

LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

1. DATE OF PROPOSED ACTION: December 15, 2015

2. AGENDA ITEM: Appointments Bids/Purchases Claims
 Contracts/agreements/leases **Grants** Land Use: Variances/Board App/Plats
 Proclamations Public Hearings/Rules & Reg's Reports & Public Petitions
 Resolutions Other


3. DEPARTMENT: Grants

APPLICANT: Town of Albin **AGENT:** Sandra Newland

4. DESCRIPTION: Consideration of a resolution certifying that the Governing Body of Laramie County has agreed upon submitting three BFY15/16 SLIB Consensus applications on behalf of the Town of Albin for the Community Center Gym Floor, Rodeo Arena and a Town Vehicle Projects in the amount of \$135,000.00

5. DOCUMENTATION: 2 originals

RECEIVED AND APPROVED AS
TO BE FILED BY THE
LARAMIE COUNTY ATTORNEY

| <u>Commissioner</u> | <u>Clerks Use Only:</u> | <u>Signatures</u> |
|------------------------|-------------------------|--|
| Ash _____ | |  Co Attny _____ Assist Co Attny _____ Grants Manager _____ Outside Agency _____ |
| Heath _____ | | |
| Holmes _____ | | |
| Kailey _____ | | |
| Thompson _____ | | |
| Action _____ | | |
| Postponed/Tabled _____ | | |

RESOLUTION _____

ENTITLED: "A RESOLUTION CERTIFYING THAT THE GOVERNING BODY OF LARAMIE COUNTY HAS AGREED UPON ON THE TOWN OF ALBIN'S THREE PROJECTS (COMMUNITY CENTER GYPM PROJECT, RODEO ARENA COMPLETION AND TOWN VEHICLE) TO BE SUBMITTED TO THE STATE LOAN AND INVESTMENT BOARD FOR BFY 15/16 COUNTYWIDE CONSENSUS BLOCK GRANT FUNDING IN THE AMOUNT OF \$135,000."

Whereas, the Governing Body of Laramie County desires to participate in the State Loan and Investment Board's Chapter 32 Countywide Consensus Block Grant program for BFY15/16; and

Whereas, the rules of the State Loan and Investment Board require that application for funds under this program be made by the Board of County Commissioners and agreed to by municipalities representing at least 70% of the county's incorporated population; and

Whereas, the Governing Body for Laramie County and the City of Cheyenne represents greater than 70% of the incorporated population of Laramie County;

THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING

That Laramie County will make an application on behalf of the Town of Albin to the State Loan and Investment Board for the project set forth in the BFY 2015/2016 Countywide Consensus Block Grant Application Form; and

To direct Sandra Newland, or her successor in the position of Laramie County Grants Manager, as agent of the Laramie County Board of Commissioners to execute and submit applications and certifications which may be necessary for this grant application.

PRESENTED, READ AND ADOPTED THIS 15TH DAY OF DECEMBER, 2015

Amber Ash, Chairman

ATTEST:

Debbye K. Lathrop, Laramie County Clerk

Date

Received And Approved As To Form Only By:



Mark Voss
County Attorney

11-24-15

Date

RESOLUTION 151112-03

ENTITLED: "A RESOLUTION CERTIFYING THAT THE GOVERNING BODY OF THE TOWN OF ALBIN HAS AGREED ON THE THREE PROJECTS TO BE SUBMITTED TO THE STATE LOAN AND INVESTMENT BOARD UNDER BFY 15/16 FOR COUNTYWIDE CONSENSUS BLOCK GRANT FUNDING IN THE AMOUNT OF \$135,000 FOR COMMUNITY CENTER GYM PROJECT, RODEO ARENA COMPLETION, AND TOWN VEHICLE PURCHASE PROJECTS.

Whereas, the Governing Body for the Town of Albin desires to participate in the State Loan and Investment Board's Chapter 32 Countywide Consensus Block Grant program; and

Whereas, the Governing Body of the Town of Albin recognizes the need for the projects; and

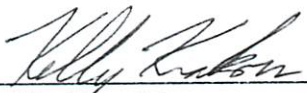
Whereas, the rules of the State Loan and Investment Board require that application for funds under this program be made by the Board of County Commissioners and agreed to by municipalities representing at least 70% of the county's incorporated population; and

THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE TOWN OF ALBIN;

That Laramie County will make applications on behalf of the Town of Albin to the State Loan and Investment Board for the projects set forth in the FY 2015/2016 Countywide Consensus Block Grant Application Form; and

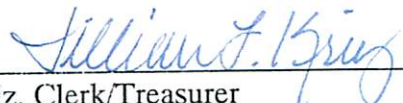
To direct Sandra Newland or her successor in the position of Laramie County Grants Manager as agent of the Laramie County Board of Commissioners to execute and submit applications and certifications which may be necessary for this grant application.

PRESENTED, READ AND ADOPTED THIS 12th DAY OF NOVEMBER, 2015.

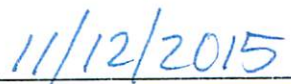


Kelly Krakow, Mayor

ATTEST:



Jillian Kriz, Clerk/Treasurer



Date

STATE OF WYOMING
STATE LOAN AND INVESTMENT BOARD
INFRASTRUCTURE FINANCING

APPLICATION

Applicant: TOWN OF ALBIN

Date: 11/20/2015

Mailing Address: PO BOX 188

Contact Person: KELLY KRAKOW

City: ALBIN

State: WY

Zip: 82050

E-mail address: TOWNOFALBIN@YAHOO.COM

E-mail address:

Phone No.: (307) 246-3386

Phone No.:

Fax No.: (307) 246-3299

Population: 181

Applicant's Tax I.D. Number: 836001124

County: LARAMIE

Type of Entity: County Joint Powers Board Municipality Special District

Other (Explain) _____

Population of Applicant: 181 Total Population Served By Project (Directly/Indirectly): 181

Percentage of applicant's population directly served by the project: 100%

Applicant's submitting multiple applications must establish priority ranking: Priority # 1 of 3

Project Name: COMMUNITY CENTER GYM PROJECT

Project Schedule (Includes Planning, Design, and Construction):

Estimated Start Date: 04/01/2016 Estimated End Date: 06/01/2016

List all funding sources for the project other than current request: (Manually Calculate Figures)

| Funding Source (If approved, list grant/loan #) | Amount | Status | | Amount Expended |
|--|--------------|-------------------------------------|--------------------------|-----------------|
| | | Pending | Approved | |
| SLIB | \$100,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Amount of Funds Requested: \$100,000.00

Estimated total project cost: \$100,000.00

Balance of Project Incomplete: \$100,000.00

Estimated Reimbursement Rate: 100.00%

(Final Reimbursement Rate Is Determined by Board Approved Amount)

Name of Applicant: TOWN OF ALBIN

Is project needed to meet federal or state health and/or safety requirement? Yes No
(If yes, provide specific health or safety requirement project will address)

Do you have an Administrative Order? Yes No
(If yes, provide copy of the Administrative Order)

Water and/or Sewer Project: Yes No
(If yes, complete Water/Sewer Questionnaire for project requests in excess of 50%)

Street and/or Road Project: Yes No
(If yes, complete Street Questionnaire)

Fire Apparatus Project: Yes No
(If yes, complete Fire Apparatus Questionnaire)

Vehicle Project: Yes No
(If yes, complete Vehicle Replacement Certification form)

If full funding is not received, what will applicant do?

IF FULL FUNDING IS NOT RECEIVED THEN THE TOWN WOULD NOT BE ABLE TO DO THIS PROJECT. THE FUNDS ARE NOT IN OUR BUDGET.

If additional funding is needed, where will the additional funds be obtained?

THE TOWN WOULD APPLY FOR ADDITIONAL SLIB FUNDING.

Can the project be scaled back or phased? Yes No
(Provide explanation)

THE PROJECT WOULD BE ABLE TO BE COMPLETED IN PHASES. THE GYM FLOOR WOULD BE ONE PHASE AND THE KEYPAD LOCK NEEDED TO BE PLACED ON THE DOOR WITH CAMERA SURVEILLANCE COULD BE DONE AT A LATER TIME.

I certify that I am authorized to sign this application on behalf of our governing body, and the applicant will comply with all appropriate requirements if approved. To the best of my knowledge and belief, the information in this application is true and correct, including the information provided in the narrative and all attachments. I understand the State may review any relevant documents or instruments relating to the analysis of this application.

KELLY KRAKOW, MAYOR
Name and Title (typed)



11/20/2015
Date

KELLY KRAKOW, MAYOR
Name and Title of Contact Person

(307) 246-3386
Phone No.

TOWNOFALBIN@YAHG
E-mail

SUBMISSION REQUIREMENTS: ALL DOCUMENTS MUST BE PRINTED ON 8 1/2 X 14 (LEGAL) SIZE PAPER. SUBMIT ONE (1) ORIGINAL AND TWO (2) COPIES OF APPLICATION, SUMMARY FORM, AND SUPPORTING DOCUMENTATION TO: OFFICE OF STATE LANDS AND INVESTMENTS, ATTN: GRANTS AND LOANS DEPARTMENT, HERSCHLER BUILDING, 3RD WEST, 122 WEST 25TH STREET, CHEYENNE, WYOMING 82002

Project Narrative: Provide a brief description of the project and why applicant needs the project. Narrative must include applicable items listed in the instructions for completing the Application Form. (Attach additional pages if needed, **must be legal size**)

Number of Attached Pages _____

Project Description:

The Town of Albin seeks the necessary funds to conduct some much-needed replacements to the Community Center Gym. The project will be completed in two phases.

Phase One: A complete replacement of the existing gym flooring. The current flooring is more than 20 years old and is in need of replacing and upgrading. Our gym is used for a variety of sports, dinners, dances, and meetings, which makes an good all-purpose floor a necessity.

Phase Two: A security camera and digital door lock for the exercise room, adjacent to the gym. This would provide security for the equipment in the room and for any occupants utilizing the equipment. The digital lock would provide access to the room only to authorized members of the Community Center while preventing access by unauthorized visitors.

Budget:

We are requesting \$100,000 in funding to complete this project. The town does not have this amount of funding available to allocate to this project, so we are requesting full funding through State Lands and Investments.

Population Served:

All of the town's population (181) and also surrounding families seek to benefit from the new flooring. In addition, we host several expos and meetings yearly, serving all of Laramie County and even surrounding areas.

STATE OF WYOMING
STATE LOAN AND INVESTMENT BOARD
INFRASTRUCTURE FINANCING

APPLICATION

Applicant: TOWN OF ALBIN

Date: 11/20/2015

Mailing Address: PO BOX 188

Contact Person: KELLY KRAKOW

City: ALBIN

State: WY

Zip: 82050

E-mail address: TOWNOFALBIN@YAHOO.COM

E-mail address:

Phone No.: (307) 246-3386

Phone No.:

Fax No.: (307) 246-3299

Population: 181

Applicant's Tax I.D. Number: 836001124

County: LARAMIE

Type of Entity: County Joint Powers Board Municipality Special District

Other (Explain) _____

Population of Applicant: 181 Total Population Served By Project (Directly/Indirectly): 181

Percentage of applicant's population directly served by the project: 100%

Applicant's submitting multiple applications must establish priority ranking: Priority # 2 of 3

Project Name: RODEO ARENA COMPLETION

Project Schedule (Includes Planning, Design, and Construction):

Estimated Start Date: 05/01/2016 Estimated End Date: 08/30/2016

List all funding sources for the project other than current request: (Manually Calculate Figures)

| Funding Source (If approved, list grant/loan #) | Amount | Status | | Amount Expended |
|--|-------------|-------------------------------------|--------------------------|-----------------|
| | | Pending | Approved | |
| SLIB | \$10,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Amount of Funds Requested: \$10,000.00

Estimated total project cost: \$10,000.00

Balance of Project Incomplete: \$10,000.00

Estimated Reimbursement Rate: 100.00%

(Final Reimbursement Rate Is Determined by Board Approved Amount)

Name of Applicant: TOWN OF ALBIN

Is project needed to meet federal or state health and/or safety requirement? Yes No
(If yes, provide specific health or safety requirement project will address)

Do you have an Administrative Order? Yes No
(If yes, provide copy of the Administrative Order)

Water and/or Sewer Project: Yes No
(If yes, complete Water/Sewer Questionnaire for project requests in excess of 50%)

Street and/or Road Project: Yes No
(If yes, complete Street Questionnaire)

Fire Apparatus Project: Yes No
(If yes, complete Fire Apparatus Questionnaire)

Vehicle Project: Yes No
(If yes, complete Vehicle Replacement Certification form)

If full funding is not received, what will applicant do?

IF FULL FUNDING IS NOT RECEIVED THEN THE TOWN WOULD NOT BE ABLE TO DO THIS PROJECT. THE FUNDS ARE NOT IN OUR BUDGET.

If additional funding is needed, where will the additional funds be obtained?

THE TOWN WOULD APPLY FOR ADDITIONAL SLIB FUNDING.

Can the project be scaled back or phased? Yes No
(Provide explanation)

THIS WOULD BE THE FINAL PHASE OF THE PROJECT.

I certify that I am authorized to sign this application on behalf of our governing body, and the applicant will comply with all appropriate requirements if approved. To the best of my knowledge and belief, the information in this application is true and correct, including the information provided in the narrative and all attachments. I understand the State may review any relevant documents or instruments relating to the analysis of this application.

KELLY KRAKOW, MAYOR
Name and Title (typed)


Signature

11/20/2015
Date

KELLY KRAKOW, MAYOR
Name and Title of Contact Person

(307) 246-3386
Phone No.

TOWNOFALBIN@YAHOO.COM
E-mail

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Project Narrative: Provide a brief description of the project and why applicant needs the project. Narrative must include applicable items listed in the instructions for completing the Application Form. (Attach additional pages if needed, **must be legal size**)

Number of Attached Pages _____

Project Description:

The Town of Albin seeks the necessary funds to complete our rodeo arena project. The final work would be trenching, placing underground electricity, replacement of the crows nest, and implementing safety features on the bleachers.

Budget:

We are requesting \$10,000 in funding to complete this project. The town does not have this amount of funding available to allocate to this project, so we are requesting full funding through State Lands and Investments.

Population Served:

All of the town's population (181) and also surrounding families seek to benefit from the rodeo arena. In addition, we would be able to host rodeo events (barrel racing, pole bending, team roping, etc.) , serving all of Laramie County and even surrounding areas.

STATE OF WYOMING
STATE LOAN AND INVESTMENT BOARD
INFRASTRUCTURE FINANCING

APPLICATION

Applicant: TOWN OF ALBIN

Date: 11/20/2015

Mailing Address: PO BOX 188

Contact Person: KELLY KRAKOW

City: ALBIN

State: WY

Zip: 82050

E-mail address: TOWNOFALBIN@YAHOO.COM

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Phone No.: (307) 246-3386

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Fax No.: (307) 246-3299

Population: 181

Applicant's Tax I.D. Number: 836001124

County: LARAMIE

Type of Entity: County Joint Powers Board Municipality Special District

Other (Explain) _____

Population of Applicant: 181 Total Population Served By Project (Directly/Indirectly): 181

Percentage of applicant's population directly served by the project: 100%

Applicant's submitting multiple applications must establish priority ranking: Priority # 2 of 3

Project Name: TOWN VEHICLE

Project Schedule (Includes Planning, Design, and Construction):

Estimated Start Date: 05/01/2016 Estimated End Date: 08/30/2016

List all funding sources for the project other than current request: (Manually Calculate Figures)

| Funding Source (If approved, list grant/loan #) | Amount | Status | | Amount Expended |
|--|-------------|-------------------------------------|--------------------------|-----------------|
| | | Pending | Approved | |
| SLIB | \$25,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Amount of Funds Requested: \$25,000.00

Estimated total project cost: \$25,000.00

Balance of Project Incomplete: \$25,000.00

Estimated Reimbursement Rate: 100.00%

(Final Reimbursement Rate Is Determined by Board Approved Amount)

Name of Applicant: TOWN OF ALBIN

Is project needed to meet federal or state health and/or safety requirement? Yes No
(If yes, provide specific health or safety requirement project will address)

Do you have an Administrative Order? Yes No
(If yes, provide copy of the Administrative Order)

Water and/or Sewer Project: Yes No
(If yes, complete Water/Sewer Questionnaire for project requests in excess of 50%)

Street and/or Road Project: Yes No
(If yes, complete Street Questionnaire)

Fire Apparatus Project: Yes No
(If yes, complete Fire Apparatus Questionnaire)

Vehicle Project: Yes No
(If yes, complete Vehicle Replacement Certification form)

If full funding is not received, what will applicant do?

IF FULL FUNDING IS NOT RECEIVED THEN THE TOWN WOULD NOT BE ABLE TO PURCHASE A VEHICLE. THE FUNDS ARE NOT CURRENTLY IN OUR BUDGET.

If additional funding is needed, where will the additional funds be obtained?

THE TOWN WOULD APPLY FOR ADDITIONAL SLIB FUNDING.

Can the project be scaled back or phased? Yes No
(Provide explanation)

NO, THIS WOULD BE DONE IN ONE PHASE.

I certify that I am authorized to sign this application on behalf of our governing body, and the applicant will comply with all appropriate requirements if approved. To the best of my knowledge and belief, the information in this application is true and correct, including the information provided in the narrative and all attachments. I understand the State may review any relevant documents or instruments relating to the analysis of this application.

KELLY KRAKOW, MAYOR
Name and Title (typed)


Signature

11/20/2015
Date

KELLY KRAKOW, MAYOR
Name and Title of Contact Person

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Project Narrative: Provide a brief description of the project and why applicant needs the project. Narrative must include applicable items listed in the instructions for completing the Application Form. (Attach additional pages if needed, **must be legal size**)

Number of Attached Pages _____

Project Description:

The Town of Albin seeks the necessary funds to purchase a vehicle available for use by town employees for conducting town business. This vehicle should be large enough to hold at least 5 adults comfortably. Because Albin is rural, any errand for the town requires a minimum of a 17-mile drive each way, with most weekly errands exceeding 50 miles each way. Additionally, the mayor and council members represent the town at meetings and conventions all over the state of Wyoming.

Budget:

We are requesting \$25,000 in funding to complete this project. The town does not have this amount of funding available to allocate to this project, so we are requesting full funding through State Lands and Investments.

Population Served:

Town employees and council members, conducting official town business, will utilize this vehicle on a weekly basis.

OFFICE OF STATE LANDS AND INVESTMENTS

Vehicle Replacement Certification

Applicant Name: TOWN OF ALBIN

The Grantee shall provide a certified written statement outlining the replacement schedule for the vehicle(s) being funded by the State Loan and Investment Board and a plan for replacement of the vehicle(s). The Grantee shall detail its future replacement plan for the vehicle(s) being funded by this grant and specify if it intends to seek any funds under the control of the State Loan and Investment Board to fund such replacement in the future. Please give as much detail as possible. (Attach additional pages if needed, **must be legal size**)

The Town of Albin will purchase a vehicle that is very suitable for our needs. The features that the town will look for in a vehicle will be safety, performance, quality, cost and fuel efficiency. We will need a vehicle that is large enough for five people and can withstand and drive well in all the Wyoming weather conditions. We will monitor the mileage, keep the vehicle well maintained, and properly cared for. This will make the replacement of the vehicle in the distant future probably around 10 years. When the vehicle is due to be replaced the town will evaluate the budget at that time. If the funding is available in the town's budget the town will supply the funding for a newer vehicle, but if the funds are not available in the town's budget, the town would apply for SLIB funding for the replacement vehicle.