

# Proposed Budget

Save a copy of this .pdf budget in your DOCUMENTS folder.  
The saved copy of the budget will then need to be submitted via email to  
- Your County Commissioners  
- The Wyoming Department of Audit at [doa-pfd-web@wyo.gov](mailto:doa-pfd-web@wyo.gov)

<b>NAME OF DISTRICT/BOARD:</b> Washakie Medical Center- Board	<b>YOUR NAME:</b> Constance E Sweeney
<b>COUNTY:</b> Washakie County	<b>HEARING DATE:</b> <input type="text"/>
<b>DISTRICT ADDRESS:</b> PO Box 268	<b>LOCATION OF HEARING:</b> Washakie County Court House
<b>City, State, Zip:</b> Ten Sleep, WY 82442	<b>TIME OF HEARING:</b> <input type="text"/>
<b>DISTRICT PHONE:</b> 307-727-7825	
<b>Fiscal Year Ending:</b> June 30, 2016	

## INSTRUCTIONS FOR COMPLETING BUDGET REQUEST FORM

In accordance with the requirements of WS 16-4-104 The Department of Audit has modified the Standard Budget Form.

- Please follow the steps below:
  - Download this as an Excel file and save to your computer.
  - Begin by reading this instruction sheet and continue by inputting data on the following worksheets (Tabs are along the bottom of the page).** This will automatically fill results to the "Budget Summary" sheet.
  - Enter all required information at the top of this sheet (Name, County, District address, District phone, FYE, Your name, Date, Location, and Time of Hearing).  
**You cannot enter data into cells shaded in gray as they are automatic totals.**
- Choose, in the drop-down box in the upper right corner of this page, which budget ("proposed" or "final") you intend to submit at this time. **Note: If you are preparing a proposed budget the "Final Budget" column will be blacked out.**
- In places you are asked to identify a specific item, please describe it in detail for proposed budget.
- For EACH budget form prepared (Proposed or Final) you will click the "Convert to PDF" button on the "Budget Summary" page. This will save a copy of the budget in your DOCUMENTS folder in .pdf format. The saved copy of the budget will then need to be submitted via email to your County Commissioners AND to the Wyoming Department of Audit at  
[doa-pfd-web@wyo.gov](mailto:doa-pfd-web@wyo.gov)
- If you have ANY questions, or concerns, please contact the Public Funds Division at 307-777-7798.

### What's New:

- The **Schedule A Reserve Funds** Worksheet has been **moved** to Schedule G, the Cash and Forecasted Revenue page.
- If you have a large list of items to add to certain sections, there is a page to **add more items**.

**Helpful Tip:** Certain headings have comments associated with them, which contain more detailed information regarding the section of the budget form you are about to complete. They appear in red boxes to the right of the budget form.

**NOTE:** The column headed "Final Approval" will not be completed until the Public Budget hearing is held. The public hearing is to be held not later than 5 days after the 3rd Thursday in July in accordance with W.S. 16-4-109(b). Or, the governing board of any special purpose district may choose to hold the budget hearing in conjunction with the county budget hearings and so advertise.

# Proposed Budget

Hospital

Please Enter Date on First Page

NAME OF DISTRICT/BOARD

DATE OF BUDGET HEARING

6/30/2016

Please Enter Location on First Page

Not Entered

FISCAL YEAR ENDING

LOCATION OF BUDGET HEARING

TIME OF HEARING

## PROPOSED BUDGET SUMMARY

	2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
S-1 Total Expenditures, Cash Requirements	\$0	\$0	\$392,533	
S-2 Total to be added to Reserves	\$0	\$0	\$10	
S-3 Total Cash and Forecasted Revenues	\$0	\$0	\$651,729	
S-4 Additional Financial Support Required	\$0	\$0	\$0	
S-5 Amount as approved by County Commissioners	\$0	\$0	\$0	

**Analysis of additional Financial Support Required:**

	2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
S-6 Tax levy (for entities able to make levies)	\$0	\$0	\$0	
S-7 Other County Support	\$0	\$0	\$0	

Additional funding approved by:

\_\_\_\_\_  
County Commissioner

Date Approved \_\_\_\_\_

Hospital

FYE 06/30/16

NAME OF DISTRICT/BOARD

**CASH AND FORECASTED REVENUE**

**FORECASTED REVENUE**

J-1 Government Support  
J-2 Operating Revenues  
J-3 Grants  
J-4 Miscellaneous:  
J-5 Estimated Cash Available  
J-6 Other Forecasted Revenue  
J-7 Total Cash Available and Forecasted Revenue

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$151,200	
\$0	\$0	\$500,529	
\$0	\$0	\$0	
\$0	\$0	\$651,729	

Hospital

FYE 06/30/16

NAME OF DISTRICT/BOARD

**ESTIMATED EXPENDITURES**

J-8 Administration  
 J-9 Operations  
 J-10 Indirect Costs  
 J-11 Capital Outlay  
 J-12 Debt Service  
 J-13 Provision for Tax Shrinkage  
 J-14 Total Expenditures

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$2,400	
\$0	\$0	\$8	
\$0	\$0	\$125	
\$0	\$0	\$390,000	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$392,533	

**SUMMARY OF RESERVE FUNDS**

J-15 Beginning Balance in Reserve Accounts  
 J-15.1 a. Depreciation Reserve  
 J-15.2 b. Other Reserve  
 J-15.3 c. Emergency Reserve (Cash)  
 J-15.4 Total Reserves (a+b+c)  
 J-16 Amount to be added  
 J-16.1 a. Depreciation Reserve  
 J-16.2 b. Other Reserve  
 J-16.3 c. Emergency Reserve (Cash)  
 J-16.4 Total to be added (a+b+c)  
 J-17 Subtotal  
 J-18 Less Total to be spent  
 J-19 Total Reserves

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$63,414	
\$0	\$0	\$0	
\$0	\$0	\$63,414	
\$0	\$0	\$0	
\$0	\$0	\$10	
\$0	\$0	\$0	
\$0	\$0	\$10	
\$0	\$0	\$63,424	
\$0	\$0	\$2,032	
\$0	\$0	\$61,392	

PREPARED BY: Enter on First Page

DISTRICT ADDRESS:

DISTRICT PHONE:







# Proposed Budget

Hospital

FYE 6/30/2016

NAME OF DISTRICT/BOARD

**SCHEDULE E**

**DATA INPUT**

**CAPITAL OUTLAY BUDGET**

		ACTIVITY
<b>E-1</b>	<b>Capital Outlay</b>	
E-1.1		Real Property
E-1.2		Vehicles
E-1.3		Office Equipment
E-1.4		Other (Specify)
E-1.5		_____
E-1.6		_____
<b>E-2</b>	<b>TOTAL CAPITAL OUTLAY</b>	

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
		\$140,000	
		\$250,000	
\$0	\$0	\$390,000	

*Form approved by Department of Audit, Public Funds Division*

# Proposed Budget

Hospital

FYE 6/30/2016

NAME OF DISTRICT/BOARD

**SCHEDULE F**

DATA INPUT

**DEBT SERVICE BUDGET**

ACTIVITY

- F-1 Debt Service**
- F-1.1 Principal
- F-1.2 Interest
- F-1.3 Fees
- F-2 TOTAL DEBT SERVICE**

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	

*Form approved by Department of Audit, Public Funds Division*

# Proposed Budget

Hospital

FYE 6/30/2016

NAME OF DISTRICT/BOARD

**SCHEDULE G**

**DATA INPUT**

**FORECASTED REVENUE**

**G-1 Government Support**

- G-1.1 State Aid
- G-1.2 County Aid
- G-1.3 City (or Town) Aid
- G-1.4 Other (Specify)
- G-1.5 Total Government Support

**G-2 Operating Revenues**

- G-2.1 Customer Charges
- G-2.2 Sales of Goods or Services
- G-2.3 Other Assessments
- G-2.4 Total Operating Revenues

**G-3 Grants**

- G-3.1 Direct Federal Grants
- G-3.2 Federal Grants thru State Agencies
- G-3.3 Grants from State Agencies
- G-3.4 Total Grants

**G-4 Miscellaneous:**

- G-4.1 Interest
- G-4.2 Other: Specify
- G-4.3 Other: Additional
- G-4.4 Total Miscellaneous

**G-5 Total Forecasted Revenue**

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
		\$1,200	
		\$150,000	
\$0	\$0	\$151,200	
\$0	\$0	\$151,200	

**G-6 DEPRECIATION (REPLACEMENT) RESERVE**

- G-6.1 Balance in Reserve Account, beginning of budget year
- G-6.2 Amount to be added to the reserve
- G-6.3 SUB-TOTAL
- G-6.4 Identify the amount to be spent from "Reserve for Capital Outlay"
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- G-6.5 TOTAL CAPITAL OUTLAY (a+b+c)
- G-6.6 Account (Line 3 - Line 5)

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	

**G-7 OTHER RESERVE**

- G-7.1 Balance in Reserve Account, beginning of budget year
- G-7.2 Amount to be added to the reserve
- G-7.3 SUB-TOTAL
- G-7.4 Identify the amount and project to be spent from "Other Reserves"
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- G-7.5 TOTAL OTHER RESERVE OUTLAY (a+b+c)
- G-7.6 9 - Line 11)

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
		\$63,414	
		\$10	
\$0	\$0	\$63,424	
		\$2,032	
\$0	\$0	\$2,032	
\$0	\$0	\$61,392	

**G-8 EMERGENCY RESERVE (cash)**

- G-8.1 Balance in Reserve Account, beginning of budget year
- G-8.2 Amount to be added to the reserve
- G-8.3 SUB-TOTAL
- G-8.4 Amount to be spent from Emergency Reserve (Cash)
- G-8.5 15 - Line 16)
- G-8.6 TOTAL TO BE SPENT

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$2,032	

**G-9 Total Estimated Cash and Investments on Hand (including any reserves listed above)**

**G-10 Deductions:**

- G-10.1 a. Unpaid bills at FYE
- G-10.2 b. Reserves
- G-10.3 Total Deductions (a+b)

**G-11 Estimated cash available**

**G-12 Other Forecasted Revenues:**

- G-12.1 a. Other past due-as estimated by Co. Treas.
- G-12.2 b. Other forecasted revenue (specify):
- G-12.3 \_\_\_\_\_
- G-12.4 \_\_\_\_\_
- G-12.5 \_\_\_\_\_
- G-12.6 Total Other Forecasted Revenue (a+b)

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
		\$561,921	
\$0	\$0	\$61,392	
\$0	\$0	\$61,392	
\$0	\$0	\$500,529	
\$0	\$0	\$0	
\$0	\$0	\$651,729	

**G-13 Total Cash Available and Forecasted Revenue**

# Proposed Budget

Hospital

FYE 6/30/2016

NAME OF DISTRICT/BOARD

**SCHEDULE H**

**DATA INPUT**

**Analysis of Additional Financial Support Required:**

- H-1 Tax levy (for entities able to make levies)
- H-2 Other County Support
- H-3 Provision for tax shrinkage (Provided by County Treasurer)

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval

*Form approved by Department of Audit, Public Funds Division*

Hospital

FYE 06/30/16

NAME OF DISTRICT/BOARD

**CASH AND FORECASTED REVENUE**

**FORECASTED REVENUE**

J-1 Government Support  
J-2 Operating Revenues  
J-3 Grants  
J-4 Miscellaneous:  
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\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$151,200	
\$0	\$0	\$500,529	
\$0	\$0	\$0	
\$0	\$0	\$651,729	

Hospital

FYE 06/30/16

NAME OF DISTRICT/BOARD

**ESTIMATED EXPENDITURES**

J-8 Administration

J-9 Operations

J-10 Indirect Costs

J-11 Capital Outlay

J-12 Debt Service

J-13 Provision for Tax Shrinkage

J-14 Total Expenditures

2013-2014 Actual	2014-2015 Estimated	2015-2016 Proposed	Final Approval
\$0	\$0	\$2,400	
\$0	\$0	\$8	
\$0	\$0	\$125	
\$0	\$0	\$390,000	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$392,533	

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J-15.1 a. Depreciation Reserve

J-15.2 b. Other Reserve

J-15.3 c. Emergency Reserve (Cash)

J-15.4 Total Reserves (a+b+c)

J-16 Amount to be added

J-16.1 a. Depreciation Reserve

J-16.2 b. Other Reserve

J-16.3 c. Emergency Reserve (Cash)

J-16.4 Total to be added (a+b+c)

J-17 Subtotal

J-18 Less Total to be spent

J-19 Total Reserves

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\$0	\$0	\$63,414	
\$0	\$0	\$0	
\$0	\$0	\$63,414	
\$0	\$0	\$0	
\$0	\$0	\$10	
\$0	\$0	\$0	
\$0	\$0	\$10	
\$0	\$0	\$63,424	
\$0	\$0	\$2,032	
\$0	\$0	\$61,392	

PREPARED BY: Enter on First Page \_\_\_\_\_

DISTRICT ADDRESS: \_\_\_\_\_

DISTRICT PHONE: \_\_\_\_\_

Prepared in compliance with the Uniform Municipal Fiscal Procedures Act (W.S. 16-4-101 through 124) as it applies  
Form approved by Department of Audit, Public Funds Division

# Proposed Budget

Washakie Medical Center- Board

FYE 6/30/2016

**NAME OF DISTRICT/BOARD**

**I-1 BUDGET MESSAGE**

Washakie Medical Center Board of Trustees will contribute \$140,000 to the remodel/renovation of the physical therapy department to include an updated cardiac rehabilitation area. The Trustees will also contribute \$250,000 to the renovation planned by Banner Health to include new patient care wing, OR, ER, OB.

*Form approved by Department of Audit, Public Funds Division*