

RESOLUTION NO.

A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2023 WYOMING COURT SUPERVISED TREATMENT PROGRAM ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST FUNDING FOR THE LARAMIE COUNTY DRUG COURT PROGRAM IN THE AMOUNT OF \$233,866.50.

THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES;

To submit a grant application to the Wyoming Department of Health for FY-2023 Wyoming Court Supervised Treatment Program Grant in the amount of \$233,866.50 to fund operations and programs of the Laramie County Drug Court; and

To commit \$36,500 in matching funds to be included in the Laramie County's FY-2023 budget; and

To Appoint Sandra Newland, or her successor in the position of the Laramie County Grants Manager, as agent and grant contact for Laramie County to execute and submit applications, financial reports and certifications which may be necessary for this application and grant; and

To authorize Kurt Zunker, or his successor in the position of the Director of the Laramie County Treatment Court Office, to implement programs funded by this grant and to make programmatic and performance reports relating to this grant on behalf of the Laramie County Board of Commissioners.

PASSED, APPROVED AND ADOPTED THIS ____ DAY OF JANUARY, 2022.

By: _____

Date: _____

Troy Thompson, Chairman

ATTEST:

Date: _____

Debra Lee, Laramie County Clerk

Received and Approved as to Form only By:

Date: 1/10/2022

Laramie County Attorney's Office

**WYOMING COURT SUPERVISED TREATMENT
PROGRAM
STATE FISCAL YEAR 2023
GRANT APPLICATION**



Wyoming
Department
of Health

Behavioral Health Division

Behavioral Health Division
122 West 25th Street, Herschler Building West, Suite B
Cheyenne, WY 82002

Program Name, Program Contact: Click here to enter text.

Application Sections

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Program Name, Program Contact: Click here to enter text.

SFY2023 Wyoming Court Supervised Treatment (CST) Program Application Instructions

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

These instructions are for SFY 2023 applications. Please read carefully so the application is completed accurately. If you have questions, contact Alicia Johnson: 307-777-6885, or email cstprogram@wyo.gov. The application contains four (4) documents. Please fill out every section completely.

- (I) Instructions
- (II) Application
- (III) Budget Justification Worksheet

This application and materials are not a guarantee of contract or funding. An incomplete application will result in no contract being awarded. Any program that has not met all contract deliverables from the current contract year will not be eligible for a contract in FY23. **As a Court Supervised Treatment Program applying for State of Wyoming funds, you are required to adhere to requirements in the Court Supervised Treatment Programs Act (Wyo. Stat. § 7-13-1601 through Wyo. Stat. § 7-13-1616), all current State Rules and Regulations (Mental Health and Substance Use Disorder Services Rules Chapters 1-6), and any policies and procedures set by the Wyoming Department of Health, Behavioral Health Division.**

Special Instructions:

- If you are applying for funding for more than one (1) program, you must complete a separate application for each program.
- Do not put sections onto separate pages. Allow each section to utilize the same page if there is room in order to save space and printing costs. Use only the space provided.
- Budget and Budget Justification Spreadsheet: Fill in all projected dollar amounts by line item. Provide an explanation for each on the Justification spreadsheet. Provide your best estimates and if an award is granted, we will collect a finalized budget by June 30, 2022. The total match must meet or exceed twenty-five (25) percent of the total amount awarded.
- Matching funds letters should be grouped together into one (1) scanned document rather than several separate documents.

Application Deadline: February 1, 2022 - 5pm MDT

Send all completed application documents via email to cstprogram@wyo.gov. All information and attachments included in the application must be submitted in the order they appear in the application. Applications that do not follow the format will be deemed to be “incomplete” and returned to the applicant.

Save the completed application, budget attachment, and master contact list using the file name: court-name grant app (or budget or contacts) FY23. (e.g. **AlbanyCountyCSTProgram grant app FY23**). Documents that do not follow the file naming convention will be deemed “incomplete” and returned to the applicant.

All applications should be sent electronically via email. If you are experiencing technical difficulties, please contact Alicia. All documents must arrive no later than 5:00 pm on February 1, 2022.

Program Name, Program Contact: Click here to enter text.

Section 1. Program Type, Mission, Goals

Official Program Name: **Laramie County Drug Court**

1. Program Type:

- ☒ Adult Drug Court
- ☐ Juvenile Drug Court
- ☐ DUI Court
- ☐ Tribal Healing to Wellness Court
- ☐ Reentry Drug Court
- ☐ Veterans Treatment Court
- ☐ Federal District Drug Court
- ☐ Family Dependency Treatment Court
- ☐ Back on TRAC
- ☐ Other (Please specify):

2. Use the following space for Program Mission Statement and Goals (see W.S. §7-13-1603(b))

Program Mission Statement and Goals: The mission of the Laramie County Drug Court is to improve public safety and strengthen our community foundation. Through intervention, quality treatment, and intensive supervision we will interrupt the cycle of addiction for substance abusing offenders.

The Laramie County Drug Court has three goals:

Goal I: Use an outcome-based approach to provide a continuum of care for eligible substance abusing offenders.

Goal II: Decrease substance abuse related crime by interrupting the offender's cycle of substance abuse.

Goal III: Mobilize and effectively manage community resources and support services to encourage a productive, healthy lifestyle.

Section 2. Funding Request

Please list number of slots requesting state funds to support in FY23.

	No. of Slots	Cost per Slot	Total
Adult	25	\$ 9,354.66	\$ 233,866.50

Program Name, Program Contact: Click here to enter text.

Juvenile	0	\$ 14,716.84	\$
Total State Funding Request			\$ 233,866.50

Program Name, Program Contact: Click here to enter text.

Section 3. Program Data to Support Request

The CST Program will provide the number of unique participants served for FY19-FY22 (Dec. 31, 2021), amount of unspent funds for FY21, recidivism rates for FY21 and FY22 through Dec. 31, 2021, and retention rates for FY21 through Dec. 31, 2021.

OPTIONAL: Use the following space to share any important information/circumstances regarding unique participant numbers, retention, and recidivism rates:

Section 4. Funding Sources, Practices, Fiscal Agent

Program Funding and Fees

1. Is the program currently receiving federal funds (for FY22)? ☐ Yes ☒ No
 - a. If yes, list the name of grant and amount received:
2. Will the program apply for other federal funds in FY23? ☐ Yes ☒ No
3. Does the program intend to request funding to aid in CARF accreditation? ☒ Yes ☐ No
If the program contracts with a Community Mental Health Center who receives funding from the Behavioral Health Division, the program is not eligible to receive CARF funding.
4. If the program will receive other supplemental funds (gifts, contributions, donations, or grants) outside of the state grant and city/county match funds, list the funding source(s) and dollar amount(s) here:
The program does not anticipate receiving any additional funds outside of the State grant, County funds, and participant fees.
5. How much will program participants pay in CST Program fees (designate if per phase, per year, per month, other)?
All program participants are required to pay a \$750 program fee prior to graduation.

Program Name, Program Contact: Click here to enter text.

6. What other expenses will participants be responsible for throughout the program (SCRAM bracelets, drug testing, other)?

Participants may be required to pay for specialized urinalysis testing, such as for Spice or EtG if they test positive for those substances. Any participant that has been determined to be in need of residential treatment will be required to make payment to the residential treatment program they attend.

7. If participants are required to pay CST-related expenses directly to any organization holding a contract or MOU with the program (treatment providers, drug testing services, etc.) how are those payments tracked and reported back to the program?

The Drug Court contracts with the Drug Testing Center of Cheyenne to provide additional drug testing and community supervision of program participants. Participants that are required to pay for their own drug testing are referred to this entity. The program coordinator communicates with the staff at the Drug Testing Center concerning costs and fees incurred by participants in regards to testing and the program requires those debts be paid in full before a participant is eligible to graduate.

8. Is the program's fiscal/fiduciary agent on the program's governing body or board?

☐ Yes ☒ No

If the fiscal/fiduciary agent is not on the governing body or board, email a signed copy of the resolution appointing the fiscal/fiduciary agent to cstprogram@wyo.gov for record keeping purposes.

9. Upon application submission, please submit the letters from the agency or agencies that committed in-kind contributions and local match funds for the upcoming year of FY23. These documents should be scanned and submitted as one (1) document.

Section 5. Projected Budget and Justification (Attachment A)

Fill out the Budget and Budget Justification Attachment A and submit with your application. (The Budget tab and Budget Justification tab are both on the same document.) Match funds must be at least 25% of your state funds request. Federal grants and any other state funds cannot be counted in your match funds.

Program Name, Program Contact: Click here to enter text.

Section 6. Magistrates

1. Pursuant to W.S. 7-13-1606(d), "The application shall identify participating judges and contain a plan for the participation of judges. The plan shall be consistent with rules adopted by the department and the Supreme Court." Use the following space to provide the plan for the participation of all judges/magistrates in the program:

The Laramie County Drug Court Team plans the following involvement for Judges and Magistrates:

The Drug Court Judge will be a member of the clients Staffing Team. As such, the Judge will take part in all necessary Drug Court training. The Judge will preside over the actual Drug Court sessions and impose sanctions or grant incentives as necessary. The determination of a client's progress or lack thereof within the program shall be determined at staffing by the program team, which includes the participating judge.

Should a client be terminated from the program or incarcerated for a sanction, the participating judge will provide notice to the client and give the client an opportunity to be heard.

The participating judge will NOT act on any motion to revoke a client's probation for failing to complete the Drug Court Program. The magistrate will assume the role of "participating judge" when the regular judge is unavailable. Both the participating judge and magistrate will adhere to all rules and regulations adopted by the Wyoming Department of Health and the Wyoming Supreme Court and all other professional rules of conduct as required.

2. To aid the Supreme Court in compiling data to build their projected CST magistrate budgets, what is the **average number of hours per week** that a magistrate is utilized in the program?

We do not anticipate using a Magistrate at this time.

Section 7. Risks/Needs Assessment Practices

1. What participant risks/needs screening and assessment processes does the program currently use? Explain the process and list all tools used.
The program has purchased the COMPAS R&N program, which it will utilize from time to time, as well as our program P&P Agent uses the ORAS assessment as directed by DOC policy.

Program Name, Program Contact: Click here to enter text.

2. What is the job title of the individual(s) conducting the screening of participants?
Kurt Zunker, Treatment Court Director and Jonathan Hazlitt P&P Agent

3. Use the following space to explain if the program opts to serve individuals with risk/need levels different than the best practice population and summarize this policy including if and how the groups are separated.

We only serve individuals that score out as high risk and high need.

Section 8. Substance Use Treatment Services, Practices, Certifications

1. Will the program hire in-house treatment providers? ☐ Yes ☒ No
2. Will the program contract for treatment? ☒ Yes ☐ No
If yes, provide the name of the provider here:
3. What is the expiration date of the in-house program or contracted treatment provider's STATE CERTIFICATION?
Foundations Counseling and Consulting is our contracted provider. They are located at 515 E. Carlson Street, Suite 104, Cheyenne, WY 82009. (307) 638-4092 & (307) 635-3967 (fax). Their State accreditation expires, April 30, 2024.
4. What is the expiration date of the treatment provider's NATIONAL ACCREDITATION?
March 21, 2023

Section 9. Mental Health Services, Practices, Certifications

1. Does the program have a contract (or MOU) for mental health services?
☐ Yes ☒ No
2. Does the program refer participants to local Community Mental Health Center(s)?
☒ Yes ☐ No

Use the following space to provide the name or names of the mental health treatment providers used by the program.

VOA
2526 Seymour Ave
Cheyenne, WY 82001
<https://www.voanr.org/>

Health Works
2559 East Fox farm Rd.
Cheyenne, WY 82007
<https://www.wyhealthworks.org/>

3. Does the mental health provider keep the program team fully informed of all matters relevant to the treatment and program progress of all participants? ☒ Yes ☐ No

Program Name, Program Contact: Click here to enter text.

How is this information communicated?

Participants that are referred to Healthworks, or Peak Wellness, will work with Brittany Sullivan who is a case manager at Foundations. She is the primary contact for the services and participates in our Drug Court staffing's.

Section 10. Training Summary

List every program team member and every treatment provider, the training hours they have acquired in the last fiscal year (July 1, 2020 - June 30, 2021), and the title of the training. If training hours are not entered, , please provide an explanation on why required hours were not obtained and the plan for completion of the hours in the next contract year. Add rows as needed. *If the training was not from an organization listed in Rule or Guideline and was not preapproved, it will not be counted for completed hours.*

Member Position	Member Name	Title of Training	Hours Received	Member Start Date
Participating Judge	Judge Antoinette Williams	NADCP All Rise 20 On Demand Conference	20	7/3/16
Prosecuting Attorney	Baend Buus	NADCP All Rise 20 On Demand Conference	20	5/1/20
Defense Attorney or <i>Guardian ad litem</i>	Cody Jerabek	Needs NADCP Training	0	3/1/21
Monitoring Officer/Probation Officer	Jonathan Hazlitt	Needs NADCP Training	0	3/1/21
Treatment Provider Representative	Julie Nelson	Needs NADCP Training	0	3/1/21
Program Coordinator	Kurt Zunker	NADCP All Rise 20 On Demand Conference	20	1/3/02

Section 11. Recidivism, Retention, Sobriety

Court Supervised Treatment Programs contribute to the goals of reducing crime/reducing recidivism, retaining individuals for the full duration of the program, and increasing durations of sobriety prior

Program Name, Program Contact: Click here to enter text.

to graduating a program. Goals for each of the three (3) target areas are set in annual contracts and in site visit reports, and the goals are based on the functionality of existing programs and averages reported in national or regional studies.

1. What method(s) does your program utilize to track recidivism?

The program tracks recidivism in two manners. The Court Coordinator tracks all arrest data on program participants and/or graduates on matters that are brought before the Laramie County Circuit Court and Cheyenne Municipal Court. The other mechanism for tracking recidivism is the Coordinator completes a yearly recidivism study using the WyCJIS system.

2. What does your program do to retain participants in the program?

The program does not terminate participants unless they (1) abscond from the program, (2) commit a new felony offense, (3), fail at all available treatment resources, (4) continued use of a banned substance that is designed to thwart drug testing, or (5) threaten violence, or commit an act of violence towards program staff or other participants. The reality remains that approximately 50% of participants that are terminated from the program are terminated because they have absconded.

Section 12. Community Outreach

Discuss community outreach activities completed by the program in FY22 to date:

All program participants that reach level 4 are required to complete a community payback project. However, COVID-19 has hampered those efforts and all community payback projects were suspended from March 2020 until November 2020. Projects that were able to go forward following COVID-19 safety protocols include, working on the new family resource center at the Comea Shelter and a coat drive for Needs, Inc.

Section 13. Master Contact List

Legal Name of CST Program (name used for the IRS):	Laramie County Drug Court Program
Organization Governing the Contract:	Laramie County
Mailing Address	Physical Address for FedEx of Contract
309 W. 20 th Street Suite # 2300 Cheyenne, WY 82001	309 W. 20 th Street Suite # 2300 Cheyenne, WY 82001

CST Program Coordinator Information: Provide contact information for the Program Coordinator.

Name	Title	Mailing Address	Telephone	E-mail	Specific requests
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Program Name, Program Contact: Click here to enter text.

Kurt Zunker	Director	309 W. 20 th Street Suite #2300 Cheyenne, WY 82001	(307) 633- 4530	kzunker@lar amiecounty.c om	
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Contracting Agency and Contract Signatory Information: Provide information for the individual who will sign the state contract and the individual who will attest their signature, if applicable. Add rows as needed.

Name	Title	Mailing Address	Telephone	E-mail
Troy Thompson	Chairman, Laramie County Cmmissioners	310 W. 19 th Street Cheyenne, WY 82001	(307) 633-4260	ttompson@laramie county.com
Debra Lee	Laramie County Clerk	309 W. 20 th Street Cheyenne, WY 82001	(307) 633-4268	dlee@laramiecoun ty.com

The Attorney General and Wyoming Department of Health Director would like to limit the number of contracts with two signature pages. If you are required legally to provide an original signature to a department or attorney, list below:

☒ Yes, I need an Original Signature for:

Name	Purpose
Debra Lee, Laramie County Clerk	All contracts are required to have original signatures by County policy for auditing purposes.

☐ No, I do not need an Original Signature; an email copy will be fine.

Program Name, Program Contact: Click here to enter text.

Fiscal or Fiduciary Agent Information: Provide information for the individual for the fiduciary agent for this program. Add rows as needed.

Name	Title	Mailing Address	Telephone	E-mail
Sandra Newland	Laramie County Grants Manager	310 W. 19 th Street Cheyenne, WY 82001	(307) 633-4201	snewland@laramiecounty.com

Governing Body: Provide information for the representatives of the governing body for this program. Add rows as needed.

General Governing Body Information			
Governing Body Members			
Name	Title	Telephone	E-mail
Troy Thompson	Chairman	(307) 633-4260	tthompson@laramiecounty.com
Gunnar Malm	Commissioner	(307) 633-4260	gmalm@laramiecounty.com
Buck Holmes	Commissioner	(307) 633-4260	bholmes@laramiecounty.com
Brian Lovett	Commissioner	(307) 633-4260	blovett@laramiecounty.com
Linda Heath	Commissioner	(307) 633-4260	lheath@laramiecounty.com

Program Team Member Contact Information (as required by W.S. 7-13-1609(a)): Provide the name and contact information for all Program Team Members. If their title is not what is described, add the title after their name. There must be someone for each position listed unless otherwise specified. If the program does not have all required team members, provide a plan for recruiting any missing members. Do not alter the member column titles. Add rows as needed.

Member	Name & Title	Mailing Address	Telephone	E-mail	% Weekly Staffings attended SFY 21

Program Name, Program Contact: Click here to enter text.

Participating Judge *	Honorable Antoinette Williams	309 W. 20 th Street Cheyenne, WY 82001	(307) 633-4298	awh@courts.state.wy.us	100%
Substitute Judge * (who sits in for Participating Judge, not mandatory)					
Prosecuting Attorney	Baend Buus	2101 O'Neil Ave. Cheyenne, WY 82001.	(307) 637-6200	bbuus@cheyenne-city.org	85%
Defense Attorney or Guardian ad litem	Cody Jerabek	217 W 18th St, Cheyenne, WY 82001	(307) 233-1568	cody@jerabek.law	85%
Monitoring Officer/Probation Officer	Jonathan Hazlitt	1934 Wyott Drive Cheyenne, WY 82001	(307) 777-5931	jonathan.hazlitt@wyo.gov	100%
Treatment Provider Representative	Julie Nelson	515 E. Carlson St. # 104 Cheyenne, WY 82001	(307) 635-4092	julie@foundationswyoming.com	100%
Program Coordinator	Kurt Zunker	309 W. 20 th Street # 2300 Cheyenne, WY 82001	(307) 633-4530	kzunker@laramiecounty.com	100%
Other (List Title, not mandatory)					

*Can be only a District Court Judge, Circuit Court Judge or Magistrate, Municipal Court Judge or Tribal Court Judge (W.S. 7-13-1602(vii)).

Program Name, Program Contact: Click here to enter text.

Treatment Provider(s) Organization Information: Add rows as needed.

Name	Title	Mailing Address	Telephone	E-mail
Foundations Counseling and Consulting/ Julie Nelson	Treatment Director	515 E. Carlson St # 104 Cheyenne, WY 82009	(307) 638- 4092	julie@foundationswy oming.com

Ancillary and Community Services Information: List all ancillary and community service provider information including information on employment providers, subcontractors, and contractors. Add rows as needed.

Name of Provider(s) or Contractors	Address/Telephone	Duration of current contract (start/end dates)	Description of services provided
Wyoming Workforce Services	1510 E. Pershing Cheyenne, WY 82001 (307) 777-7341	As Needed	Employment Assistance
Recover Wyoming	512 E. Lincolnway Cheyenne, WY 82001 (307) 421-7261	As Needed	Recovery Support
Community Action	200 W. 17 Street Cheyenne, WY 82001	As Needed	Housing Assistance

Mental health provider contact information: Add rows as needed.

Name of Treatment Provider(s) or Contractors	Address	Duration of current contract (start/end dates)	Total \$ Amount of Contract	Certification Expiration Date if Applicable	National Accreditation Expiration Date if Applicable
Healthworks	2508 East Fox Farm Road Cheyenne,	As Needed	\$0		

Program Name, Program Contact: Click here to enter text.

	WY 82007				

Program Name, Program Contact: Click here to enter text.

Section 14. Assurances

Review all assurances and make sure the required attachments (Attachment A and match fund letters) are provided with this application. **Type initials in the boxes below.**

1. This application was reviewed and approved by the Program Team and the representative from the Governing Body: Yes
 2. All attachments (application, matching funds letters, Attachment A, Contracts or MOUs) were reviewed and approved by the Program Team and the representative from the Governing Body: Yes
 3. Indicate here if the program would like a 10 minute phone call with the funding panel that will be held in March 2022, between 9:00am and 1:00pm and who will be present for the call. Date to be determined and will be provided to programs via email. Specific times will be determined after all applications are submitted. This is optional and allows you an opportunity to highlight progress in your program or circumstances influencing your funding request. Yes
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Section 15. List of Required Attachments

1. Letters from the agency or agencies that committed in-kind contributions and local match funds for the application year of FY23.
2. Attachment A, Budget and Budget Justification.

CST Program Annual Budget -- FY2023

CST Program Name:		Laramie County Drug Court						
Remit Payment To:		Laramie County Drug Court		CST Program Contact Title:		Director		
CST Program Address:		309 W. 20th Street # 2300		CST Program Email:		kzunker@laramiecounty.com		
CST Program City, State, Zip:		Cheyenne, WY 82001		CST Program Contact Phone:		(307) 633-4530		
CST Program Contact:		Kurt Zunker		CST Program Contact Fax:		(307) 633-4589		
Funding Sources & Amounts	Requested State Funds	Local Funds	In-Kind	City & County Funds	Federal Funds	Program Participant Fees	Other State Funds/Salaries	Total Match & Other Funds Available to the CST Program
		REQUIRED MATCH DOLLARS						
ADMINISTRATIVE								
Salaries and Wages (Not including Treatment/Supervision)	\$43,991.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Benefits (Not including Treatment/Supervision)	\$20,304.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services Fees (Please Specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Internet Service		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone/Cell Phone		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$448.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Software	\$1,310.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Photocopier	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Space		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Audit Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services Contract (Please Specify)	\$14,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TRAVEL/TRAINING								
Travel In-State	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel Out-of-State	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Fees/Registration Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Location Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TREATMENT/SUPERVISION								
Substance Abuse Treatment	\$153,413.50	\$0.00	\$64,272.00	\$36,500.00	\$0.00	\$6,750.00	\$0.00	\$107,522.00
Substance Abuse Treatment Salaries and Wages (if applicable)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Substance Abuse Treatment Employee Benefits (if applicable)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health and/or Other Counseling Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Educational Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Educational Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing and Testing Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Monitoring (Electronic)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Graduation and Incentives	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
National Accreditation Not in Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quality of Life Dollars	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MISCELLANEOUS EXPENSES (Please Specify)								
A. National Accreditation		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Contract Amount Drug Testing/Supplies		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Surcharge		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line Totals	\$233,866.50	\$0.00	\$64,272.00	\$36,500.00	\$0.00	\$6,750.00	\$0.00	\$107,522.00

Total State Funds Request \$ 233,866.50
TOTAL MATCH USED AGAINST GRANT \$100,772.00

Total Budget \$ 341,388.50
Match Fund Percentage \$ 0.43

Please only type in peach colored b
Do not include federal funds or other state funds as
Budget Justification tabs.
**Please note that internet service, telephone/cell p
expenses are no longer allowable under the state gra
utilized for these expenses.

axes,
match in the Budget or
phone, and office space
rt. Local funds need to be

CST Program Budget Justification -- FY2023

Adjust the row height to make all wrapped text visible

1. Select the cell or range for which you want to adjust the row height.

2. On the **Home** tab, in the **Cells** group, click **Format**.3. Under **Cell Size**, do one of the following:

- To automatically adjust the row height, click **AutoFit Row Height**.

- To specify a row height, click **Row Height**, and then type the row height that you want in the **Row height** box.

Tip: You can also drag the bottom border of the row to the height that shows all wrapped text.

Date Last Updated:		Please set out what portion is state funds, match funds, and other funds; including federal grants. Justify what the budget will cover. Please explain the amount within each item as state funds, match funds, or any other funds. With applications due early this year, all budgets are estimates until finalized in June.
Laramie County Drug Court		
Laramie County Drug Court		
309 W. 20th Street # 2300		
Cost Description	Total Amount	
ADMINISTRATIVE		<i>Please only type in peach colored boxes.</i>
Salaries and Wages	\$43,991.00	Salaries for Kurt Zunker, Drug Court Coordinator and Camille Kemmer, Administrative Assistant equals \$43,991.00 which are paid out of DOH dollars. Health benefits, dental insurance, life insurance, retirement, social security, medicare, and workers' comp equals \$20,304.00, of which the program will use DOH funds.
Employee Benefits	\$20,304.00	
Professional Services Fees (Please Specify)	\$0.00	
Internet Service	\$0.00	
Telephone/Cell Phone	\$0.00	
Office Supplies	\$448.00	The program will use \$448.00 in DOH funds for office supply needs.
Computer Software	\$1,310.00	The program will use \$1,310.00 in DOH funds to pay for printer cartridges and COMPAS related expenses.
Photocopier	\$0.00	
Postage	\$0.00	
Office Space	\$0.00	
Audit Costs	\$0.00	
Professional Services Contract (Please Specify)	\$14,400.00	The Drug Court program contracts with the Drug Testing Center of Cheyenne to provide drug testing support for the program. The program will use \$14,400.00 DOH funds to pay this contractor.
Total Administrative	\$80,453.00	
TRAVEL/TRAINING		
Travel In-State	\$0.00	
Travel Out-of-State	\$0.00	
Training Fees/Registration Fees	\$0.00	
Training Materials	\$0.00	
Client Transportation	\$0.00	
Community Training	\$0.00	
Total Travel/Training	\$0.00	
TREATMENT/SUPERVISION		
Substance Abuse Treatment	\$260,935.50	The County contracts with Foundations, LLC to provide all out-patient mental health and substance treatment services for program participants. The program will use \$260,935.50 in DOH funds, \$36,500.00 in County funds, and \$6,750 participant fees to pay for those services. Also, Foundations, LLC contributed \$64,272.00 in uncompensated treatment dollars to program participants.
Salaries and Wages (if applicable)	\$0.00	
Employee Benefits (if applicable)	\$0.00	
Mental Health and/or Other Counseling Services	\$0.00	
Educational Program	\$0.00	
Educational Materials	\$0.00	
Drug Testing and Testing Supplies	\$0.00	
Monitoring (Electronic)	\$0.00	
Graduation and Incentives	\$0.00	
Family Activities	\$0.00	
National Accreditation Not in Contract	\$0.00	
Quality of Life Dollars	\$0.00	
Total Treatment/Supervision	\$260,935.50	
MISCELLANEOUS		
A. National Accreditation	\$0.00	The program is requesting \$7,500 in CARF funds for Foundations, LLC re-certification.
B. Contract Amount Drug Testing/Supplies	\$0.00	
C. Surcharge	\$0.00	
Total Miscellaneous	\$0.00	
TOTALS	\$341,388.50	