

# SECTION I: Cover Sheet

## APPLICANT INFORMATION

<b>Organization Name:</b>	Ark Regional Services
<b>Contact Person:</b>	Bob Sell
<b>Mailing Address:</b>	1150 N 3rd St, Laramie, WY 82072
<b>Phone:</b>	307-742-6641
<b>E-mail:</b>	bob@arkrs.org
<b>Web:</b>	arkregionalservices.org

**Type of Organization:**

<input type="checkbox"/> Recreation/ Arts and Culture	<input type="checkbox"/> Civic/Quasi-Governmental
<input checked="" type="checkbox"/> Social Service	<input type="checkbox"/> Other _____

**Requested Amount for FY22/23:** City \$ 10,000.00 County \$ 5,000.00

**Will this amount be used to leverage additional funds either through grants or other means?**

Yes       No

**If you marked YES, indicate the amount of additional funds that will be leveraged and note whether these are estimated or actual.**

\$ 12,000.00       Estimated       Actual

**Description of request:** Using the space below, *briefly* describe how your organization will use these funds and how the proposed program/project will benefit the community. A more detailed description is requested in Section III. **Funds will be used to support Ark's arts and education program for people with disabilities.**

**Declaration:** I hereby certify that the information give in this application for Community Partner funding is true and correct to the best of my knowledge.

<b>Agency Director</b>	<u>Bob Sell</u> Signature	<u>Bob Sell</u> Print Name	<u>2-15-22</u> Date
<b>Board President</b>	<u>Emory Spiegerberg</u> Signature	<u>Emory Spiegerberg</u> Print Name	<u>2-16-22</u> Date

## **SECTION II: Organization History**

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### **Organizational History and Mission**

Provide a mission statement and brief history of your organization in Laramie and/or Albany County, including services provided to area residents.

### **Organizational Structure**

List your officers and director(s), indicating their terms of office.

### **SECTION III. *Funding Request Justification***

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**Briefly explain how these funds will be used and why public funds are necessary to accomplish this goal. Some discussion items to cover in this section may include:**

- *whether or not the funding request has increased from prior years;*
- *whether or not this is a one-time or on-going request;*
- *description of any large program or staff expansion occurring in this fiscal year;*
- *large equipment or other fixed assets that will be purchased fiscal year;*
- *how your project relates to city or county goals, or how it improves the overall quality, character or health of the community; and*
- *whether or not funding will be used to leverage additional monies for your organization either through grants or other means.*

**Section IV. *Financial Information***—*a current balance sheet can be submitted to satisfy this requirement.*

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**Balance Sheet as of December 31, 2021:**

<b><i>Assets</i></b>	<b><i>Liabilities</i></b>	<b><i>Other Financial Information You Wish to Include:</i></b>
<b>Current:</b> Cash: CDs, etc.: Receivables:	<b>Current:</b> Payables: Withholding:  Long Term: Promissory Notes: Mortgage:	
<b>Fixed:</b> Equipment: Building: Less Depreciation:	     Owner's Equity:	

**SECTION V. Fiscal Year Budget Information**

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If your organization follows a different funding cycle (i.e. Calendar Year), indicate your budget cycle here:

***Revenue***

	<b>Amount</b>	<b>Secured or pending?</b>
City of Laramie, Community Partner		
Albany County, Community Partner		
United Way		
Donors		
Fundraisers		
Interest		
Other		
Other		
<b>Total Estimated Revenue</b>		

***Expense***

	<b>Amount</b>	<b>Comments</b>
Salary, Director		
Salary, Other(s)		
Benefits		
Rent		
Utilities		
Client Service		
Client Aid		
Equipment		
Other		
Other		
<b>Total Estimated Expense</b>		

**Section VI: Interim Report for FY 2021/2022 Awardees Only**

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***Complete this section if your agency was awarded Community Partner Funding in Fiscal Year 2021/2022***

**Amount Awarded?** \$ \_\_\_\_\_

**Have you used all of the funds awarded?**  Yes  
 No

**If you have not used all of the funds awarded, please include *amount remaining* and *date* by which you intend to use those funds.** \$ \_\_\_\_\_

Date: \_\_\_\_\_

**Briefly describe the impact that the FY 2021/2022 award has had on your program, project or organizational operations. Some discussion items to cover in this section may include:**

- *Number of persons served and demographics of persons served (income level, age, race, etc.)*
- *Describe the overall impact of these funds on your program, project, or organization.*
- *If your agency has not yet to spent all of the awarded funds, please briefly describe your plans to expend the funds by the end of the fiscal year.*
- *Did your agency use Community Partner funding to leverage additional funds, either through grants or other means?*

**ARK REGIONAL SERVICES, INC.**  
**Statements of Financial Position**  
**As of December 31, 2021 and 2020**

**ASSETS**

	<b>December 31, 2021</b>	<b>December 31, 2020</b>
<b>CURRENT ASSETS</b>		
CASH ON HAND	\$ 1,050.00	\$ 1,050.00
CASH-HEALTH SAVINGS ACCOUNT	90,778.49	8,509.77
CASH-BANK OF THE WEST #2	296,674.31	277,077.43
CASH-BW PAYROLL #2	52,529.42	53,152.64
CASH-STAGEPOINT FCU	69,692.94	69,646.45
ADVANCE	995.83	0.00
MM - BW HEALTH	52,557.85	31,553.26
CASH-STAGEPOINT FCU	38,749.17	36,193.14
CASH - FIB	188,827.00	958,841.00
ACCOUNTS RECEIVABLE	507,961.93	436,346.52
PREPAID EXPENSES	13,137.92	3,821.46
PREPAID INSURANCE	78,560.88	54,589.03
INVENTORY-JANITORIAL	7,787.19	3,050.15
INVENTORY-ARENA FEED	4,863.50	3,196.35
<b>TOTAL CURRENT ASSETS</b>	<b>1,404,166.43</b>	<b>1,937,027.20</b>
<b>CASH-INVESTMENT</b>		
CASH - UNIWYO	\$ 22.15	\$ 22.15
MM - ACPE FCU	42,239.27	57,148.44
CASH-ACPE FCU	23.55	23.55
SAVINGS-UNIWYO FCU	28,427.50	28,155.29
<b>TOTAL CASH-INVESTMENTS</b>	<b>70,712.47</b>	<b>85,349.43</b>
<b>FIXED ASSETS</b>		
FURN/FIXTURES/EQUIPMENT	1,252,232.02	1,261,200.02
BUILDINGS	4,807,473.46	4,792,208.46
LAND	317,544.16	317,544.16
<b>TOTAL FIXED ASSETS</b>	<b>6,377,249.64</b>	<b>6,370,952.64</b>
LESS: ACCUMULATED DEPRECIATION	(3,454,212.81)	(3,322,667.81)
<b>NET FIXED ASSETS</b>	<b>2,923,036.83</b>	<b>3,048,284.83</b>
<b>TOTAL ASSETS</b>	<b>\$ 4,397,915.73</b>	<b>\$ 5,070,661.46</b>

**ARK REGIONAL SERVICES, INC.**  
**Statements of Financial Position**  
**As of December 31, 2021 and 2020**

**LIABILITIES AND NET ASSETS**

	<b>December 31, 2021</b>	<b>December 31, 2020</b>
<b>CURRENT LIABILITIES</b>		
HEALTH INSUR CLAIMS	\$ 23,399.39	\$ 53,719.39
ACCOUNTS PAYABLE	35,698.67	33,572.83
ACCRUED SOCIAL SECURITY	0.00	15,826.43
ACCRUED WORKER'S COMPEN.	9,764.01	11,994.95
ACCRUED VACATION	197,751.56	188,422.56
ACCRUED UNITED WAY	(1,302.00)	0.00
NOTE PAY - FIB PAYROLL PROTECT PAYMENT	743,851.00	953,851.00
<b>TOTAL CURRENT LIABILITIES</b>	<u>1,009,162.63</u>	<u>1,257,387.16</u>
<b>LONG-TERM LIABILITIES</b>		
NOTE PAYABLE-ARK MEMORIAL FOUNDATION	449,999.60	499,999.60
NOTE PAYABLE - NISSAN MOTORS	9,926.64	15,341.64
NOTE PAYABLE -TCF EQUIPT	(0.15)	20,893.85
NOTE PAYABLE-CHRYSLER CAPITAL	5,291.75	10,176.75
NOTE PAYABLE-2017 DODGE CARAVANS	13,188.97	21,865.97
NOTE PAYABLE - 2016 DODGE CARAVANS	4,338.10	8,481.10
NOTE PAYABLE-2017 GRAND CARAVAN 7322	8,585.26	13,912.26
NOTE PAYABLE-2018 NISSAN SENTRA 7672	8,158.72	11,236.72
NOTE PAYABLE-ARK MEMORIAL FOUNDATION	490,000.00	490,000.00
NOTE PAYABLE-2019 DODGE CARAVAN	17,617.48	22,841.48
NOTE PAYABLE-2019 SENTRA	11,051.49	14,259.49
NOTE PAYABLE-NISSAN SENTRA	11,376.48	14,630.48
NOTE PAYABLE-DODGE CARAVAN	20,486.00	25,470.00
<b>TOTAL LONG-TERM LIABILITIES</b>	<u>1,050,020.34</u>	<u>1,169,109.34</u>
<b>TOTAL LIABILITIES</b>	<u>2,059,182.97</u>	<u>2,426,496.50</u>
<b>NET ASSETS</b>		
UNRESTRICTED-UNDESIGNATED	639,293.74	863,834.87
UNRESTRICTED-DESIGNATED BY BOARD	1,433,493.91	1,433,493.91
RESTRICTED-DESIGNATED BY BOARD-HSA	296,188.51	298,509.77
INCREASE (DECREASE) IN NET ASSETS	(30,243.40)	48,326.41
<b>TOTAL NET ASSETS</b>	<u>2,338,732.76</u>	<u>2,644,164.96</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 4,397,915.73</u>	<u>\$ 5,070,661.46</u>