

**RESOLUTION NO.**

**A RESOLUTION AUTHORIZING THE SUBMISSION OF A SURPLUS GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2022 WYOMING COURT SUPERVISED TREATMENT PROGRAM ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST ADDITIONAL FUNDING FOR THE LARAMIE COUNTY DRUG COURT PROGRAM IN THE AMOUNT OF \$28,063.98.**

**THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES;**

To submit a grant application to the Wyoming Department of Health for FY-2022 Wyoming Court Supervised Treatment Program Surplus Grant in the amount of \$28,063.98 to restore funds of the Laramie County Drug Court; 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 AUGUST, 2021.**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Gunnar Malm, Chairman

ATTEST:

\_\_\_\_\_

Date: \_\_\_\_\_

Debra Lee, Laramie County Clerk

Received and Approved as to Form only By:

 \_\_\_\_\_

Date: 7/22/21

Gladys Ayokosok, Deputy County Attorney

**Wyoming Court Supervised Treatment Program  
State Fiscal Year 2022 Surcharge Funding Application**



Wyoming  
Department  
of Health

Behavioral Health Division

Behavioral Health Division  
122 W 25th Street, Herschler 2W, Suite B  
Cheyenne, WY 82002

Program Name: [fill this out, it will populate all pages]

Program Contact: [fill this out, it will populate all pages]

## **Application Sections**

- 1. Applicant Information**
- 2. Proposal**
- 3. Budget**

Program Name: *[fill this out, it will populate all pages]*

Program Contact: *[fill this out, it will populate all pages]*

## Section 1. Applicant Information

Legal Name of CST Program: **Laramie County Drug Court**

Physical Address: **309 W. 20<sup>th</sup> Street, Cheyenne, WY 82001**

Mailing Address – if different:

Applicant Contact Person and Title: **Kurt Zunker, Director, Laramie County Treatment Courts**

Phone Number of Contact Person: **(307) 633-4530**

E-Mail Address for Contact Person: [kzunker@laramiecounty.com](mailto:kzunker@laramiecounty.com)

Contract Signatory (person with legal authority to sign on behalf of the agency):

Title of Contract Signatory:

Sign below by typing the name of each person and the date. This typed “signature” affirms that each has read this application and the application guidance.

<u><b>Gunnar Malm</b></u>	<u><b>7/21/21</b></u>
Board Chairman	Date
<u><b>Kurt Zunker</b></u>	<u><b>7/21/21</b></u>
Coordinator	Date

The maximum amount of funding available for all projects is \$368,997.00. Please note, this application is NOT a promise of funding and the amount may be subject to change.

What is the amount of funding you are requesting? **\$28,063.98**

## Section 2. Proposal

**Who may apply:** Wyoming Court Supervised Treatment (CST) Programs, the Wyoming Drug Court Association, and the State of Wyoming.

Program Name: [fill this out, it will populate all pages]

Program Contact: [fill this out, it will populate all pages]

Funds may be utilized for additional participant slots, new programs, training, special projects, etc. If applying for participant slots please provide the number of slots being requested and if the program is applying for adults, juveniles, or both.

1. Describe in detail how requested funding will be utilized.

### Section 3. Budget

1. Provide a proposed budget. The budget lines below are examples of types of expenses. Please make changes as necessary.

Budget Items	
Administrative Costs	
Training	
Adult slots (\$9,354.66 x number of slots) <b>3 Slots</b>	<b>\$28,063.98</b>
Juvenile slots (\$14,716.84 x number of slots)	
Start-up costs	
MAT services	
<i>Total</i>	

2. Budget Narrative: Please itemize costs and provide a narrative for each line being requested.

**The Laramie County Drug Court Team is requesting that we be awarded funding for 3 additional slots. The current population of the program is 24. Laramie County is providing \$68,207 in match which will cover the match requirement if funding is awarded.**