

STATE OF WYOMING
AMERICAN RECOVERY and REINVESTMENT ACT
NEW/ADJUSTED FUNDS REQUEST

(Rev 03/27/09)

No application for new federal or other privately/publicly supported programs and or grants, or for material changes to existing programs or grants, can be submitted without the expressed consent of the Governor or his designee.

FROM: _____

TO: A & I-BUDGET DIVISION

Agency Number and Name

1. AGENCY CONTACT: Name _____ Phone: _____

2. GRANT APPLICATION DEADLINE: _____

3. NAME OF FEDERAL/GRANTING AGENCY: _____

4. GRANT TITLE: _____

5. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: _____

If applicable, Attach completed Standard Form 424, "Application For Federal Assistance" for Federal Grant Funds with a Catalog of Federal Domestic Assistance Number.

6. GRANT AMOUNT: \$ _____ IS THIS CURRENTLY APPROPRIATED BY LEGISLATURE OR GUBERNATORIAL ACTION (B-11): YES () or NO (). If YES, is the request related to a change in SCOPE () and/or AMOUNT ()?

7. Indicate agency's Strategic Plan Goal and Objective addressed by this funding change: GOAL _____ OBJECTIVE _____

8. What program listed in Appendix D of the final report of the Joint Legislative- Executive Revenue and Expenditure Study dated 9/30/1999 (on file with the Secretary of State's Office) will these funds support. _____

9. Is there PERSONNEL IMPACT? YES () or NO (). If YES, list the number of full-time (FT) & part-time (PT) positions: FT _____ AND PT _____

10. Is there a LONG RANGE GENERAL FUND IMPACT? YES () or NO ()? If YES, explain in comments section and/or attach documentation.

11. List the cash or in-kind match ratio, and/or maintenance of effort requirements: CASH MATCH RATIO: GF _____% FF _____% OF _____% IN-KIND MATCH: GF _____% FF _____% OF _____% MAINTENANCE OF EFFORT \$ _____

12. Is COST ALLOCATION (Indirect Cost) included? YES () or NO ()? If NO, provide reference to a written document specifically excluding the grant from the Cost Allocation process.

13. GOVERNOR CERTIFICATION OR ASSURANCES REQUIRED: YES () or NO ()? If YES, please attach documentation.

14. COMMENTS: (attach extra page if required)

_____/_____/_____
CABINET OFFICIAL or AGENCY DIRECTOR Signature Date

In my opinion, this request for federal resources meets the criteria established in the Governor's policy statement for accepting federal program funding and is consistent with the agency strategic plan.

APPROVED () OR NOT APPROVED () _____/_____/_____
Governor/Designee Date