or budgeted for by our local municipal government. The loss of the bi-directional center turn lane for snow removal staging and storage, the increased potential for damage to snowplow equipment and the increased time, labor and operator safety risks associated with the intricacies of plowing around all the left-turn pockets cannot be taken lightly. Additionally, the increased cost, time, and impacts on our community resources for maintenance, repairs, cleanup and weed control around the median barriers cannot be ignored.
- **Lack of Comprehensive Impact Studies and Confusion Regarding Traffic Data:** The installation of concrete center median barriers as proposed is an extensive and complicated undertaking. A project of this scope will have far reaching implications for our community. To date, we are unsure if the Wyoming Department of Transportation has conducted any comprehensive economic or environmental studies pertaining to the proposed installation of these barriers on the Coffeen Avenue and Brundage Lane corridors. The traffic and safety data presented in the Stantec report seems to include crash data reflecting rear-end crashes, sideswipe crashes, run-off road crashes, collisions with animals, drivers under the influence and drivers exceeding the speed limit, which make up approximately 50% of all the accidents in the crash data and would seem to be unrelated to road/corridor configuration (left-turn barriers) or function. Additionally, there have been a number of communities (more than eleven, across eight different

states and twenty traffic corridors) that have had concrete median barriers installed only to subsequently remove them, at considerable municipal expense, because they were so economically disruptive and problematic for those communities. Considering the published experiences of other communities, which mirror the points in this letter, it seems reasonable that a pause to reset the trajectory of this project would be justified.

For these reasons, we must formally object to the proposal in its current form. We appreciate the important partnership we have with WYDOT and the invaluable work they do for our county as well as the partnership we have with the citizens who live and work here and make this community what it is. Therefore, we respectfully urge the Wyoming Department of Transportation to reconsider the scope of this portion of the project and to prioritize a multi-stakeholder review process before moving forward. We would be happy to provide any assistance we can in this endeavor to find a solution that works for all stakeholders.

Sincerely,

Christi Haswell, Chair
Sheridan County Board of County Commissioners

Contract #: 255483

Entry Date: 4/15/2026 8:20:26 PM

Department: Wyoming Department of Health, Public Health Division

Agency Contact: Strom, Courtney

Phone: 307-777-7363

Other Agency Contact: Jaycie Gutierrez

WYOMING ATTORNEY
GENERAL'S OFFICE

MAY 04 2026

Chandler Pauling
Assistant Attorney General

Client Comments: Approved template # 253466

Contractor/Vendor Name: Sheridan County

Contract Title: Sheridan 26-28

Contract Type: MOU

Contract Amount: 139625.0000

Contract Effective Date:

Contract Expiration Date: 6/30/2028 12:00:00 AM

Status: Attorney Review Complete

RETURN VIA: Download Only (Hard Copy Will Not be Returned to Agency)

Assigned Attorney: Chandler Pauling

**MEMORANDUM OF UNDERSTANDING BETWEEN
WYOMING DEPARTMENT OF HEALTH, PUBLIC HEALTH DIVISION
AND
SHERIDAN COUNTY**

1. **Parties.** The parties to this Memorandum of Understanding (MOU) are Wyoming Department of Health, Public Health Division (Agency), whose address is: 122 West 25th Street, 3rd Floor West, Cheyenne, Wyoming 82002, and Sheridan County (County), whose address is: 224 South Main Street, Suite B-2, Sheridan, Wyoming 82801. This MOU pertains to the Public Health Nursing Unit (PHN) and the Maternal and Child Health Unit (MCH).

2. **Purpose of MOU.** The purpose of this MOU is to set forth the terms and conditions by which the County shall:
 - A. Provide Public Health Nursing (PHN) services pursuant to Wyo. Stat. § 35-1-243(a)(i);

 - B. Provide home visitation services and other Maternal and Child Health services that support Title V MCH Block Grant priorities.

3. **Term of MOU.** This MOU is effective when all parties have executed it (Effective Date). The Performance Period of this MOU is from July 1, 2026, through June 30, 2028. All services shall be completed during this Performance Period.

This MOU may be extended twice 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.**
 - A. The Agency agrees to pay the County for the services described in Section 5, below, and in Attachment A, Public Health Nursing Statement of Work and Attachment B, Maternal and Child Health Statement of Work, which are attached to and incorporated into this MOU by this reference. Total payment under this MOU shall not exceed one hundred thirty-nine thousand, six hundred twenty-five dollars (\$139,625.00). Payment shall be made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. County shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this MOU.
 - (i) Total federal funds provided under ALN #93.558 shall not exceed fifty-six thousand, five hundred dollars (\$56,500.00).

- (ii) Total state general funds provided under this MOU shall not exceed eighty-three thousand, one hundred twenty-five dollars (\$83,125.00).
 - B. No payment shall be made for work performed outside of the Performance Period of this MOU. Should the County fail to perform in a manner consistent with the terms and conditions set forth in this MOU, payment under this MOU may be withheld until such time as the County performs its duties and responsibilities to the satisfaction of Agency.
 - C. When the County is working at a location requiring an overnight stay, the County shall be reimbursed at the rates set out in Wyo. Stat. §§ 9-3-102 and 9-3-103.
 - D. **Reporting.** By July 31st of each year that this MOU is in effect, County shall provide Agency with summary information on all expenses and anticipated expenses incurred between July 1st of the prior year through June 30th of the current year. Failure to provide Agency with this expense information by July 31st may result in the Agency failing to reimburse County for any expenses that were incurred prior to June 30th, but not reported.
- 5. **Responsibilities of County.** The County agrees to:
 - A. Provide the services and comply with the duties described in Attachment A.
 - B. Provide the services and comply with the duties described in Attachment B.
 - C. Abide by the terms of Attachment C, Business Associate Agreement (BAA), which is attached to and incorporated into this MOU by this reference.
 - D. If the County does not intend to fully expend the grant award, complete and return to the Agency Attachment D, Diversion of Funds, which is attached to and incorporated into this MOU by this reference.
- 6. **Responsibilities of Agency.** The Agency agrees to:
 - A. Pay County in accordance with Section 4 above.
 - B. Provide support as described in Attachments A and B.
 - C. Monitor and evaluate the County's compliance with the conditions set forth in this MOU.
- 7. **Special Provisions.**
 - A. **Assumption of Risk.** The County shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the County's failure to comply with state or federal requirements. The Agency shall notify the County of any state or federal determination of noncompliance.

- B. Environmental Policy Acts.** County agrees all activities under this MOU 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 C.F.R. Part 175, this MOU may be terminated without penalty if a private entity that receives funds under this MOU:
- (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.** County certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this MOU, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this MOU. If County breaches or violates this warranty, Agency may, at its discretion, terminate this MOU 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 MOU, County certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by County or its subcontractors in connection with lobbying member(s) of Congress, or any federal agency in connection with the award of a federal grant, MOU, cooperative agreement, or loan.
- F. Monitoring Activities.** Agency shall have the right to monitor all activities related to this MOU that are performed by County 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 MOU; and to observe personnel in every phase of performance of MOU related work.
- G. Nondiscrimination.** The County 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 MOU.

- H. **No Finder's Fees.** No finder's fee, employment agency fee, or other such fee related to the procurement of this MOU, shall be paid by either party.
- I. **Publicity.** Any publicity given to the projects, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices in whatever form, prepared by or for the County and related to the services and work to be performed under this MOU, 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 MOU, County 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 MOU suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, County 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 MOU.
- K. **Administration of Federal Funds.** County agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 CFR 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.** County 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 MOU; and (2) any rights of copyright to which County purchases ownership using funds awarded under this MOU. County must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this MOU.
- M. **Federal Audit Requirements.** County agrees that if it expends an aggregate amount in excess of the amount set forth in 2 CFR Part 200, Subpart F in federal awards during its fiscal year, it must undergo an organization-wide financial and compliance single audit. County agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 CFR Part 200, Subpart F. If findings are made which cover any

part of this MOU, County 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.** County 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. County 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 MOU.
- O. **Program Income.** County 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 MOU must be used to increase the scope of the program or returned to Agency.
- P. **Applicability of Appendix II to 2 CFR Part 200.** This MOU has been funded, in whole or in part, with an Award of Federal funds and is bound by the federal contract provisions required by the Uniform Guidance Appendix II of 2 CFR Part 200 (the Federal Contract Provisions), incorporated herein by this reference. In the event of a conflict between the Special Provisions section of this MOU, or any attachments or exhibits incorporated herein, and the Federal Contract Provisions, the Federal Contract Provisions shall control. Failure to comply with the Federal Contract Provisions shall constitute an event of default under this MOU. If such a default remains uncured five (5) calendar days following the termination of a thirty (30) day prior written notice period, the Agency may terminate this MOU. This remedy will be in addition to any other remedy available to the State of Wyoming and the Agency under this MOU, at law, or in equity.

8. **General Provisions.**

- A. **Amendments.** Any changes, modifications, revisions, or amendments to this MOU which are mutually agreed upon by the parties to this MOU shall be incorporated by written instrument, executed by all parties to this MOU. After July 1, 2018, under Wyo. Stat. § 35-1-243(c), the County may not amend this MOU to change the system under which PHN services are provided as described in Attachment A, unless the Agency consents to the amendment. The termination of a portion of this MOU associated with Attachment A or the provision of PHN services constitutes a change to the system under which PHN services are provided under Wyo. Stat. § 35-1-243(c).
- B. **Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this MOU 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 MOU as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this MOU and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.

- C. Assignment Prohibited and MOU 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 MOU without the prior written consent of the other party. The County shall not use this MOU, 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 County which are pertinent to this MOU. The County shall immediately, upon receiving written instruction from the Agency, provide to any independent auditor or accountant all books, documents, papers, electronic data, and records of the County which are pertinent to this MOU. The County shall cooperate fully with any such independent auditor or accountant during the entire course of any audit authorized by the Agency.
- 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 MOU, the MOU may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the County 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 MOUs.** The Agency may award supplemental or successor MOUs for work related to this MOU or may award MOUs to other recipients for work related to this MOU. The County shall cooperate fully with other recipients and the Agency in all such cases.
- G. Compliance with Laws.** The County 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 MOU.
- H. Confidentiality of Information.**
- (i) Except when disclosure is required by the Wyoming Public Records Act or court order, all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the County in the performance of this MOU shall be kept confidential by the County.
 - (ii) To the extent information related to the performance of this MOU qualifies as protected health information (PHI), the County shall abide by the terms of the Business Associate Agreement, Attachment C.

- (iii) To the extent information related to the performance of this MOU does not qualify as PHI, the County may not disclose the implicated information unless written permission is granted by the Agency for its release. If County receives a request for information that does not qualify as PHI, County 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.
- I. **Entirety of MOU.** This MOU, consisting of twelve (12) pages; Attachment A, Public Health Nursing Statement of Work, consisting of eight (8) pages; Attachment B, Maternal and Child Health Statement of Work, consisting of eight (8) pages; Attachment C, Business Associate Agreement, consisting of six (6) pages; Attachment D, Diversion of Funds, consisting of one (1) page; and the Federal Contract Provisions, represent the entire and integrated MOU 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 MOU and the language of any attachment or document incorporated by reference, the language of this MOU shall control, with the exception of that contained in Attachment C, Business Associate Agreement.
- J. **Ethics.** County 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 County's profession.
- K. **Extensions.** Nothing in this MOU shall be interpreted or deemed to create an expectation that this MOU will be extended beyond the term described herein. Any extension of this MOU shall be initiated by the Agency and shall be accomplished through a written amendment between the parties entered into before the expiration of the original MOU or any valid amendment thereto, and shall be effective only after it is reduced to writing and executed by all parties to the MOU.
- L. **Force Majeure.** Neither party shall be liable for failure to perform under this MOU if such failure to perform arises out of causes beyond the control and without the fault or negligence of the non performing 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.
- M. **Indemnification.** Each party to this MOU shall assume the risk of any liability arising from its own conduct. Neither party agrees to insure, defend, or indemnify the other.
- N. **Independent Contractor.**

(i) The Parties agree that, only for purposes of the Health Insurance Portability and Accountability Act (HIPAA), County PHN employees shall be considered part of the Wyoming Department of Health's workforce, as defined at 45 C.F.R. § 160.103. County PHN employees include public health nurses, administrative staff, public health response coordinators, and prevention specialists working within the County's Public Health Office. The term excludes county staff employed outside of the Public Health Office, including those who fall under the business associate relationship established between the County and Agency, pursuant to the Business Associate Agreement, Attachment C.

(ii) For all other purposes, the County shall function as an independent contractor. Consistent with the express terms of this MOU, the County shall be free from control or direction over the details of the performance of services under this MOU. The County shall assume sole responsibility for any debts or liabilities that may be incurred by the County in fulfilling the terms of this MOU and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this MOU. Nothing in this MOU shall be interpreted as authorizing the County 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 behalf of the State of Wyoming or the Agency except as authorized by this MOU. The County 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 County or the County's agents or employees as a result of this MOU. Nothing in this MOU shall be deemed to change, modify or increase such benefits to either party or its employees.

O. Notices. All notices arising out of, or from, the provisions of this MOU shall be in writing either by regular mail or delivery in person at the addresses provided under this MOU.

P. Ownership and Return of Documents and Information.

(i) Agency is the official custodian and owns all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the County in the performance of this MOU.

(ii) To the extent information related to the performance of this MOU qualifies as PHI, County shall handle the information consistent with the Business Associate Agreement, Attachment C. On the other hand, County PHN employees, who are considered a part of the Agency's workforce and not a business associate under Section 8.N of this MOU, shall handle PHI consistent with Agency's policies and procedures under the HIPAA Privacy and Security Rules.

- (iii) To the extent information related to the performance of this MOU does not qualify as PHI, County agrees to return all original and derivative information and documents owned by the Agency to the Agency in a useable format upon termination of services, for any reason. 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.
- (iv) County is the official custodian and owns all data produced in the performance of any work outside the scope of this MOU. Agency is not responsible for maintaining the privacy or security of County data produced and maintained in the performance of any work outside the scope of this MOU, except as otherwise required by law.

- Q. Patent or Copyright Protection.** The County 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 County or its subcontractors will violate any such restriction. The County shall defend and indemnify the Agency for any infringement or alleged infringement of such patent, trademark, copyright, license, or other restrictions.
- R. Prior Approval.** This MOU shall not be binding upon either party, and the Wyoming State Auditor shall not draw warrants for payment, until this MOU 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).
- S. Insurance Requirements.** County is protected by the Wyoming Governmental Claims Act, Wyo. Stat. § 1-39-101, et seq., and certifies that it is a member of the Wyoming Association of Risk Management (WARM) pool or the Local Government Liability Pool (LGLP), Wyo. Stat. § 1-42-201, et seq., and shall provide a letter verifying its participation in the WARM or LGLP to the Agency.
- T. Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.
- U. 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 MOU and the County expressly reserves governmental immunity. Each of them specifically retains all immunities and defenses available to them as sovereign or governmental entities pursuant to Wyo. Stat. § 1-39-101, et seq., and all other applicable law. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. The parties further acknowledge that there are constitutional and statutory limitations on the authority of the State of Wyoming and its agencies or instrumentalities to agree to certain terms and conditions supplied by the County,

including, but not limited to, the following: liability for damages; choice of law; conflicts of law; venue and forum-selection clauses; defense or control of litigation or settlement; liability for acts or omissions of third parties; payment of attorneys' fees or costs; additional insured provisions; dispute resolution, including, but not limited to, arbitration; indemnification of another party; and confidentiality. Any such provisions in the MOU, or in any attachments or documents incorporated by reference, will not be binding on the State of Wyoming. 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 MOU shall not be strictly construed, either against or for either party, except that any ambiguity as to immunity shall be construed in favor of immunity.

V. Taxes. The County 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.

W. Termination of MOU. This MOU may be terminated a) by Agency at any time for failure of the County to comply with the terms and conditions of this MOU; b) by Agency, without cause, upon thirty (30) days prior written notice to the County; or c) upon mutual written agreement by the parties.

(i) Agency or County may terminate, in writing, Attachment B, Maternal and Child Health Statement of Work, by amendment under Section 8.A, should Agency or County desire to remove the specific Statement of Work.

(ii) Upon termination of this MOU for any reason, the County shall handle information related to the performance of this MOU that qualifies as PHI pursuant to the Business Associate Agreement, Attachment C.

(iii) Upon termination of this MOU for any reason, the County shall handle information related to the performance of this MOU that does not qualify as PHI consistent with Sections 8.H and 8.P of this MOU.

(iv) In the event of termination prior to the expiration of this MOU, Agency will provide payment for services provided until the date of termination. Termination of the MOU will not absolve Agency of the responsibility for paying for services provided prior to the termination date.

X. 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 MOU shall not be construed so as to create such status. The rights, duties, and obligations contained in this MOU shall operate only between the parties to this MOU and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU.

- Y. Time is of the Essence.** Time is of the essence in all provisions of this MOU.
- Z. Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this MOU.
- AA. Waiver.** The waiver of any breach of any term or condition in this MOU shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.
- BB. Counterparts.** This MOU 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 MOU. Delivery by the County of an originally signed counterpart of this MOU by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency. The County's failure to deliver, either personally or via US Mail, postage prepaid, the originally signed counterpart to the Agency within five (5) business days shall be considered a material breach and may result in immediate termination of this MOU by the Agency.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

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

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

AGENCY:

Wyoming Department of Health, Public Health Division

Stefan Johansson, Director
Wyoming Department of Health

Date

Stephanie Sandoval, MHSA, MBA
Senior Administrator, Public Health Division

Date

COUNTY:

Sheridan County

Chairman, Sheridan County Board of Commissioners

Date

COUNTY ATTORNEY: APPROVAL AS TO FORM

Sheridan County Attorney

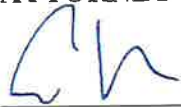
Date

COUNTY CLERK'S ATTESTATION

Sheridan County Clerk

Date

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

 255483
Chandler Pauling, Assistant Attorney General

05-04-24
Date

General Description

This document is a Public Health Nursing (PHN) Statement of Work (SOW) to identify and describe the services and responsibilities for the Memorandum of Understanding (MOU) between the Wyoming Department of Health (WDH), Public Health Division (PHD) (Agency), and Sheridan County (County).

PHN is a partnership between the Agency and the County with shared responsibilities. This SOW identifies the services to be provided and defines the process of how those services and shared responsibilities will be implemented in the County.

At all times, the County shall ensure services involving protected health information (PHI) are provided in accordance with the HIPAA Privacy and Security Rules. The County is responsible for its own compliance within the context of the Business Associate Agreement, as outlined in Attachment C. The Agency is responsible for its own workforce, including State-employed PHNs, as well as County PHN office employees who are classified as the Agency's workforce under the MOU between the parties.

Services

1. Joint Responsibilities

- A. The Agency has identified eight (8) essential Public Health Nursing (PHN) services: Maternal and Child Health (MCH); Nursing Facility Level of Care Assessment (LT101); Chronic Disease Prevention, Education and Management; Communicable Disease Prevention; Public Health Preparedness and Response (PHPR); Community Health Assessment and Planning; Public Information and Education; and Environmental Health Hazards, to be implemented by Agency and County-employed public health nurses and County staff. The Agency and County jointly agree that they support these eight (8) essential services and will work together to provide them to the County's constituents. Both direct services and population-based services are provided by the Local Public Health Nursing (LPHN) staff with oversight and support from the Agency. LPHN staff may be comprised of State-employed PHNs, County-employed PHNs, Public Health Response Coordinators, County administrative staff, and Community Prevention Specialists.
- B. If all essential services are being provided and time allows, the County may consider providing optional services. Optional services must be within the scope of PHN practice and agreed upon among the County PHN Manager, Regional PHN Supervisor, State PHN Supervisor, and the County Board of County Commissioners (Commissioners). Additional services will align with the County Community Health Assessment and Improvement Plan. The percentage of time spent on the eight (8) essential PHN services will reflect the outcomes and priorities of the County Community Health Assessment and Improvement Plan.

2. Direct Services

- A. MCH: LPHNs provide an array of services to pregnant and postpartum mothers and children. The County will provide Home Visitation services in accordance with the Agency's adopted Home Visitation model. County requirements for these services are delineated in the MCH SOW, Attachment B.
- B. Nursing Facility Level of Care Assessments (LT101): County will conduct assessments of an individual's current functional status in accordance with Medicaid Home and Community Based Services established procedures, instruments, methods, and criteria. Wyoming Medicaid uses this assessment to determine whether an individual requires or continues to require the level of care provided in a nursing facility, and to determine eligibility for certain Medicaid long-term care services and programs.
 - i. The County shall have at least two (2) trained nurses to perform LT101 assessments.
 - ii. Waiver extensions may only be requested for participant-related reasons (e.g., client schedule, hospitalization, or technical issues), while facility extensions are limited to issues with obtaining consent or problems involving the facility or participant.
 - iii. Reimbursements will be made monthly in accordance with the Intra-Agency Agreement between PHD and the Health Care Financing Division.
- C. Chronic Disease Prevention, Education, and Management: This service encompasses adult health clinics and classes, as well as mini-cognitive screenings, outreach, and educational initiatives.
- D. Communicable Disease Prevention: This service includes immunizations; tuberculosis (TB) screening, testing, and follow-up; communicable disease follow-up and investigation; sexually transmitted infection (STI), human immunodeficiency virus (HIV), and viral hepatitis prevention, screening, testing, and follow-up; and HIV case management. LPHN staff will:
 - i. Follow the WDH Communicable Disease Unit (CDU) policies and guidance. All LPHN staff will complete initial communicable disease training as well as ongoing training recommended or required by the CDU.
 - ii. Offer TB, STI, HIV, and viral hepatitis prevention, screening, testing, and follow-up; and provide HIV and TB case management.
 - iii. Provide HIV case management following the CDU Treatment Program Standards policies and guidelines.
 - a. Case managers will attend CDU-required ongoing training and meetings.
 - b. HIV case management time will be reimbursed at seventy dollars (\$70.00) per hour for certified case managers and sixty (\$60.00) per hour for non-certified case managers in fifteen (15) minute increments, unless otherwise stated by the CDU. All case management charges must be supported with case notes in the CDU-designated database or software system.
 - iv. Make STI, HIV, and viral hepatitis testing available in accordance with the current CDU screening recommendations. Additional testing hours or sites may be necessary during clusters or outbreaks of disease.
 - v. Participate in follow-up and investigation of communicable diseases.

- vi. Provide TB prevention, screening, testing, follow-up, and treatment services. County may invoice CDU for active TB Directly Observed Therapy and Electronic Disease Notification (EDN) follow-up in accordance with grant funding. Services include:
 - a. Latent TB Infection and active TB follow-up and case management.
 - b. TB EDN follow-up and case management.
 - c. Unaccompanied Children follow-up and case management.
 - d. Interjurisdictional Notification follow-up and case management.
- vii. Provide the following services regarding immunizations:
 - a. Complete the Immunization Unit training as recommended or required for their position.
 - b. Comply with the Immunization Unit's administrative rules [Rules Wyo. Department of Health, Immunization Unit, Chapter 5 (2018)], including reporting of all patient vaccination information to the Wyoming Immunization Registry (WyIR).
 - c. Act in accordance with Public Vaccine Program (PVP) policies and procedures as well as the PVP Provider Agreement.
 - d. Follow Agency policies and procedures regarding the processing of immunization records requests for information from the WyIR.
 - e. Ensure that historical information is only entered into the WyIR in accordance with Immunization Unit policies and procedures.

3. Population-Based Services

- A. Public Health Preparedness and Response (PHPR): Ensure that public health staff have the expertise to lead or support Emergency Support Function #8, Public Health and Medical, during all-hazards responses. The requirements for these services are delineated in the PHPR Contract SOW (separate contract).
- B. Community Health Assessment and Planning: LPHNs work with County hospitals and other stakeholders to identify barriers to the health and well-being of its residents, conduct a community health assessment, and develop and implement a community health improvement plan.
- C. Public Information and Education: LPHNs offer classes, educational opportunities, and public information to the general public on a wide range of public health topics and issues.
- D. Environmental Health Hazards: LPHNs work with local agencies to investigate issues that may be harmful to the County's residents and provide follow-up support and education when possible.

4. County Responsibilities

- A. Commissioners will work collaboratively with the County PHN Manager and the applicable Agency program (e.g., MCH, PHPR, or Medicaid) to establish joint oversight and management of corresponding contracts and budgets.

5. Agency Responsibilities

- A. Adding/Deleting Programs. The Agency will work collaboratively with the

Commissioners to gather input and recommendations when considering the addition or deletion of programs and when making staffing decisions (see also the Human Resources section of this SOW).

- B. Monitoring Performance. The Agency will monitor all PHN-related activities of the County's PHN operations. This will include, but not be limited to, the right to make site inspections at any time, to bring experts and consultants on site to examine or evaluate completed work or work in progress, and to observe all LPHN in every phase of performance of work related to this SOW.

Administrative

1. Joint Responsibilities

The LPHN staff (whether State-employed or County-employed) will attend all Agency-required training, meetings, and teleconferences provided by Agency programs.

- A. All LPHN staff will maintain the required certifications and licenses, including Basic Life Support certification, as applicable to their position.
- B. The Agency and the County agree that County employees providing PHN services must complete training on privacy and security. The Agency will provide privacy and security training to all staff and offer an Acknowledgment of Training form, which County employees providing PHN services must sign and return to the Agency.
- C. The Agency and the County agree that any changes in state or federal law that affect the relationship between the Parties will supersede this SOW.

2. Office Closures

In the event the County closes an office, State employees will follow Agency Policy PHD-001. In general, the policy allows for the following:

- A. Client-centered service closures: The County PHN Manager will request approval from PHN Leadership and the Commissioners in advance of office closures during off-site clinics or events, such as mass immunization clinics and emergency preparedness exercises. When an off-site clinic is held, and the office is closed, the County must ensure contact information is made available to clients.
- B. Weather-related closures: If the Commissioners or County Emergency Management services close County offices for an unexpected reason, such as weather or power outage, the County PHN Manager or supervisor, or designee, must notify the State PHN office and their Regional PHN Supervisor as soon as possible. The County PHN Manager must forward the email notification from the County Official indicating County office closures to the State PHN office and the Regional PHN Supervisor. The email must also be accompanied by a list of impacted State-employed PHNs and the number of hours for which administrative leave is required to obtain approval for the leave. Wyoming State Personnel Rules will be followed in cases where an employee was previously authorized annual or sick leave.
- C. Holiday Closure: All State-employed LPHN staff will follow the County's holiday schedule. The County must submit the County holiday schedule to the State PHN

office at the beginning of each calendar year per Director Policy 257: Holiday Schedule and Office Closures, S-2010-129.

- i. If the Commissioners close the office as an extension of a pre-approved holiday, such as the afternoon before Christmas Day, and that time is not part of the pre-approved list, the County PHN Manager must notify the PHN State office and the Regional PHN Supervisor immediately. The Agency honors this additional holiday time. When the Governor grants State employees additional holiday time, such as for Cheyenne Frontier Days, State-employed LPHN staff following the County holiday schedule will not be granted this additional holiday time. No “floating” personal days, partial days, or other days not approved as a “holiday” will be granted to State-employed LPHN.

Human Resources

1. Joint Responsibilities

- A. The County PHN Manager will submit all vacant LPHN staff positions to the Commissioners for approval/disapproval to fill the vacancy. This approval process allows the Commissioners to determine if there is sufficient funding in the budget to cover the County’s share of salaries and benefits for State-employed LPHN positions, as well as to ensure adequate funding to cover the County's vacancies.
- B. The Commissioners or County Human Resources Coordinator will participate in the interview and selection process for new County PHN Managers.
- C. State-employed LPHN staff nurses will be interviewed and selected by the County PHN Manager, Regional PHN Supervisor, and the County Human Resources Coordinator in collaboration with the Commissioners.
- D. County-employed LPHN staff will be interviewed and selected by the County Human Resources Coordinator and the County PHN Manager.
- E. The Commissioners’ designee or County Human Resources Coordinator will participate with the Regional PHN Supervisor in the performance reviews of the County PHN Manager.
- F. The County PHN Manager will conduct annual performance reviews of County-employed LPHN staff. The County Commissioners’ designee or County Human Resources Coordinator will review and approve annual County-employed LPHN performance reviews.
- G. County-employed LPHN staff will follow the County's personnel rules and procedures, including hiring and termination procedures. State employees will adhere to state personnel rules and regulations.
- H. The County PHN Manager will supervise Agency and County-employed LPHN staff.

2. County Responsibilities

- A. The Commissioners and County Human Resources Coordinator agree to follow the adopted County personnel policy for disciplinary actions for County-employed LPHN staff. The County Human Resources Coordinator agrees to discuss County employee issues or disciplinary actions in Executive Session of the Board of

Commissioners.

- B. The Commissioners agree to hire County-employed LPHN staff using the adopted County salary matrix and in accordance with the County's compensation policy.
- C. The Commissioners and County Human Resources Coordinator will follow the adopted County personnel policy related to the accrual of flex and overtime for County-employed LPHN staff.
- D. Pursuant to Wyo. Stat. § 7-19-201 and County policy and procedure, the Agency will conduct criminal background and central registry checks on all County LPHN staff, contract personnel, and other personnel defined in Wyo. Stat. § 7-19-201, who are employed or are under contract with the County. The County will reimburse the Agency for all background checks for new County employees (excluding those for State employees).

3. Agency Responsibilities

- A. The Agency will allocate State nursing positions for LPHN to the County based on the PHN staffing model and the availability of positions (Note: State positions are appropriated and allocated by the State legislature to each State agency). The Agency will share the nursing allocation model with the County upon request.
- B. The Agency, in collaboration with the County as outlined in the Joint Responsibilities section, will hire and supervise all State-employed LPHN and make determinations regarding promotions, demotions, and terminations. In the event of a personnel issue involving a State employee, the PHN Regional Supervisor will discuss the matter with the Commissioners and the County Human Resource Manager as needed and permitted by State Personnel Rules.
- C. The County PHN Manager supervises State-employed LPHN staff. The County PHN Manager may, in their absence, delegate authority of nursing supervision to a qualified State-employed or County-employed LPHN staff.
- D. The Agency will provide interim supervisor coverage by the Regional PHN Supervisor, or designee, for County PHN Manager positions that are vacant, or when the County PHN Manager has been in the position less than ninety (90) days, and is unable to perform State or County evaluations or address personnel issues. If a Regional PHN Supervisor must cover the duties of a County PHN Manager for a time exceeding one (1) year, the Agency may request reimbursement from the County in the amount of thirty-five percent (35%) of the Regional PHN Supervisor's salary for time spent fulfilling County PHN Manager duties.
- E. The Agency will provide consultation to the County PHN Manager regarding program and personnel management.
- F. Pursuant to Wyo. Stat. § 7-19-201 and Agency policy and procedure, the Agency will conduct criminal background and central registry checks on all State-employed LPHN employees, contract personnel, and other personnel defined in Wyo. Stat. § 7-19-201, and who are employed or are under contract with the Agency.

Fiscal

1. Joint Responsibilities

- A. Both parties acknowledge that the staff and resources will vary at times. The County PHN Manager will prioritize services based on the County's needs and

Attachment A to the Memorandum of Understanding Between
Wyoming Department of Health, Public Health Division
and Sheridan County

available resources when staffing is reduced due to vacant positions, extended leave time, or budget cuts.

- B. In the event that one (1) County has a County PHN Manager vacancy, and there is an adjacent County that would like to share its County PHN Manager with that County, the two (2) Counties may enter into a written agreement to have a Regional Nurse Manager. The two (2) Counties would work with the Agency to determine the responsibilities for that Regional Nurse Manager.

2. County Responsibilities

- A. The County will reimburse the Agency a portion of state salaries and benefits at a rate of thirty-five percent (35%) on a quarterly basis (March 31, June 30, September 30, and December 31).
- B. The County will apply any revenues generated by the LPHN office(s) to the maintenance or expansion of PHN services. The County must account for revenue as a separate line item.
- C. Support services, including those provided by County administrative staff, will be allocated within the County's budgetary and administrative processes for PHN.
- D. The County will provide office space for the LPHN office(s). Maintenance and repair costs for the LPHN office(s) are the responsibility of the County.
- E. The County will assume responsibility for the maintenance and replacement of County-owned computers, phones, and door lock systems. The County may use federal grant funds to replace computers for grant personnel, provided this is allowed by the specific federal grant.
- F. The County will assume responsibility for the initial reimbursement of LPHN travel expenses when Agency reimbursement is applicable. The Agency will, in turn, reimburse the County.
- G. The County will reimburse the Agency for costs associated with the use and maintenance of a permanently assigned Agency vehicle(s), in an amount not to exceed that set by the Motor Vehicle Maintenance Service (MVMS). The County must pay MVMS costs monthly within thirty (30) days of the Agency's billing being submitted to the County. Agency MVMS policy governing use of the Agency vehicle, under Wyo. Stat. § 9-2-3204(h)(ii) and § 1-41-105, must be followed. Counties that chose not to lease a state car are excluded from this clause.

3. Agency Responsibilities

- A. Apply the County's reimbursement (as stated above in Paragraph Fiscal 2.B.) to the maintenance or expansion of PHN.
- B. Based on available funding, provide financial support for State LPHN positions and directly pay State LPHN employee salaries and benefits.

Other

1. Joint Responsibilities

- A. State and County public health nurses must adhere to the current American Nurses Association Scope and Standards of Public Health Nursing Practice (available via Agency purchase upon update of publication), the Quad Council of Public Health Nursing Organizations competencies (available from

<http://www.quadcouncilphn.org/>), the WDH PHN Guidelines and Orders, and the Wyoming Nurse Practice Act (Wyo. Stat. §§ 33-21-101 through 33-21-302).

- B.** All LPHN staff must adhere to WDH PHN policies, procedures, and standards (available upon request), including, but not limited to, documentation standards, initial employee health assessments, dress and appearance standards, incident and adverse event reporting, and billing procedures.
- C.** Submit Performance Reports and other reports as requested by the State PHN office or associated Agency programs.

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General Description

This document is a Maternal and Child Health (MCH) Statement of Work (SOW) to identify and describe deliverables for the Memorandum of Understanding (MOU) between the Wyoming Department of Health, Public Health Division (Agency), and Sheridan County (County). This SOW describes the required deliverables for the provision of:

- i. Wyoming Hand in Hand (WHH) home visitation services, which should account for the majority of nurse time and effort, should be the priority MCH service.
- ii. General MCH services outside required home visiting full-time equivalent (FTE).

The County agrees to continue all services referenced in this SOW through the term of the MOU, even if reimbursement of the total MOU amount is received before the expiration date.

The Agency will systematically review County spending data throughout the MOU period.

Total funding for State General Funds (SGF) and Temporary Assistance for Needy Families (TANF) is evenly divided across each State fiscal year of the MOU. Unspent TANF funds from the first year cannot be carried over to the following year. If a County is underspent by twenty-five percent (25%) or more by the start of the third (3rd) quarter of each MOU year (January 1st), the Agency has the discretion to reallocate funds. The Agency will notify the County to discuss the circumstances surrounding the spending status, as well as options for any proposed reallocation of funds to counties that demonstrate effective spending.

The Agency will conduct a final spending assessment at the end of each MOU period. If a County is underspent by ten percent (10%) or more and this represents a year-to-year trend, the Agency may reduce subsequent awards.

Timeline and Deliverables

The following outline shows specific tasks, milestones, and completion dates for the MOU. All deliverables will be ongoing throughout the MOU Period.

I. Payment and Fiscal Requirements

A. Fiscal and Performance Reporting Requirements

- i. The County will report expenditures based on actual costs (e.g., salary, employee benefits, supplies, etc.) incurred during the service month. The County must obtain written Agency approval to invoice for expenditures incurred outside of the service month.
- ii. The County will not request reimbursement that exceeds the contractual amount. The purpose of the MOU is to provide funding to support the provision of home visitation and MCH services, as outlined in Tasks 2-4 below.
- iii. The County will submit monthly MCH invoices via the designated Google Drive location to the MCH State Nurse Consultant no later than the fifteenth (15th) day of the month following the service month on the most current approved invoice template provided by the Agency. The County will verify the completeness and accuracy of the data and figures included in the invoice before submission.

- a. Invoices must include approved expenditures for SGF and TANF necessary to provide the required deliverables. All TANF expenditures not pre-approved in the County's application must be submitted to the MCH State Nurse Consultant for approval prior to expenditure.
 - b. The County will use Agency-approved time and task reports to determine the percentage of time each nurse devotes to SGF-approved activities and TANF-approved activities. Reimbursed SGF or TANF funds must be used to directly reimburse the expenditures listed in the MCH invoice.
 - iv. All payments are contingent upon timely receipt (no later than the fifteenth (15th) day of the month following the service month) of required monthly MCH invoices.
- B. Funding Requirements**
- i. The County will adhere to the following TANF funding requirements:
 - a. The County will complete a TANF Eligibility Form for each client served to confirm client eligibility. Home visiting staff must update the form annually, or when a client's eligibility (e.g., financial eligibility, Medicaid status) changes.
 - b. The County will complete time and task reporting in Cure MD Time and Effort. The County will only use TANF codes when both the client served and the services provided to the client are eligible for TANF funding.
 - c. The County will adhere to the following TANF goals as defined in 45 CFR § 260.20, when determining service eligibility:
 - 1. "Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives,
 - 2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage,
 - 3. Prevent and reduce out-of-wedlock pregnancies, and
 - 4. Encourage the formation and maintenance of two (2)-parent families."
 - d. The County will not use TANF funds for the following:
 - 1. Capital construction/remodeling,
 - 2. Endowment funds,
 - 3. Religious purposes,
 - 4. Grants to individuals,
 - 5. Deficits or retirement of debt,
 - 6. Lease or purchase of equipment, unless previously approved by the Agency,
 - 7. Rent, unless the Agency grants approval,
 - 8. Food, or
 - 9. Cash Incentives.
 - ii. The County will adhere to the following SGF requirements. The purpose of SGF is to supplement County resources to provide home visitation and approved MCH services that address Title V MCH Services Block Grant priorities. SGF counts

toward the required match and maintenance of effort for the Agency's Title V MCH Services Block Grant. Reference Task 4 for additional information on MCH service requirements:

- a. The County will not use SGF for the following:
 - 1. Capital construction/remodeling,
 - 2. Endowment funds,
 - 3. Religious purposes,
 - 4. Grants to individuals,
 - 5. Deficits or retirement of debt,
 - 6. Lease or purchase of equipment, unless previously approved by the Agency,
 - 7. Rent, unless the Agency grants approval,
 - 8. Food, unless the Agency grants approval, or
 - 9. Cash Incentives.
- iii. The County must obtain prior approval of new (e.g., not previously approved) SGF and TANF expenditure requests from the MCH State Nurse Consultant and the MCH Unit leadership.
- iv. The County will refer to coding instructions for Cure MD Time and Effort, which can be found on the WDH intranet, including future revisions, or a comparable Agency-approved time and task data system for information on the types of services approved for each funding source (i.e., TANF and SGF).

2. Home Visitation Requirements

- A. The County will strive to contact all eligible women, as legislated in Wyoming Statute: Title 35, Chapter 27, Public Health Nursing Infant Home Visitation Services (Wyo. Stat. Ann. §§ 35-27-101, -104), to offer home visitation services. Public Health Nursing within the County will strive to contact all eligible prenatal and postnatal women.
- B. For each referral received, the County must make three (3) attempts to contact the referred individual, using the definition of a contact as described:
 - i. A contact includes a phone call, or a hospital, home, or office visit that consists of a two-way communication where the nurse and client exchange information about available services.
 - a. The goal for contacting County resident birth referrals is seventy-five percent (75%) of referrals received.
 - b. The goal for contacting County resident Medicaid births is ninety-five percent (95%) of referrals received.
 - ii. The County will collaborate with community partners and Wyoming 2-1-1 to support needed referrals.
 - iii. The County will update MCH services and resources on the Wyoming 2-1-1 website at least annually, or as services/resources change.

- C. The County will use the following list, as cited in Wyo. Stat. Ann §§ 35-27-101, -104, to prioritize delivery of home visitation services:
- i. First-time pregnant women under the age of twenty (20) years who are on or eligible for Medicaid or Women, Infants, and Children (WIC), or both,
 - ii. Any pregnant woman or family in need of home visitation services who is referred by an attending physician,
 - iii. First-time births to women who, regardless of age, are on, or eligible for, Medicaid or WIC, or both,
 - iv. Preterm births,
 - v. Victims of domestic violence,
 - vi. Pregnant women or mothers presenting with a mental illness or substance use disorder or both, who are an inpatient at the Wyoming State Hospital, a psychiatric hospital, or an inpatient treatment facility, or are referred for services by a community health center,
 - vii. Pregnant women or mothers incarcerated in a county jail, the Wyoming Women's Center, or other in-state correctional facility, on probation or parole, as a result of a conviction of a criminal offense, or
 - viii. Subsequent pregnancy or births where the woman or family is on, or eligible for, Medicaid or WIC, or both.
- D. The County will provide home visitation services, with fidelity, according to the model listed below:
- i. The County will provide the Maternal Early Childhood Sustained Home Visiting (MECSH) home visitation model, known in Wyoming as WHH.
 - ii. The County will provide home visitation services in accordance with the MECSH Program Manual, Family Partnership Model Guidelines, and the most current MECSH Program Addendum.
- E. The County will ensure that staff enter home visitation program data into all relevant and approved data systems. All data must be entered within three (3) business days of the visit or contact, excluding holidays and weekends, as required by PHN Documentation Standard 369. Data entered must be accurate and complete.
- F. The County will complete all required trainings, including, but not limited to:
- i. Training included as part of the MCH Mentorship and Orientation Plan,
 - ii. Partners for a Healthy Baby curriculum training,
 - iii. Intimate Partner Violence curriculum training,
 - iv. Recovery, Impact, Support, Empower (RISE) training,
 - v. MECSH online and in-person training, and
 - vi. Lactation Certification.
- G. The County will adhere to the following staffing and training requirements.
- i. All home visiting staff have adequate workspace, telecommunications, and computer capabilities to fulfill program requirements.

- ii. In consultation with the MCH State Nurse Consultant, the County will determine an FTE or a percentage (%) of an FTE devoted to implementing WHH, and it must be no less than 0.5 FTE. Considerations will be based on the County's birth cohort and staff capacity. The MCH State Nurse Consultant is the only individual who can approve a lower FTE for the County. All FTE determinations must be approved and documented by the Agency prior to WHH implementation.
 - iii. The County must obtain approval from the MCH State Nurse Consultant if the County wishes to make any changes to the WHH FTE status. The County must notify the MCH State Nurse Consultant of any resignations of home visiting staff within two (2) business days of the change.
 - iv. The County will ensure staff implementing the WHH have Registered Nurse credentials (WHH is a nurse-delivered home visiting model).
 - v. The County will ensure that no home visitor (i.e., a local public health nurse assigned the duty of home visiting under the MCH program) is assigned a caseload or makes a client visit unsupervised until the home visitor has completed Agency-assigned training.
 - vi. The County will include the MCH State Nurse Consultant and/or the MCH Data Coordinator in hiring activities, including personnel interviews, for all MCH positions or positions whose duties include MCH activities.
- H. The County will adhere to the following WHH home visiting implementation requirements:
- i. The County is expected to encourage family enrollment through the child's second (2nd) birthday. Enrollment in WHH home visiting services spans pregnancy until the child is eight (8) weeks post-hospital discharge.
 - ii. The County will ensure that each 1.0 FTE home visitor, upon completion of the WHH training, will accept new referrals up to a caseload of twenty-five to no more than thirty (25-30) active clients, unless otherwise approved by the Agency.
 - iii. The County will ensure all clients will, at a minimum, be offered twenty-five (25) home visits according to the MECOSH model for frequency of visits.
 - iv. The County will provide routine and consistent community outreach to ensure adequate referral sources, thereby maintaining the required caseload. Examples include participating in community baby showers, conducting hospital rounds, and collaborating with community services such as primary care providers, WIC, and the Department of Family Services.
 - v. The County will ensure that home visitors collect required data during client visits. The County will enter required data into the Agency-approved Electronic Medical Record data system, which will be used to report model fidelity. Data will be entered into the data system completely and accurately within three (3) business days, excluding weekends/holidays, after each client visit.

- I. In addition to the MECSH program materials, the County will only use Agency-approved educational materials, such as the Florida State University’s Partners for a Healthy Baby curriculum.
 - J. The County will keep the MCH State Nurse Consultant informed of implementation issues that arise.
 - K. The County will ensure that home visitors participate in MCH statewide monthly team meetings, case reviews, and reflective supervision, adhering to the fidelity standards of the MECSH Model.
 - i. Home visitors will conduct monthly case reviews. Families with complex (e.g., substance use, intimate partner violence, or mental health) issues are to be reviewed at least quarterly. Families with less complex needs are to be reviewed every six (6) months.
 - ii. Home visitors will participate in monthly reflective team meetings. To meet MECSH fidelity, home visitors must attend ten (10) out of twelve (12) reflective meetings in the state fiscal year. To ensure confidentiality, meetings cannot be recorded.
 - iii. WHH team meetings are conducted monthly as a state-wide Google meeting. Home visitors are responsible for the information provided during the meeting and are expected to either attend via Google or watch the recording.
 - L. The County will participate in Agency-identified Continuous Quality Improvement (CQI) activity related to WHH once per state fiscal year (SFY). CQI may include actions such as reviewing Agency CQI-related data with Agency staff, performing appropriate follow-up, presenting CQI-related data for discussion to relevant stakeholders, and participating in the annual Health Stat review meetings.
 - i. The County will utilize an evidence-based CQI method of its choice, such as the Plan-Do-Study-Act (PDSA) cycle or LEAN/Six Sigma, among others.
 - ii. The County may contact the Agency Performance Management/Quality Improvement (PM/QI) Council for assistance in performing CQI.
 - M. In the context of home visitation services, the County will offer health education relevant to other Title V Priorities and National Performance Measures (NPMs), such as infant safe sleep practices and environments, food sufficiency (including education on and referral to SNAP and WIC programs), and access to and referrals for a medical home. All Title V Priorities and NPMs can be located on the MCH website at <https://health.wyo.gov/publichealth.mch/>.
3. Plans of Safe Care (PoSC)
- A. The County will screen all WHH clients using the State PoSC Team-recommended substance use screening.
 - i. If a parent is screened for and identified as having used or is currently using a substance(s) prenatally while enrolled in WHH, a PoSC will be developed and shared

with all applicable referrals identified, and, if authorized by the family, also the Community Collaborative.

- ii. Families with a PoSC and/or participating in the Community Collaborative may receive up to five (5) additional home visits to ensure program fidelity to WHH.
- B. The County will designate one (1) nurse per month to participate in planning, implementation, and ongoing meetings for the PoSC Community Collaborative, regardless of the number of PoSC clients enrolled in WHH.
 - i. For WHH families who provide authorization to participate in the Community Collaborative, the nurse will work with the collaborative to ensure wrap-around support, referrals, resource management, and share any applicable updates about a family's progress.

4. General MCH Services

- A. The County may perform other activities that support improvement on the MCH Title V Priorities and NPMs. The County may participate in technical assistance provided by the Agency to help address the Agency's priorities.
- B. In addition to providing evidence-based home visitation services as described in Task 2, the County may be eligible for reimbursement for time spent implementing Agency-approved activities related to the MCH Title V Priorities and NPMs. The County will follow the Agency-approved activity lists and allowable expenditures options for every SFY or as needed through the Title V five (5)-year cycle.
- C. In addition to providing evidence-based home visitation services described in Task 2, the County may receive reimbursement for other MCH services not directly related to Title V Priorities and NPMs, including but not limited to:
 - i. Infant weight checks in the clinic setting only
 - ii. Lactation, breastfeeding, and breast pump education and support to families not enrolled in WHH
 - iii. Car seat safety checks
 - iv. Agency-approved childbirth, parenting, and breastfeeding MCH classes
 - v. Collaborate with other programs to ensure MCH population needs are met (e.g., public health preparedness and response planning inclusive of MCH needs, promoting immunizations for MCH populations, etc.)
- D. The County will refer to the Agency-provided MCH Cure MD Time and Effort Coding Instructions for more information about approved activities.
- E. The County will track the activities described in Task 4. B and 4. C of this SOW in Cure MD Time and Effort, or a comparable Agency-approved time and task data system. The data entered will be used to determine the County's reimbursable time and tasks each month.
- F. The County will ensure that all MCH staff nurses complete the required MCH orientation and any additional training recommended or required by the Agency.
- G. The County will include the MCH State Nurse Consultant and/or the MCH Data Coordinator in hiring activities, including personnel interviews, for all MCH positions or positions whose duties include MCH activities.

- H. The County will keep its website current with information about WHH and other available MCH services.
- I. As requested, the County will support the Agency's community and family engagement efforts. This may include helping to promote and recruit community members, families, parents/caregivers, and partners for Agency-led or sponsored engagement opportunities as appropriate.

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ATTACHMENT C
BUSINESS ASSOCIATE AGREEMENT BETWEEN
WYOMING DEPARTMENT OF HEALTH, PUBLIC HEALTH DIVISION AND
SHERIDAN COUNTY

1. **Parties.** The parties to this Business Associate Agreement (Agreement) are Wyoming Department of Health, Public Health Department, whose address is: 122 West 25th Street, Cheyenne, Wyoming 82002 (Covered Entity), and Sheridan County, whose address is: 224 South Main Street, Suite B-2, Sheridan, Wyoming 82801 (Business Associate). In this Agreement, Covered Entity and Business Associate are each a “party” and, collectively, are the “parties.”

2. **Purpose of Agreement.** This Agreement seeks to ensure the privacy and security and transmission of protected health information as required by 45 C.F.R. Parts 160, 162, and 164, as well as more stringent applicable Wyoming state law. To be clear, this Agreement applies to the extent that Business Associate provides services related to Agency’s Protected Health Information under the Contract between the parties. This Agreement does not apply to County PHN employees, who are considered part of Covered Entity’s workforce under the Contract.

3. **Definitions.**
 - A. **Catch-all definitions.** The following terms used in this Agreement shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act (HIPAA) Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

 - B. **Specific definitions.**
 - (i) **Business Associate.** “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. § 160.103, and in reference to the party to this Agreement, shall mean Sheridan County. The term does not include County PHN employees, who are classified as the Covered Entity’s workforce, as defined at 45 C.F.R § 160.103.

 - (ii) **Covered Entity.** “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this Agreement, shall mean Wyoming Department of Health, Public Health Division.

Attachment C
Business Associate Agreement between
Wyoming Department of Health, Public Health Division (Covered Entity)
and Sheridan County (Business Associate)

(iii) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Parts 160 and 164. For purposes of this Agreement, the term also includes applicable Wyoming state law that is more stringent pursuant to 45 C.F.R. § 160.203, as relevant, including, but not limited to, Wyo. Stats. §§ 9-2-125, 9-2-126, 35-4-132, 42-4-112, and other state statutes and rules respecting the privacy of individuals.

4. **Term of Agreement.** This Agreement is effective when all parties have executed it (Effective Date). Once this Agreement becomes effective, it shall remain effective until it is terminated under the terms of this Agreement or on the date the Covered Entity terminates as authorized in Subsection D of Section 8, whichever is sooner.

5. **Obligations and Activities of Business Associate.** Business Associate agrees to:

- A. Not use or disclose protected health information other than as permitted or required by this Agreement or as required by law.
- B. Use appropriate safeguards, and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by this Agreement.
- C. Report to Covered Entity any use or disclosure of protected health information not provided for by this Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 C.F.R. § 164.410, and any security incident of which it becomes aware. The report of such use, disclosure, potential breach, or security incident to Covered Entity must be made within forty-eight (48) hours of discovery in writing by emailing the incident details to melissa.ohnstad@wyo.gov and wdh-hipaa@wyo.gov. Upon report, Business Associate shall comply with Covered Entity’s requests for additional information, including completion of forms provided by Covered Entity. At Covered Entity’s discretion, Business Associate shall handle the required breach notifications to individuals, the HHS Office for Civil Rights (OCR), and potentially the media, on behalf of Covered Entity, including covering the costs of such notifications.
- D. In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of Business Associate agree to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.
- E. Make available protected health information in a designated record set to the individual or the individual’s designee as necessary to satisfy Covered Entity’s obligations under 45 C.F.R. § 164.524. Business Associate shall require the individual or the individual’s designee to submit access requests in writing.

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and Sheridan County (Business Associate)

Business Associate shall respond to a written access request as soon as reasonably practicable, and in no circumstance later than thirty (30) calendar days.

- F. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by Covered Entity pursuant to 45 C.F.R. § 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526. If Business Associate receives a request to amend protected health information directly, Business Associate shall notify Covered Entity within three (3) business days.
- G. Maintain and make available the information required to provide an accounting of disclosures to Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.528. Business Associate shall comply with Covered Entity's request for such information within seven (7) business days following Covered Entity's request. If Business Associate receives a request for an accounting of disclosures directly, Business Associate will notify Covered Entity within three (3) business days.
- H. Comply with the requirements of Subpart E of 45 C.F.R. Part 164 that apply to Covered Entity to the extent Business Associate is to carry out one or more of Covered Entity's obligations under Subpart E in the performance of such obligations.
- I. Make its internal practices, books, and records available to the Secretary and Covered Entity for purposes of determining Business Associate and Covered Entity's compliance with the HIPAA Rules. Business Associate shall inform Covered Entity if Business Associate provides such information to the Secretary.
- J. Conduct electronic transactions covered by 45 C.F.R. Part 162 as a standard transaction, and ensure that any agents, including subcontractors, also process electronic transactions as required therein.
- K. Provide notice within seven (7) business days of any event that triggers Business Associate's obligation to notify Covered Entity unless otherwise provided.

6. Permitted Uses and Disclosures by Business Associate.

- A. Business Associate may only use or disclose protected health information as necessary to perform the services set forth in the Contract between the parties into which this Agreement is incorporated.
- B. Business Associate may use or disclose protected health information as required by law.

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and Sheridan County (Business Associate)

- C. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
 - D. Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth in Subsections E, F, or G of Section 6.
 - E. Business Associate may use protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
 - F. Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
 - G. Business Associate may provide data aggregation services relating to the health care operations of Covered Entity.
7. **Responsibilities of Covered Entity.** Covered Entity agrees to:
- A. Notify Business Associate of any limitation in the notice of privacy practices of Covered Entity under 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
 - B. Notify Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes affect Business Associate's use or disclosure of protected health information.
 - C. Notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.
 - D. Not request Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Rules if done by

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and Sheridan County (Business Associate)

Covered Entity, except for data aggregation or management and administrative activities of Business Associate.

8. **General Provisions.**

- A. **Amendments.** The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- B. **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.
- C. **Regulatory References.** A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- D. **Termination.** This Agreement may be terminated by Covered Entity without cause upon thirty (30) days written notice, by mutual assent of the parties, or by Covered Entity immediately for cause if Covered Entity determines Business Associate has violated a material term of this Agreement.
- (i) **Obligations of Business Associate Upon Termination.** Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
- (a) Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - (b) Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that Business Associate still maintains in any form;
 - (c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in Paragraph (i), for as long as Business Associate retains the protected health information;
 - (d) Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at Subsections E, F, G in Section 6 which applied prior to termination; and

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and Sheridan County (Business Associate)

- (e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- (ii) Survival. The obligations of Business Associate under Paragraph (i) shall survive the termination of this Agreement.

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Diversion of Funds

This letter serves as notification to the Wyoming Department of Health, Public Health Division (Agency), that _____ (County) does not intend to fully expend the _____ grant awarded and the remaining balance of \$ _____ will revert back to Agency for use on additional initiatives.

Authorized Subrecipient Representative – Printed Name

Signature

Title

Date

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MEMORANDUM OF UNDERSTANDING

Between

THE UNIVERSITY OF WYOMING

and

COMMISSIONERS OF SHERIDAN COUNTY

A. PARTIES. This Memorandum of Understanding (“MOU”) is made and entered into by and between the University of Wyoming (“University”) and Commissioners of Sheridan (“County”).

B. PURPOSE:

The mission of the University of Wyoming Extension (“Extension”) in the College of Agriculture and Natural Resources at the University of Wyoming is to provide lifelong learning opportunities for the people of Wyoming and empower them to make choices that enhance their quality of life.

The purpose of this MOU is to formalize the longstanding relationships between the University and Sheridan County.

Extension programs are made available in the State of Wyoming through cooperative arrangements between the University and the United States Department of Agriculture as provided for in the Smith-Lever Act of 1914 as amended, the Agriculture Marketing Act, the Memorandum of Understanding between the University and the United States Department of Agriculture, and laws of the State of Wyoming.

Pursuant to the foregoing, the Boards of County Commissioners of each participating county of the state and the University, acting through Extension, may conduct Extension

educational programs based on county needs in Agriculture and Natural Resources, Community Vitality and Health, and 4-H Youth Development in accordance with this MOU.

C. RESPONSIBILITIES OF THE COUNTY:

Within the exercise of lawful authority and available funds, the Board of County Commissioners will periodically authorize the expenditure of such sums as they may determine for providing support of Extension programs. Under the terms of this MOU, the county will:

1. Provide adequate, secure and appropriate office space, office equipment/furniture, maintenance, repairs and support of office equipment, storage space, high speed internet, connectivity, employment of clerical and secretarial help, county vehicles and/or official mileage and travel expenses of Extension personnel assigned to or hired by the county, telephone expenses, office supplies, supplemental postage, and other necessary expenses for maintaining an efficient office and effective programs.
2. Accept the County Coordinator as the duly authorized representative of Extension. The County Coordinator is an educator and liaison for the county and responsible for the expenditure of budgeted funds under the guidelines of the county to be used for the support and maintenance of Extension.
3. Encourage the necessary travel of Extension staff to attend training, professional development, and administrative meetings that may occur outside the county. These meetings lead to the development and enhancement of the county program. County funding for travel outside the county for programming is generally the responsibility of the county that receives the programming and/or Extension.

D. RESPONSIBILITIES OF THE UNIVERSITY:

Within the exercise of lawful authority and available funds, the University will:

1. Employ and assign to Sheridan County a minimum of one and one-half University Extension Educators under the direction of the Director of Extension. In Sheridan County this is one educator with a focus on 4-H Youth Development, funding split between the county and Extension, and the other educator with a focus on one or more

of the other three focus areas that will work within the Extension area but also serve other counties in the area.

2. Provide supervisory services for University Extension personnel, some funding for University Extension Educator travel between counties but within the Extension areas, and postage budget for mailing privileges authorized for Extension work.
3. Designate one member of the county Extension staff as County Coordinator, who will act as liaison between the county and Extension (budgetary and commissioner interaction), have supervisory responsibilities over county-paid staff, and link clientele and University faculty.
4. Be responsible for the supervision and conduct of Extension to ensure dedication of all efforts toward achievement of the educational purposes of Extension in accordance with the provisions of the Smith-Lever Act and applicable laws of the State of Wyoming.
5. Facilitate a jointly-developed annual agreement between University of Wyoming Extension and the Fair Board which addresses these parties' respective duties, responsibilities, and expectations associated with county fair. The county fair is a tradition which the University values highly.
6. Consult with the Board of County Commissioners on a periodic basis.
7. The University, at its discretion, may assign and pay the salaries of other staff for special programs.

E. ADDITIONAL TERMS

The University of Wyoming and the County jointly agree that:

1. All reports, records, programs of work, correspondence, etc., resulting from this cooperative program, shall be the property of the University, but shall remain in the county as long as proper safeguards and filing space is provided for their custody in the county during the continuation of this work. If at any time the work is discontinued, the University shall be at liberty to collect the records, reports, programs, correspondence, etc., and take them to the University for safe-keeping.
2. All equipment, books, supplies, etc. purchased with county funds, will be considered as county property; such items purchased with University funds will revert to the University.

3. In the event the county desires to employ additional professional Extension personnel, and/or other services, a supplemental agreement with the University will be made.
4. At such time as the Director of Extension finds it necessary to replace a University Extension Educator, consultation will be initiated with the Board of County Commissioners.
5. This MOU will be reviewed at least every four years or revised whenever all or any part of the provisions become inoperative, or requires additional provisions or changes in existing program.

F. GENERAL PROVISIONS

1. **Amendments.** Either party may request changes in this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon shall be incorporated by written instrument, executed and signed by all parties to this MOU.
2. **Applicable Laws/Equal Employment Opportunity.** Both parties shall fully adhere to all applicable local, state and federal law, including equal employment opportunity and including but not limited to compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the American with Disabilities Act of 1990. The University is committed to equal opportunity for all persons in all facets of the University's operations and is an Equal Opportunity/Affirmative Action employer. The University will provide all applicants for admissions, employment and all University employees with equal opportunity without regard to race, gender, religion, color, national origin, disability, age, protected veteran status, sexual orientation, genetic information, gender identity, creed, ancestry, political belief, any other applicable protected category, or participation in any protected activity. The University ensures non-discriminatory practices in all matters relating to its education programs and activities and extends the same non-discriminatory practices to recruiting, hiring, training, compensation, benefits, promotions, demotions, transfers, and all other terms and conditions of employment.
3. **Entirety of MOU.** This MOU represents the entire and integrated MOU between the parties and supersedes all prior negotiations, representations and MOUs, whether written


or oral.

4. **Governmental Claims.** Any actions or claims against the University or the County under this MOU must be in accordance with and are controlled by the Wyoming Governmental Claims Act, W.S. 1-39-101 et seq. (1977) as amended.
5. **Indemnification.** Neither party shall indemnify, defend, or hold harmless the other for any cause of action, or claim or demand arising out of this MOU. Each party shall be responsible for their own negligent actions or omissions.
6. **Interpretation.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wyoming. The courts of the State of Wyoming shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the Second Judicial District, Albany County, Wyoming.
7. **Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect.
8. **Sovereign Immunity.** Neither party waives its sovereign or governmental immunity by entering into this MOU, and fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.

In witness whereof, the parties to this Agreement through their duly authorized representatives have executed this Agreement on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement as set forth herein.

Effective Date: July 1, 2026 through June 30, 2030

Chairman, Board of Sheridan County Commissioners



John Derek Scasta, Interim Director
University of Wyoming Extension

Kelly K. Crane, Dean
University of Wyoming, College of Agriculture, Life Sciences, and Natural Resources

Resolution 26-05-051**NOTICE OF INTENT TO VACATE A PORTION OF ALLEY BETWEEN BLOCK 3
AND BLOCK 4 IN TOWN OF LODORE SUBDIVISION IN UNINCORPORATED
STORY WYOMING LOCATED IN THE S1/2 OF SECTION 8, TOWNSHIP 53 NORTH,
RANGE 83 WEST**

WHEREAS, pursuant to W.S. §§ 24-3-101 et seq. and 34-12-107, a Petition to Vacate a portion of alley between Block 3 and Block 4 in Town of Lodore Subdivision in unincorporated Story, Wyoming, located in the S1/2 of Section 8, Township 53 North, Range 83 West, was filed with the County Clerk for Sheridan County, Wyoming;

WHEREAS, the Petition was signed by five (5) or more electors of the county residing within twenty-five (25) miles of the subject right-of-way;

WHEREAS, a deposit in the amount of \$500 was received by the County Clerk from the Petitioners;

WHEREAS, the point of commencement, course, and termination point of the subject alley is described on the attached Exhibit A, B, and C, and is recorded in the Office of County Clerk and Recorder.

WHEREAS, the Board appointed Ken Muller to act as the Viewer and, after taking his Oath of Viewer, he filed a written report on May 14, 2026, with the Board recommending that the subject road be vacated;

NOW, THEREFORE, THE BOARD HEREBY RESOLVES THAT:

1. A portion of alley between Block 3 and Block 4 in Town of Lodore Subdivision in unincorporated Story, Wyoming, located in the S1/2 of Section 8, Township 53 North, Range 83 West, should be vacated;
2. Notice of the proposed vacation of the subject alley shall be published for two consecutive weeks in the Sheridan Press and shall be posted on Sheridan County's Official Website (<http://www.sheridancounty.com/index2.php>).
3. Upon execution of this Resolution, the following shall be notified of the Board's intent to vacate the subject road by mailing a copy of this Resolution and the Notice via certified mail with return receipt:
 - a. Those persons owning or having an interest in any land over which the subject right-of-way crosses.
4. All interested persons must submit written objections or claims for damages to the County Clerk, located at 224 S. Main Street, Suite B-2, Sheridan, Wyoming 82801, no later than 12:00 p.m. on June 18, 2026, or said alley will be vacated without reference to such objections or claims for damages.
5. This proposed vacation shall be considered by the Board on July 7, 2026, at 9:00 a.m. in

the Commissioners Board Room on the second floor of the County Courthouse, Sheridan,
Wyoming.

ADOPTED: May 19, 2026.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
Sheridan County, Wyoming

Eda Schunk Thompson, County Clerk

Christi Haswell, Chairwoman



PUBLIC WORKS DEPARTMENT
ENGINEERING • PLANNING • ROAD & BRIDGE • BUILDING OFFICIAL

Ken Muller, P.E., County Engineer

FILED
Sheridan County Clerk & Recorder

VIEWER'S REPORT

MAY 14 2008

EDA SCHUNK THOMPSON, CLERK
Maria Sanlucago DEPUTY

To the Board of County Commissioners:

Pursuant to my appointment by the Board of County Commissioners, as Viewer, and being duly sworn to faithfully and impartially discharge the duties of such viewer, I viewed the public right-of-way and reviewed public records pertaining to the following vacation petition;

- **Portion of alley between Block 3 and Block 4 in Town of Lodore Subdivision in unincorporated Story Wyoming located in the S½ of Section 8, Township 53 North, Range 83 West.**

The following is a summary of my findings:

The petitioned portion is ½ (20 feet) of the 40-foot width alley right-of-way adjacent to Lot 13, Block 3 and the full 40-foot width alley right-of-way adjacent to Lot 14, Block 3, and Lot 14, Block 4, of Town of Lodore subdivision platted in 1909. The alley right-of-way is located between Cloud Peak Avenue (a.k.a. Wyoming State Highway 194) and Moraine Avenue. Both these are public roads are used by the public. Cloud Peak Avenue (a.k.a. Wyoming State Highway 194) is used by property owners for access to Block 3 lots and Moraine Avenue is used by property owners for access to Block 4 lots. There is no evidence an alley road, within the right-of-way, has never been constructed and/or utilized by the property owners for back access to their lots. The alley right-of-way contains trees, brush, fences, and miscellaneous personal property. It also appears the subject portion of the alley and possibly other location have out-buildings that are encroaching into the alley right-of-way. There was no evidence of private utilities located within the alley right-of-way and public utilities are non-existent in this area. Private and/or public expense is currently zero and will remain unchanged with vacation.

If vacation is approved, Lots 15 thru 21 of Block 3 east of the vacation limits will lose potential future back access. Lots 15 thru 16 of Block 4 east of the vacation limits will also lose potential back access, however, these lots are currently owned by the petitioner. The petitioner also owns Lot 13 of Block 3; Lot 14 of Block 3; and Lot 14 of Block 4, thus the request for ½ and full width vacation adjacent to those lots. Significant effort and costs would be required to construct an alley road for back access to these lots. It is my opinion, that it is unlikely property owners, east of the proposed vacation, would spend the effort and associated costs to construct a road to have back access to their properties in the future.



PUBLIC WORKS DEPARTMENT
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Recommendations:

It is my opinion, as Viewer, the vacation request is practical and ought to be considered. In my opinion, claims for damages from potential loss of back access is unlikely.

Dated this 13th day of May 2026.

A handwritten signature in blue ink that reads "Ken Muller".

Ken Muller, Viewer

Attachments:

- Exhibit A: County GIS w/ 2023 Photo overlay
- Exhibit B: County GIS w/ Town of Lodore Subdivision Plat overlay
- Exhibit C: Town of Lodore Subdivision Plat

EXHIBIT A - Alley portion Town of Lodore



Approximate location of alley portion

Moraine Ave

Sources: Esri, DeLorme, Airphoto, DS, USGS, NGA, NASA, CGIAR, N. Evans, and
GeoEye, IGN, IGN, Esri, DeLorme, GeoData, Swisstopo, Rijkswaterstaat, Cesium, NOAA,
USDA, FEMA, iFlymap, and the GIS user community. Sources: Esri, DeLorme,
GeoEye, IGN, IGN, Esri, DeLorme, GeoData, Swisstopo, Rijkswaterstaat, Cesium,
NOAA, USGS, (C) GeoEye, (C) IGN, (C) Esri, and the GIS User Community.



SHERIDAN COUNTY AIRPORT
908 W Brundage Ln • Sheridan, WY 82801
Phone: 307-674-4222 • FAX: 307-672-6795

E. Robert Gill C.M., Manager
rgill@sheridancountyairport.com

14.

MEMO

TO: Sheridan County Board of Commissioners
Kelly Iott, Administrative Coordinator

FROM: E. Robert Gill
Airport Manager

DATE: 5/12/2026

RE: Airport Business for BoCC Meeting of May 19, 2026

Kelly, please place the following item on the BoCC agenda for consideration at the May 19, 2026 meeting.

- 1. Consider (Revised) Application for Federal Assistance to acquire new Snow Removal Equipment.**
This revised application requests airport infrastructure funding to acquire a new Snow Removal Equipment (SRE) loader with a plow attachment for use on airport aprons and related paved areas. The revised application reflects the final project amount needed for award, based on the lowest responsive bid received.

After the project scope was approved by the State and the Federal Aviation Administration (FAA), and while specifications were being developed for the design manual, it was determined that the originally proposed loader size was undersized. The initial grant application cost estimates were based on that smaller loader. The Airport subsequently received support to bid a more appropriately sized loader that better matches the Airport's intended operational use.

On May 18, the Aeronautics Commission allocated the required matching funds needed to complete this project. This revised application reflects the total amount requested from the FAA. The final cost split is \$514,655 from the FAA, \$13,544 from WYDOT Aeronautics, and \$13,544 from the FY 2026–2027 Airport Capital Improvement Budget, which together cover the low bid amount, engineering costs, and administrative expenses.

Therefore, I respectfully recommend that the Sheridan County Board of County Commissioners approve and authorize the chairwoman to sign the application for Federal Assistance.

Application for Federal Assistance SF-424

| | |
|---|--|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * Other (Specify) |
|---|--|

*3. Date Received: _____ 4. Applicant Identifier: _____

| | |
|--------------------------------------|--|
| 5a. Federal Entity Identifier: _____ | *5b. Federal Award Identifier: 065-2026 |
|--------------------------------------|--|

State Use Only:

| | |
|----------------------------------|--|
| 6. Date Received by State: _____ | 7. State Application Identifier: ASH046A |
|----------------------------------|--|

8. APPLICANT INFORMATION:

*a. Legal Name: SHERIDAN COUNTY AIRPORT

| | |
|--|--------------------------|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 83-6000124 | *c. UEI: CM4GGGBN2JL5 |
|--|--------------------------|

d. Address:

*Street 1: 908 W. BRUNDAGE LANE
Street 2: _____
*City: SHERIDAN
County/Parish: SHERIDAN
*State: Province: WY
*Country: UNITED STATES OF AMERICA
*Zip / Postal Code: 82801-9346

e. Organizational Unit:

| | |
|---|---|
| Department Name: BOARD OF COUNTY COMMISSIONERS | Division Name: SHERIDAN COUNTY AIRPORT |
|---|---|

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

Prefix: Mr. *First Name: ROBERT
Middle Name: _____
*Last Name: GILL
Suffix: _____

Title: AIRPORT MANAGER

Organizational Affiliation:
SHERIDAN COUNTY AIRPORT

| | |
|---------------------------------|----------------------------|
| *Telephone Number: 307-674-4222 | Fax Number: (307) 672-6795 |
|---------------------------------|----------------------------|

*Email: rgill@sheridancountyairport.com

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

***10. Name of Federal Agency:**

Federal Aviation Administration

***11. Catalog of Federal Domestic Assistance Number:**

CFDA No: CFDA Title:

20.117 Airport Infrastructure Grants (AIG)

***12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

ACQUIRE NEW SRE LOADER WITH PLOW ATTACHMENT.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: WY all

*b. Program/Project: WY all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 02/16/2026

*b. End Date: 12/31/2027

18. Estimated Funding (\$):

| | |
|--------------------|------------|
| *a. Federal | \$ 514,655 |
| *b. Applicant | \$ 13,544 |
| *c. State | \$ 13,544 |
| *d. Local | \$ 0 |
| *e. Other | \$ 0 |
| *f. Program Income | \$ 0 |
| *g. TOTAL | \$ 541,743 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent On Any Federal Debt?** Yes No

If "Yes", explain:

21. *By signing 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

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. *First Name: CHRISTI
Middle Name: _____
*Last Name: HASWELL
Suffix: _____

*Title: CHAIRMAN, BOARD OF COUNTY COMMISSIONERS

*Telephone Number: 307-752-1660

Fax Number: 307-674-2909

* Email: bocc@sheridancountywy.gov

*Signature of Authorized Representative:

*Date Signed: 06/02/2026

Application for Federal Assistance (Development and Equipment Projects)

PART II – PROJECT APPROVAL INFORMATION

| Part II - SECTION A | |
|---|--|
| The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form. | |
| Item 1. Does Sponsor maintain an active registration in the System for Award Management (www.SAM.gov)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Item 2. Can Sponsor commence the work identified in the application in the fiscal year the grant is made or within six months after the grant is made, whichever is later? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Item 3. Are there any foreseeable events that would delay completion of the project? If yes, provide attachment to this form that lists the events. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| Item 4. Will the project(s) covered by this request have impacts or effects on the environment that require mitigating measures? If yes, attach a summary listing of mitigating measures to this application and identify the name and date of the environmental document(s). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| Item 5. Is the project covered by this request included in an approved Passenger Facility Charge (PFC) application or other Federal assistance program? If yes, please identify other funding sources by checking all applicable boxes. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> The project is included in an <i>approved</i> PFC application. If included in an approved PFC application, does the application <i>only</i> address AIP matching share? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> The project is included in another Federal Assistance program. Its CFDA number is below. | |
| Item 6. Will the requested Federal assistance include Sponsor indirect costs as described in 2 CFR Appendix VII to Part 200, States and Local Government and Indian Tribe Indirect Cost Proposals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| If the request for Federal assistance includes a claim for allowable indirect costs, select the applicable indirect cost rate the Sponsor proposes to apply: | |
| <input type="checkbox"/> De Minimis rate of 10% as permitted by 2 CFR § 200.414. | |
| <input type="checkbox"/> Negotiated Rate equal to _____ % as approved by _____ (the Cognizant Agency) on _____ (Date) (2 CFR part 200, appendix VII). | |
| <i>Note: Refer to the instructions for limitations of application associated with claiming Sponsor indirect costs.</i> | |

PART II - SECTION B

Certification Regarding Lobbying

The declarations made on this page are under the signature of the authorized representative as identified in box 21 of form SF-424, to which this form is attached. The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form.

The Authorized Representative 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 Sponsor, 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 Authorized Representative shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The Authorized Representative shall require that the language of this certification be included in the award documents for all sub-awards 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.

PART II – SECTION C

The Sponsor hereby represents and certifies as follows:

1. Compatible Land Use – The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:

Yes.

2. Defaults – The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

None

3. Possible Disabilities – There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of the Grant Assurances, either by limiting its legal or financial ability or otherwise, except as follows:

None

4. Consistency with Local Plans – The project is reasonably consistent with plans existing at the time of submission of this application) of public agencies that are authorized by the State in which the project is located to plan for the development of the area surrounding the airport.

Yes

5. Consideration of Local Interest – It has given fair consideration to the interest of communities in or near where the project may be located.

Yes

6. Consultation with Users – In making a decision to undertake an airport development project under Title 49, United States Code, it has consulted with airport users that will potentially be affected by the project (§ 47105(a)(2)).

Yes

7. Public Hearings – In projects involving the location of an airport, an airport runway or a major runway extension, it has afforded the opportunity for public hearings for the purpose of considering the economic, social, and environmental effects of the airport or runway location and its consistency with goals and objectives of such planning as has been carried out by the community and it shall, when requested by the Secretary, submit a copy of the transcript of such hearings to the Secretary. Further, for such projects, it has on its management board either voting representation from the communities where the project is located or has advised the communities that they have the right to petition the Secretary concerning a proposed project.

Not applicable to this project.

8. Air and Water Quality Standards – In projects involving airport location, a major runway extension, or runway location it will provide for the Governor of the state in which the project is located to certify in writing to the Secretary that the project will be located, designed, constructed, and operated so as to comply with applicable and air and water quality standards. In any case where such standards have not been approved and where applicable air and water quality standards have been promulgated by the Administrator of the Environmental Protection Agency, certification shall be obtained from such Administrator. Notice of certification or refusal to certify shall be provided within sixty days after the project application has been received by the Secretary.

Not applicable to this project.

PART II – SECTION C (Continued)

9. Exclusive Rights – There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

None.

10. Land – (a) The sponsor holds the following property interest in the following areas of land, which are to be developed or used as part of or in connection with the Airport subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Sponsor maintains property interest as depicted within the property table on the latest Exhibit A property map dated April 2015.

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above property interests.

(b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Not applicable to this project.

(c) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Not applicable to this project.

¹ State the character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

PART III – BUDGET INFORMATION – CONSTRUCTION

| SECTION A – GENERAL | |
|----------------------------------|--------|
| 1. Assistance Listing Number: | 20.117 |
| 2. Functional or Other Breakout: | |

| SECTION B – CALCULATION OF FEDERAL GRANT | | | |
|--|--|--|-----------------------|
| Cost Classification | Latest Approved Amount (Use only for revisions) | Adjustment + or (-) Amount (Use only for revisions) | Total Amount Required |
| 1. Administration expense | | | |
| 2. Preliminary expense | | | 415 |
| 3. Land, structures, right-of-way | | | |
| 4. Architectural engineering basic fees | | | 32,000 |
| 5. Other Architectural engineering fees | | | |
| 6. Project inspection fees | | | |
| 7. Land development | | | |
| 8. Relocation Expenses | | | |
| 9. Relocation payments to Individuals and Businesses | | | |
| 10. Demolition and removal | | | |
| 11. Construction and project improvement | | | |
| 12. Equipment | | | 509,328 |
| 13. Miscellaneous | | | |
| 14. Subtotal (Lines 1 through 13) | | | \$ 541,743 |
| 15. Estimated Income (if applicable) | | | |
| 16. Net Project Amount (Line 14 minus 15) | | | |
| 17. Less: Ineligible Exclusions (Section C, line 23 g.) | | | |
| 18. Subtotal (Lines 16 through 17) | | | \$ 541,743 |
| 19. Federal Share requested of Line 18 | | | 514,655 |
| 20. Grantee share | | | 13,544 |
| 21. Other shares | | | 13,544 |
| 22. TOTAL PROJECT (Lines 19, 20 & 21) | | | \$ 541,743 |

| SECTION C – EXCLUSIONS | |
|--|-------------------------------------|
| 23. Classification (Description of non-participating work) | Amount Ineligible for Participation |
| a. | |
| b. | |
| c. | |
| d. | |
| e. | |
| f. | |
| g. Total | |

| SECTION D – PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE | |
|---|------------------|
| 24. Grantee Share – Fund Categories | Amount |
| a. Securities | |
| b. Mortgages | |
| c. Appropriations (by Applicant) | 13,544 |
| d. Bonds | |
| e. Tax Levies | |
| f. Non-Cash | |
| g. Other (Explain): | |
| h. TOTAL - Grantee share | |
| 25. Other Shares | Amount |
| a. State | 13,544 |
| b. Other | |
| c. TOTAL - Other Shares | |
| 26. TOTAL NON-FEDERAL FINANCING | \$ 27,088 |

| SECTION E – REMARKS (Attach sheets if additional space is required) |
|---|
| |

PART IV – PROGRAM NARRATIVE
(Suggested Format)

PROJECT: Acquire SRE Loader - 2026 AIG Application

AIRPORT: Sheridan County Airport (SHR)

1. Objective:

Acquire new SRE Loader and attachments for Sheridan County Airport.

2. Benefits Anticipated:

The existing loader at SHR is from the early 1980's and is underpowered to effectively clear snow. This project will be a one-for-one replacement and will include a cupping-style plow blade so that the airport can effectively clear snow from large ramp areas on the airfield.

3. Approach: (See approved Scope of Work in Final Application)

This project involves assisting the airport in acquiring one new SRE loader with attachments.

4. Geographic Location:

Sheridan County Airport in Sheridan, Wyoming

5. If Applicable, Provide Additional Information:

N/A

6. Sponsor's Representative: (include address & telephone number)

Robert Gill, Sheridan County Airport Manager
908 W. Brundage Lane
Sheridan, WY 82801