

WYOMING MILITARY ASSISTANCE TRUST FUND

GRANT APPLICATION PACKAGE

Revision Date: 20 Apr 16

Note: Grants are for emergencies only in support of Service members/Families whose financial hardship relates directly to state or federal military duty.



WYOMING MILITARY ASSISTANCE TRUST
FUND APPLICATION COMPLETION
INSTRUCTIONS

Grants are for emergencies only and will be considered for Service members or Families whose financial hardships are related directly to state or federal military duty.

Complete the basic **WY MILITARY ASSISTANCE TRUST FUND APPLICATION** thoroughly. Providing a complete application will assist in avoiding delays in considering the application.

BUDGET SHEET - Must be completed in its entirety.

FINANCIAL MANAGEMENT PLAN - You are required to contact the S-FERST Personal Financial Counselor at (307) 772-5362 or a Military One Source Financial Consultant toll-free at 1-800-635-4917 for financial planning guidance. They will assist you in developing a Financial Management Plan.

WY MILITARY ASSISTANCE TRUST FUND CONSENT AND AUTHORIZATION TO RELEASE INFORMATION & FINANCIAL MANAGEMENT PLAN VERIFICATION - Simply print your name where indicated, and date and sign.

EMPLOYMENT STATUS FORM - If you are currently unemployed you must seek employment assistance information from the S-FERST Employment representative @ (307) 772-5055

To expedite the consideration of the application, please carefully review the following information:

- a. For **ALL** repairs (Home, Auto, Emergency Travel, etc), please provide an estimate of cost for labor and materials, or projected costs from an appropriate business/vendor.
- b. If you have a current copy of a Leave & Earnings Statement, please submit it with the application.
- c. Please submit a copy of the military member's duty order with the application.

Assistance with completing the application may be obtained by contacting these offices:

WYNG S-FERST Deputy Director – (307) 772-5208

WYNG Family Assistance Center Supervisor – (307) 772-5109

WYANG Airman & Family Readiness Program Manager – (307) 772-6063

WYNG Senior Family Readiness Support Assistant – (307) 772-5197

Military Family Life Consultant – Personal Financial Counselor – (307) 772-5362

Before submitting please complete the Checklist on page 9 to assure that you have not omitted anything. After submitting the application, please call one of the above points of contact to initiate the tracking of your application.

NEW REQUIREMENTS! Wyoming Vendor Management Form and IRS Form W-9. Please contact a Family Assistance Center Specialist for specific instructions to avoid these forms being returned. In addition: A original voided check or a account confirmation letter on bank letterhead is required. The originals must be signed and mailed in/hand delivered.

Mail to:
Wyoming Military Dept.
Family Assistance Center
5410 Bishop Blvd.
Cheyenne, WY 82009

Wyoming Military Assistance Trust Fund

Application for Emergency Assistance

Note: Grants are for emergencies only and will be considered for Service members/Families whose financial hardships are related directly to state or federal military duty.

Date _____

Military Member Name: (Please Print) _____

_____ Last First MI

SSN _____ Grade: _____ ETS: _____

Branch: _____ Component: _____

Activated: _____ Unit: _____

Start date of mobilization/deployment orders: _____

Guard and reserve members must attach a copy of the activation orders:

E-mail address: _____ Length of active duty: _____

Pending disciplinary action/separation? Yes _____ No _____

Dependents for whom you furnish support:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |

Payee's Name :(Military Member or Dependent) _____

_____ Last First MI

SSN: _____ (Same as on Wolfs 109(a) Form)

Relationship to the military member _____

Home phone: _____ Work phone: _____

Cell phone: _____

Best phone number to contact you: _____ Times: _____

Street address: _____

City: _____ State: _____ Zip: _____

Power of Attorney: Yes _____ No _____

Bankruptcy filed or pending: Yes _____ No _____

Chapter type: _____

Change in income: _____

Change in employment status: _____

Specific reason assistance is needed: _____

How was this caused by military member's military duty? _____

List other sources of assistance contacted (i.e. Veterans Groups, AER, Air Force Aid, United Way, etc.)

List assistance received in the past 12 months (Include Date & Amount) _____

What is the amount you are requesting? _____

Applicants' Certification

Intentionally providing false information is subject to penalties under state, federal and/or UCMJ as applicable. The information in this application and receipt of subsequent assistance is confidential. I shall not disclose the details of assistance received through this program.

I certify the information provided on this application is complete, true, and correct and that in my opinion this application is a last resort.

I understand that the grant payment process takes approximately 7 to 10 days after the application has been processed and approved.

Signature of applicant: _____ Date: _____

Action by Approving Authorities

Past grants Yes No If yes, how many? _____ Total dollar amount of all W MATF past grants: \$ _____

Military review by: _____ Date: _____ Rank: _____ Position: _____

Approved Assistance amount: \$ _____ Date: _____

Disapproved Individual informed of reasons why request was disapproved Yes _____ No _____

Signatures of approving authorities:

JAG REVIEW Legally Sufficient? Yes: _____ No: _____ JAG Initials: _____

Name: _____ Date: _____ Grade: _____ Position: _____

Name: _____ Date: _____ Grade: _____ Position: _____

Notes: _____

WYOMING MILITARY ASSISTANCE TRUST FUND
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I, _____ (Print Name), hereby authorize and consent to the release of financial and military information from any entity to the Wyoming Military Department and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

I understand I may revoke this authorization at any time, except to the extent that action based on this consent and authorization has already been taken. This consent and authorization will expire automatically six months from the date it is signed.

Date

Signature of Applicant

VERIFICATION OF FINANCIAL COUNSELING & FINANCIAL MANAGEMENT
PLANNING

You are required to speak with a Personal Financial Counselor (PFC). Call 1-307- 772-5362. If the PFC is not available, contact Military One Source at 1-800 635- 4917. The Counselor will review your Financial Management Plan. After financial consultation, complete below:

I have applied for a grant through the Wyoming Military Trust Fund on _____ (Date.) I understand that this consent form will be used to verify that I have discussed my Financial Management Plan (Budget) with Personal Financial Counselor (PFC).

On _____ (Date) I talked to _____ (Name) the Personal Financial Counselor (PFC)/Military One Source. I authorize the Personal Financial Counselor (PFC)/Military One Source to verify this information.

Financial Management Plan must be submitted with application.

Signature of Applicant

WYOMING MILITARY ASSISTANCE TRUST FUND

Employment Status Form

Service member is:

Currently employed

Full time at: _____

Part time at: _____

Is this grant needed because of an employment related issue? Yes No

If you answered yes, have you contacted the Wyoming Committee for Employer Support of the Guard and Reserve (ESGR) concerning the issue? Yes No
Cheyenne Office (307) 772-5376

Currently not employed.

Is your unemployment due to a recent or upcoming deployment? Yes No

All Services

If you checked that the service member is currently not employed, the service member is required to contact the Employment Coordinator at (307) 772-5055.

I contacted the Employment Coordinator on:

Date _____ and spoke with _____.

APPLICANT CHECKLIST

Before submitting, please review this checklist to ensure a complete application is submitted:

- Is the question, *What is the amount you are requesting?* answered.
- Is the Applicant's Certification signed? Must be the same person listed as Payee.
- Have you included a void check? Checks without printed names and address will not be accepted.
If a voided check is not available, submit verification of account information and type of account on your financial institution's letterhead with the account name, the routing number and account number. An employee of the financial institution must sign this letter.
- Is the Budget Worksheet completed?
- Is Financial Management Plan completed and attached?
- Is/are estimates included in the application?
- Did you complete the employment requirements?

CONTACT FAMILY ASSISTANCE CENTER STAFF FOR ADDITIONAL HELP/INFORMATION

Within a week following grant submission:

In order to provide continued support to our Military Members and their Families, a member of the Wyoming Family Program Office will be contacting you to ensure that your needs have been met and to offer any services that may be of benefit to you.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

| | | |
|---|---|--|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Save a Tree - Choose EFT

Re: State of Wyoming Vendor Management

Please complete the **Wyoming Vendor Management Form** and the **IRS Form W-9 Request for Taxpayer Identification Number & Certification** in order to process payments from the State of Wyoming.

Wyoming Vendor Management Form - Please complete the Wyoming Vendor Management Form in order to assure an accurate, up-to-date record of company financial institution and company contact information. Please verify that all fields are complete and the form has been signed by the primary contact. For specific examples of the primary contact, please refer to the instructions provided. Only original signatures will be accepted. Additionally, the information provided on this form must match that provided on the Form W-9. If you have questions on completing this form, please contact the State Agency with whom you conduct business.

IRS Form W-9 Request for Taxpayer Identification Number & Certification - Please use the current Form W-9, found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. Please complete all applicable sections of the document including taxpayer type, a valid tax identification number, and your signature. Only original signatures will be accepted. The information you provide must match how you are registered with the IRS. Instructions for completing the form are found on the IRS website at the link provided above.

Please send the **completed forms to the State Agency** with whom you conduct business and remit invoices for payment.



Wyoming State Auditor's Office

Instructions for Wyoming Vendor Management Form



Please Note: For your protection, we will not accept email or fax to enroll or change Financial Institution Information. Failure to provide the requested information may delay or prevent your receipt of payments.

Check Box Section (Choose the appropriate option(s))

- **New Enrollment or Re-Activation:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Vendor Name/Address Change or Add Subsidiary Remittance Address:** Complete all information in Parts 1, 3, and 4.
- **New Direct Deposit Enrollment or Modify Existing Direct Deposit Information:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Primary Contact Change or Discontinue Vendor:** Complete all information in Parts 1, 3, and 4.

Part 1: Vendor Name & Address

- **REQUIRED:** Provide an updated Form W-9.
- **Legal Business (if Company) or Individual Name:** The name of the business or person as it appears on the Social Security card or how you are registered with the IRS. Do not abbreviate names.
- **EIN/SSN:** Provide the Employer Identification Number or Social Security Number, as registered with the IRS.
- **Primary Address:** This is the default address and should match what is reported on Form W-9
- **Remittance Address:** This is the address where payments should be remitted. Complete if different from Primary Address.

Part 2: Direct Deposit Financial Institution Information (DD) – Use only if requesting payment via Direct Deposit

- **New DD Info (Use only to enroll in DD or modify DD Info):**
 - **Type of Account:** Check box indicating if account is a savings account or a checking account
 - **Name of Financial Institution:** Name of your financial institution
 - **Routing Number/ABA#:** Nine-digit number identifying the financial institution
 - **Account Number:** Vendor's financial institution account number
- **Previous DD Info (Use only if modification to DD Info):** For changes to financial institution information **ONLY**. All fields are required, see prior step for definitions.
- **Discontinuation of Direct Deposit:** **ONLY** check box if you are selecting to stop receiving payment via Direct Deposit then complete the **Previous Direct Deposit Info** section.

Part 3: Vendor Contact Information

- **Contact Name:** Print the name of your primary contact
 - If providing an Employer Identification Number (EIN), on the Form W-9, contact **MUST** be someone who can make financial and/or legal decisions for the entity.
 - If providing a Social Security Number (SSN), on the Form W-9, contact **MUST** be the individual taxpayer registered with the IRS.
- **Contact Position Title (if Company) or Self (if Individual):** Provide the position title for the primary contact or Self if individual.
- **Email Address:** Provide the email address for the primary contact.
- **Phone Number:** Provide the phone number and extension, if applicable, for the primary contact

Part 4: Vendor Certification and Signature (All fields are required)

- **Authorized Vendor Contact Signature:** Provide an original signature of the primary contact. This **MUST** match the Vendor Contact Name in Part 3.
- **Date:** Please provide the date this form is signed by the primary contact.

