

## Sub Screen: Sub-Recipient: 068358238

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	068358238		Verified
22	Identification Number			
23	Legal Name*	WYOMING BUSINESS COUNCIL		
24	Address Line 1*	214 W 15TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4408		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 121424279

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	121424279		Verified
22	Identification Number			
23	Legal Name*	WYOMING COMMUNITY DEVELOPMENT AUTHORITY		
24	Address Line 1*	155 N BEACH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1907		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input checked="" type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000177636

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000177636		
23	Legal Name*	Hologic Inc		
24	Address Line 1*	24506 Network Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60673-1245		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000093798

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000093798		
23	Legal Name*	VWR International LLC		
24	Address Line 1*	PO BOX 640169		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Pittsburgh		
28	State Code*	PA		
29	Zip+4*	15264-0169		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	18		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 075761957

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	075761957		Verified
22	Identification Number			
23	Legal Name*	CASPER COMMUNITY COLLEGE DISTRICT		
24	Address Line 1*	125 COLLEGE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-4612		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS1

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS1		
23	Legal Name*	CENTRAL WYOMING COLLEGE		
24	Address Line 1*	2660 Peck Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Riverton		
28	State Code*	WY		
29	Zip+4*	82501-2215		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 050412006

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	050412006		Verified
22	Identification Number			
23	Legal Name*	EASTERN WYOMING COLLEGE		
24	Address Line 1*	3200 WEST C ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TORRINGTON		
28	State Code*	WY		
29	Zip+4*	82240-1603		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 804885754

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	804885754		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY COMMUNITY COLLEGE		
24	Address Line 1*	1400 E COLLEGE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82007-3295		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: NoDUNS2

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS2		
23	Legal Name*	NORTHWEST COMMUNITY COLLEGE		
24	Address Line 1*	231 W 6th St Bldg 3		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Powell		
28	State Code*	WY		
29	Zip+4*	82435-1898		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 086711256

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086711256		Verified
22	Identification Number			
23	Legal Name*	NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT		
24	Address Line 1*	1 WHITNEY WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 073115677

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073115677		Verified
22	Identification Number			
23	Legal Name*	WESTERN WYOMING COMMUNITY COLLEGE DISTRICT		
24	Address Line 1*	2500 COLLEGE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCK SPRINGS		
28	State Code*	WY		
29	Zip+4*	82901-5802		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 049918501

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	049918501		Verified
22	Identification Number			
23	Legal Name*	ALBANY COUNTY SCHOOL DISTRICT NUMBER ONE, STATE OF WYOMING		
24	Address Line 1*	1948 GRAND AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LARAMIE		
28	State Code*	WY		
29	Zip+4*	82070-4317		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 039324850

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	039324850		Verified
22	Identification Number			
23	Legal Name*	BIG HORN COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	99 S DIVISION		
25	Address Line 2			
26	Address Line 3			
27	City Name*	COWLEY		
28	State Code*	WY		
29	Zip+4*	82420		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS3

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS3		
23	Legal Name*	BIG HORN COUNTY SCHOOL DISTRICT 2		
24	Address Line 1*	502 Hampshire Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lovell		
28	State Code*	WY		
29	Zip+4*	82431-1613		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 182795351

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	182795351		Verified
22	Identification Number			
23	Legal Name*	BIG HORN COUNTY SCHOOL DISTRICT 3		
24	Address Line 1*	636 14TH AVE N		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GREYBULL		
28	State Code*	WY		
29	Zip+4*	82426-1537		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 109913447

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	109913447		Verified
22	Identification Number			
23	Legal Name*	BIG HORN COUNTY SCHOOL DISTRICT 4		
24	Address Line 1*	416 S 3RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BASIN		
28	State Code*	WY		
29	Zip+4*	82410		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 093303675

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	093303675		Verified
22	Identification Number			
23	Legal Name*	CAMPBELL COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	1000 W 8TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GILLETTE		
28	State Code*	WY		
29	Zip+4*	82716-3423		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 030815625

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030815625		Verified
22	Identification Number			
23	Legal Name*	CARBON COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	615 RODEO ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAWLINS		
28	State Code*	WY		
29	Zip+4*	82301-5866		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 030453237

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030453237		Verified
22	Identification Number			
23	Legal Name*	CARBON COUNTY SCHOOL DISTRICT 2		
24	Address Line 1*	315 N 1ST ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SARATOGA		
28	State Code*	WY		
29	Zip+4*	82331		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 135016418

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	135016418		Verified
22	Identification Number			
23	Legal Name*	CONVERSE COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	615 HAMILTON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOUGLAS		
28	State Code*	WY		
29	Zip+4*	82633-2615		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 098408487

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	098408487		Verified
22	Identification Number			
23	Legal Name*	CONVERSE COUNTY SCHOOL DISTRICT #2		
24	Address Line 1*	120 BOXELDER TRAIL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GLENROCK		
28	State Code*	WY		
29	Zip+4*	82637-9510		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 193081478

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193081478		Verified
22	Identification Number			
23	Legal Name*	CROOK COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	122 STATE HWY 585		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SUNDANCE		
28	State Code*	WY		
29	Zip+4*	82729		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 182440560

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	182440560		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT #1		
24	Address Line 1*	863 SWEETWATER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LANDER		
28	State Code*	WY		
29	Zip+4*	82520-3048		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 120418322

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	120418322		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT 2		
24	Address Line 1*	700 N 1ST ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DUBOIS		
28	State Code*	WY		
29	Zip+4*	82513		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



## Sub Screen: Sub-Recipient: 193081510

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193081510		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT # 6		
24	Address Line 1*	223 CHERRY ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PAVILLION		
28	State Code*	WY		
29	Zip+4*	82523-9006		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 113519730

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	113519730		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT #14		
24	Address Line 1*	638 BLUE SKY HWY 132		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ETHETE		
28	State Code*	WY		
29	Zip+4*	82520-9366		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 055479851

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	055479851		Verified
22	Identification Number			
23	Legal Name*	FREMONT CO SCHOOL DISTRICT 21		
24	Address Line 1*	90 ETHETE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FORT WASHAKIE		
28	State Code*	WY		
29	Zip+4*	82514-5400		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 100085018

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100085018		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT 24		
24	Address Line 1*	404 WRANGLER WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHOSHONI		
28	State Code*	WY		
29	Zip+4*	82649-8730		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 073405292

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073405292		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNTY SCHOOL DISTRICT NO 25		
24	Address Line 1*	121 NORTH 5TH ST WEST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RIVERTON		
28	State Code*	WY		
29	Zip+4*	82501-3453		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 182431239

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	182431239		Verified
22	Identification Number			
23	Legal Name*	FREEMONT COUNTY SCHOOL DISTRICT 38		
24	Address Line 1*	445 LITTLE WIND RIVER BOTTOM RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ARAPAHOE		
28	State Code*	WY		
29	Zip+4*	82510-9148		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 043729409

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	043729409		Verified
22	Identification Number			
23	Legal Name*	GOSHEN COUNTY SCHOOL DISTRICT #1		
24	Address Line 1*	626 W 25TH AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TORRINGTON		
28	State Code*	WY		
29	Zip+4*	82240-1809		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS4

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS4		
23	Legal Name*	HOT SPRINGS COUNTY SCHOOL DISTRICT NO. 1		
24	Address Line 1*	415 Springview St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Thermopolis		
28	State Code*	WY		
29	Zip+4*	82443-2244		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 193081551

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193081551		Verified
22	Identification Number			
23	Legal Name*	JOHNSON CO SCH DISTRICT 1		
24	Address Line 1*	601 W LOTT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUFFALO		
28	State Code*	WY		
29	Zip+4*	82834-1629		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 075762971

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	075762971		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	2810 HOUSE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-2860		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 050613603

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	050613603		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY SCHOOL DISTRICT 2		
24	Address Line 1*	311 E 8TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PINE BLUFFS		
28	State Code*	WY		
29	Zip+4*	82082		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 193083797

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193083797		Verified
22	Identification Number			
23	Legal Name*	LINCOLN COUNTY SCHOOL DISTRICT #1		
24	Address Line 1*	11 ADAVILLE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DIAMONDVILLE		
28	State Code*	WY		
29	Zip+4*	83116		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS5

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS5		
23	Legal Name*	LINCOLN COUNTY SCHOOL DISTRICT #2		
24	Address Line 1*	222 E 4th Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Afton		
28	State Code*	WY		
29	Zip+4*	83110-1010		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 075758540

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	075758540		Verified
22	Identification Number			
23	Legal Name*	NATRONA COUNTY SCHOOL DISTRICT		
24	Address Line 1*	970 N GLENN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1635		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 086335114

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086335114		Verified
22	Identification Number			
23	Legal Name*	NIOBRARA CO SCHOOL DISTRICT 1		
24	Address Line 1*	619 W 5TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LUSK		
28	State Code*	WY		
29	Zip+4*	82225		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 120417886

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	120417886		Verified
22	Identification Number			
23	Legal Name*	PARK COUNTY SCHOOL DISTRICT #1 (INC)		
24	Address Line 1*	160 N EVARTS		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POWELL		
28	State Code*	WY		
29	Zip+4*	82435-2730		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 071413009

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071413009		Verified
22	Identification Number			
23	Legal Name*	PARK COUNTY SCHOOL DISTRICT # 6		
24	Address Line 1*	919 CODY AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CODY		
28	State Code*	WY		
29	Zip+4*	82414-4115		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 102364296

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	102364296		Verified
22	Identification Number			
23	Legal Name*	PARK COUNTY SCHOOL DISTRICT 16		
24	Address Line 1*	2107 IDAHO ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MEETEETSE		
28	State Code*	WY		
29	Zip+4*	82433		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 102563327

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	102563327		Verified
22	Identification Number			
23	Legal Name*	PLATTE COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	1350 OAK ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WHEATLAND		
28	State Code*	WY		
29	Zip+4*	82201-2234		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 081145229

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081145229		Verified
22	Identification Number			
23	Legal Name*	SHERIDAN COUNTY WY SCHOOL DISTRICT #2 (INC)		
24	Address Line 1*	201 N CONNOR ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-4343		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 100675677

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100675677		Verified
22	Identification Number			
23	Legal Name*	SHERIDAN COUNTY SCHOOL DISTRICT 3		
24	Address Line 1*	1601 MEADE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CLEARMONT		
28	State Code*	WY		
29	Zip+4*	82835		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 100084987

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100084987		Verified
22	Identification Number			
23	Legal Name*	SUBLETTE COUNTY SCHOOL DISTRICT 1		
24	Address Line 1*	665 N TYLER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PINEDALE		
28	State Code*	WY		
29	Zip+4*	82941		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 070548136

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	070548136		Verified
22	Identification Number			
23	Legal Name*	SUBLETTE COUNTY SCHOOL DISTRICT #9		
24	Address Line 1*	115 S NICHOLS ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BIG PINEY		
28	State Code*	WY		
29	Zip+4*	83113		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 081827545

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081827545		Verified
22	Identification Number			
23	Legal Name*	SWEETWATER COUNTY SCHOOL DISTRICT #1		
24	Address Line 1*	3550 FOOTHILL BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCK SPRINGS		
28	State Code*	WY		
29	Zip+4*	82901-4851		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 094653227

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	094653227		Verified
22	Identification Number			
23	Legal Name*	SWEETWATER COUNTY SCHOOL DISTRICT #2		
24	Address Line 1*	320 MONROE AVENUE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GREEN RIVER		
28	State Code*	WY		
29	Zip+4*	82935-5131		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 037780632

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037780632		Verified
22	Identification Number			
23	Legal Name*	TETON SCHOOL DISTRICT #1		
24	Address Line 1*	1235 GREGORY LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKSON		
28	State Code*	WY		
29	Zip+4*	83001		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 100084870

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100084870		Verified
22	Identification Number			
23	Legal Name*	UINTA COUNTY SCHOOL DISTRICT #1, STATE OF WYOMING		
24	Address Line 1*	537 10TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EVANSTON		
28	State Code*	WY		
29	Zip+4*	82930-3461		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 096691092

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	096691092		Verified
22	Identification Number			
23	Legal Name*	UINTA COUNTY SCHOOL DISTRICT 4		
24	Address Line 1*	129 2ND ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MOUNTAIN VIEW		
28	State Code*	WY		
29	Zip+4*	82939		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 193081692

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193081692		Verified
22	Identification Number			
23	Legal Name*	UINTA COUNTY SCHOOL DISTRICT #6		
24	Address Line 1*	126 NORTH FRANKLIN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LYMAN		
28	State Code*	WY		
29	Zip+4*	82937		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 060270477

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060270477		Verified
22	Identification Number			
23	Legal Name*	WASHAKIE COUNTY SCHOOL DISTRICT #1		
24	Address Line 1*	1900 HOWELL AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-3711		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 832955038

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	832955038		Verified
22	Identification Number			
23	Legal Name*	WASHAKIE COUNTY SCHOOL DISTRICT #2		
24	Address Line 1*	242 CEDAR ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TEN SLEEP		
28	State Code*	WY		
29	Zip+4*	82442		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 182408724

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	182408724		Verified
22	Identification Number			
23	Legal Name*	WESTON COUNTY SCHOOL DIST #1		
24	Address Line 1*	116 CASPER AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NEWCASTLE		
28	State Code*	WY		
29	Zip+4*	82701-2705		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 176851137

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	176851137		Verified
22	Identification Number			
23	Legal Name*	WESTON COUNTY SCHOOL DISTRICT 7		
24	Address Line 1*	804 WILLOW ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	UPTON		
28	State Code*	WY		
29	Zip+4*	82730		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 069690956

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	069690956		Verified
22	Identification Number			
23	Legal Name*	UNIVERSITY OF WYOMING		
24	Address Line 1*	1000 E UNIVERSITY AVE DEPARTMENT 3434		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LARAMIE		
28	State Code*	WY		
29	Zip+4*	82071-2000		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS6

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS6		
23	Legal Name*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY		
24	Address Line 1*	1200 College Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rock Springs		
28	State Code*	WY		
29	Zip+4*	82901-5868		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 131993862

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	131993862		Verified
22	Identification Number			
23	Legal Name*	ASD SPECIALTY HEALTHCARE, LLC		
24	Address Line 1*	9075 CENTRE POINTE DR STE 140		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WEST CHESTER		
28	State Code*	OH		
29	Zip+4*	45069-4891		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS7

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS7		
23	Legal Name*	NATRONA, COUNTY OF		
24	Address Line 1*	475 S Spruce St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82601-1759		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 956711444

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	956711444		Verified
22	Identification Number			
23	Legal Name*	CEPHEID		
24	Address Line 1*	904 CARIBBEAN DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SUNNYVALE		
28	State Code*	CA		
29	Zip+4*	94089-1189		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	17		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 042818740

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	042818740		Verified
22	Identification Number			
23	Legal Name*	EVANSTON, CITY OF		
24	Address Line 1*	1200 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EVANSTON		
28	State Code*	WY		
29	Zip+4*	82930-3316		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 152088142

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	152088142		Verified
22	Identification Number			
23	Legal Name*	EPPENDORF NORTH AMERICA, INC.		
24	Address Line 1*	102 MOTOR PKWY STE 410		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HAUPPAUGE		
28	State Code*	NY		
29	Zip+4*	11788-5178		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 558575933

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	558575933		Verified
22	Identification Number			
23	Legal Name*	FEDEX EXPRESS		
24	Address Line 1*	GATEWAY MALL KAUNDA ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LILONGWE		
28	State Code*			
29	Zip+4*			
30	Country Name*	Malawi		
31	Country Code*	MWI		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 004321519

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	004321519		Verified
22	Identification Number			
23	Legal Name*	FISHER SCIENTIFIC COMPANY L.L.C.		
24	Address Line 1*	300 INDUSTRY DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PITTSBURGH		
28	State Code*	PA		
29	Zip+4*	15275-1001		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	17		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 108207838

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	108207838		Verified
22	Identification Number			
23	Legal Name*	FREMONT, COUNTY OF		
24	Address Line 1*	450 N 2ND ST STE 220		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LANDER		
28	State Code*	WY		
29	Zip+4*	82520-2360		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 117493061

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117493061		Verified
22	Identification Number			
23	Legal Name*	GOTHAMS LLC		
24	Address Line 1*	16724 CALLE HERMOSA		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN DIEGO		
28	State Code*	CA		
29	Zip+4*	92127-2100		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	49		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 052111697

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	052111697		Verified
22	Identification Number			
23	Legal Name*	HOT SPRINGS, COUNTY OF		
24	Address Line 1*	415 ARAPAHOE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	THERMOPOLIS		
28	State Code*	WY		
29	Zip+4*	82443-2731		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 556196210

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	556196210		Verified
22	Identification Number			
23	Legal Name*	LIFEPORT, LLC		
24	Address Line 1*	1610 HERITAGE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WOODLAND		
28	State Code*	WA		
29	Zip+4*	98674-9581		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 080415973

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080415973		Verified
22	Identification Number			
23	Legal Name*	LITHIA MOTORS, INC.		
24	Address Line 1*	3333 CY AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82604-3482		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 184763290

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	184763290		Verified
22	Identification Number			
23	Legal Name*	MERIT MEDICAL SYSTEMS, INC.		
24	Address Line 1*	1600 W MERIT PKWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SOUTH JORDAN		
28	State Code*	UT		
29	Zip+4*	84095-2416		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 048195796

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	048195796		Verified
22	Identification Number			
23	Legal Name*	COUNTY OF PARK		
24	Address Line 1*	1002 SHERIDAN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CODY		
28	State Code*	WY		
29	Zip+4*	82414-3598		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 798538856

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	798538856		Verified
22	Identification Number			
23	Legal Name*	POWELL VALLEY HEALTH CARE, INC.		
24	Address Line 1*	777 AVE H		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POWELL		
28	State Code*	WY		
29	Zip+4*	82435-2260		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 197294564

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	197294564		Verified
22	Identification Number			
23	Legal Name*	QIAGEN, LLC		
24	Address Line 1*	19300 GERMANTOWN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GERMANTOWN		
28	State Code*	MD		
29	Zip+4*	20874-1415		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 066631441

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	066631441		Verified
22	Identification Number			
23	Legal Name*	METTLER-TOLEDO RAININ, LLC		
24	Address Line 1*	7500 EDGEWATER DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OAKLAND		
28	State Code*	CA		
29	Zip+4*	94621-3027		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	13		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 033802513

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033802513		Verified
22	Identification Number			
23	Legal Name*	SWEETWATER, COUNTY OF		
24	Address Line 1*	80 W FLAMING GORGE WAY SUITE 150		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GREEN RIVER		
28	State Code*	WY		
29	Zip+4*	82935-4253		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 096690854

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	096690854		Verified
22	Identification Number			
23	Legal Name*	TETON, COUNTY OF		
24	Address Line 1*	200 SOUTH WILLOW STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKSON		
28	State Code*	WY		
29	Zip+4*	83001-8338		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 093117661

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	093117661		Verified
22	Identification Number			
23	Legal Name*	UINTA, COUNTY OF		
24	Address Line 1*	225 9TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EVANSTON		
28	State Code*	WY		
29	Zip+4*	82930-3415		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 100415970

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100415970		Verified
22	Identification Number			
23	Legal Name*	WASHAKIE COUNTY WYOMING		
24	Address Line 1*	1001 BIGHORN AVENUE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-2724		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 058925353

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	058925353		Verified
22	Identification Number			
23	Legal Name*	WEST EDGE COLLECTIVE, LLC		
24	Address Line 1*	707 W LINCOLNWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4334		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 138561977

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	138561977		Verified
22	Identification Number			
23	Legal Name*	WESTON COUNTY		
24	Address Line 1*	1 WEST MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NEWCASTLE		
28	State Code*	WY		
29	Zip+4*	82701-2121		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 947942918

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	947942918		Verified
22	Identification Number			
23	Legal Name*	WYOMING ASSOCIATION OF RURAL WATER SYSTEM		
24	Address Line 1*	715 W BIRCH		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GLENROCK		
28	State Code*	WY		
29	Zip+4*	82637		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 602063893

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	602063893		Verified
22	Identification Number			
23	Legal Name*	SHERIDAN, CITY OF		
24	Address Line 1*	1152 KROE LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-9685		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 111302402

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	111302402		Verified
22	Identification Number			
23	Legal Name*	PINEDALE, TOWN OF		
24	Address Line 1*	210 W PINE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PINEDALE		
28	State Code*	WY		
29	Zip+4*	82941		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 197732709

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	197732709		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY, WYOMING		
24	Address Line 1*	310 W 19TH ST STE 1200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4449		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 620992677

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	620992677		Verified
22	Identification Number			
23	Legal Name*	ABBOTT INFORMATICS CORPORATION		
24	Address Line 1*	4000 HOLLYWOOD BLVD STE 333-SOUTH		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOLLYWOOD		
28	State Code*	FL		
29	Zip+4*	33021-6855		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	24		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000181182

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000181182		
23	Legal Name*	ABSOLUTE AUDIO VISUAL INC		
24	Address Line 1*	5274 W Rolling Brook Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Herriman		
28	State Code*	UT		
29	Zip+4*	84096-3880		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 000082399

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000082399		
23	Legal Name*	ALBANY COUNTY TOURISM BOARD		
24	Address Line 1*	210 E Custer St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Laramie		
28	State Code*	WY		
29	Zip+4*	82070-3634		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000135379

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000135379		
23	Legal Name*	CAMPBELL CO CONVENTION & VISITORS BUREAU		
24	Address Line 1*	1810 S Douglas Hwy Unit A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82718-5423		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 00015037

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	00015037		
23	Legal Name*	CARBON CO JOINT TOURISM PROMOTION BOARD		
24	Address Line 1*	PO BOX 1017		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rawlins		
28	State Code*	WY		
29	Zip+4*	82301-1017		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000014706

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000014706		
23	Legal Name*	CDW GOVERNMENT INC		
24	Address Line 1*	75 Remittance Dr Dept 1515		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60675-1515		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000086628

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000086628		
23	Legal Name*	CONVERSE COUNTY TREASURER		
24	Address Line 1*	107 N 5th St Rm 114		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Douglas		
28	State Code*	WY		
29	Zip+4*	82633-2448		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000073309

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000073309		
23	Legal Name*	DELL MARKETING LP		
24	Address Line 1*	PO BOX 802816		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60680-2816		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000189631

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000189631		
23	Legal Name*	HOT SPRINGS CO LODGING TAX BOARD		
24	Address Line 1*	PO BOX 927		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Thermopolis		
28	State Code*	WY		
29	Zip+4*	82443-0927		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000204986

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000204986		
23	Legal Name*	JOHNSON COUNTY TOURISM ASSOCIATION		
24	Address Line 1*	PO BOX 152		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Buffalo		
28	State Code*	WY		
29	Zip+4*	82834-0152		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 000081064

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000081064		
23	Legal Name*	LARAMIE COUNTY TOURISM BOARD		
24	Address Line 1*	121 W 15th St Ste 202		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cheyenne		
28	State Code*	WY		
29	Zip+4*	82001-4473		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000008533

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000008533		
23	Legal Name*	NATRONA COUNTY TRAVEL & TOURISM COUNCIL		
24	Address Line 1*	139 W 2nd St Ste 1B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82601-2459		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 000086833

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000086833		
23	Legal Name*	PARK COUNTY TRAVEL COUNCIL		
24	Address Line 1*	836 Sheridan Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cody		
28	State Code*	WY		
29	Zip+4*	82414-3411		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000137255

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000137255		
23	Legal Name*	SWEETWATER CO JOINT TRAVEL & TOURISM BOARD		
24	Address Line 1*	404 N St Ste 304		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rock Springs		
28	State Code*	WY		
29	Zip+4*	82901-5474		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000017346

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000017346		
23	Legal Name*	TENNANT		
24	Address Line 1*	PO BOX 71414		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60694-1414		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000091496

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000091496		
23	Legal Name*	UNITED RENTALS NORTH AMERICA INC		
24	Address Line 1*	PO BOX 840514		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dallas		
28	State Code*	TX		
29	Zip+4*	75284-0514		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 000081605

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	000081605		
23	Legal Name*	WIND RIVER VISITORS COUNCIL		
24	Address Line 1*	PO BOX 925		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lander		
28	State Code*	WY		
29	Zip+4*	82520-0925		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 062661000

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	062661000		
23	Legal Name*	AMAZON		
24	Address Line 1*	410 Terry Ave N		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Seattle		
28	State Code*	WA		
29	Zip+4*	98109-5210		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 074721275

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	074721275		
23	Legal Name*	BACKWARDS DISTILLING		
24	Address Line 1*	158 Progress Cir		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Mills		
28	State Code*	WY		
29	Zip+4*	82644-7701		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 079434909

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079434909		
23	Legal Name*	MCCARTHY FABRICATION		
24	Address Line 1*	201 N Maple Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sanford		
28	State Code*	FL		
29	Zip+4*	32771-1106		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 809916000

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	809916000		Verified
22	Identification Number			
23	Legal Name*	TRANSPORTATION, WYOMING DEPARTMENT OF		
24	Address Line 1*	5300 BISHOP BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82009-3310		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 879149722

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	879149722		Verified
22	Identification Number			
23	Legal Name*	LANDER, CITY OF		
24	Address Line 1*	240 LINCOLN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LANDER		
28	State Code*	WY		
29	Zip+4*	82520-2848		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 046891610

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	046891610		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY FIRE DISTRICT 2		
24	Address Line 1*	5800 N COLLEGE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82009-4616		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 078340387

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078340387		Verified
22	Identification Number			
23	Legal Name*	MEMORIAL HOSPITAL OF CARBON COUNTY		
24	Address Line 1*	2221 ELM ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAWLINS		
28	State Code*	WY		
29	Zip+4*	82301-5108		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 183009745

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183009745		Verified
22	Identification Number			
23	Legal Name*	SHOSHONI, CITY OF		
24	Address Line 1*	102 E 2ND ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHOSHONI		
28	State Code*	WY		
29	Zip+4*	82649		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 071413140

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071413140		Verified
22	Identification Number			
23	Legal Name*	CAMPBELL, COUNTY OF		
24	Address Line 1*	500 S GILLETTE AVE STE 1700		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GILLETTE		
28	State Code*	WY		
29	Zip+4*	82716-4250		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



## Sub Screen: Sub-Recipient: 086699790

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086699790		Verified
22	Identification Number			
23	Legal Name*	CAMPBELL COUNTY HOSPITAL DISTRICT		
24	Address Line 1*	501 S BURMA AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GILLETTE		
28	State Code*	WY		
29	Zip+4*	82716-3426		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 048201693

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	048201693		Verified
22	Identification Number			
23	Legal Name*	SUBLETTE, COUNTY OF		
24	Address Line 1*	21 SOUTH TYLER AVE.		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PINEDALE		
28	State Code*	WY		
29	Zip+4*	82941		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 188130082

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	188130082		Verified
22	Identification Number			
23	Legal Name*	PLATTE, COUNTY OF		
24	Address Line 1*	850 MAPLE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WHEATLAND		
28	State Code*	WY		
29	Zip+4*	82201-2963		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 049499833

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	049499833		Verified
22	Identification Number			
23	Legal Name*	ALBANY, COUNTY OF		
24	Address Line 1*	525 GRAND AVE STE 205		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LARAMIE		
28	State Code*	WY		
29	Zip+4*	82070-3852		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 603340928

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	603340928		Verified
22	Identification Number			
23	Legal Name*	COUNTY OF CROOK		
24	Address Line 1*	309 CLEVELAND ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SUNDANCE		
28	State Code*	WY		
29	Zip+4*	82729		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS11

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS11		
23	Legal Name*	WESTON COUNTY HOSPITAL DISTRICT		
24	Address Line 1*	1124 Washington Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Newcastle		
28	State Code*	WY		
29	Zip+4*	82701-2972		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 097138838

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097138838		Verified
22	Identification Number			
23	Legal Name*	CARBON, COUNTY OF		
24	Address Line 1*	415 W PINE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAWLINS		
28	State Code*	WY		
29	Zip+4*	82301-5556		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 033802372

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033802372		Verified
22	Identification Number			
23	Legal Name*	SHERIDAN, COUNTY OF		
24	Address Line 1*	224 S MAIN ST STE B2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-4833		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 622951424

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	622951424		Verified
22	Identification Number			
23	Legal Name*	JOHNSON, COUNTY OF		
24	Address Line 1*	76 N. MAIN STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUFFALO		
28	State Code*	WY		
29	Zip+4*	82834-1847		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 080991288

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080991288		Verified
22	Identification Number			
23	Legal Name*	JOHNSON COUNTY HOSPITAL DISTRICT		
24	Address Line 1*	497 W LOTT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUFFALO		
28	State Code*	WY		
29	Zip+4*	82834-1658		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 075758169

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	075758169		Verified
22	Identification Number			
23	Legal Name*	CHEYENNE, CITY OF		
24	Address Line 1*	2101 O'NEIL AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-3512		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input checked="" type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 060285442

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060285442		Verified
22	Identification Number			
23	Legal Name*	CITY OF GILLETTE		
24	Address Line 1*	201 E. 5TH STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GILLETTE		
28	State Code*	WY		
29	Zip+4*	82716-4303		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 152720140

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	152720140		Verified
22	Identification Number			
23	Legal Name*	CASPER, CITY OF		
24	Address Line 1*	200 NORTH DAVID ST STE 107		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1815		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 072959604

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	072959604		Verified
22	Identification Number			
23	Legal Name*	GREEN RIVER, CITY OF		
24	Address Line 1*	50 E 2ND N ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GREEN RIVER		
28	State Code*	WY		
29	Zip+4*	82935-4206		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 044652899

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	044652899		Verified
22	Identification Number			
23	Legal Name*	ROCK SPRINGS, CITY OF		
24	Address Line 1*	212 D ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCK SPRINGS		
28	State Code*	WY		
29	Zip+4*	82901-6235		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 028117521

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	028117521		Verified
22	Identification Number			
23	Legal Name*	RAWLINS, CITY HALL OF		
24	Address Line 1*	521 W CEDAR ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAWLINS		
28	State Code*	WY		
29	Zip+4*	82301-5638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 070382148

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	070382148		Verified
22	Identification Number			
23	Legal Name*	DOUGLAS, CITY OF		
24	Address Line 1*	101 N 4TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOUGLAS		
28	State Code*	WY		
29	Zip+4*	82633-2401		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 622951747

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	622951747		Verified
22	Identification Number			
23	Legal Name*	CONVERSE, COUNTY OF		
24	Address Line 1*	107 N 5TH ST STE 114		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOUGLAS		
28	State Code*	WY		
29	Zip+4*	82633-2448		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 083698522

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083698522		Verified
22	Identification Number			
23	Legal Name*	WORLAND, CITY OF		
24	Address Line 1*	829 BIG HORN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-2703		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 096687793

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	096687793		Verified
22	Identification Number			
23	Legal Name*	LINCOLN, COUNTY OF		
24	Address Line 1*	925 SAGE AVE STE 201		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KEMMERER		
28	State Code*	WY		
29	Zip+4*	83101-3129		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 622790517

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	622790517		Verified
22	Identification Number			
23	Legal Name*	NIOBRARA, COUNTY OF		
24	Address Line 1*	424 S ELM		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LUSK		
28	State Code*	WY		
29	Zip+4*	82225		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 622951465

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	622951465		Verified
22	Identification Number			
23	Legal Name*	GOSHEN, COUNTY OF		
24	Address Line 1*	2125 E A ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TORRINGTON		
28	State Code*	WY		
29	Zip+4*	82240-2470		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 083928655

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083928655		Verified
22	Identification Number			
23	Legal Name*	SOUTH LINCOLN HOSPITAL DISTRICT		
24	Address Line 1*	711 ONYX ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KEMMERER		
28	State Code*	WY		
29	Zip+4*	83101-3214		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 036792823

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	036792823		Verified
22	Identification Number			
23	Legal Name*	NORTH LINCOLN COUNTY HOSPITAL DISTRICT		
24	Address Line 1*	901 ADAMS STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AFTON		
28	State Code*	WY		
29	Zip+4*	83110-9621		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 040709545

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	040709545		Verified
22	Identification Number			
23	Legal Name*	NATRONA, COUNTY OF		
24	Address Line 1*	200 N CENTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1937		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 079958476

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079958476		Verified
22	Identification Number			
23	Legal Name*	MEMORIAL HOSPITAL OF CONVERSE COUNTY		
24	Address Line 1*	111 S 5TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOUGLAS		
28	State Code*	WY		
29	Zip+4*	82633-2434		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 182470054

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	182470054		Verified
22	Identification Number			
23	Legal Name*	ROLLING HILLS TOWN HALL		
24	Address Line 1*	38 S BADGER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GLENROCK		
28	State Code*	WY		
29	Zip+4*	82637-9621		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 130690048

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	130690048	Verified
22	Identification Number		
23	Legal Name*	LARAMIE COUNTY, WYOMING	
24	Address Line 1*	100 CENTRAL AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHEYENNE	
28	State Code*	WY	
29	Zip+4*	82007-1330	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	0	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

## Sub Screen: Sub-Recipient: 010628386

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010628386		Verified
22	Identification Number			
23	Legal Name*	BANNER HEALTH		
24	Address Line 1*	201 14TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WHEATLAND		
28	State Code*	WY		
29	Zip+4*	82201-3201		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 039327390

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	039327390		Verified
22	Identification Number			
23	Legal Name*	SENIOR CITIZENS COUNCIL		
24	Address Line 1*	211 SMITH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-3818		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 073400582

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073400582		Verified
22	Identification Number			
23	Legal Name*	WYOMING MEDICAL CENTER, INC.		
24	Address Line 1*	1233 E 2ND ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-2926		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 010367209

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010367209		Verified
22	Identification Number			
23	Legal Name*	HOT SPRINGS COUNTY HOSPITAL DISTRICT		
24	Address Line 1*	150 E ARAPAHOE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	THERMOPOLIS		
28	State Code*	WY		
29	Zip+4*	82443-2402		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 042754077

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	042754077		Verified
22	Identification Number			
23	Legal Name*	JACKSON, TOWN OF		
24	Address Line 1*	150 E PEARL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKSON		
28	State Code*	WY		
29	Zip+4*	83001-8599		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 010375376

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010375376		Verified
22	Identification Number			
23	Legal Name*	MEMORIAL HOSPITAL SHERIDAN COUNTY		
24	Address Line 1*	1401 W 5TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-2705		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 092766013

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	092766013		Verified
22	Identification Number			
23	Legal Name*	NATRONA COUNTY INTERNATIONAL AIRPORT		
24	Address Line 1*	8500 AIRPORT PKWY STE 208		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82604-1380		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 142298921

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	142298921		Verified
22	Identification Number			
23	Legal Name*	EVANSVILLE, TOWN OF		
24	Address Line 1*	235 N CURTIS		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EVANSVILLE		
28	State Code*	WY		
29	Zip+4*	82636		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 040726275

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	040726275		Verified
22	Identification Number			
23	Legal Name*	MEMORIAL HOSPITAL LARAMIE CNTY		
24	Address Line 1*	214 E 23RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-3748		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 097148696

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097148696		Verified
22	Identification Number			
23	Legal Name*	RIVERTON CITY OF		
24	Address Line 1*	816 N FEDERAL BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RIVERTON		
28	State Code*	WY		
29	Zip+4*	82501-2913		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 080790377

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080790377		Verified
22	Identification Number			
23	Legal Name*	UHS OF WYOMING, INC.		
24	Address Line 1*	2521 E 15TH STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82609-4126		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 071406888

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071406888		Verified
22	Identification Number			
23	Legal Name*	WEST PARK HOSPITAL DISTRICT		
24	Address Line 1*	707 SHERIDAN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CODY		
28	State Code*	WY		
29	Zip+4*	82414-3493		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 081144461

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081144461		Verified
22	Identification Number			
23	Legal Name*	BANNER HEALTH		
24	Address Line 1*	400 S 15TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-3531		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 054383900

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	054383900		Verified
22	Identification Number			
23	Legal Name*	WASHAKIE COUNTY AMBULANCE SERVICE		
24	Address Line 1*	1007 ROBERTSON AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-2720		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 095150900

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	095150900		Verified
22	Identification Number			
23	Legal Name*	BANNER HEALTH		
24	Address Line 1*	2000 CAMPBELL DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TORRINGTON		
28	State Code*	WY		
29	Zip+4*	82240-1528		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 078518690

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078518690		Verified
22	Identification Number			
23	Legal Name*	VOLUNTEERS OF AMERICA NORTHERN ROCKIES		
24	Address Line 1*	1876 S SHERIDAN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-6136		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 177929338

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	177929338		Verified
22	Identification Number			
23	Legal Name*	CODY, CITY OF		
24	Address Line 1*	1338 RUMSEY AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CODY		
28	State Code*	WY		
29	Zip+4*	82414-3713		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 069553514

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	069553514		Verified
22	Identification Number			
23	Legal Name*	COMMUNITY HEALTH CENTER OF CENTRAL WYOMING, INC.		
24	Address Line 1*	5000 BLACKMORE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82609-3345		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 067304600

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	067304600		Verified
22	Identification Number			
23	Legal Name*	LARAMIE COUNTY LIBRARY SYSTEM		
24	Address Line 1*	2200 PIONEER AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-3610		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 169646387

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	169646387		Verified
22	Identification Number			
23	Legal Name*	BUFFALO, CITY OF		
24	Address Line 1*	46 N MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUFFALO		
28	State Code*	WY		
29	Zip+4*	82834-1815		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: NoDUNS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS		
23	Legal Name*	CROOK COUNTY MEDICAL SERVICES DISTRICT		
24	Address Line 1*	713 E Oak St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sundance		
28	State Code*	WY		
29	Zip+4*	82729-5172		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 793968876

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	793968876		Verified
22	Identification Number			
23	Legal Name*	TORRINGTON, CITY OF		
24	Address Line 1*	436 E 22ND AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TORRINGTON		
28	State Code*	WY		
29	Zip+4*	82240-2825		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 155671410

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	155671410		Verified
22	Identification Number			
23	Legal Name*	PAVILLION, TOWN OF		
24	Address Line 1*	203 N MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PAVILLION		
28	State Code*	WY		
29	Zip+4*	82523		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 071917368

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071917368		Verified
22	Identification Number			
23	Legal Name*	GLENROCK TOWN GOVERNMENT		
24	Address Line 1*	219 S 3RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GLENROCK		
28	State Code*	WY		
29	Zip+4*	82637		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 040722035

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	040722035		Verified
22	Identification Number			
23	Legal Name*	COMMUNITY ACTION OF LARAMIE COUNTY INC		
24	Address Line 1*	211 W 19TH ST STE 100		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4433		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 042861732

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	042861732		Verified
22	Identification Number			
23	Legal Name*	LYMAN, TOWN OF		
24	Address Line 1*	100 E SAGE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LYMAN		
28	State Code*	WY		
29	Zip+4*	82937		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 041608522

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	041608522		Verified
22	Identification Number			
23	Legal Name*	TOWN OF MILLS INC		
24	Address Line 1*	704 4 ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MILLS		
28	State Code*	WY		
29	Zip+4*	82644		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 878865492

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	878865492		Verified
22	Identification Number			
23	Legal Name*	PEAK WELLNESS CENTER, INC.		
24	Address Line 1*	510 W 29TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-2760		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 060623618

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060623618		Verified
22	Identification Number			
23	Legal Name*	LANDER MEDICAL CLINIC PC		
24	Address Line 1*	745 BUENA VISTA DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LANDER		
28	State Code*	WY		
29	Zip+4*	82520-3431		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 022911847

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	022911847		Verified
22	Identification Number			
23	Legal Name*	NORTH PLATTE PHYSICAL THERAPY SERVICES, INC.		
24	Address Line 1*	469 S MOUNTAIN VIEW ST STE 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POWELL		
28	State Code*	WY		
29	Zip+4*	82435-2535		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 183016310

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183016310		Verified
22	Identification Number			
23	Legal Name*	ROCK SPRINGS SWEETWATER COUNTY AIRPORT		
24	Address Line 1*	HWY 370 BLDG 382		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCK SPRINGS		
28	State Code*	WY		
29	Zip+4*	82901		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 025693446

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	025693446		Verified
22	Identification Number			
23	Legal Name*	MOORCROFT, TOWN OF		
24	Address Line 1*	104 N BIG HORN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MOORCROFT		
28	State Code*	WY		
29	Zip+4*	82721		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 057431464

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	057431464		Verified
22	Identification Number			
23	Legal Name*	POWELL HEALTH CARE COALITION		
24	Address Line 1*	128 N BENT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POWELL		
28	State Code*	WY		
29	Zip+4*	82435-2712		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 145016601

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	145016601		Verified
22	Identification Number			
23	Legal Name*	CHEYENNE HEALTH AND WELLNESS CENTER		
24	Address Line 1*	2508 E FOX FARM STE 1A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82007-2559		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 037446903

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037446903		Verified
22	Identification Number			
23	Legal Name*	NORTHERN ARAPAHO TRIBE		
24	Address Line 1*	533 ETHETE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ETHETE		
28	State Code*	WY		
29	Zip+4*	82520-9387		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input checked="" type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input checked="" type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 168940609

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	168940609		Verified
22	Identification Number			
23	Legal Name*	CLOUD PEAK COUNSELING CENTER		
24	Address Line 1*	401 S 23RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WORLAND		
28	State Code*	WY		
29	Zip+4*	82401-3725		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 555556351

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	555556351		Verified
22	Identification Number			
23	Legal Name*	BIG HORN, COUNTY OF		
24	Address Line 1*	415 MURPHY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BASIN		
28	State Code*	WY		
29	Zip+4*	82410		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 076441617

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076441617		Verified
22	Identification Number			
23	Legal Name*	WHEATLAND, TOWN OF		
24	Address Line 1*	600 9TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WHEATLAND		
28	State Code*	WY		
29	Zip+4*	82201-2914		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 050702778

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	050702778		Verified
22	Identification Number			
23	Legal Name*	PLATTE COUNTY SCHOOL DISTRICT NO 2		
24	Address Line 1*	555 S WYOMING AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GUERNSEY		
28	State Code*	WY		
29	Zip+4*	82214		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 039328828

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	039328828		Verified
22	Identification Number			
23	Legal Name*	SHERIDAN CO SCHOOL DISTRICT 1		
24	Address Line 1*	1127 DAYTON STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RANCHESTER		
28	State Code*	WY		
29	Zip+4*	82839		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS8

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS8		
23	Legal Name*	Platte County Lodging Tax Joint Powers Board		
24	Address Line 1*	65 16th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wheatland		
28	State Code*	WY		
29	Zip+4*	82201-3500		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS9

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS9		
23	Legal Name*	TETON COUNTY HOPITAL DISTRICT DBA ST. JOHN'S HEALTH		
24	Address Line 1*	625 E Broadway Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Jackson		
28	State Code*	WY		
29	Zip+4*	83001-8642		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS10

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS10		
23	Legal Name*	SAGEWEST HEALTHCARE		
24	Address Line 1*	2100 W Sunset Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Riverton		
28	State Code*	WY		
29	Zip+4*	82501-2274		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 783281892

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	783281892		Verified
22	Identification Number			
23	Legal Name*	LARAMIE, CITY OF		
24	Address Line 1*	406 E IVINSON AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LARAMIE		
28	State Code*	WY		
29	Zip+4*	82070-3126		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



### Sub Screen: Sub-Recipient: NoDUNS13

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS13		
23	Legal Name*	Uinta County Fire Protection and Emergency Services Joint Power Board		
24	Address Line 1*	PO BOX 640		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Evanston		
28	State Code*	WY		
29	Zip+4*	82931-0640		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS14

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS14		
23	Legal Name*	Powell Hospital District		
24	Address Line 1*	777 Avenue H		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Powell		
28	State Code*	WY		
29	Zip+4*	82435-2260		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS15

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS15		
23	Legal Name*	Natrona County Library		
24	Address Line 1*	307 E 2nd St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82601-2505		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS16

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS16		
23	Legal Name*	TSMM Management, LLC dba Primrose Retirement Community of Casper		
24	Address Line 1*	1865 S Beverly St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82609-3361		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS17

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS17		
23	Legal Name*	Gillette Retirement LLC dba Primrose Retirement Community of Gillette		
24	Address Line 1*	921 Mountain Meadow Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82716-2451		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS18

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS18		
23	Legal Name*	William H & Carrie Gottsche Foundation		
24	Address Line 1*	148 E Arapahoe St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Thermopolis		
28	State Code*	WY		
29	Zip+4*	82443-2402		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS19

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS19		
23	Legal Name*	Cheyenne Downtown Development Authority		
24	Address Line 1*	1601 Capitol Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cheyenne		
28	State Code*	WY		
29	Zip+4*	82001-4525		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: NoDUNS20

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS20		
23	Legal Name*	Sapient Corporation		
24	Address Line 1*	480 Arsenal St Bldg B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Watertown		
28	State Code*	MA		
29	Zip+4*	02472-2805		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: NoDUNS21

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS21		
23	Legal Name*	VETRAS TORRINGTON SNF, LLC		
24	Address Line 1*	2009 Laramie St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Torrington		
28	State Code*	WY		
29	Zip+4*	82240-1533		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS22

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS22		
23	Legal Name*	Bibliotheca LLC		
24	Address Line 1*	403 Hayward Ave N		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Oakdale		
28	State Code*	MN		
29	Zip+4*	55128-5374		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS23

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS23		
23	Legal Name*	Cowboy State Custom Meats LLC		
24	Address Line 1*	7621 W Yellowstone Hwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82604-1627		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS24

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS24		
23	Legal Name*	Koehler's Wild Game		
24	Address Line 1*	4709 Rocky Point Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82718-8489		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS25

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS25		
23	Legal Name*	Little Acres Enterprises		
24	Address Line 1*	816 US Highway 14A W		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lovell		
28	State Code*	WY		
29	Zip+4*	82431-9577		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS26

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS26		
23	Legal Name*	Paintrock Processing		
24	Address Line 1*	4850 Cold Springs Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hyattville		
28	State Code*	WY		
29	Zip+4*	82428-5007		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS27

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS27		
23	Legal Name*	Star Valley Meat Block and Cold Storage		
24	Address Line 1*	50 Westwood Lane		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Thayne		
28	State Code*	WY		
29	Zip+4*	83127		Address Unverifiable
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: NoDUNS28

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS28		
23	Legal Name*	Wyoming Authentic Products		
24	Address Line 1*	2517 Lt Childers St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cody		
28	State Code*	WY		
29	Zip+4*	82414-7742		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: NoDUNS29

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS29		
23	Legal Name*	Wyoming Ranch Foods		
24	Address Line 1*	280 Olson Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wheatland		
28	State Code*	WY		
29	Zip+4*	82201-8603		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS30

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS30		
23	Legal Name*	Zwetzig Business Enterprises Inc		
24	Address Line 1*	PO BOX 2334		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Glenrock		
28	State Code*	WY		
29	Zip+4*	82637-2334		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS31

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS31		
23	Legal Name*	Air Sea USA		
24	Address Line 1*	271 S Pleasant St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Oberlin		
28	State Code*	OH		
29	Zip+4*	44074-1766		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS32

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS32		
23	Legal Name*	Wyoming Catholic College		
24	Address Line 1*	306 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lander		
28	State Code*	WY		
29	Zip+4*	82520-3102		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS33

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS33		
23	Legal Name*	DBJJDM Enterprises LLC dba WyoTech		
24	Address Line 1*	1889 Venture Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Laramie		
28	State Code*	WY		
29	Zip+4*	82070-6607		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS34

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS34		
23	Legal Name*	Pipe Arc Solutions LLC		
24	Address Line 1*	2107 N US Highway 14-16 Unit E		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82716-8519		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS35

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS35		
23	Legal Name*	Sign Boss, LLC		
24	Address Line 1*	3600 S Douglas Hwy Unit B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82718-6514		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 117530550

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117530550		Verified
22	Identification Number			
23	Legal Name*	BIRDSALL, VOSS & ASSOCIATES, INC.		
24	Address Line 1*	250 W COVENTRY CT STE 300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MILWAUKEE		
28	State Code*	WI		
29	Zip+4*	53217-3966		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 089712787

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	089712787		Verified
22	Identification Number			
23	Legal Name*	CASPER HOUSING AUTHORITY CARES		
24	Address Line 1*	145 N DURBIN STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1914		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS36

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS36		
23	Legal Name*	Food Bank of the Rockies, Inc		
24	Address Line 1*	5150 Reserve Dr Ste 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Evansville		
28	State Code*	WY		
29	Zip+4*	82636-8913		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS37

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS37		
23	Legal Name*	Wyoming Early Childhood Partnership		
24	Address Line 1*	7800 Casper Mountain Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82601-9711		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 076458264

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076458264		Verified
22	Identification Number			
23	Legal Name*	WYOMING HOSPITAL ASSOCIATION		
24	Address Line 1*	2005 WARREN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-3725		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 196600027

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	196600027		Verified
22	Identification Number			
23	Legal Name*	EASTERN SHOSHONE TRIBE		
24	Address Line 1*	15 N FORK ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FORT WASHAKIE		
28	State Code*	WY		
29	Zip+4*	82514		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS38

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS38		
23	Legal Name*	Casper-Natrona County Health Department		
24	Address Line 1*	475 S Spruce St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82601-1759		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS39

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS39		
23	Legal Name*	County of Scotts Bluff Detention Center		
24	Address Line 1*	1825 10th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gering		
28	State Code*	NE		
29	Zip+4*	69341-2444		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: NoDUNS40

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS40		
23	Legal Name*	Vault Medical Services, P.A.		
24	Address Line 1*	22 W 23rd St Fl 5		
25	Address Line 2			
26	Address Line 3			
27	City Name*	New York		
28	State Code*	NY		
29	Zip+4*	10010-5240		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	12		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 076443019

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076443019		Verified
22	Identification Number			
23	Legal Name*	NATIONAL JEWISH HEALTH		
24	Address Line 1*	1400 JACKSON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DENVER		
28	State Code*	CO		
29	Zip+4*	80206-2761		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 146066894

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	146066894		Verified
22	Identification Number			
23	Legal Name*	CONNECT AMERICA.COM, LLC		
24	Address Line 1*	1 BELMONT AVE FL 12		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BALA CYNWYD		
28	State Code*	PA		
29	Zip+4*	19004-1617		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 078281811

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078281811		Verified
22	Identification Number			
23	Legal Name*	ODULAIR, LLC		
24	Address Line 1*	109 E 17TH ST STE 63		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4584		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 827161477

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	827161477		Verified
22	Identification Number			
23	Legal Name*	WAREHOUSE TWENTY ONE, INC.		
24	Address Line 1*	2016 BENT AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-3440		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS41

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS41		
23	Legal Name*	Waller Hall Research		
24	Address Line 1*	648 5th Ave N		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Greybull		
28	State Code*	WY		
29	Zip+4*	82426-1822		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS42

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS42		
23	Legal Name*	Waters Technologies Corporation		
24	Address Line 1*	34 Maple St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Milford		
28	State Code*	MA		
29	Zip+4*	01757-3604		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS43

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS43		
23	Legal Name*	Stryker Sales Corporation		
24	Address Line 1*	2825 Airview Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portage		
28	State Code*	MI		
29	Zip+4*	49002-1802		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 033305264

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033305264		Verified
22	Identification Number			
23	Legal Name*	ILLUMINA, INC.		
24	Address Line 1*	5200 ILLUMINA WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN DIEGO		
28	State Code*	CA		
29	Zip+4*	92122-4616		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	52		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 009122532

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	009122532		Verified
22	Identification Number			
23	Legal Name*	HP, INC.		
24	Address Line 1*	1501 PAGE MILL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PALO ALTO		
28	State Code*	CA		
29	Zip+4*	94304-1126		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	18		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 143529720

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	143529720		Verified
22	Identification Number			
23	Legal Name*	HAGERTY CONSULTING, INC.		
24	Address Line 1*	1618 ORRINGTON AVE STE 201		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EVANSTON		
28	State Code*	IL		
29	Zip+4*	60201-3864		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	9		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS44

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS44		
23	Legal Name*	Package Runner		
24	Address Line 1*	305 W 200 S		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Clearfield		
28	State Code*	UT		
29	Zip+4*	84015-9207		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 600850213

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	600850213		Verified
22	Identification Number			
23	Legal Name*	TYPENEX MEDICAL LLC		
24	Address Line 1*	303 E WACKER DR STE 1030		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHICAGO		
28	State Code*	IL		
29	Zip+4*	60601-5216		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 070407553

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	070407553		Verified
22	Identification Number			
23	Legal Name*	OXFORD NANOPORE TECHNOLOGIES INC.		
24	Address Line 1*	ONE KENDALL SQ BLDG 1400 STE 14-305		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAMBRIDGE		
28	State Code*	MA		
29	Zip+4*	02139-1562		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: 116712447

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	116712447		Verified
22	Identification Number			
23	Legal Name*	ARRAY, INC.		
24	Address Line 1*	106 E LINCOLNWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-4535		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 006173082

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	006173082		Verified
22	Identification Number			
23	Legal Name*	3M COMPANY		
24	Address Line 1*	3M CENTER		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAINT PAUL		
28	State Code*	MN		
29	Zip+4*	55144-1001		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS45

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS45		
23	Legal Name*	307 MEAT CO A WYOMING CORP		
24	Address Line 1*	1924 Peak Cir		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Laramie		
28	State Code*	WY		
29	Zip+4*	82070-5331		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: NoDUNS46

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS46		
23	Legal Name*	AMD GLOBAL TELEMEDICINE, INC.		
24	Address Line 1*	321 Billerica Rd Ste 3		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chelmsford		
28	State Code*	MA		
29	Zip+4*	01824-4100		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 617077243

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	617077243		Verified
22	Identification Number			
23	Legal Name*	ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC. (THE)		
24	Address Line 1*	8515 GEORGIA AVE STE 700		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SILVER SPRING		
28	State Code*	MD		
29	Zip+4*	20910-3477		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS47

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS47		
23	Legal Name*	BAIRD HUDSON ENTERPRISES, LLC		
24	Address Line 1*	108 E Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Newcastle		
28	State Code*	WY		
29	Zip+4*	82701-2104		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS48

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS48		
23	Legal Name*	BECKMAN COULTER, INC.		
24	Address Line 1*	1502 S Fairview Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Park Ridge		
28	State Code*	IL		
29	Zip+4*	60068-5212		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	9		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS49

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS49		
23	Legal Name*	BIG HORN MEAT CUTTING, INC.		
24	Address Line 1*	121 US Highway 16 E		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Buffalo		
28	State Code*	WY		
29	Zip+4*	82834-9347		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS50

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS50		
23	Legal Name*	BRAD WAGLER		
24	Address Line 1*	19 Remington Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cody		
28	State Code*	WY		
29	Zip+4*	82414-7102		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS51

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS51		
23	Legal Name*	BOVINE & SWINE LLC		
24	Address Line 1*	PO BOX 11960		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Jackson		
28	State Code*	WY		
29	Zip+4*	83002-1960		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 130868144

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	130868144		Verified
22	Identification Number			
23	Legal Name*	CENTRAL WYOMING COUNSELING CENTER		
24	Address Line 1*	1430 WILKINS CIR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASPER		
28	State Code*	WY		
29	Zip+4*	82601-1336		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



### Sub Screen: Sub-Recipient: NoDUNS52

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS52		
23	Legal Name*	CHEYENNE REGIONAL PHYSICIANS GROUP, LLC		
24	Address Line 1*	2301 House Ave Ste 207		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cheyenne		
28	State Code*	WY		
29	Zip+4*	82001-3178		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS53

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS53		
23	Legal Name*	CHEYENNE RETIREMENT, LLC		
24	Address Line 1*	1530 Dorothy Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cheyenne		
28	State Code*	WY		
29	Zip+4*	82009-1882		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 094826738

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	094826738		Verified
22	Identification Number			
23	Legal Name*	CLEAR LABS, INC.		
24	Address Line 1*	1559 INDUSTRIAL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN CARLOS		
28	State Code*	CA		
29	Zip+4*	94070-4111		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	14		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS54

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS54		
23	Legal Name*	CORBETT MEDICAL FOUNDATION		
24	Address Line 1*	PO BOX 343		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Saratoga		
28	State Code*	WY		
29	Zip+4*	82331-0343		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 144293636

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	144293636		Verified
22	Identification Number			
23	Legal Name*	COUNTERTRADE PRODUCTS, INC.		
24	Address Line 1*	7585 W 66TH AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ARVADA		
28	State Code*	CO		
29	Zip+4*	80003-3969		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS55

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS55		
23	Legal Name*	DUBOIS MEDICAL CENTER, INC.		
24	Address Line 1*	5647 US Highway 26		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dubois		
28	State Code*	WY		
29	Zip+4*	82513-9607		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS56

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS56		
23	Legal Name*	MOUNTAIN PLAZA ASSISTED LIVING		
24	Address Line 1*	4154 Talon Dr Unit 13B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Casper		
28	State Code*	WY		
29	Zip+4*	82604-3100		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS57

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS57		
23	Legal Name*	FBS HUDSON LLC		
24	Address Line 1*	1988 Boxelder Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Glenrock		
28	State Code*	WY		
29	Zip+4*	82637-9305		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 065439465

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	065439465		Verified
22	Identification Number			
23	Legal Name*	FORD AUDIO-VIDEO SYSTEMS, LLC		
24	Address Line 1*	4800 W INTERSTATE 40		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OKLAHOMA CITY		
28	State Code*	OK		
29	Zip+4*	73128		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 092776566

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	092776566		Verified
22	Identification Number			
23	Legal Name*	FREMONT COUNSELING SERVICE		
24	Address Line 1*	748 W MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LANDER		
28	State Code*	WY		
29	Zip+4*	82520-3036		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 183011287

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183011287		Verified
22	Identification Number			
23	Legal Name*	HIGH COUNTRY BEHAVIORAL HEALTH		
24	Address Line 1*	389 ADAMS ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AFTON		
28	State Code*	WY		
29	Zip+4*	83110		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 165023201

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	165023201		Verified
22	Identification Number			
23	Legal Name*	JACKSON HOLE COMMUNITY COUNSELING CENTER		
24	Address Line 1*	640 E BROADWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKSON		
28	State Code*	WY		
29	Zip+4*	83001-8642		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS58

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS58		
23	Legal Name*	JACKSON HOLE BEHAVIORAL SERVICES LLC		
24	Address Line 1*	PO BOX 11231		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Jackson		
28	State Code*	WY		
29	Zip+4*	83002-1231		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS59

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS59		
23	Legal Name*	JOSE Y JOSE INC		
24	Address Line 1*	984 Lane 8		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Powell		
28	State Code*	WY		
29	Zip+4*	82435-9155		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS60

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS60		
23	Legal Name*	Joel Sevinsky		
24	Address Line 1*	2563 Baneberry Way		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Highlands Ranch		
28	State Code*	CO		
29	Zip+4*	80129-4679		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS61

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS61		
23	Legal Name*	LOCKHART MEAT CO LLC		
24	Address Line 1*	115 E Pearl Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Jackson		
28	State Code*	WY		
29	Zip+4*	83001-8599		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



## Sub Screen: Sub-Recipient: 096199419

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	096199419		Verified
22	Identification Number			
23	Legal Name*	NORTHERN WYOMING MENTAL HEALTH CENTER INC		
24	Address Line 1*	909 LONG DR STE C		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHERIDAN		
28	State Code*	WY		
29	Zip+4*	82801-3282		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS62

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS62		
23	Legal Name*	SACKETT'S MARKET INC		
24	Address Line 1*	726 Marion St Apt C		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sheridan		
28	State Code*	WY		
29	Zip+4*	82801-3547		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 081250812

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081250812		Verified
22	Identification Number			
23	Legal Name*	WOOTER APPAREL, INC.		
24	Address Line 1*	727 PAGE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	STATEN ISLAND		
28	State Code*	NY		
29	Zip+4*	10307-2015		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	11		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 171443302

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	171443302		Verified
22	Identification Number			
23	Legal Name*	SOLUTIONS FOR LIFE		
24	Address Line 1*	1841 MADORA AVE STE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOUGLAS		
28	State Code*	WY		
29	Zip+4*	82633-3057		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS63

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS63		
23	Legal Name*	RICHARD C CARTER		
24	Address Line 1*	PO BOX 72		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Ten Sleep		
28	State Code*	WY		
29	Zip+4*	82442-0072		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 044585669

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	044585669		Verified
22	Identification Number			
23	Legal Name*	SOUTHWEST COUNSELING SERVICE		
24	Address Line 1*	2300 FOOTHILL BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCK SPRINGS		
28	State Code*	WY		
29	Zip+4*	82901-5610		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 057951221

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	057951221		Verified
22	Identification Number			
23	Legal Name*	SPECIALTY COUNSELING & CONSULTING, LLC		
24	Address Line 1*	4025 RAWLINS ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHEYENNE		
28	State Code*	WY		
29	Zip+4*	82001-1900		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

## Sub Screen: Sub-Recipient: NoDUNS64

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS64		
23	Legal Name*	WESTERN HERITAGE MEAT COMPANY		
24	Address Line 1*	42 E Ridge Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sheridan		
28	State Code*	WY		
29	Zip+4*	82801-9642		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



### Sub Screen: Sub-Recipient: NoDUNS65

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS65		
23	Legal Name*	WYOMING LEGACY MEATS, LLC		
24	Address Line 1*	528 15th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cody		
28	State Code*	WY		
29	Zip+4*	82414-3129		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 626206184

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	626206184		Verified
22	Identification Number			
23	Legal Name*	YELLOWSTONE BEHAVIORAL HEALTH CENTER		
24	Address Line 1*	2538 BIG HORN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CODY		
28	State Code*	WY		
29	Zip+4*	82414-9299		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 055363428

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	055363428		Verified
22	Identification Number			
23	Legal Name*	ZOLL MEDICAL CORPORATION		
24	Address Line 1*	269 MILL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHELMSFORD		
28	State Code*	MA		
29	Zip+4*	01824-4105		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS66

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS66		
23	Legal Name*	DEER TRAIL ASSISTED LIVING		
24	Address Line 1*	2360 Reagan Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rock Springs		
28	State Code*	WY		
29	Zip+4*	82901-4611		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 044249357

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	044249357		Verified
22	Identification Number			
23	Legal Name*	POWELL, CITY OF		
24	Address Line 1*	270 N CLARK ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POWELL		
28	State Code*	WY		
29	Zip+4*	82435-1950		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient: NoDUNS67

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS67		
23	Legal Name*	CAMPBELL COUNTY PUBLIC LAND BOARD		
24	Address Line 1*	1635 Reata Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gillette		
28	State Code*	WY		
29	Zip+4*	82718-8322		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS68

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS68		
23	Legal Name*	TOWN OF MARBLETON		
24	Address Line 1*	10700 Highway 189		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Big Piney		
28	State Code*	WY		
29	Zip+4*	83113-6502		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 169648417

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	169648417		Verified
22	Identification Number			
23	Legal Name*	TOWN OF PINE BLUFFS		
24	Address Line 1*	220 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PINE BLUFFS		
28	State Code*	WY		
29	Zip+4*	82082		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				



### Sub Screen: Sub-Recipient: NoDUNS69

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS69		
23	Legal Name*	EASTERN SHOSHONE TRIBAL CHILD SUPPORT PROGRAM		
24	Address Line 1*	PO BOX 1573		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Fort Washakie		
28	State Code*	WY		
29	Zip+4*	82514-1573		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS70

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS70		
23	Legal Name*	STAPLES INC		
24	Address Line 1*	500 Staples Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Framingham		
28	State Code*	MA		
29	Zip+4*	01702-4478		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 006991681

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	006991681		Verified
22	Identification Number			
23	Legal Name*	UNITED PARCEL SERVICE, INC.		
24	Address Line 1*	55 GLENLAKE PKWY NE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ATLANTA		
28	State Code*	GA		
29	Zip+4*	30328-3498		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 114809069

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	114809069		Verified
22	Identification Number			
23	Legal Name*	QPR INSTITUTE, INC.		
24	Address Line 1*	1116 S WOODFERN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SPOKANE		
28	State Code*	WA		
29	Zip+4*	99202-4278		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: 006253124

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	006253124		Verified
22	Identification Number			
23	Legal Name*	TSI, INCORPORATED		
24	Address Line 1*	500 CARDIGAN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHOREVIEW		
28	State Code*	MN		
29	Zip+4*	55126-3903		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input checked="" type="checkbox"/> Other				

## Sub Screen: Sub-Recipient: NoDUNS71

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	NoDUNS71		
23	Legal Name*	Sundance Assisted Care		
24	Address Line 1*	108 Abby Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sundance		
28	State Code*	WY		
29	Zip+4*	82729-5056		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

## Sub Screen: Transfer: 1

94	Sub-Recipient Organization (Transferee/Government Unit)*	WYOMING BUSINESS COUNCIL-068358238
95	Transfer Number *	1
96	Transfer Amount *	\$325,000,000.00
97	Transfer Date *	06/08/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	The Wyoming Business Relief Program helps Wyoming businesses and nonprofits that have experienced hardship related to the COVID-19 crisis. The program consists of three funds - the interruption fund, the relief fund, and the mitigation fund. The interruption fund provides immediate relief for losses during the initial months of the pandemic response and is for businesses that directly or indirectly lost revenue due to COVID-19 local or state government health orders. The relief fund provides ongoing pandemic response for COVID-related losses and expenses and is for small businesses and nonprofits that have lost revenue due to public health orders and/or have incurred COVID-19 related expenses. The mitigation fund provides reimbursement for COVID-related health and safety expenses for all businesses and nonprofits that have incurred employee and customer health and safety expenses that were a direct impact of COVID-19.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	2 - Business Relief Programs	\$00	\$325,000,000.00	\$00	\$325,000,000.00
Total		\$00	\$325,000,000.00	\$00	\$325,000,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	2 - Business Relief Programs	06/08/2020 06/30/2020	\$43,095,493.00	Small Business Assistance	
Line 2	2 - Business Relief Programs	07/01/2020 09/30/2020	\$256,564,381.00	Small Business Assistance	
Line 3	2 - Business Relief Programs	07/01/2020 09/30/2020	\$164,907.46	Administrative Expenses	
Line 4	2 - Business Relief Programs	10/01/2020 12/30/2020	\$25,175,218.54	Small Business Assistance	
Total:					\$325,000,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 2

94	Sub-Recipient Organization (Transferee/Government Unit)*	WYOMING COMMUNITY DEVELOPMENT AUTHORITY-121424279
95	Transfer Number *	2
96	Transfer Amount *	\$2,022,956.47
97	Transfer Date *	06/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program assists renters and homeowners who were substantially affected economically by the COVID 19 pandemic and provides rent or mortgage assistance to applicants. The program pays part of a resident's rent or mortgage payment, if that resident was hurt financially by the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	\$-2,450.08	\$1,956,101.66	\$-2,450.08	\$1,956,101.66
Line 2	10 - Local Government and Tribal Preparedness	\$0.00	\$66,854.81	\$0.00	\$66,854.81
Total		\$-2,450.08	\$2,022,956.47	\$-2,450.08	\$2,022,956.47

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	06/16/2020 06/30/2020	\$196,721.23	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	07/01/2020 09/30/2020	\$685,278.18	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 3	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	07/01/2020 09/30/2020	\$38,065.92	Administrative Expenses	
Line 4	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	10/01/2020 12/30/2020	\$192,094.25	Administrative Expenses	
Line 5	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	10/01/2020 12/30/2020	\$701,607.62	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 6	10 - Local Government and Tribal Preparedness	10/01/2020 12/30/2020	\$66,854.81	Improve Telework Capabilities of Public Employees	
Line 7	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	01/01/2021 03/31/2021	\$2,767.34	Administrative Expenses	
Line 8	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	01/01/2021 03/31/2021	\$142,017.20	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$2,025,406.55

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete



<b>Line 1</b>	3 - Wyoming Emergency Housing Assistance and Eviction Prevention Program	05/25/2021	05/25/2021	\$-2,450.08	Economic Support (Other than Small Business, Housing, and Food Assistance)		
<b>Total:</b>				\$-2,450.08			

### Sub Screen: Transfer: 3

94	Sub-Recipient Organization (Transferee/Government Unit)*	ALBANY COUNTY SCHOOL DISTRICT NUMBER ONE, STATE OF WYOMING-049918501
95	Transfer Number *	3
96	Transfer Amount *	\$2,014,679.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$2,014,679.00	\$00	\$2,014,679.00
Total		\$00	\$2,014,679.00	\$00	\$2,014,679.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$1,974,679.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$40,000.00	Food Programs	
Total:					\$2,014,679.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 4

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 1-039324850
95	Transfer Number *	4
96	Transfer Amount *	\$111,169.00
97	Transfer Date *	08/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$111,169.00	\$00	\$111,169.00
Total		\$00	\$111,169.00	\$00	\$111,169.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$91,700.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$19,469.00	Food Programs	
Total:					\$111,169.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 6

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 3-182795351
95	Transfer Number *	6
96	Transfer Amount *	\$98,800.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$98,800.00	\$00	\$98,800.00
Total		\$00	\$98,800.00	\$00	\$98,800.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$93,800.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$5,000.00	Food Programs	
Total:					\$98,800.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 5

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 2-NoDUNS3
95	Transfer Number *	5
96	Transfer Amount *	\$378,920.00
97	Transfer Date *	07/29/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$378,920.00	\$00	\$378,920.00
Total		\$00	\$378,920.00	\$00	\$378,920.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$368,898.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$10,022.00	Food Programs	
Total:					\$378,920.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 7

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 4-109913447
95	Transfer Number *	7
96	Transfer Amount *	\$90,545.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$90,545.00	\$00	\$90,545.00
Total		\$00	\$90,545.00	\$00	\$90,545.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$86,785.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020	09/30/2020	\$3,760.00	Food Programs	
Total:						\$90,545.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 8

94	Sub-Recipient Organization (Transferee/Government Unit)*	CAMPBELL COUNTY SCHOOL DISTRICT 1-093303675
95	Transfer Number *	8
96	Transfer Amount *	\$4,880,315.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$4,880,315.00	\$00	\$4,880,315.00
Total		\$00	\$4,880,315.00	\$00	\$4,880,315.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$4,855,315.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$25,000.00	Food Programs	
Total:					\$4,880,315.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 9

94	Sub-Recipient Organization (Transferee/Government Unit)*	CARBON COUNTY SCHOOL DISTRICT 1-030815625
95	Transfer Number *	9
96	Transfer Amount *	\$503,993.00
97	Transfer Date *	08/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$503,993.00	\$00	\$503,993.00
Total		\$00	\$503,993.00	\$00	\$503,993.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$403,993.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$100,000.00	Food Programs	
Total:					\$503,993.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 10

94	Sub-Recipient Organization (Transferee/Government Unit)*	CARBON COUNTY SCHOOL DISTRICT 2-030453237
95	Transfer Number *	10
96	Transfer Amount *	\$225,386.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$225,386.00	\$00	\$225,386.00
Total		\$00	\$225,386.00	\$00	\$225,386.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$185,386.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$40,000.00	Food Programs	
Total:					\$225,386.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 11

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY SCHOOL DISTRICT 1-135016418
95	Transfer Number *	11
96	Transfer Amount *	\$318,482.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$318,482.00	\$00	\$318,482.00
Total		\$00	\$318,482.00	\$00	\$318,482.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$258,482.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$60,000.00	Food Programs	
Total:					\$318,482.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 12

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY SCHOOL DISTRICT #2-098408487
95	Transfer Number *	12
96	Transfer Amount *	\$275,684.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$275,684.00	\$00	\$275,684.00
Total		\$00	\$275,684.00	\$00	\$275,684.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$264,662.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$11,022.00	Food Programs	
Total:					\$275,684.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 13

94	Sub-Recipient Organization (Transferee/Government Unit)*	CROOK COUNTY SCHOOL DISTRICT 1-193081478
95	Transfer Number *	13
96	Transfer Amount *	\$259,781.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$259,781.00	\$00	\$259,781.00
Total		\$00	\$259,781.00	\$00	\$259,781.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$238,040.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$21,741.00	Food Programs	
Total:					\$259,781.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 14

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT #1-182440560
95	Transfer Number *	14
96	Transfer Amount *	\$740,026.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$740,026.00	\$00	\$740,026.00
Total		\$00	\$740,026.00	\$00	\$740,026.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$707,105.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$32,921.00	Food Programs	
Total:					\$740,026.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 15

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT 2-120418322
95	Transfer Number *	15
96	Transfer Amount *	\$127,068.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$127,068.00	\$00	\$127,068.00
Total		\$00	\$127,068.00	\$00	\$127,068.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$127,068.00	Facilitating Distance Learning	
Total:					\$127,068.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 16

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT # 6-193081510
95	Transfer Number *	16
96	Transfer Amount *	\$123,335.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$123,335.00	\$00	\$123,335.00
Total		\$00	\$123,335.00	\$00	\$123,335.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$120,698.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$2,637.00	Food Programs	
Total:					\$123,335.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 17

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT #14-113519730
95	Transfer Number *	17
96	Transfer Amount *	\$582,869.00
97	Transfer Date *	09/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$582,869.00	\$00	\$582,869.00
Total		\$00	\$582,869.00	\$00	\$582,869.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$571,300.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$11,569.00	Food Programs	
Total:					\$582,869.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 18

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT CO SCHOOL DISTRICT 21-055479851
95	Transfer Number *	18
96	Transfer Amount *	\$179,952.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$179,952.00	\$00	\$179,952.00
Total		\$00	\$179,952.00	\$00	\$179,952.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$172,968.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$6,984.00	Food Programs	
Total:					\$179,952.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 19

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT 24-100085018
95	Transfer Number *	19
96	Transfer Amount *	\$88,499.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$88,499.00	\$00	\$88,499.00
Total		\$00	\$88,499.00	\$00	\$88,499.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$88,499.00	Facilitating Distance Learning	
Total:				\$88,499.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 20

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT NO 25-073405292
95	Transfer Number *	20
96	Transfer Amount *	\$1,842,275.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,842,275.00	\$00	\$1,842,275.00
Total		\$00	\$1,842,275.00	\$00	\$1,842,275.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$1,842,275.00	Facilitating Distance Learning	
Total:				\$1,842,275.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 21

94	Sub-Recipient Organization (Transferee/Government Unit)*	GOSHEN COUNTY SCHOOL DISTRICT #1-043729409
95	Transfer Number *	21
96	Transfer Amount *	\$489,704.00
97	Transfer Date *	08/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$489,704.00	\$00	\$489,704.00
Total		\$00	\$489,704.00	\$00	\$489,704.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$439,704.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$50,000.00	Food Programs	
Total:					\$489,704.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 22

94	Sub-Recipient Organization (Transferee/Government Unit)*	JOHNSON CO SCH DISTRICT 1-193081551
95	Transfer Number *	22
96	Transfer Amount *	\$549,424.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$549,424.00	\$00	\$549,424.00
Total		\$00	\$549,424.00	\$00	\$549,424.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$526,036.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$23,388.00	Food Programs	
Total:					\$549,424.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 23

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY SCHOOL DISTRICT 1-075762971
95	Transfer Number *	23
96	Transfer Amount *	\$11,644,330.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$11,644,330.00	\$00	\$11,644,330.00
Total		\$00	\$11,644,330.00	\$00	\$11,644,330.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$11,391,459.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$252,871.00	Food Programs	
Total:					\$11,644,330.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 24

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY SCHOOL DISTRICT 2-050613603
95	Transfer Number *	24
96	Transfer Amount *	\$190,078.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$190,078.00	\$00	\$190,078.00
Total		\$00	\$190,078.00	\$00	\$190,078.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$170,923.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$19,155.00	Food Programs	
Total:					\$190,078.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 25

94	Sub-Recipient Organization (Transferee/Government Unit)*	LINCOLN COUNTY SCHOOL DISTRICT #1-193083797
95	Transfer Number *	25
96	Transfer Amount *	\$146,564.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$146,564.00	\$00	\$146,564.00
Total		\$00	\$146,564.00	\$00	\$146,564.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$135,720.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$10,844.00	Food Programs	
Total:					\$146,564.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 26

94	Sub-Recipient Organization (Transferee/Government Unit)*	LINCOLN COUNTY SCHOOL DISTRICT #2-NoDUNS5
95	Transfer Number *	26
96	Transfer Amount *	\$1,628,118.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,628,118.00	\$00	\$1,628,118.00
Total		\$00	\$1,628,118.00	\$00	\$1,628,118.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$1,574,800.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$53,318.00	Food Programs	
Total:					\$1,628,118.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 27

94	Sub-Recipient Organization (Transferee/Government Unit)*	HOT SPRINGS COUNTY SCHOOL DISTRICT NO. 1-NoDUNS4
95	Transfer Number *	27
96	Transfer Amount *	\$162,823.00
97	Transfer Date *	08/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$162,823.00	\$00	\$162,823.00
Total		\$00	\$162,823.00	\$00	\$162,823.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$151,059.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$11,764.00	Food Programs	
Total:					\$162,823.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 28

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA COUNTY SCHOOL DISTRICT-075758540
95	Transfer Number *	28
96	Transfer Amount *	\$6,721,833.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$6,721,833.00	\$00	\$6,721,833.00
Total		\$00	\$6,721,833.00	\$00	\$6,721,833.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$6,488,818.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$233,015.00	Food Programs	
Total:					\$6,721,833.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 29

94	Sub-Recipient Organization (Transferee/Government Unit)*	NIOBRARA CO SCHOOL DISTRICT 1-086335114
95	Transfer Number *	29
96	Transfer Amount *	\$373,482.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$373,482.00	\$00	\$373,482.00
Total		\$00	\$373,482.00	\$00	\$373,482.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$359,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$14,482.00	Food Programs	
Total:					\$373,482.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 30

94	Sub-Recipient Organization (Transferee/Government Unit)*	PARK COUNTY SCHOOL DISTRICT #1 (INC)-120417886
95	Transfer Number *	30
96	Transfer Amount *	\$632,032.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$632,032.00	\$00	\$632,032.00
Total		\$00	\$632,032.00	\$00	\$632,032.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$598,759.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$33,273.00	Food Programs	
Total:					\$632,032.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 31

94	Sub-Recipient Organization (Transferee/Government Unit)*	PARK COUNTY SCHOOL DISTRICT # 6-071413009
95	Transfer Number *	31
96	Transfer Amount *	\$627,363.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$627,363.00	\$00	\$627,363.00
Total		\$00	\$627,363.00	\$00	\$627,363.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$625,443.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$1,920.00	Food Programs	
Total:					\$627,363.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 32

94	Sub-Recipient Organization (Transferee/Government Unit)*	PARK COUNTY SCHOOL DISTRICT 16-102364296
95	Transfer Number *	32
96	Transfer Amount *	\$56,936.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$56,936.00	\$00	\$56,936.00
Total		\$00	\$56,936.00	\$00	\$56,936.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$55,016.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020	09/30/2020	\$36,665.00	Food Programs	
Line 3	5 - Education Resilience	10/01/2020	12/30/2020	\$-34,745.00	Food Programs	
Total:						\$56,936.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

### Sub Screen: Transfer: 33

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE COUNTY SCHOOL DISTRICT 1-102563327
95	Transfer Number *	33
96	Transfer Amount *	\$510,171.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$510,171.00	\$00	\$510,171.00
Total		\$00	\$510,171.00	\$00	\$510,171.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$491,925.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$18,246.00	Food Programs	
Total:					\$510,171.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 34

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN COUNTY WY SCHOOL DISTRICT #2 (INC)-081145229
95	Transfer Number *	34
96	Transfer Amount *	\$2,219,056.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$2,219,056.00	\$00	\$2,219,056.00
Total		\$00	\$2,219,056.00	\$00	\$2,219,056.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$2,189,056.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$30,000.00	Food Programs	
Line 3	0		\$0.00	Select	
Total:					\$2,219,056.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 35

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN COUNTY SCHOOL DISTRICT 3-100675677
95	Transfer Number *	35
96	Transfer Amount *	\$128,099.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$128,099.00	\$00	\$128,099.00
Total		\$00	\$128,099.00	\$00	\$128,099.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$126,375.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$1,724.00	Food Programs	
Total:					\$128,099.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 36

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE COUNTY SCHOOL DISTRICT 1-100084987
95	Transfer Number *	36
96	Transfer Amount *	\$436,850.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$436,850.00	\$00	\$436,850.00
Total		\$00	\$436,850.00	\$00	\$436,850.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$335,750.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$101,100.00	Food Programs	
Total:					\$436,850.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 37

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE COUNTY SCHOOL DISTRICT #9-070548136
95	Transfer Number *	37
96	Transfer Amount *	\$442,714.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$442,714.00	\$00	\$442,714.00
Total		\$00	\$442,714.00	\$00	\$442,714.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$433,220.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$9,494.00	Food Programs	
Total:					\$442,714.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 38

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER COUNTY SCHOOL DISTRICT #1-081827545
95	Transfer Number *	38
96	Transfer Amount *	\$284,500.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$284,500.00	\$00	\$284,500.00
Total		\$00	\$284,500.00	\$00	\$284,500.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$249,500.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$35,000.00	Food Programs	
Total:					\$284,500.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 39

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER COUNTY SCHOOL DISTRICT #2-094653227
95	Transfer Number *	39
96	Transfer Amount *	\$231,035.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$231,035.00	\$00	\$231,035.00
Total		\$00	\$231,035.00	\$00	\$231,035.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$184,990.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$46,045.00	Food Programs	
Total:					\$231,035.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 40

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON SCHOOL DISTRICT #1-037780632
95	Transfer Number *	40
96	Transfer Amount *	\$1,637,462.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,637,462.00	\$00	\$1,637,462.00
Total		\$00	\$1,637,462.00	\$00	\$1,637,462.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$1,595,250.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$42,212.00	Food Programs	
Total:					\$1,637,462.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 41

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA COUNTY SCHOOL DISTRICT #1, STATE OF WYOMING-100084870
95	Transfer Number *	41
96	Transfer Amount *	\$91,272.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$91,272.00	\$00	\$91,272.00
Total		\$00	\$91,272.00	\$00	\$91,272.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$41,627.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$49,645.00	Food Programs	
Total:					\$91,272.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 42

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA COUNTY SCHOOL DISTRICT 4-096691092
95	Transfer Number *	42
96	Transfer Amount *	\$463,000.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$463,000.00	\$00	\$463,000.00
Total		\$00	\$463,000.00	\$00	\$463,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$438,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$25,000.00	Food Programs	
Total:					\$463,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 43

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA COUNTY SCHOOL DISTRICT #6-193081692
95	Transfer Number *	43
96	Transfer Amount *	\$202,507.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$202,507.00	\$00	\$202,507.00
Total		\$00	\$202,507.00	\$00	\$202,507.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$189,250.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$13,257.00	Food Programs	
Total:					\$202,507.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 44

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY SCHOOL DISTRICT #1-060270477
95	Transfer Number *	44
96	Transfer Amount *	\$523,023.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$523,023.00	\$00	\$523,023.00
Total		\$00	\$523,023.00	\$00	\$523,023.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$499,710.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$23,313.00	Food Programs	
Total:					\$523,023.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 45

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY SCHOOL DISTRICT #2-832955038
95	Transfer Number *	45
96	Transfer Amount *	\$105,211.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$105,211.00	\$00	\$105,211.00
Total		\$00	\$105,211.00	\$00	\$105,211.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$103,175.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$2,036.00	Food Programs	
Total:					\$105,211.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 46

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY SCHOOL DIST #1-182408724
95	Transfer Number *	46
96	Transfer Amount *	\$291,379.00
97	Transfer Date *	08/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$291,379.00	\$00	\$291,379.00
Total		\$00	\$291,379.00	\$00	\$291,379.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$276,764.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$14,615.00	Food Programs	
Total:					\$291,379.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 47

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY SCHOOL DISTRICT 7-176851137
95	Transfer Number *	47
96	Transfer Amount *	\$99,168.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$99,168.00	\$00	\$99,168.00
Total		\$00	\$99,168.00	\$00	\$99,168.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$95,013.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020	09/30/2020	\$4,155.00	Food Programs	
Total:						\$99,168.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 48

94	Sub-Recipient Organization (Transferee/Government Unit)*	CASPER COMMUNITY COLLEGE DISTRICT-075761957
95	Transfer Number *	48
96	Transfer Amount *	\$3,617,618.22
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$3,617,618.22	\$00	\$3,617,618.22
Total		\$00	\$3,617,618.22	\$00	\$3,617,618.22

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$3,617,618.22	Facilitating Distance Learning	
Total:						\$3,617,618.22

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 49

94	Sub-Recipient Organization (Transferee/Government Unit)*	CENTRAL WYOMING COLLEGE-NoDUNS1
95	Transfer Number *	49
96	Transfer Amount *	\$3,788,662.41
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$3,788,662.41	\$00	\$3,788,662.41
Total		\$00	\$3,788,662.41	\$00	\$3,788,662.41

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$3,788,662.41	Facilitating Distance Learning	
Total:					\$3,788,662.41

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 50

94	Sub-Recipient Organization (Transferee/Government Unit)*	EASTERN WYOMING COLLEGE-050412006
95	Transfer Number *	50
96	Transfer Amount *	\$2,177,730.58
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$2,177,730.58	\$00	\$2,177,730.58
Total		\$00	\$2,177,730.58	\$00	\$2,177,730.58

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$2,177,730.58	Facilitating Distance Learning	
Total:				\$2,177,730.58		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 51

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY COMMUNITY COLLEGE-804885754
95	Transfer Number *	51
96	Transfer Amount *	\$4,651,220.64
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$4,651,220.64	\$00	\$4,651,220.64
Total		\$00	\$4,651,220.64	\$00	\$4,651,220.64

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020	09/30/2020	\$4,651,220.64	Facilitating Distance Learning	
Total:				\$4,651,220.64		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 52

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST COMMUNITY COLLEGE-NoDUNS2
95	Transfer Number *	52
96	Transfer Amount *	\$3,458,858.53
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$3,458,858.53	\$00	\$3,458,858.53
Total		\$00	\$3,458,858.53	\$00	\$3,458,858.53

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$3,458,858.53	Facilitating Distance Learning	
Total:					\$3,458,858.53

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 53

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT-086711256
95	Transfer Number *	53
96	Transfer Amount *	\$6,859,068.29
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$6,859,068.29	\$00	\$6,859,068.29
Total		\$00	\$6,859,068.29	\$00	\$6,859,068.29

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$6,859,068.29	Facilitating Distance Learning	
Total:					\$6,859,068.29

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 54

94	Sub-Recipient Organization (Transferee/Government Unit)*	UNIVERSITY OF WYOMING-069690956
95	Transfer Number *	54
96	Transfer Amount *	\$75,975,371.00
97	Transfer Date *	09/09/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$-10,001,229.05	\$54,674,141.95	\$-9,105,970.07	\$54,244,813.89
Line 2	1 - Testing and Contact Tracing	\$10,001,229.05	\$21,301,229.05	\$10,081,678.50	\$21,141,922.22
Total		\$0.00	\$75,975,371.00	\$975,708.43	\$75,386,736.11

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$30,812,191.16	Facilitating Distance Learning	
Line 2	1 - Testing and Contact Tracing	07/30/2020 07/30/2020	\$400,000.00	COVID-19 Testing and Contact Tracing	
Line 3	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$10,036,263.07	COVID-19 Testing and Contact Tracing	
Line 4	5 - Education Resilience	10/01/2020 12/30/2020	\$26,866,053.63	Facilitating Distance Learning	
Line 5	5 - Education Resilience	10/01/2020 12/30/2020	\$2,883,822.94	Public Health Expenses	
Line 6	1 - Testing and Contact Tracing	01/01/2021 03/31/2021	\$623,980.65	COVID-19 Testing and Contact Tracing	
Line 7	5 - Education Resilience	01/01/2021 03/31/2021	\$2,788,716.23	Facilitating Distance Learning	
Total:					\$74,411,027.68

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	5 - Education Resilience	04/01/2021 06/30/2021	\$-9,105,970.07	Facilitating Distance Learning		
Line 2	1 - Testing and Contact Tracing	04/01/2021 06/30/2021	\$10,081,678.50	COVID-19 Testing and Contact Tracing		
Total:					\$975,708.43	

## Sub Screen: Transfer: 55

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTERN WYOMING COMMUNITY COLLEGE DISTRICT-073115677
95	Transfer Number *	55
96	Transfer Amount *	\$5,209,189.67
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$5,209,189.67	\$00	\$5,209,189.67
Total		\$00	\$5,209,189.67	\$00	\$5,209,189.67

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$5,209,189.67	Facilitating Distance Learning	
Total:					\$5,209,189.67

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 56

94	Sub-Recipient Organization (Transferee/Government Unit)*	ALBANY COUNTY TOURISM BOARD-000082399
95	Transfer Number *	56
96	Transfer Amount *	\$284,658.62
97	Transfer Date *	09/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$284,658.62	\$00	\$284,658.62
Total		\$00	\$284,658.62	\$00	\$284,658.62

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$284,658.62	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$284,658.62

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 57

94	Sub-Recipient Organization (Transferee/Government Unit)*	TRANSPORTATION, WYOMING DEPARTMENT OF-809916000
95	Transfer Number *	57
96	Transfer Amount *	\$1,106,385.71
97	Transfer Date *	09/18/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This project is for maintaining commercial air travel services during the pandemic as well as hazard pay. This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$1,106,385.71	\$00	\$1,106,385.71
Total		\$00	\$1,106,385.71	\$00	\$1,106,385.71

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	7 - Tourism and Local Economy Support	07/01/2020	09/30/2020	\$1,101,227.15	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	7 - Tourism and Local Economy Support	07/01/2020	09/30/2020	\$5,158.56	Administrative Expenses	
Total:						\$1,106,385.71

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00



## Sub Screen: Transfer: 58

94	Sub-Recipient Organization (Transferee/Government Unit)*	CAMPBELL CO CONVENTION & VISITORS BUREAU-000135379
95	Transfer Number *	58
96	Transfer Amount *	\$138,851.18
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$138,851.18	\$00	\$138,851.18
Total		\$00	\$138,851.18	\$00	\$138,851.18

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$138,851.18	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$138,851.18

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 59

94	Sub-Recipient Organization (Transferee/Government Unit)*	CARBON CO JOINT TOURISM PROMOTION BOARD-00015037
95	Transfer Number *	59
96	Transfer Amount *	\$231,859.61
97	Transfer Date *	09/21/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$231,859.61	\$00	\$231,859.61
Total		\$00	\$231,859.61	\$00	\$231,859.61

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$231,859.61	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$231,859.61

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 60

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY, WYOMING-197732709
95	Transfer Number *	60
96	Transfer Amount *	\$337,402.00
97	Transfer Date *	08/21/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$337,402.00	\$00	\$337,402.00
Total		\$00	\$337,402.00	\$00	\$337,402.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$337,402.00	COVID-19 Testing and Contact Tracing	
Line 2	0		\$0.00	Select	
Total:					\$337,402.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 61

94	Sub-Recipient Organization (Transferee/Government Unit)*	EVANSTON, CITY OF-042818740
95	Transfer Number *	61
96	Transfer Amount *	\$68,421.00
97	Transfer Date *	09/11/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Testing/Tourism

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$2,400.00	\$00	\$2,400.00
Line 2	7 - Tourism and Local Economy Support	\$00	\$66,021.00	\$00	\$66,021.00
Total		\$00	\$68,421.00	\$00	\$68,421.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	08/01/2020 09/30/2020	\$2,400.00	COVID-19 Testing and Contact Tracing	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$66,021.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$68,421.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 62

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN, CITY OF-602063893
95	Transfer Number *	62
96	Transfer Amount *	\$190,901.76
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$190,901.76	\$00	\$190,901.76
Total		\$00	\$190,901.76	\$00	\$190,901.76

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$190,901.76	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$190,901.76

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 63

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY TREASURER-000086628
95	Transfer Number *	63
96	Transfer Amount *	\$111,356.54
97	Transfer Date *	08/27/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$111,356.54	\$00	\$111,356.54
Total		\$00	\$111,356.54	\$00	\$111,356.54

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$111,356.54	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$111,356.54

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 64

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREEMONT COUNTY SCHOOL DISTRICT 38-182431239
95	Transfer Number *	64
96	Transfer Amount *	\$329,770.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$329,770.00	\$00	\$329,770.00
Total		\$00	\$329,770.00	\$00	\$329,770.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	07/01/2020 09/30/2020	\$299,770.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	07/01/2020 09/30/2020	\$30,000.00	Food Programs	
Total:					\$329,770.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 65

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT, COUNTY OF-108207838
95	Transfer Number *	65
96	Transfer Amount *	\$250,000.00
97	Transfer Date *	08/26/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health)

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$250,000.00	COVID-19 Testing and Contact Tracing	
Line 2	0		\$0.00	Select	
Total:					\$250,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 66

94	Sub-Recipient Organization (Transferee/Government Unit)*	HOT SPRINGS, COUNTY OF-052111697
95	Transfer Number *	66
96	Transfer Amount *	\$87,019.50
97	Transfer Date *	08/21/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health)

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$87,019.50	\$00	\$87,019.50
Total		\$00	\$87,019.50	\$00	\$87,019.50

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$87,019.50	COVID-19 Testing and Contact Tracing	
Line 2	0		\$0.00	Select	
Total:					\$87,019.50

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 67

94	Sub-Recipient Organization (Transferee/Government Unit)*	COUNTY OF PARK-048195796
95	Transfer Number *	67
96	Transfer Amount *	\$75,000.00
97	Transfer Date *	09/30/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health)

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$75,000.00	COVID-19 Testing and Contact Tracing	
Line 2	0		\$0.00	Select	
Total:					\$75,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 68

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER, COUNTY OF-033802513
95	Transfer Number *	68
96	Transfer Amount *	\$192,339.00
97	Transfer Date *	09/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health)

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$192,339.00	\$00	\$192,339.00
Total		\$00	\$192,339.00	\$00	\$192,339.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020	09/30/2020	\$192,339.00	COVID-19 Testing and Contact Tracing	
Total:				\$192,339.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 69

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	69
96	Transfer Amount *	\$704,936.91
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health) Additionally, these funds support the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$56,913.83	\$00	\$56,913.83
Line 2	7 - Tourism and Local Economy Support	\$00	\$648,023.08	\$00	\$648,023.08
Total		\$00	\$704,936.91	\$00	\$704,936.91

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$56,913.83	COVID-19 Testing and Contact Tracing	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$25,503.93	Personal Protective Equipment	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$622,519.15	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$704,936.91

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 70

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA, COUNTY OF-093117661
95	Transfer Number *	70
96	Transfer Amount *	\$411,744.00
97	Transfer Date *	09/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health)

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$411,744.00	\$00	\$411,744.00
Total		\$00	\$411,744.00	\$00	\$411,744.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020 09/30/2020	\$411,744.00	COVID-19 Testing and Contact Tracing	
Line 2	0		\$0.00	Select	
Total:					\$411,744.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 71

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY-138561977
95	Transfer Number *	71
96	Transfer Amount *	\$0.00
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020	09/30/2020	\$193,600.00	COVID-19 Testing and Contact Tracing	
Line 2	0			\$0.00	Select	
Line 3	1 - Testing and Contact Tracing	03/19/2021	03/19/2021	\$-193,600.00	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 72

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY WYOMING-100415970
95	Transfer Number *	72
96	Transfer Amount *	\$0.00
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	07/01/2020	09/30/2020	\$100,000.00	COVID-19 Testing and Contact Tracing	
Line 2	0			\$0.00	Select	
Line 3	1 - Testing and Contact Tracing	03/11/2021	03/11/2021	\$-100,000.00	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 73

94	Sub-Recipient Organization (Transferee/Government Unit)*	HOT SPRINGS CO LODGING TAX BOARD-000189631
95	Transfer Number *	73
96	Transfer Amount *	\$51,060.58
97	Transfer Date *	08/19/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$51,060.58	\$00	\$51,060.58
Total		\$00	\$51,060.58	\$00	\$51,060.58

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$806.35	Personal Protective Equipment	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$46,766.77	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 4	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$3,487.46	Improve Telework Capabilities of Public Employees	
Total:					\$51,060.58

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 74

94	Sub-Recipient Organization (Transferee/Government Unit)*	JOHNSON COUNTY TOURISM ASSOCIATION-000204986
95	Transfer Number *	74
96	Transfer Amount *	\$63,567.58
97	Transfer Date *	08/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$63,567.58	\$00	\$63,567.58
Total		\$00	\$63,567.58	\$00	\$63,567.58

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$250.00	Administrative Expenses	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$63,317.58	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$63,567.58

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 75

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY TOURISM BOARD-000081064
95	Transfer Number *	75
96	Transfer Amount *	\$589,000.00
97	Transfer Date *	08/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$589,000.00	\$00	\$589,000.00
Total		\$00	\$589,000.00	\$00	\$589,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$589,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$589,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 76

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA COUNTY TRAVEL & TOURISM COUNCIL-000008533
95	Transfer Number *	76
96	Transfer Amount *	\$421,581.00
97	Transfer Date *	08/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$421,581.00	\$00	\$421,581.00
Total		\$00	\$421,581.00	\$00	\$421,581.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$421,581.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$421,581.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 77

94	Sub-Recipient Organization (Transferee/Government Unit)*	PARK COUNTY TRAVEL COUNCIL-000086833
95	Transfer Number *	77
96	Transfer Amount *	\$742,469.09
97	Transfer Date *	08/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$742,469.09	\$00	\$742,469.09
Total		\$00	\$742,469.09	\$00	\$742,469.09

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$6,370.00	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$733,619.37	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 4	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$1,969.22	Improve Telework Capabilities of Public Employees	
Line 5	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$510.50	Personal Protective Equipment	
Total:					\$742,469.09

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 79

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER CO JOINT TRAVEL & TOURISM BOARD-000137255
95	Transfer Number *	79
96	Transfer Amount *	\$291,742.00
97	Transfer Date *	08/20/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$291,742.00	\$00	\$291,742.00
Total		\$00	\$291,742.00	\$00	\$291,742.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$291,742.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$291,742.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 80

94	Sub-Recipient Organization (Transferee/Government Unit)*	PINEDALE, TOWN OF-111302402
95	Transfer Number *	80
96	Transfer Amount *	\$83,942.00
97	Transfer Date *	08/19/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$83,942.00	\$00	\$83,942.00
Total		\$00	\$83,942.00	\$00	\$83,942.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$11,595.93	Payroll for Public Health and Safety Employees	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$72,346.07	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$83,942.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 81

94	Sub-Recipient Organization (Transferee/Government Unit)*	WIND RIVER VISITORS COUNCIL-000081605
95	Transfer Number *	81
96	Transfer Amount *	\$215,366.33
97	Transfer Date *	08/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$215,366.33	\$00	\$215,366.33
Total		\$00	\$215,366.33	\$00	\$215,366.33

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$11,980.94	Improve Telework Capabilities of Public Employees	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$203,385.39	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$215,366.33

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 82

94	Sub-Recipient Organization (Transferee/Government Unit)*	WYOMING BUSINESS COUNCIL-068358238
95	Transfer Number *	82
96	Transfer Amount *	\$253,962.48
97	Transfer Date *	09/29/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This project supports Wyoming's broadband initiative, ConnectWyoming, which serves rural Wyoming and ensures access to telehealth, the ability to telework and access to distance education. The program targeted underserved areas in Wyoming. Funds support the expansion of broadband connections to provide connectivity to homes, businesses and communities in response to COVID to support tele-education, tele-health and telecommuting.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	6 - Broadband and Communications Infrastructure	\$00	\$253,962.48	\$00	\$253,962.48
Total		\$00	\$253,962.48	\$00	\$253,962.48

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	6 - Broadband and Communications Infrastructure	09/29/2020	09/30/2020	\$253,962.48	Facilitating Distance Learning	
Total:						\$253,962.48

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00



### Sub Screen: Transfer: 83

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	83
96	Transfer Amount *	\$414,336.00
97	Transfer Date *	09/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$414,336.00	\$00	\$414,336.00
Total		\$00	\$414,336.00	\$00	\$414,336.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	09/16/2020 09/16/2020	\$414,336.00	Payroll for Public Health and Safety Employees	
Total:					\$414,336.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 84

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA, COUNTY OF-NoDUNS7
95	Transfer Number *	84
96	Transfer Amount *	\$369,749.77
97	Transfer Date *	09/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$369,749.77	\$00	\$369,749.77
Total		\$00	\$369,749.77	\$00	\$369,749.77

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	09/17/2020 09/22/2020	\$369,749.77	COVID-19 Testing and Contact Tracing	
Total:					\$369,749.77

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 91

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY TOURISM BOARD-000081064
95	Transfer Number *	91
96	Transfer Amount *	\$98,000.00
97	Transfer Date *	10/09/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Tourism and Local Economy Support This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$98,000.00	\$00	\$98,000.00
Total		\$00	\$98,000.00	\$00	\$98,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$12,275.06	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$9,500.00	Improve Telework Capabilities of Public Employees	
Line 3	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$28,850.00	Personal Protective Equipment	
Line 4	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$46,864.96	Administrative Expenses	
Line 5	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$509.98	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$98,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 92

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA COUNTY TRAVEL & TOURISM COUNCIL-000008533
95	Transfer Number *	92
96	Transfer Amount *	\$87,769.69
97	Transfer Date *	10/09/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Tourism and Local Economy Support This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$87,769.69	\$00	\$87,769.69
Total		\$00	\$87,769.69	\$00	\$87,769.69

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$20,000.00	Administrative Expenses	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/20/2020	\$67,769.69	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$87,769.69

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 96

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 2-NoDUNS3
95	Transfer Number *	96
96	Transfer Amount *	\$1,471,136.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,471,136.00	\$00	\$1,471,136.00
Total		\$00	\$1,471,136.00	\$00	\$1,471,136.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$1,426,714.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$44,422.00	Personal Protective Equipment	
Total:					\$1,471,136.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 97

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN COUNTY SCHOOL DISTRICT 3-182795351
95	Transfer Number *	97
96	Transfer Amount *	\$93,820.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$93,820.00	\$00	\$93,820.00
Total		\$00	\$93,820.00	\$00	\$93,820.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$93,820.00	Facilitating Distance Learning
Total:					\$93,820.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 98

94	Sub-Recipient Organization (Transferee/Government Unit)*	CAMPBELL COUNTY SCHOOL DISTRICT 1-093303675
95	Transfer Number *	98
96	Transfer Amount *	\$641,944.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$641,944.00	\$00	\$641,944.00
Total		\$00	\$641,944.00	\$00	\$641,944.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$641,944.00	Facilitating Distance Learning	
Total:					\$641,944.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 99

94	Sub-Recipient Organization (Transferee/Government Unit)*	CARBON COUNTY SCHOOL DISTRICT 2-030453237
95	Transfer Number *	99
96	Transfer Amount *	\$400,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$400,000.00	\$00	\$400,000.00
Total		\$00	\$400,000.00	\$00	\$400,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$400,000.00	Facilitating Distance Learning	
Total:				\$400,000.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 100

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY SCHOOL DISTRICT 1-135016418
95	Transfer Number *	100
96	Transfer Amount *	\$1,639,140.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,639,140.00	\$00	\$1,639,140.00
Total		\$00	\$1,639,140.00	\$00	\$1,639,140.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$1,639,140.00	Facilitating Distance Learning	
Total:					\$1,639,140.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 101

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY SCHOOL DISTRICT #2-098408487
95	Transfer Number *	101
96	Transfer Amount *	\$435,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$435,000.00	\$00	\$435,000.00
Total		\$00	\$435,000.00	\$00	\$435,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$435,000.00	Facilitating Distance Learning	
Total:					\$435,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 103

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT #1-182440560
95	Transfer Number *	103
96	Transfer Amount *	\$566,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$566,000.00	\$00	\$566,000.00
Total		\$00	\$566,000.00	\$00	\$566,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$562,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$4,000.00	Personal Protective Equipment	
Total:					\$566,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 107

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT 24-100085018
95	Transfer Number *	107
96	Transfer Amount *	\$116,679.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$116,679.00	\$00	\$116,679.00
Total		\$00	\$116,679.00	\$00	\$116,679.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$79,800.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$36,879.00	Personal Protective Equipment	
Total:					\$116,679.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 108

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT COUNTY SCHOOL DISTRICT NO 25-073405292
95	Transfer Number *	108
96	Transfer Amount *	\$128,208.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$128,208.00	\$00	\$128,208.00
Total		\$00	\$128,208.00	\$00	\$128,208.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$75,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$53,208.00	Personal Protective Equipment	
Total:					\$128,208.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 113

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY SCHOOL DISTRICT 2-050613603
95	Transfer Number *	113
96	Transfer Amount *	\$344,583.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$344,583.00	\$00	\$344,583.00
Total		\$00	\$344,583.00	\$00	\$344,583.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$241,735.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$102,848.00	Personal Protective Equipment	
Total:					\$344,583.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 114

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY SCHOOL DISTRICT 1-075762971
95	Transfer Number *	114
96	Transfer Amount *	\$500,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$500,000.00	Facilitating Distance Learning	
Total:				\$500,000.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 115

94	Sub-Recipient Organization (Transferee/Government Unit)*	LINCOLN COUNTY SCHOOL DISTRICT #1-193083797
95	Transfer Number *	115
96	Transfer Amount *	\$50,279.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$50,279.00	\$00	\$50,279.00
Total		\$00	\$50,279.00	\$00	\$50,279.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$20,817.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$29,462.00	Personal Protective Equipment	
Total:					\$50,279.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 116

94	Sub-Recipient Organization (Transferee/Government Unit)*	LINCOLN COUNTY SCHOOL DISTRICT #2-NoDUNS5
95	Transfer Number *	116
96	Transfer Amount *	\$62,345.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$62,345.00	\$00	\$62,345.00
Total		\$00	\$62,345.00	\$00	\$62,345.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$62,345.00	Facilitating Distance Learning	
Total:					\$62,345.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 117

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA COUNTY SCHOOL DISTRICT-075758540
95	Transfer Number *	117
96	Transfer Amount *	\$6,448,730.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$6,448,730.00	\$00	\$6,448,730.00
Total		\$00	\$6,448,730.00	\$00	\$6,448,730.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$6,318,200.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$130,530.00	Personal Protective Equipment	
Total:					\$6,448,730.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 119

94	Sub-Recipient Organization (Transferee/Government Unit)*	PARK COUNTY SCHOOL DISTRICT #1 (INC)-120417886
95	Transfer Number *	119
96	Transfer Amount *	\$103,200.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$103,200.00	\$00	\$103,200.00
Total		\$00	\$103,200.00	\$00	\$103,200.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$79,986.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$23,214.00	Personal Protective Equipment	
Total:					\$103,200.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 122

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE COUNTY SCHOOL DISTRICT 1-102563327
95	Transfer Number *	122
96	Transfer Amount *	\$1,213,829.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,213,829.00	\$00	\$1,213,829.00
Total		\$00	\$1,213,829.00	\$00	\$1,213,829.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$1,089,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$124,829.00	Personal Protective Equipment	
Total:					\$1,213,829.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 78

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN CO SCHOOL DISTRICT 1-039328828
95	Transfer Number *	78
96	Transfer Amount *	\$397,800.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$397,800.00	\$00	\$397,800.00
Total		\$00	\$397,800.00	\$00	\$397,800.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$397,800.00	Facilitating Distance Learning	
Total:					\$397,800.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 85

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN COUNTY SCHOOL DISTRICT 3-100675677
95	Transfer Number *	85
96	Transfer Amount *	\$229,350.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$229,350.00	\$00	\$229,350.00
Total		\$00	\$229,350.00	\$00	\$229,350.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$210,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020	12/30/2020	\$19,350.00	Personal Protective Equipment	
Total:						\$229,350.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 90

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE COUNTY SCHOOL DISTRICT #9-070548136
95	Transfer Number *	90
96	Transfer Amount *	\$109,750.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$109,750.00	\$00	\$109,750.00
Total		\$00	\$109,750.00	\$00	\$109,750.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$79,050.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$30,700.00	Personal Protective Equipment	
Total:					\$109,750.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 86

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER COUNTY SCHOOL DISTRICT #1-081827545
95	Transfer Number *	86
96	Transfer Amount *	\$1,541,400.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,541,400.00	\$00	\$1,541,400.00
Total		\$00	\$1,541,400.00	\$00	\$1,541,400.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$50,000.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020 12/30/2020	\$1,491,400.00	Personal Protective Equipment	
Total:					\$1,541,400.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 87

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER COUNTY SCHOOL DISTRICT #2-094653227
95	Transfer Number *	87
96	Transfer Amount *	\$158,989.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$158,989.00	\$00	\$158,989.00
Total		\$00	\$158,989.00	\$00	\$158,989.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$158,989.00	Facilitating Distance Learning	
Total:						\$158,989.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 88

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA COUNTY SCHOOL DISTRICT #6-193081692
95	Transfer Number *	88
96	Transfer Amount *	\$139,100.00
97	Transfer Date *	12/10/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$139,100.00	\$00	\$139,100.00
Total		\$00	\$139,100.00	\$00	\$139,100.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$139,100.00	Facilitating Distance Learning	
Total:					\$139,100.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 89

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY SCHOOL DISTRICT #1-060270477
95	Transfer Number *	89
96	Transfer Amount *	\$100,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$100,000.00	Facilitating Distance Learning	
Total:				\$100,000.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 93

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY SCHOOL DISTRICT #2-832955038
95	Transfer Number *	93
96	Transfer Amount *	\$144,975.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$144,975.00	\$00	\$144,975.00
Total		\$00	\$144,975.00	\$00	\$144,975.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$130,200.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020	12/30/2020	\$14,775.00	Personal Protective Equipment	
Total:						\$144,975.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 95

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE COUNTY SCHOOL DISTRICT NO 2-050702778
95	Transfer Number *	95
96	Transfer Amount *	\$106,451.00
97	Transfer Date *	10/14/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$106,451.00	\$00	\$106,451.00
Total		\$00	\$106,451.00	\$00	\$106,451.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$101,790.00	Facilitating Distance Learning	
Line 2	5 - Education Resilience	10/01/2020	12/30/2020	\$4,661.00	Food Programs	
Total:						\$106,451.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 94

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE COUNTY SCHOOL DISTRICT NO 2-050702778
95	Transfer Number *	94
96	Transfer Amount *	\$303,806.00
97	Transfer Date *	12/01/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$303,806.00	\$00	\$303,806.00
Total		\$00	\$303,806.00	\$00	\$303,806.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$303,806.00	Facilitating Distance Learning	
Total:					\$303,806.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 102

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN CO SCHOOL DISTRICT 1-039328828
95	Transfer Number *	102
96	Transfer Amount *	\$338,969.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Education Resilience This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$338,969.00	\$00	\$338,969.00
Total		\$00	\$338,969.00	\$00	\$338,969.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$338,969.00	Facilitating Distance Learning	
Total:					\$338,969.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 104

94	Sub-Recipient Organization (Transferee/Government Unit)*	Platte County Lodging Tax Joint Powers Board-NoDUNS8
95	Transfer Number *	104
96	Transfer Amount *	\$56,386.00
97	Transfer Date *	10/29/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Tourism and Local Economy Support This project supports the development and promotion of an in-state advertising campaign, the purchase of personal protective equipment (PPE) for local lodging tax boards and chambers of commerce who operate visitor information centers and expenses to re-market convention facilities and Wyoming's tourism industry.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	7 - Tourism and Local Economy Support	\$00	\$56,386.00	\$00	\$56,386.00
Total		\$00	\$56,386.00	\$00	\$56,386.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	7 - Tourism and Local Economy Support	10/01/2020 12/30/2020	\$6,500.00	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	7 - Tourism and Local Economy Support	10/01/2020 12/30/2020	\$49,886.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$56,386.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



### Sub Screen: Transfer: 105

94	Sub-Recipient Organization (Transferee/Government Unit)*	ALBANY, COUNTY OF-049499833
95	Transfer Number *	105
96	Transfer Amount *	\$433,812.70
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$433,812.70	\$00	\$433,812.70
Total		\$00	\$433,812.70	\$00	\$433,812.70

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$433,812.70	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$433,812.70

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 106

94	Sub-Recipient Organization (Transferee/Government Unit)*	BIG HORN, COUNTY OF-555556351
95	Transfer Number *	106
96	Transfer Amount *	\$142,171.64
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$142,171.64	\$00	\$142,171.64
Total		\$00	\$142,171.64	\$00	\$142,171.64

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/12/2021	\$142,171.64	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$142,171.64

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 110

94	Sub-Recipient Organization (Transferee/Government Unit)*	CAMPBELL, COUNTY OF-071413140
95	Transfer Number *	110
96	Transfer Amount *	\$822,151.03
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$822,151.03	\$00	\$822,151.03
Total		\$00	\$822,151.03	\$00	\$822,151.03

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$822,151.03	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$822,151.03

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 111

94	Sub-Recipient Organization (Transferee/Government Unit)*	CARBON, COUNTY OF-097138838
95	Transfer Number *	111
96	Transfer Amount *	\$134,102.77
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$134,102.77	\$00	\$134,102.77
Total		\$00	\$134,102.77	\$00	\$134,102.77

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$134,102.77	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$134,102.77

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 112

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONVERSE COUNTY TREASURER-000086628
95	Transfer Number *	112
96	Transfer Amount *	\$294,436.61
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$294,436.61	\$00	\$294,436.61
Total		\$00	\$294,436.61	\$00	\$294,436.61

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$294,436.61	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$294,436.61

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 118

94	Sub-Recipient Organization (Transferee/Government Unit)*	COUNTY OF CROOK-603340928
95	Transfer Number *	118
96	Transfer Amount *	\$94,261.02
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$94,261.02	\$00	\$94,261.02
Total		\$00	\$94,261.02	\$00	\$94,261.02

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 02/17/2021	\$94,261.02	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$94,261.02

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 120

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT, COUNTY OF-108207838
95	Transfer Number *	120
96	Transfer Amount *	\$854,021.55
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$854,021.55	\$00	\$854,021.55
Total		\$00	\$854,021.55	\$00	\$854,021.55

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$854,021.55	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$854,021.55

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 109

94	Sub-Recipient Organization (Transferee/Government Unit)*	GOSHEN, COUNTY OF-622951465
95	Transfer Number *	109
96	Transfer Amount *	\$255,219.25
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$255,219.25	\$00	\$255,219.25
Total		\$00	\$255,219.25	\$00	\$255,219.25

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/16/2021	\$255,219.25	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$255,219.25

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 121

94	Sub-Recipient Organization (Transferee/Government Unit)*	HOT SPRINGS, COUNTY OF-052111697
95	Transfer Number *	121
96	Transfer Amount *	\$102,423.84
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$102,423.84	\$00	\$102,423.84
Total		\$00	\$102,423.84	\$00	\$102,423.84

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$102,423.84	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$102,423.84

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 123

94	Sub-Recipient Organization (Transferee/Government Unit)*	JOHNSON, COUNTY OF-622951424
95	Transfer Number *	123
96	Transfer Amount *	\$182,391.91
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$182,391.91	\$00	\$182,391.91
Total		\$00	\$182,391.91	\$00	\$182,391.91

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$182,391.91	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$182,391.91

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 124

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY, WYOMING-130690048
95	Transfer Number *	124
96	Transfer Amount *	\$1,919,494.90
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$1,919,494.90	\$00	\$1,919,494.90
Total		\$00	\$1,919,494.90	\$00	\$1,919,494.90

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$1,919,494.90	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$1,919,494.90

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 125

94	Sub-Recipient Organization (Transferee/Government Unit)*	LINCOLN, COUNTY OF-096687793
95	Transfer Number *	125
96	Transfer Amount *	\$339,805.71
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$339,805.71	\$00	\$339,805.71
Total		\$00	\$339,805.71	\$00	\$339,805.71

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$339,805.71	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$339,805.71

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 126

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA, COUNTY OF-040709545
95	Transfer Number *	126
96	Transfer Amount *	\$1,605,917.25
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$1,605,917.25	\$00	\$1,605,917.25
Total		\$00	\$1,605,917.25	\$00	\$1,605,917.25

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$1,605,917.25	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$1,605,917.25

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 127

94	Sub-Recipient Organization (Transferee/Government Unit)*	NIOBRARA, COUNTY OF-622790517
95	Transfer Number *	127
96	Transfer Amount *	\$0.00
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	0		\$0.00	Select	
Total:					\$0.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 128

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN ARAPAHO TRIBE-037446903
95	Transfer Number *	128
96	Transfer Amount *	\$70,000.00
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$70,000.00	\$00	\$70,000.00
Total		\$00	\$70,000.00	\$00	\$70,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$70,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$70,000.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 129

94	Sub-Recipient Organization (Transferee/Government Unit)*	COUNTY OF PARK-048195796
95	Transfer Number *	129
96	Transfer Amount *	\$476,206.04
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$476,206.04	\$00	\$476,206.04
Total		\$00	\$476,206.04	\$00	\$476,206.04

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/08/2021	\$476,206.04	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$476,206.04

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



### Sub Screen: Transfer: 130

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE, COUNTY OF-188130082
95	Transfer Number *	130
96	Transfer Amount *	\$184,477.85
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$184,477.85	\$00	\$184,477.85
Total		\$00	\$184,477.85	\$00	\$184,477.85

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$184,477.85	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$184,477.85

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 131

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHERIDAN, COUNTY OF-033802372
95	Transfer Number *	131
96	Transfer Amount *	\$619,906.88
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$619,906.88	\$00	\$619,906.88
Total		\$00	\$619,906.88	\$00	\$619,906.88

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$619,906.88	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$619,906.88

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 132

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE, COUNTY OF-048201693
95	Transfer Number *	132
96	Transfer Amount *	\$218,044.43
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$218,044.43	\$00	\$218,044.43
Total		\$00	\$218,044.43	\$00	\$218,044.43

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$218,044.43	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$218,044.43

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 133

94	Sub-Recipient Organization (Transferee/Government Unit)*	SWEETWATER, COUNTY OF-033802513
95	Transfer Number *	133
96	Transfer Amount *	\$741,067.05
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$741,067.05	\$00	\$741,067.05
Total		\$00	\$741,067.05	\$00	\$741,067.05

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/25/2021	\$741,067.05	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$741,067.05

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 134

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	134
96	Transfer Amount *	\$453,329.79
97	Transfer Date *	12/22/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$453,329.79	\$00	\$453,329.79
Total		\$00	\$453,329.79	\$00	\$453,329.79

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$453,329.79	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$453,329.79

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 135

94	Sub-Recipient Organization (Transferee/Government Unit)*	UINTA, COUNTY OF-093117661
95	Transfer Number *	135
96	Transfer Amount *	\$434,279.56
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$434,279.56	\$00	\$434,279.56
Total		\$00	\$434,279.56	\$00	\$434,279.56

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/24/2021	\$434,279.56	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$434,279.56

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 136

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY WYOMING-100415970
95	Transfer Number *	136
96	Transfer Amount *	\$181,519.22
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$00	\$181,519.22	\$00	\$181,519.22
Total		\$00	\$181,519.22	\$00	\$181,519.22

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$181,519.22	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$181,519.22

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 137

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY-138561977
95	Transfer Number *	137
96	Transfer Amount *	\$109,602.61
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program provides funding to Wyoming counties and tribal governments to help fund charitable and nonprofit organizations who provide public assistance to individuals impacted by COVID-19. Organizations may also receive reimbursements from this program for lost donation revenue experienced as a result of the COVID-19 pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	12 - Community Charitable Relief Program	\$-43,820.30	\$109,602.61	\$-43,820.30	\$109,602.61
Total		\$-43,820.30	\$109,602.61	\$-43,820.30	\$109,602.61

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	12 - Community Charitable Relief Program	01/01/2021 03/31/2021	\$153,422.91	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$153,422.91

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	12 - Community Charitable Relief Program	04/29/2021 04/29/2021	\$-43,820.30	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:					\$-43,820.30	



## Sub Screen: Transfer: 138

94	Sub-Recipient Organization (Transferee/Government Unit)*	WYOMING BUSINESS COUNCIL-068358238
95	Transfer Number *	138
96	Transfer Amount *	\$166,323,609.98
97	Transfer Date *	10/01/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Transfer was for small business relief, ag relief, and broadband expansion projects.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	2 - Business Relief Programs	\$-1,533,996.68	\$54,862,889.43	\$-1,533,996.68	\$54,862,889.43
Line 2	6 - Broadband and Communications Infrastructure	\$0.00	\$48,138,945.64	\$0.00	\$48,138,945.64
Line 3	11 - Agricultural Business Relief and Food Supply Chain	\$0.00	\$34,617,534.00	\$0.00	\$34,617,534.00
Line 4	14 - Energy Rebound Program	\$124,076.25	\$28,704,240.91	\$124,106.25	\$28,704,240.91
Total		\$-1,409,920.43	\$166,323,609.98	\$-1,409,890.43	\$166,323,609.98

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	2 - Business Relief Programs	10/02/2020 12/22/2020	\$178,076.63	Administrative Expenses	
Line 2	2 - Business Relief Programs	10/01/2020 12/30/2020	\$57,992,304.36	Small Business Assistance	
Line 3	6 - Broadband and Communications Infrastructure	11/11/2020 11/25/2020	\$981.07	Administrative Expenses	
Line 4	6 - Broadband and Communications Infrastructure	10/07/2020 12/30/2020	\$33,619,194.55	Facilitating Distance Learning	
Line 5	11 - Agricultural Business Relief and Food Supply Chain	11/04/2020 12/23/2020	\$35,036,299.00	Small Business Assistance	
Line 6	11 - Agricultural Business Relief and Food Supply Chain	01/21/2021 03/08/2021	\$-418,765.00	Small Business Assistance	
Line 7	2 - Business Relief Programs	01/01/2021 03/24/2021	\$-2,022,004.21	Small Business Assistance	
Line 8	2 - Business Relief Programs	01/13/2021 03/30/2021	\$248,509.33	Administrative Expenses	
Line 9	6 - Broadband and Communications Infrastructure	01/01/2021 02/10/2021	\$14,518,770.02	Facilitating Distance Learning	
Line 10	14 - Energy Rebound Program	01/04/2021 03/31/2021	\$28,580,134.66	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$167,733,500.41

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	2 - Business Relief Programs	04/02/2021 06/30/2021	\$-1,558,086.00	Small Business Assistance		
Line 2	14 - Energy Rebound Program	05/20/2021 05/20/2021	\$124,106.25	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 3	2 - Business Relief Programs	04/07/2021 06/30/2021	\$24,089.32	Administrative Expenses		

Total:	\$-1,409,890.43
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## Sub Screen: Transfer: 139

94	Sub-Recipient Organization (Transferee/Government Unit)*	CAMPBELL, COUNTY OF-071413140
95	Transfer Number *	139
96	Transfer Amount *	\$4,533,774.01
97	Transfer Date *	12/07/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$4,533,774.01	\$00	\$4,533,774.01
Total		\$00	\$4,533,774.01	\$00	\$4,533,774.01

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/30/2020	\$4,533,774.01	Payroll for Public Health and Safety Employees	
Total:					\$4,533,774.01

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 140

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY, WYOMING-130690048
95	Transfer Number *	140
96	Transfer Amount *	\$155,706.76
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$155,706.76	\$00	\$155,706.76
Total		\$00	\$155,706.76	\$00	\$155,706.76

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$4,925.28	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$148,762.00	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$2,019.48	Personal Protective Equipment	
Total:					\$155,706.76

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 141

94	Sub-Recipient Organization (Transferee/Government Unit)*	CASPER, CITY OF-152720140
95	Transfer Number *	141
96	Transfer Amount *	\$90,495.33
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$90,495.33	\$00	\$90,495.33
Total		\$00	\$90,495.33	\$00	\$90,495.33

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$90,495.33	Public Health Expenses	
Total:					\$90,495.33

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 142

94	Sub-Recipient Organization (Transferee/Government Unit)*	CHEYENNE, CITY OF-075758169
95	Transfer Number *	142
96	Transfer Amount *	\$331,893.11
97	Transfer Date *	10/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$331,893.11	\$00	\$331,893.11
Total		\$00	\$331,893.11	\$00	\$331,893.11

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$319,884.94	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$12,008.17	Payroll for Public Health and Safety Employees	
Total:					\$331,893.11

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 143

94	Sub-Recipient Organization (Transferee/Government Unit)*	CHEYENNE, CITY OF-075758169
95	Transfer Number *	143
96	Transfer Amount *	\$79,358.30
97	Transfer Date *	10/26/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$79,358.30	\$00	\$79,358.30
Total		\$00	\$79,358.30	\$00	\$79,358.30

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 10/26/2020	\$79,358.30	Personal Protective Equipment	
Total:					\$79,358.30

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 144

94	Sub-Recipient Organization (Transferee/Government Unit)*	CHEYENNE, CITY OF-075758169
95	Transfer Number *	144
96	Transfer Amount *	\$223,155.59
97	Transfer Date *	12/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$223,155.59	\$00	\$223,155.59
Total		\$00	\$223,155.59	\$00	\$223,155.59

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/15/2020	\$163,161.59	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/15/2020	\$59,994.00	Personal Protective Equipment	
Total:					\$223,155.59

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 145

94	Sub-Recipient Organization (Transferee/Government Unit)*	CHEYENNE, CITY OF-075758169
95	Transfer Number *	145
96	Transfer Amount *	\$34,814.94
97	Transfer Date *	12/22/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$34,814.94	\$00	\$34,814.94
Total		\$00	\$34,814.94	\$00	\$34,814.94

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/22/2020	\$34,330.15	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/22/2020	\$484.79	Public Health Expenses	
Total:					\$34,814.94

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 146

94	Sub-Recipient Organization (Transferee/Government Unit)*	CODY, CITY OF-177929338
95	Transfer Number *	146
96	Transfer Amount *	\$753,047.75
97	Transfer Date *	10/30/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$753,047.75	\$00	\$753,047.75
Total		\$00	\$753,047.75	\$00	\$753,047.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 10/30/2020	\$753,047.75	Payroll for Public Health and Safety Employees	
Total:					\$753,047.75

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 147

94	Sub-Recipient Organization (Transferee/Government Unit)*	CODY, CITY OF-177929338
95	Transfer Number *	147
96	Transfer Amount *	\$244,240.75
97	Transfer Date *	11/25/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$244,240.75	\$00	\$244,240.75
Total		\$00	\$244,240.75	\$00	\$244,240.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$54,486.37	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$186,136.44	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$1,645.88	Personal Protective Equipment	
Line 4	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$1,972.06	Public Health Expenses	
Total:					\$244,240.75

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 148

94	Sub-Recipient Organization (Transferee/Government Unit)*	DOUGLAS, CITY OF-070382148
95	Transfer Number *	148
96	Transfer Amount *	\$347,840.32
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$347,840.32	\$00	\$347,840.32
Total		\$00	\$347,840.32	\$00	\$347,840.32

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$347,840.32	Improve Telework Capabilities of Public Employees	
Total:					\$347,840.32

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 149

94	Sub-Recipient Organization (Transferee/Government Unit)*	LANDER, CITY OF-879149722
95	Transfer Number *	149
96	Transfer Amount *	\$55,033.62
97	Transfer Date *	12/22/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$55,033.62	\$00	\$55,033.62
Total		\$00	\$55,033.62	\$00	\$55,033.62

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/22/2020	\$55,033.62	Payroll for Public Health and Safety Employees	
Total:					\$55,033.62

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 150

94	Sub-Recipient Organization (Transferee/Government Unit)*	FREMONT, COUNTY OF-108207838
95	Transfer Number *	150
96	Transfer Amount *	\$3,506,250.75
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$3,506,250.75	\$00	\$3,506,250.75
Total		\$00	\$3,506,250.75	\$00	\$3,506,250.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$3,400,362.89	Payroll for Public Health and Safety Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$14,929.20	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$90,958.66	Public Health Expenses	
Total:					\$3,506,250.75

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 151

94	Sub-Recipient Organization (Transferee/Government Unit)*	GOSHEN, COUNTY OF-622951465
95	Transfer Number *	151
96	Transfer Amount *	\$161,982.96
97	Transfer Date *	11/23/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$161,982.96	\$00	\$161,982.96
Total		\$00	\$161,982.96	\$00	\$161,982.96

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/23/2020	\$161,982.96	Payroll for Public Health and Safety Employees	
Total:					\$161,982.96

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 152

94	Sub-Recipient Organization (Transferee/Government Unit)*	GOSHEN, COUNTY OF-622951465
95	Transfer Number *	152
96	Transfer Amount *	\$133,804.26
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$133,804.26	\$00	\$133,804.26
Total		\$00	\$133,804.26	\$00	\$133,804.26

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$7,245.50	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$119,035.81	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$5,531.52	Personal Protective Equipment	
Line 4	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$1,991.43	Public Health Expenses	
Total:					\$133,804.26

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



### Sub Screen: Transfer: 153

94	Sub-Recipient Organization (Transferee/Government Unit)*	JOHNSON COUNTY HOSPITAL DISTRICT-080991288
95	Transfer Number *	153
96	Transfer Amount *	\$69,960.98
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$69,960.98	\$00	\$69,960.98
Total		\$00	\$69,960.98	\$00	\$69,960.98

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$62,102.78	Personal Protective Equipment	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/16/2020	\$7,858.20	Public Health Expenses	
Total:					\$69,960.98

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 154

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY, WYOMING-130690048
95	Transfer Number *	154
96	Transfer Amount *	\$56,429.58
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$56,429.58	\$00	\$56,429.58
Total		\$00	\$56,429.58	\$00	\$56,429.58

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$5,443.16	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$44,569.84	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$6,416.58	Personal Protective Equipment	
Total:					\$56,429.58

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 155

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF CARBON COUNTY-078340387
95	Transfer Number *	155
96	Transfer Amount *	\$91,770.00
97	Transfer Date *	10/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$91,770.00	\$00	\$91,770.00
Total		\$00	\$91,770.00	\$00	\$91,770.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/16/2020	\$91,770.00	Public Health Expenses	
Total:					\$91,770.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 156

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF CARBON COUNTY-078340387
95	Transfer Number *	156
96	Transfer Amount *	\$170,430.00
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$170,430.00	\$00	\$170,430.00
Total		\$00	\$170,430.00	\$00	\$170,430.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/17/2020 11/27/2020	\$170,430.00	Public Health Expenses	
Total:					\$170,430.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 157

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF CONVERSE COUNTY-079958476
95	Transfer Number *	157
96	Transfer Amount *	\$174,889.82
97	Transfer Date *	10/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$174,889.82	\$00	\$174,889.82
Total		\$00	\$174,889.82	\$00	\$174,889.82

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/27/2020	\$15,147.74	Payroll for Public Health and Safety Employees	
Line 2	9 - Health Care System Fortification	10/01/2020 10/27/2020	\$159,742.08	Public Health Expenses	
Total:					\$174,889.82

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0		\$00		
Total:					\$00

### Sub Screen: Transfer: 158

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF CONVERSE COUNTY-079958476
95	Transfer Number *	158
96	Transfer Amount *	\$378,986.34
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$378,986.34	\$00	\$378,986.34
Total		\$00	\$378,986.34	\$00	\$378,986.34

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 11/27/2020	\$378,986.34	Public Health Expenses	
Total:					\$378,986.34

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 159

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF CONVERSE COUNTY-079958476
95	Transfer Number *	159
96	Transfer Amount *	\$263,698.12
97	Transfer Date *	12/07/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$263,698.12	\$00	\$263,698.12
Total		\$00	\$263,698.12	\$00	\$263,698.12

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/07/2020	\$263,698.12	Public Health Expenses	
Total:					\$263,698.12

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 160

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL LARAMIE CNTY-040726275
95	Transfer Number *	160
96	Transfer Amount *	\$101,500.00
97	Transfer Date *	12/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$101,500.00	\$00	\$101,500.00
Total		\$00	\$101,500.00	\$00	\$101,500.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/15/2020	\$101,500.00	Public Health Expenses	
Total:					\$101,500.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 161

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL SHERIDAN COUNTY-010375376
95	Transfer Number *	161
96	Transfer Amount *	\$396,628.00
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$396,628.00	\$00	\$396,628.00
Total		\$00	\$396,628.00	\$00	\$396,628.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 11/27/2020	\$480.00	Personal Protective Equipment	
Line 2	9 - Health Care System Fortification	10/01/2020 11/27/2020	\$396,148.00	Public Health Expenses	
Total:					\$396,628.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0		\$00		
Total:					\$00

### Sub Screen: Transfer: 162

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	162
96	Transfer Amount *	\$689,492.30
97	Transfer Date *	10/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$689,492.30	\$00	\$689,492.30
Total		\$00	\$689,492.30	\$00	\$689,492.30

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/16/2020	\$689,492.30	Public Health Expenses	
Total:					\$689,492.30

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 163

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	163
96	Transfer Amount *	\$237,890.80
97	Transfer Date *	10/19/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$237,890.80	\$00	\$237,890.80
Total		\$00	\$237,890.80	\$00	\$237,890.80

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/19/2020	\$237,890.80	Payroll for Public Health and Safety Employees	
Total:					\$237,890.80

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 164

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	164
96	Transfer Amount *	\$651,590.71
97	Transfer Date *	11/25/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$651,590.71	\$00	\$651,590.71
Total		\$00	\$651,590.71	\$00	\$651,590.71

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 11/25/2020	\$20,667.20	Payroll for Public Health and Safety Employees	
Line 2	9 - Health Care System Fortification	10/01/2020 11/25/2020	\$542,706.33	Personal Protective Equipment	
Line 3	9 - Health Care System Fortification	10/01/2020 11/25/2020	\$88,217.18	Public Health Expenses	
Total:					\$651,590.71

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0		\$00		
Total:					\$00

### Sub Screen: Transfer: 165

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	165
96	Transfer Amount *	\$114,762.50
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$114,762.50	\$00	\$114,762.50
Total		\$00	\$114,762.50	\$00	\$114,762.50

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 11/27/2020	\$114,762.50	Public Health Expenses	
Total:					\$114,762.50

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 166

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	166
96	Transfer Amount *	\$58,493.78
97	Transfer Date *	10/10/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$58,493.78	\$00	\$58,493.78
Total		\$00	\$58,493.78	\$00	\$58,493.78

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/10/2020	\$58,493.78	Public Health Expenses	
Total:					\$58,493.78

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 167

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL OF SWEETWATER COUNTY-NoDUNS6
95	Transfer Number *	167
96	Transfer Amount *	\$366,376.69
97	Transfer Date *	12/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$366,376.69	\$00	\$366,376.69
Total		\$00	\$366,376.69	\$00	\$366,376.69

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/15/2020	\$366,376.69	Public Health Expenses	
Total:					\$366,376.69

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 168

94	Sub-Recipient Organization (Transferee/Government Unit)*	NATRONA, COUNTY OF-040709545
95	Transfer Number *	168
96	Transfer Amount *	\$85,306.00
97	Transfer Date *	12/17/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$85,306.00	\$00	\$85,306.00
Total		\$00	\$85,306.00	\$00	\$85,306.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/17/2020	\$85,306.00	Public Health Expenses	
Total:					\$85,306.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 169

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN ARAPAHO TRIBE-037446903
95	Transfer Number *	169
96	Transfer Amount *	\$5,505,763.19
97	Transfer Date *	12/09/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$5,505,763.19	\$00	\$5,505,763.19
Total		\$00	\$5,505,763.19	\$00	\$5,505,763.19

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/09/2020	\$5,505,763.19	Payroll for Public Health and Safety Employees	
Total:					\$5,505,763.19

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 170

94	Sub-Recipient Organization (Transferee/Government Unit)*	PLATTE, COUNTY OF-188130082
95	Transfer Number *	170
96	Transfer Amount *	\$138,739.99
97	Transfer Date *	12/17/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$138,739.99	\$00	\$138,739.99
Total		\$00	\$138,739.99	\$00	\$138,739.99

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/17/2020	\$1,100.00	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/17/2020	\$46,458.30	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/17/2020	\$91,181.69	Public Health Expenses	
Total:					\$138,739.99

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 171

94	Sub-Recipient Organization (Transferee/Government Unit)*	SOUTH LINCOLN HOSPITAL DISTRICT-083928655
95	Transfer Number *	171
96	Transfer Amount *	\$410,080.96
97	Transfer Date *	10/28/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$410,080.96	\$00	\$410,080.96
Total		\$00	\$410,080.96	\$00	\$410,080.96

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/28/2020	\$410,080.96	Public Health Expenses	
Total:					\$410,080.96

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 172

94	Sub-Recipient Organization (Transferee/Government Unit)*	SOUTH LINCOLN HOSPITAL DISTRICT-083928655
95	Transfer Number *	172
96	Transfer Amount *	\$1,463,564.72
97	Transfer Date *	12/10/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$1,463,564.72	\$00	\$1,463,564.72
Total		\$00	\$1,463,564.72	\$00	\$1,463,564.72

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/10/2020	\$1,463,564.72	Public Health Expenses	
Total:					\$1,463,564.72

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 173

94	Sub-Recipient Organization (Transferee/Government Unit)*	SOUTH LINCOLN HOSPITAL DISTRICT-083928655
95	Transfer Number *	173
96	Transfer Amount *	\$223,403.81
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$223,403.81	\$00	\$223,403.81
Total		\$00	\$223,403.81	\$00	\$223,403.81

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/16/2020	\$223,403.81	Public Health Expenses	
Total:					\$223,403.81

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 174

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE, COUNTY OF-048201693
95	Transfer Number *	174
96	Transfer Amount *	\$592,897.28
97	Transfer Date *	11/27/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$592,897.28	\$00	\$592,897.28
Total		\$00	\$592,897.28	\$00	\$592,897.28

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$542,814.28	Personal Protective Equipment	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/27/2020	\$50,083.00	Public Health Expenses	
Total:					\$592,897.28

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 175

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE, COUNTY OF-048201693
95	Transfer Number *	175
96	Transfer Amount *	\$263,340.25
97	Transfer Date *	12/08/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$263,340.25	\$00	\$263,340.25
Total		\$00	\$263,340.25	\$00	\$263,340.25

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/08/2020	\$11,277.89	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/08/2020	\$63,645.20	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/08/2020	\$51,586.04	Personal Protective Equipment	
Line 4	10 - Local Government and Tribal Preparedness	10/01/2020 12/08/2020	\$136,831.12	Public Health Expenses	
Total:					\$263,340.25

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 176

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	176
96	Transfer Amount *	\$71,150.06
97	Transfer Date *	11/06/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$71,150.06	\$00	\$71,150.06
Total		\$00	\$71,150.06	\$00	\$71,150.06

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/06/2020	\$2,279.74	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/06/2020	\$1,300.00	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/06/2020	\$57,770.41	Personal Protective Equipment	
Line 4	10 - Local Government and Tribal Preparedness	10/01/2020 11/06/2020	\$9,799.91	Public Health Expenses	
Total:					\$71,150.06

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 177

94	Sub-Recipient Organization (Transferee/Government Unit)*	JACKSON, TOWN OF-042754077
95	Transfer Number *	177
96	Transfer Amount *	\$50,033.38
97	Transfer Date *	12/10/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$50,033.38	\$00	\$50,033.38
Total		\$00	\$50,033.38	\$00	\$50,033.38

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/10/2020	\$11,262.98	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/10/2020	\$6,496.47	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/10/2020	\$32,273.93	Public Health Expenses	
Total:					\$50,033.38

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 178

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHOSHONI, CITY OF-183009745
95	Transfer Number *	178
96	Transfer Amount *	\$192,399.46
97	Transfer Date *	10/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$192,399.46	\$00	\$192,399.46
Total		\$00	\$192,399.46	\$00	\$192,399.46

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$980.92	Administrative Expenses	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$191,418.54	Public Health Expenses	
Total:					\$192,399.46

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 179

94	Sub-Recipient Organization (Transferee/Government Unit)*	SHOSHONI, CITY OF-183009745
95	Transfer Number *	179
96	Transfer Amount *	\$75,335.34
97	Transfer Date *	11/25/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$75,335.34	\$00	\$75,335.34
Total		\$00	\$75,335.34	\$00	\$75,335.34

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$6,887.56	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$5,999.44	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 11/25/2020	\$62,448.34	Public Health Expenses	
Total:					\$75,335.34

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Transfer: 180

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY AMBULANCE SERVICE-054383900
95	Transfer Number *	180
96	Transfer Amount *	\$130,000.00
97	Transfer Date *	10/28/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$130,000.00	\$00	\$130,000.00
Total		\$00	\$130,000.00	\$00	\$130,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/28/2020	\$130,000.00	Public Health Expenses	
Total:					\$130,000.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 181

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY AMBULANCE SERVICE-054383900
95	Transfer Number *	181
96	Transfer Amount *	\$172,001.65
97	Transfer Date *	11/25/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$172,001.65	\$00	\$172,001.65
Total		\$00	\$172,001.65	\$00	\$172,001.65

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 11/25/2020	\$172,001.65	Payroll for Public Health and Safety Employees	
Total:					\$172,001.65

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 182

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY AMBULANCE SERVICE-054383900
95	Transfer Number *	182
96	Transfer Amount *	\$275,000.00
97	Transfer Date *	12/10/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$275,000.00	\$00	\$275,000.00
Total		\$00	\$275,000.00	\$00	\$275,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/10/2020	\$275,000.00	Public Health Expenses	
Total:					\$275,000.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 183

94	Sub-Recipient Organization (Transferee/Government Unit)*	WASHAKIE COUNTY AMBULANCE SERVICE-054383900
95	Transfer Number *	183
96	Transfer Amount *	\$128,006.73
97	Transfer Date *	12/22/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$128,006.73	\$00	\$128,006.73
Total		\$00	\$128,006.73	\$00	\$128,006.73

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/22/2020	\$24,134.33	Payroll for Public Health and Safety Employees	
Line 2	9 - Health Care System Fortification	10/01/2020 12/22/2020	\$103,872.40	Public Health Expenses	
Total:					\$128,006.73

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 184

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY-138561977
95	Transfer Number *	184
96	Transfer Amount *	\$596,552.45
97	Transfer Date *	12/07/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$596,552.45	\$00	\$596,552.45
Total		\$00	\$596,552.45	\$00	\$596,552.45

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$595,505.67	Payroll for Public Health and Safety Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$984.28	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$62.50	Public Health Expenses	
Total:					\$596,552.45

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 185

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE, CITY OF-783281892
95	Transfer Number *	185
96	Transfer Amount *	\$1,349,655.28
97	Transfer Date *	10/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$-10.00	\$1,349,655.28	\$0.00	\$1,349,655.28
Total		\$-10.00	\$1,349,655.28	\$0.00	\$1,349,655.28

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$506.68	Improve Telework Capabilities of Public Employees	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$1,260,000.00	Payroll for Public Health and Safety Employees	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$28,773.40	Personal Protective Equipment	
Line 4	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$60,288.36	Public Health Expenses	
Line 5	10 - Local Government and Tribal Preparedness	10/01/2020 10/16/2020	\$86.84	Items Not Listed Above	other covid expenses
Total:					\$1,349,655.28

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$0.00			
Total:						\$0.00

### Sub Screen: Transfer: 186

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTON COUNTY HOSPITAL DISTRICT-NoDUNS11
95	Transfer Number *	186
96	Transfer Amount *	\$134,544.00
97	Transfer Date *	12/16/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$134,544.00	\$00	\$134,544.00
Total		\$00	\$134,544.00	\$00	\$134,544.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/16/2020	\$134,544.00	Payroll for Public Health and Safety Employees	
Total:					\$134,544.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 187

94	Sub-Recipient Organization (Transferee/Government Unit)*	Uinta County Fire Protection and Emergency Services Joint Power Board-NoDUNS13
95	Transfer Number *	187
96	Transfer Amount *	\$65,326.83
97	Transfer Date *	12/03/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$65,326.83	\$00	\$65,326.83
Total		\$00	\$65,326.83	\$00	\$65,326.83

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/03/2020	\$65,326.83	Public Health Expenses	
Total:					\$65,326.83

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 188

94	Sub-Recipient Organization (Transferee/Government Unit)*	Uinta County Fire Protection and Emergency Services Joint Power Board-NoDUNS13
95	Transfer Number *	188
96	Transfer Amount *	\$54,673.17
97	Transfer Date *	12/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$54,673.17	\$00	\$54,673.17
Total		\$00	\$54,673.17	\$00	\$54,673.17

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/15/2020	\$54,673.17	Payroll for Public Health and Safety Employees	
Total:					\$54,673.17

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 189

94	Sub-Recipient Organization (Transferee/Government Unit)*	Powell Hospital District-NoDUNS14
95	Transfer Number *	189
96	Transfer Amount *	\$173,785.00
97	Transfer Date *	12/10/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyoming's health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$173,785.00	\$00	\$173,785.00
Total		\$00	\$173,785.00	\$00	\$173,785.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 12/10/2020	\$173,785.00	Public Health Expenses	
Total:					\$173,785.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 190

94	Sub-Recipient Organization (Transferee/Government Unit)*	Natrona County Library-NoDUNS15
95	Transfer Number *	190
96	Transfer Amount *	\$88,446.15
97	Transfer Date *	12/07/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports local governments (counties, cities, towns, political subdivisions and special districts) in Wyoming through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding is used for a wide range of services, including medical expenses, public health expenses, allowable payroll expenses, mental health and substance abuse evaluations, county public health nursing staffing, and marketing campaigns.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	10 - Local Government and Tribal Preparedness	\$00	\$88,446.15	\$00	\$88,446.15
Total		\$00	\$88,446.15	\$00	\$88,446.15

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$76,581.69	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$2,058.52	Personal Protective Equipment	
Line 3	10 - Local Government and Tribal Preparedness	10/01/2020 12/07/2020	\$9,805.94	Public Health Expenses	
Total:					\$88,446.15

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 191

94	Sub-Recipient Organization (Transferee/Government Unit)*	CROOK COUNTY MEDICAL SERVICES DISTRICT-NoDUNS
95	Transfer Number *	191
96	Transfer Amount *	\$275,000.00
97	Transfer Date *	10/28/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming health care facilities and providers through the Coronavirus Relief Grant Program. This program provides funding to applicants to cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Funding provided to Wyomings health care system is used to assist with the purchase of personal protective equipment (PPE), HVAC, negative pressure rooms, mobile clinics, lab equipment and supplies, ventilators, and UV sanitation robots. This program also aims to support mental health related services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	9 - Health Care System Fortification	\$00	\$275,000.00	\$00	\$275,000.00
Total		\$00	\$275,000.00	\$00	\$275,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	9 - Health Care System Fortification	10/01/2020 10/28/2020	\$275,000.00	Public Health Expenses	
Total:					\$275,000.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 192

94	Sub-Recipient Organization (Transferee/Government Unit)*	CASPER COMMUNITY COLLEGE DISTRICT-075761957
95	Transfer Number *	192
96	Transfer Amount *	\$231,300.90
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$231,300.90	\$00	\$231,300.90
Total		\$00	\$231,300.90	\$00	\$231,300.90

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$231,300.90	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$231,300.90		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



### Sub Screen: Transfer: 193

94	Sub-Recipient Organization (Transferee/Government Unit)*	CENTRAL WYOMING COLLEGE-NoDUNS1
95	Transfer Number *	193
96	Transfer Amount *	\$489,634.00
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$489,634.00	\$00	\$489,634.00
Total		\$00	\$489,634.00	\$00	\$489,634.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$489,634.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$489,634.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00

## Sub Screen: Transfer: 194

94	Sub-Recipient Organization (Transferee/Government Unit)*	EASTERN WYOMING COLLEGE-050412006
95	Transfer Number *	194
96	Transfer Amount *	\$408,947.00
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$408,947.00	\$00	\$408,947.00
Total		\$00	\$408,947.00	\$00	\$408,947.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$408,947.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$408,947.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 195

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY COMMUNITY COLLEGE-804885754
95	Transfer Number *	195
96	Transfer Amount *	\$1,162,291.00
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,162,291.00	\$00	\$1,162,291.00
Total		\$00	\$1,162,291.00	\$00	\$1,162,291.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	11/13/2020	11/13/2020	\$1,162,291.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$1,162,291.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 196

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT-086711256
95	Transfer Number *	196
96	Transfer Amount *	\$2,804,389.50
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$2,804,389.50	\$00	\$2,804,389.50
Total		\$00	\$2,804,389.50	\$00	\$2,804,389.50

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$2,804,389.50	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$2,804,389.50

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00

### Sub Screen: Transfer: 197

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST COMMUNITY COLLEGE-NoDUNS2
95	Transfer Number *	197
96	Transfer Amount *	\$513,802.00
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$513,802.00	\$00	\$513,802.00
Total		\$00	\$513,802.00	\$00	\$513,802.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$513,802.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$513,802.00		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 198

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTERN WYOMING COMMUNITY COLLEGE DISTRICT-073115677
95	Transfer Number *	198
96	Transfer Amount *	\$657,191.00
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$657,191.00	\$00	\$657,191.00
Total		\$00	\$657,191.00	\$00	\$657,191.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$657,191.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$657,191.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00

## Sub Screen: Transfer: 199

94	Sub-Recipient Organization (Transferee/Government Unit)*	CASPER COMMUNITY COLLEGE DISTRICT-075761957
95	Transfer Number *	199
96	Transfer Amount *	\$618,090.00
97	Transfer Date *	12/01/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$618,090.00	\$00	\$618,090.00
Total		\$00	\$618,090.00	\$00	\$618,090.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/31/2020	\$618,090.00	Facilitating Distance Learning	
Total:				\$618,090.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 200

94	Sub-Recipient Organization (Transferee/Government Unit)*	CASPER COMMUNITY COLLEGE DISTRICT-075761957
95	Transfer Number *	200
96	Transfer Amount *	\$410,042.15
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$410,042.15	\$00	\$410,042.15
Total		\$00	\$410,042.15	\$00	\$410,042.15

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$410,042.15	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$410,042.15

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00



## Sub Screen: Transfer: 201

94	Sub-Recipient Organization (Transferee/Government Unit)*	CENTRAL WYOMING COLLEGE-NoDUNS1
95	Transfer Number *	201
96	Transfer Amount *	\$1,564,556.00
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,564,556.00	\$00	\$1,564,556.00
Total		\$00	\$1,564,556.00	\$00	\$1,564,556.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$153,836.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	5 - Education Resilience	10/01/2020	12/30/2020	\$1,410,720.00	Facilitating Distance Learning	
Total:				\$1,564,556.00		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 202

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY COMMUNITY COLLEGE-804885754
95	Transfer Number *	202
96	Transfer Amount *	\$2,303,678.00
97	Transfer Date *	11/12/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$2,303,678.00	\$00	\$2,303,678.00
Total		\$00	\$2,303,678.00	\$00	\$2,303,678.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$2,303,678.00	Facilitating Distance Learning	
Total:				\$2,303,678.00		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

### Sub Screen: Transfer: 203

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY COMMUNITY COLLEGE-804885754
95	Transfer Number *	203
96	Transfer Amount *	\$534,130.80
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$534,130.80	\$00	\$534,130.80
Total		\$00	\$534,130.80	\$00	\$534,130.80

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$534,130.80	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$534,130.80		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 204

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT-086711256
95	Transfer Number *	204
96	Transfer Amount *	\$681,233.84
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$681,233.84	\$00	\$681,233.84
Total		\$00	\$681,233.84	\$00	\$681,233.84

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$681,233.84	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$681,233.84

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00

### Sub Screen: Transfer: 205

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST COMMUNITY COLLEGE-NoDUNS2
95	Transfer Number *	205
96	Transfer Amount *	\$1,219,210.00
97	Transfer Date *	11/12/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$1,219,210.00	\$00	\$1,219,210.00
Total		\$00	\$1,219,210.00	\$00	\$1,219,210.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	5 - Education Resilience	10/01/2020 12/30/2020	\$1,219,210.00	Facilitating Distance Learning	
Total:					\$1,219,210.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 206

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST COMMUNITY COLLEGE-NoDUNS2
95	Transfer Number *	206
96	Transfer Amount *	\$399,126.90
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$399,126.90	\$00	\$399,126.90
Total		\$00	\$399,126.90	\$00	\$399,126.90

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$399,126.90	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$399,126.90

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00

## Sub Screen: Transfer: 207

94	Sub-Recipient Organization (Transferee/Government Unit)*	WESTERN WYOMING COMMUNITY COLLEGE DISTRICT-073115677
95	Transfer Number *	207
96	Transfer Amount *	\$362,242.00
97	Transfer Date *	12/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program supports COVID-19 related challenges faced by Wyoming K-12 and higher education and provides assistance needed to operate K-12 schools, Wyoming community colleges and the University of Wyoming. Funds were used to purchase personal protective equipment, technology for distance learning and food insecurity support. Individual expenses included PPE, testing supplies, sanitizing supplies, thermometers, face shields, custodial support, advertising, safety equipment, barriers, crowd control, floor marking and other supplies. Additionally, funds were used to purchase technology equipment, software, and internet connectivity necessary for virtual education and remote learning during the pandemic.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	5 - Education Resilience	\$00	\$362,242.00	\$00	\$362,242.00
Total		\$00	\$362,242.00	\$00	\$362,242.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	5 - Education Resilience	10/01/2020	12/30/2020	\$362,242.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$362,242.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00

## Sub Screen: Transfer: 208

94	Sub-Recipient Organization (Transferee/Government Unit)*	MEMORIAL HOSPITAL LARAMIE CNTY-040726275
95	Transfer Number *	208
96	Transfer Amount *	\$345,000.00
97	Transfer Date *	12/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	The Wyoming Department of Insurance served as the pass-through agency for CARES Act funds distributed to the Enroll Wyoming program and the Wyoming Primary Care Association to assist Wyoming citizens with obtaining health insurance for those granted a Special Enrollment Period (SEP) as well as for those seeking insurance during the Open Enrollment period (November 1-December 15 for plans beginning January 1, 2021). As a result of COVID19, numerous Wyomingites lost their jobs and their related health insurance. Others experienced significant changes in their income, necessitating changes to their insurance plans for 2021. The CARES Act money was used to support Enroll Wyoming activities including hiring temporary enrollment personnel called Certified Application Counselors (CACs) to assist consumers through a variety of outreach, education, enrollment counseling, post enrollment, and renewal support services.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	No Project Assigned	\$00	\$345,000.00	\$00	\$345,000.00
Total		\$00	\$345,000.00	\$00	\$345,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	No Project Assigned	12/07/2020 12/07/2020	\$345,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$345,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 209

94	Sub-Recipient Organization (Transferee/Government Unit)*	LARAMIE COUNTY, WYOMING-130690048
95	Transfer Number *	209
96	Transfer Amount *	\$380,952.81
97	Transfer Date *	11/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$-310,422.19	\$380,952.81	\$-310,422.19	\$380,952.81
Total		\$-310,422.19	\$380,952.81	\$-310,422.19	\$380,952.81

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$691,375.00	COVID-19 Testing and Contact Tracing	
Total:					\$691,375.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - Testing and Contact Tracing	04/01/2021 04/01/2021	\$-310,422.19	COVID-19 Testing and Contact Tracing		
Total:					\$-310,422.19	

## Sub Screen: Transfer: 210

94	Sub-Recipient Organization (Transferee/Government Unit)*	COUNTY OF CROOK-603340928
95	Transfer Number *	210
96	Transfer Amount *	\$57,252.75
97	Transfer Date *	10/09/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$-114,307.25	\$57,252.75	\$-114,307.25	\$57,252.75
Total		\$-114,307.25	\$57,252.75	\$-114,307.25	\$57,252.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$171,560.00	COVID-19 Testing and Contact Tracing	
Total:					\$171,560.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - Testing and Contact Tracing	04/19/2021 04/19/2021	\$-114,307.25	COVID-19 Testing and Contact Tracing		
Total:					\$-114,307.25	

## Sub Screen: Transfer: 211

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN ARAPAHO TRIBE-037446903
95	Transfer Number *	211
96	Transfer Amount *	\$406,000.00
97	Transfer Date *	12/08/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$406,000.00	\$00	\$406,000.00
Total		\$00	\$406,000.00	\$00	\$406,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020	12/30/2020	\$406,000.00	COVID-19 Testing and Contact Tracing	
Total:				\$406,000.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 212

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUBLETTE, COUNTY OF-048201693
95	Transfer Number *	212
96	Transfer Amount *	\$100,871.21
97	Transfer Date *	10/15/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$-41,128.79	\$100,871.21	\$-41,128.79	\$100,871.21
Total		\$-41,128.79	\$100,871.21	\$-41,128.79	\$100,871.21

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$142,000.00	COVID-19 Testing and Contact Tracing	
Total:					\$142,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - Testing and Contact Tracing	05/10/2021 05/10/2021	\$-41,128.79	COVID-19 Testing and Contact Tracing		
Total:					\$-41,128.79	

## Sub Screen: Transfer: 213

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	213
96	Transfer Amount *	\$70,424.90
97	Transfer Date *	10/15/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$70,424.90	\$00	\$70,424.90
Total		\$00	\$70,424.90	\$00	\$70,424.90

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020	12/30/2020	\$70,424.90	COVID-19 Testing and Contact Tracing
Total:					\$70,424.90

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
					Category Description
Line 1	0			\$00	
Total:					\$00

## Sub Screen: Transfer: 214

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	214
96	Transfer Amount *	\$76,107.42
97	Transfer Date *	10/21/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$76,107.42	\$00	\$76,107.42
Total		\$00	\$76,107.42	\$00	\$76,107.42

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020	12/30/2020	\$76,107.42	COVID-19 Testing and Contact Tracing	
Total:						\$76,107.42

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 215

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	215
96	Transfer Amount *	\$149,399.58
97	Transfer Date *	11/20/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$149,399.58	\$00	\$149,399.58
Total		\$00	\$149,399.58	\$00	\$149,399.58

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020	12/30/2020	\$149,399.58	COVID-19 Testing and Contact Tracing	
Total:				\$149,399.58		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 216

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	216
96	Transfer Amount *	\$116,900.11
97	Transfer Date *	12/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$116,900.11	\$00	\$116,900.11
Total		\$00	\$116,900.11	\$00	\$116,900.11

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$116,900.11	COVID-19 Testing and Contact Tracing	
Total:					\$116,900.11

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Transfer: 217

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON, COUNTY OF-096690854
95	Transfer Number *	217
96	Transfer Amount *	\$78,560.02
97	Transfer Date *	12/17/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$78,560.02	\$00	\$78,560.02
Total		\$00	\$78,560.02	\$00	\$78,560.02

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020	12/30/2020	\$78,560.02	COVID-19 Testing and Contact Tracing	
Total:				\$78,560.02		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 218

94	Sub-Recipient Organization (Transferee/Government Unit)*	TETON COUNTY HOPITAL DISTRICT DBA ST. JOHN'S HEALTH-NoDUNS9
95	Transfer Number *	218
96	Transfer Amount *	\$65,395.00
97	Transfer Date *	10/07/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$65,395.00	\$00	\$65,395.00
Total		\$00	\$65,395.00	\$00	\$65,395.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/07/2020	10/07/2020	\$65,395.00	COVID-19 Testing and Contact Tracing	
Total:				\$65,395.00		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 219

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT-086711256
95	Transfer Number *	219
96	Transfer Amount *	\$55,000.00
97	Transfer Date *	12/23/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$55,000.00	\$00	\$55,000.00
Total		\$00	\$55,000.00	\$00	\$55,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$55,000.00	COVID-19 Testing and Contact Tracing	
Total:					\$55,000.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 220

94	Sub-Recipient Organization (Transferee/Government Unit)*	TRANSPORTATION, WYOMING DEPARTMENT OF-809916000
95	Transfer Number *	220
96	Transfer Amount *	\$790,012.00
97	Transfer Date *	10/13/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	This program supports Wyoming's state agencies' responses to COVID-19, including Wyoming's executive, judicial, and legislative branches of government. Wyoming state agencies have had to respond in a variety of ways and this program assisted with purchases of personal protective equipment (PPE), mask material, office space modifications, sanitation measures, telework expenses and an employee assistance program for mental health needs. This program assisted with agency specific needs such as costs associated with a special legislative session, support for remote hearings, trial laptops, transportation, advertising campaigns and training programs.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	4 - State Agencies' COVID Response	\$00	\$790,012.00	\$00	\$790,012.00
Total		\$00	\$790,012.00	\$00	\$790,012.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	4 - State Agencies' COVID Response	10/01/2020 12/30/2020	\$790,012.00	Public Health Expenses	
Total:					\$790,012.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 221

94	Sub-Recipient Organization (Transferee/Government Unit)*	Casper-Natrona County Health Department-NoDUNS38
95	Transfer Number *	221
96	Transfer Amount *	\$335,180.99
97	Transfer Date *	11/27/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$00	\$335,180.99	\$00	\$335,180.99
Total		\$00	\$335,180.99	\$00	\$335,180.99

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$335,180.99	COVID-19 Testing and Contact Tracing	
Total:					\$335,180.99

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Transfer: 222

94	Sub-Recipient Organization (Transferee/Government Unit)*	EASTERN SHOSHONE TRIBE-196600027
95	Transfer Number *	222
96	Transfer Amount *	\$296,503.23
97	Transfer Date *	12/28/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This program implements a high-level strategy to increase epidemiologic surveillance and control capacity to further mitigate the spread and impacts of COVID-19 in Wyoming through a combination of diagnostic testing, population-based testing/sampling and surveillance, and epidemiologic case and outbreak investigation and control (including contact tracing). The objective is to achieve a balance between controlling the outbreak in the short-term and collecting data on an ongoing basis in order to inform any future actions (quarantining, public health orders/closures, etc.). This program purchases test kits and other testing supplies from private, third party vendors to support the statewide COVID-19 public health response. Funds were also used to supplement the state's COVID-19 wastewater testing project. Funds were used to pay county nursing staff who have been reassigned from their normal duties to COVID responses (contact tracing, isolation and quarantine and education). Funds were used for onsite focused infection control surveys of licensed-only facilities (assisted living, boarding home, adult day care and home health).

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - Testing and Contact Tracing	\$-109,392.77	\$296,503.23	\$-109,392.77	\$296,503.23
Total		\$-109,392.77	\$296,503.23	\$-109,392.77	\$296,503.23

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	1 - Testing and Contact Tracing	10/01/2020 12/30/2020	\$405,896.00	COVID-19 Testing and Contact Tracing	
Total:					\$405,896.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - Testing and Contact Tracing	06/03/2021 06/03/2021	\$-109,392.77	COVID-19 Testing and Contact Tracing		
Total:					\$-109,392.77	