



# Wyoming Treatment Co

## Instru

**This application is for FY27 and FY28.** Please save a copy of the document to your computer.

There are a total of 16 tabs in this application. This first tab on the far left is "Instructions" and the right to reveal all the tabs. The Grant Information tab provides a purpose of funding statement. Enter any program information on this tab. Please complete the questions on all other tabs. Budget and Surcharge Summary tab that is highlighted in red after completing the funding application determination.

**Please pay attention to the tabs that contain markings on which cells or areas to not type cells or areas.** FY27 Budget & FY28 Budget contains cells highlighted in Orange, Yellow and Light Blue. Cells highlighted in red and dark blue throughout the FY27 & FY28 Budget tabs are also automatically calculated. Justification tabs contain cells highlighted in grey. These tabs are automatically calculated. (Top of document) and cells automatically calculated (bottom of document).

When you have finished reviewing the grant information and filling out the application, please email it to **Laramie\_County\_Drug\_Court\_FY27-28\_Application** and email it and all attachments (including Contracts or MOUs) to [treatment@courts.state.wy.us](mailto:treatment@courts.state.wy.us) **by December 19, 2025**. Applications :



# Courts Funding Application

## Instructions

Enter and fill out the information requested in the tabs.

and the last tab to the right is "Assurances." Use the arrows at the bottom left to scroll to the statement and eligibility criteria. Please review this information. You are not required to enter information. You may need to scroll down on each tab to see all the questions. Ensure you review the application. This tab will be presented to the Wyoming Judicial Council for review and funding.

**in. These cells or areas are automatically calculated. Do not enter information into these cells.** Light Blue (last three columns). These columns are automatically calculated. The lines are automatically calculated. FY27 Budget Justification, FY28 Budget Justification & Surcharge. The Budget & Surcharge Summary tab contains both cells highlighted in grey (top of

Use save the application by the program requesting funding (**ex.** Substance Use Treatment and Mental Health Service). Funding matching funds letters, Substance Use Treatment and Mental Health Service submitted after **December 19, 2025** will not be considered for funding.







**Purpose of F**

**Eligibility**

## Grant Information

Award Period: 7/1/2026 - 6/30/2028

Deadline: 12/19/2025

### unding

The Wyoming Legislature funds treatment courts under the Court Supervised Treatment Programs Act. These courts combine judicial supervision with treatment and monitoring to reduce recidivism and promote sobriety among participants. Wyo. Stat. § 5-12-105. While the Legislature appropriates funds for treatment courts, the Wyoming Judicial Council, through the Behavioral Health Committee,

For full eligibility requirements, please refer to the Court Supervised Treatment Programs Act, Wyo. Stat. §§ 5-12-101 through 5-12-118. In short, eligible applicants include the governing bodies of cities, towns, or counties; tribal governments of the Northern Arapaho or Eastern Shoshone tribes of the Wind River Indian Reservation; and 501(c)(3) nonprofit organizations. Wyo. Stat. § 5-12-104(a)(ii).

Applicants must:

- Serve as the contracting agent for all treatment court contracts. Wyo. Stat. § 5-12-108(b).
- Employ all treatment court employees except referring judges, participating judges, other judicial branch personnel and department of corrections personnel. Wyo. Stat. § 5-12-108(b).
- Manage all treatment court funds and grants awarded by contract with the Wyoming Judicial Branch. Wyo. Stat. § 5-12-108(b).
- Be responsible for treatment court billing. Wyo. Stat. § 5-12-108(c).
- Form a treatment court team that conducts staffing before sessions. Wyo. Stat. § 5-12-111(a) and (b).
- Designate a program coordinator. Wyo. Stat. § 5-12-111(c).
- Meet reporting requirements. Wyo. Stat. § 5-12-115.
- Comply with rules adopted by the Wyoming Supreme Court. Wyo. Stat. § 5-12-107(b) and (c).
- Ensure that treatment providers, whether directly employed or contracted, comply with certification and accreditation requirements for treatment personnel established by the Wyoming Department of Health in consultation with the Wyoming Supreme Court. Wyo. Stat. § 5-12-107(c).
- Ensure participants receive treatment and supports services in accordance with Wyo. Stat. § 5-12-113.







**Legal Name of Treatment Court Program (name used for the IRS):***(type name in box below)*

Laramie County Drug Court

**Applicant Organization***The applicant shall be the contracting agent for all its program contracts.**See Wyo. Stat. §5-12-108(b).*

The Laramie County Board of Commissioners oversees the Laramie County Drug Court program. The Laramie County Treatment Courts Office is a County department. Laramie County is considered the applicant for this grant. The Commissioners are: Chairman Gunnar Malm, Commissioner Troy Thompson, Commissioner Don Hollingshead, Commissioner Linda Heath, and Commissioner Ty Zwonitzer.

**Team Member Contact List**

Identify Program team members as required by Wyo. Stat. § 5-12-11(a).

Provide the name and contact information for all Program Team Members. If the title is not what is de  
cified. If the program does not have all required team members, provide a plan for recruiting any missi

	Name	Title
<b>Treatment Court Coordinator</b>	Fernando Muzquiz	Director, Laramie County Treatment Courts
<b>Contract Signatory Information</b>	Gunnar Malm	Chairman, Laramie County Commissioners
<b>Fiscal or Fiduciary Agent</b>	Sandra Bay	Laramie County Grants Manager
<b>Participating Judge*</b>	The Honorable Antoinette Williams	Circuit Court Judge/Drug Court Judge
<b>Substitute Judge*</b>		
<b>Prosecuting Attorney</b>	Rocky Edmonds	Assistant District Attorney
<b>Defense Attorney or Guardian ad litem</b>	Emily Williams	Assistant Public Defender
<b>Supervision Officer/Probation Officer</b>	Bryce McEachron	P&P Agent
<b>Treatment Provider Representative</b>	Gary King	Treatment Director, Specialty Counseling &

<b>Treatment Provider Representative</b>	Tyler Bartow	Therapist, Specialty Counseling & Consulting
<b>Treatment Provider Representative</b>		
<b>Program Coordinator</b>	Fernando Muzquiz	Director, Laramie County Treatment Courts
<b>Case Manager</b>	Shaun Patterson	Case Manager
<b>Peer Specialist</b>	Joe Speicher	Peer Specialist, Specialty Counseling & Consulting

*\*Can only be a District Court Judge, Circuit Judge or Magistrate, Municipal Court Judge or Tribal Court Judge. Wyo. Stat. § 5-12-104(a)(vii).*

#### **Applicant Leadership\***

<b>Name</b>	<b>Title</b>	<b>Telephone</b>
Gunnar Malm	Chairman	(307) 633-4260
Troy Thompson	Commissioner	(307) 633-4260
Linda Heath	Commissioner	(307) 633-4260
Don Hollingshead	Commissioner	(307) 633-4260
Ty Zwonitzer	Commissioner	(307) 633-4260

\*Please identify the members of the governing board applying for funding.

- County applicants: Names of all county commissioners.
- City or town applicants: Members of the council or commission constituting the elected legislative body.
- Nonprofit organizations: Members of the board of directors or board of trustees.
- Northern Arapaho Tribe: Members of the Northern Arapaho Business Council.
- Eastern Shoshone Tribe: Members of the Eastern Shoshone Business Council.

ontacts

scribed, add the title after their name. There must be someone for each position listed unless otherwise spe  
ng members. Do not alter the member column titles. Add rows as needed.

Mailing Address	Telephone	Email
309 W. 20th St., Ste. 2201, Cheyenne WY 82001	(307) 633-4588	fernando.muzquiz@laramiec ountywy.gov
310 W. 19th St., Cheyenne, WY 82001	(307) 633-4260	gunnar.malm@laramiecount ywy.gov
310 W. 19th St., Ste. 410 Cheyenne, WY 82001	(307) 633-4201	sandra.bay@laramiecounty wy.gov
309 W. 20th St., Ste. 2300, Cheyenne, WY 82001	(307) 633-4298	awh@courts.state.wy.us
310 W. 19th St., Cheyenne, WY 82001	(307) 633-4360	rocky.edmonds@wyo.gov
310 W. 19th St., Ste. 2100, Cheyenne, WY 82001	(307) 777-7138	emily.williams@wyo.gov
1934 Wyott Dr., Ste. 100, Cheyenne, WY 82002	(307) 777-5931	bryce.mceachron@wyo.gov
4025 Rawlins St., Cheyenne, WY 82001	(307) 426-4797	gking@specialtycounseling.c om

4025 Rawlins St., Cheyenne, WY 82001	(307) 426-4797	tbartow@specialtycounseling.com
309 W. 20th St., Ste. 2201, Cheyenne WY 82001	(307) 633-4588	fernando.muzquiz@laramiecountywy.gov
309 W. 20th St., Ste. 2201, Cheyenne WY 82001	(307) 633-4530	shaun.patterson@laramiecountywy.gov
4025 Rawlins St., Cheyenne, WY 82001	(307) 426-4797	jspeicher@specialtycounseling.com

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Email
gunnar.malm@laramiecountywy.gov
troy.thompson@laramiecountywy.gov
linda heath@laramiecountywy.gov
don.hollingshead@laramiecountywy.gov
ty.zwonitzer@laramiecountywy.gov

dy.





## Program Description

### Treatment Court Program Type

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Adult Drug Court      | <input type="checkbox"/> Veterans Treatment Court          |
| <input type="checkbox"/> Juvenile Drug Court              | <input type="checkbox"/> Family Dependency Treatment Court |
| <input type="checkbox"/> DUI Court                        | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Tribal Healing to Wellness Court |  |
| <input type="checkbox"/> Reentry Drug Court               |  |

### Treatment Court Program Mission Statement and Goals

Program Mission Statement and Goals: The mission of the Laramie County Drug Court is to strengthen our community foundation. Through intervention, quality treatment, and a 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 offenders.

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

Goal III: Mobilize and effectively manage community resources and support services to improve offender lifestyle.



ourt



ourt is to improve public safety and  
and intensive supervision we will interrupt the

e substance abusing offenders.  
le of substance abuse.  
es to encourage a productive, healthy







## Judges and Magistrates

***Under Wyo. Stat. § 5-12-108(d), "The application shall identify participating judges and court judges. The plan shall be consistent with the rules adopted by the Supreme Court."***

**Use the following space to provide the plan for the participation of all judges and magistrates.**

The Honorable Antoinette Williams serves as the participating judge in the Court Supervised Treatment pursuant to Wyo. Stat. §5-12-108(d) and to the Wyoming Supreme Court Rules governing judicial participation in Treatment Programs.

The Drug Court Judge is a member of the client's staffing team. As such, the Judge will take part in all proceedings, preside over Drug Court sessions and impose sanctions or grant incentives. The determination of a client's status shall be determined at staffing by the program team.

Should a client be terminated from the program or incarcerated for a sanction, the participating judge will provide the client an opportunity to be heard. The participating judge will NOT act on any motion to revoke a client's participation in the Court program.

We do not anticipate using a magistrate.

*tain a plan for the participation of*

**es in the program.**

nt Program known as Laramie County Drug Court  
icipation in Court Supervised

necessary Drug Court training. The Judge will  
ent's progress or lack thereof within the program

will provide notice to the client and give the  
it's probation for failing to complete the Drug



**Will the treatment court program hire in-house treatment providers?**☐ Yes☒ No**Will the treatment court program contract for treatment services?**☒ Yes☐ No

Name of Agency or Individual Provider	Title (If Individual Provider)
Specialty Counseling & Consulting	
Healthworks	

**What type of treatment services will be provided? (Check all that apply)**☐ Inpatient☐ Residential☒ Intensive Outpatient☒ Outpatient☒ Co-occurring Disorder Treatment☒ Medication Management☐ Recovery Housing Services☐ Other \_\_\_\_\_**Are mental health services integrated with substance use treatment?**☒ Yes☐ No**If yes, are any of the substance use providers also providing mental health services?**☒ Yes☐ No**Please list what manualized, evidence-based treatment programs are used in the program.**

Moral Reconition Therapy (MRT) combines education, group therapy, and cognitive behavioral therapy (CBT) and Social Learning Theory (SLT).

Services Administration (SAMHSA) for mental health treatm

Change Companies® INTERACTIVE JOURNALING®: An evide  
people in their efforts toward change. Besides numerous th  
(NREPP), Change Companies® builds each product on the f  
change.

Motivational Interviewing helps people get unstuck in moti  
collaborative approach.

Cognitive Behavioral Therapy aims to correct maladaptive p  
mindfulness. The Change Companies' Interactive Journals a  
of the most promising innovations to produce breakthrough

Structured Expressive Writing involves writing about a spec  
emotions.

The Transtheoretical Model of Change uses practical metho  
change (Prochaska and Declemente).

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## Substance Use Treatment

ment providers?

ment? If yes, provide the name of provider(s)/agency(s).

Mailing Address	Telephone	Email
4025 Rawlins St., Cheyenne, WY 82001	(307) 426-4797	gking@specialtycounseling.com
2508 E. Fox Farm Rd., Ste. 1A, Cheyenne, WY 82007	(307) 635-3618	info@wyhealthworks.org

heck all that apply)

use treatment?

providing mental health treatment?

ent curriculum is being used by your program's treatment provider.

up, individual counseling, and structured exercises designed to foster moral development. MRT  
ning Theory. MRT is evidence-based curriculum approved by Substance Abuse and Mental Health

ment, substance abuse treatment, and co-occurring disorders.

ence-based approach, Interactive Journaling® uses leading change theory and strategies to help third-party studies and being listed on the SAMHSA National Registry of Evidence-based Practices foundation of theoretical underpinnings that have been proven to promote positive behavior

vation for change by addressing ambivalence and reluctance through a person-centered and

patterns of thinking and behaviors that contribute to an individual's problems through increased are truly transtheoretical... [Their] combination of constructs from each approach represents one has beyond their separate impacts.

ific topic, such as a life-changing event, in order to disclose and process related thoughts and

ods for enhancing readiness and promoting positive change along a continuum of five stages of





*Please submit a copy of your contract(s) or MOUs with the application*

Duration of Contract (Start/End Dates)	Total Amount of Contract	Certification Expiration Date	National Accreditation Expiration Date if Applicable
7/1/2025 - 6/30/2026	162,148.00	7/31/2028	<b>4/30/2027</b>
N/A	N/A	N/A	<b>N/A</b>







# Mental Health S

Does the treatment court program have a contract (or MOU) for mental health services?

☐ Yes

☒ No

Does the treatment court program refer participants to local Community Mental Health Cen

☒ Yes

☐ No

Provide the name(s) of the mental health treatment provider(s) used by the treatment cou

Name of Agency or Individual Provider	Title (If Individual Provider)	Mailing Address
HealthWorks		2508 E. Fox Farm Rd., Ste. 1A, Cheyenne, WY 82001
UW Family Medicine		820 E. 17th St., Cheyenne, WY 82001

Services

Please submit a copy of your contract(s) or MOUs with your application.

nters?

rt program.

Duration of				
Telephone	Email	Contract (Start/End Dates)	Total Amount of Contract	Certification Expiration Date
(307) 635-3618	wyhealthworks.org	N/A	N/A	46446
(307) 632-2434	uwcheyfm@uwyo.edu	N/A	N/A	N/A



National Accreditation Expiration Date if Applicable
N/A
N/A





**What type(s) of quality of life services will be provided**

- ☒ Health-Risk Prevention Services
  - ☒ Housing Assistance
  - ☒ Family and Significant Other Counseling
  - ☒ Vocational Services
  - ☒ Education Services
  - ☒ Life Skills Counseling
  - ☐ Other
- 

**List the Quality of Life and Community Service Provider**

Name of Agency or Individual Provider	Title (If Individual Provider)
Healthworks	
Recover Wyoming	
Wyoming Workforce Center	
Blue Boost Center	
Blossom Yoga	



# Quality of Life Services

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- ☒ Medical Care
- ☒ Dental Care
- ☒ Community Support
- ☐ Cultural Activities
- ☐ Spiritual Activities

## r(s) Information

Mailing Address	Telephone	Email
2508 E. Fox Farm Rd., Ste 1A Cheyenne, WY 82007	(307) 635-3618	info@wyhealthworks.org
1017 E. Lincolnway, Cheyenne, WY 82001	(307) 421-7261	
5221 Yellowstone Rd., Cheyenne, WY 82001	(307) 777-8650	
2300 Chestnut Dr., Ste 500, Cheyenne, WY 82001	(307) 286-9759	
810A W. 21st St., Cheyenne, WY 82001	(307) 514-2980	blossomyogacheyenne@gmail.com



Duration of Contract (Start/End Dates)	Total Amount of Contract
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A



Description of Services Provider	
affordable prescription medications, and other MAT services from one location. A sliding scale fee structure is available for income-eligible patients and they accept most insurance.	
families and communities, rediscover their sense of self, and engage in community support that promotes long-term recovery.	
The Department of Workforce Services provides assistance with people finding jobs, training for new careers, ensuring workplace safety or providing benefits after a job loss or injury.	
Serves as a community resource hub, connecting people in need with organizations that can best assist them. Created by the Blue Foundation to support and uplift our community.	
<del>Toga classes are offered to participants at no cost through collaboration with the Treatment Courts Office.</del> Classes foster holistic growth, nurturing both an individual's mind and body regardless of experience level.	



## Financials

Please provide the total amount awarded, the amount of unspent funds and the number of

	FY2022 - 2023*	FY2023 - 2024*
Total amount awarded	\$161,717.76	\$171,356.37
Total amount of unspent funds	\$0.00	\$0.00
Number of unique participants served in that fiscal year	13	\$23.00

*\*Please provide unspent funds and unique participants for each fiscal year listed above.*

### Number of Slots Requesting State Funds to support in FY27:

	Number of Slots*	Cost Per Slot
Adult	30	\$9,354.66
Juvenile	0	\$14,716.84
Total State Funding Request (FY27)		

*\*If the number of slots is higher or lower than previous year, please explain why*

We are currently at 22 participants and will be at 25 by January. There are 12 on our wait list. Half of our population are applying every month.

### Number of Slots Requesting State Funds to support in FY28:

	Number of Slots*	Cost Per Slot
Adult	30	\$9,354.66
Juvenile	0	\$14,716.84
Total State Funding Request (FY28)		

*\*If the number of slots is higher or lower than previous year, please explain why*

The number will remain at 30, if approved.A3

If participants are required to pay program fees, how much will they pay throughout the course of the program?

17 of our current participants continue to pay a flat rate of \$750. The other 5, and everyone following pay for the last month. Our average length in the program is 17 months, though we have several who are in longer, using more services, will pay more.

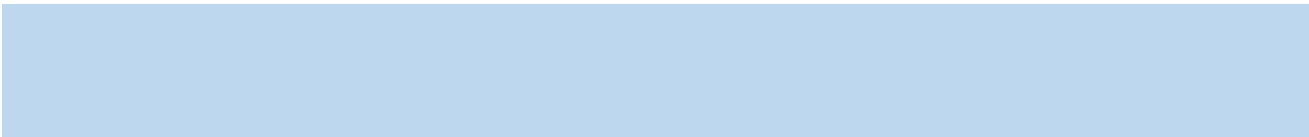
**If participants are required to pay for additional expenses (other than program fees), what treatment court program?**

*Participants may be required to pay a set fee for SCRAM or GPS monitoring, additional urinalysis testing, and transportation. Any participant that has been determined to be in need of residential treatment will be required to pay for that treatment.*

**If participants are required to pay any treatment related expenses directly to any organization, how are those payments tracked and reported to the treatment court program?**

*Participants pay zero towards any treatment services.*





f participants served for the last three grant periods.

FY2024 - 2025*
\$179,245.30
\$0.00
\$23.00

Total
\$280,639.80
\$0.00
\$280,639.80

ulation are fentanyl users and we see

Total
\$280,639.80
\$0.00
\$280,639.80

course of the treatment court program?

, will pay \$50 per month after the first month in the program and will not  
go into 2+ years. Total average payments (15 months) is \$750. People

**What kinds of expenses will they be responsible for throughout the**

*ing or any other form of testing (i.e., 24/7 program) as a corrective  
required to make payment to the residential treatment program they attend.*

**tion holding a contract or MOU with the treatment court program,**









Estimated Entire Program Budget Sheet (FY27)

Please clearly identify the funding sources in your budget submission. Break out the amounts into the following categories:

- Branch Funds
- Match Funds (local cash and in-kind contributions only)
- Federal Funds
- Participant Fees
- Other Funds (Fundraising, community foundations, donations, etc.)

**Important:** State funds may not be used as cash match or in-kind donation match against this grant. This would include any state paid positions considered as in-kind donations to the program (ex. DOC probation agent). Only local funds, local in-kind donations and other funds contributions will be used to calculate the required match.   **\*\*Do not type in the red cells or dark blue cells at the bottom\*\***

FUNDING SOURCES & AMOUNTS	Branch Contract Funds	Local Funds (Cash)(*1)	Local In-Kind Donations (Non- cash)(*2)	Federal Funds	Program Participant Fees	Other Funds: Fundraising, Community Foundation Funds, Donations-Cash Only(*3)	**DO NOT TYPE IN THE BELOW CELLS**		
							Total funds across all categories	Total cash and in-kind donations	Hard- CashTotals
ADMINISTRATIVE									
Salaries and Wages (Not including Treatment / Supervision)	\$56,673.00	\$0.00	\$0.00	\$55,990.00	\$0.00	\$0.00	\$112,663.00	\$0.00	\$112,663.00
Employee Benefits (Not including Treatment/Supervision)	\$25,374.00	\$0.00	\$0.00	\$53,655.00	\$0.00	\$0.00	\$79,029.00	\$0.00	\$79,029.00
Professional Services Fees (Please Specify)	\$0.00	\$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	\$0.00	\$0.00
Telephone/Cell Phone	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00
Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Expenses/Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Computer Hardware	\$3,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$2,000.00	\$5,000.00
Computer Software and/or Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Photocopier	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Postage	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$25.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Rental/Purchase	\$0.00	\$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	\$0.00	\$0.00
Grant Writing	\$500.00	\$0.00	\$1,598.70	\$0.00	\$0.00	\$0.00	\$2,098.70	\$1,598.70	\$500.00
Case Management System (Please specify what system is used)	\$0.00	\$0.00	\$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	\$0.00
Professional Services Contract (Please Specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administrative Total	\$89,072.00	\$2,000.00	\$1,598.70	\$109,645.00	\$0.00	\$0.00	\$202,315.70	\$3,598.70	\$200,717.00
TRAVEL & TRAINING									
Travel for State Conference	\$5,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$2,000.00	\$7,000.00
Travel for National Conference	\$10,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$5,000.00	\$15,000.00
Peer Review Travel	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00
Training Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous Meeting Expenses (Non-food)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Training (please specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel & Training Total	\$18,000.00	\$7,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$7,000.00	\$25,000.00
TREATMENT									
Substance Abuse Treatment	\$114,255.00	\$50,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$170,255.00	\$50,000.00	\$170,255.00
Substance Abuse Treatment Salaries and Wages (if applicable)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$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	\$0.00
Treatment Total	\$114,255.00	\$50,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$170,255.00	\$50,000.00	\$170,255.00
Supervision & Monitoring									
Educational Program	\$0.00	\$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	\$0.00
Monitoring (Electronic)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supervision & Monitoring Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing									
Drug Testing Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing (On-site and Confirmation)	\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00
Drug Testing Total	\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00
Quality of Life									
Graduation and Incentives	\$4,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$1,000.00	\$5,000.00
Client Transportation	\$4,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$1,000.00	\$5,000.00
Family Activities	\$4,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$1,000.00	\$5,000.00
Quality of Life Total	\$12,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$3,000.00	\$15,000.00
MISCELLANEOUS EXPENSES (Please Specify)									
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL	\$246,327.00	\$62,000.00	\$1,598.70	\$109,645.00	\$6,000.00	\$0.00	\$425,570.70	\$63,598.70	\$423,972.00

TOTAL MATCH USED AGAINST GRANT	\$63,598.70
TOTAL MATCH PERCENTAGE USED AGAINST GRANT	25.82%

**(\*1) Cash Match-** is defined as United States currency, certified bank checks or bank cashier's checks payable in United States currency which is allocated, granted or donated to the treatment court program by a city or county government (Federal or other State dollars cannot be used towards the treatment court's match requirement), a non-profit agency, or other third parties, and is expended to fund allowable treatment court program costs.

**(\*2) In-Kind Match-** is defined as property or services that benefit the treatment court program and are contributed by third parties without charge to the treatment court program. In-kind match may include, but is not limited to, staff time, direct salaries and benefits, office space, lease rental costs or office materials. In-kind match may include donations of expendable equipment; office supplies; workshop or education and training materials; workspace; or the monetary value of time contributed by professional and technical personnel and other skilled and unskilled labor, if the services provided are an integral and necessary part of a funded project. In-kind match may not be calculated from funds already being used to match another federal program or state program. Federal or other State dollars cannot be used towards the treatment court's match requirement.

**(\*3) Other Funds, Community Foundation Funds, Donations, Cash Only** - are defined as cash funds received from a community foundation, non-profit organization, Donor-Advised Funds (DAFs), field of interest funds, or endowment funds donated to support the treatment court program.

**Local Contribution-** is defined as cash match or in-kind match.

**Hard Cash Match-** is defined as a cash match (hard) includes cash spent for project-related costs. An allowable cash match must include costs which are allowable with State funds.





Estimated Entire Program Budget Sheet (FY28)

Please clearly identify the funding sources in your budget submission. Break out the amounts into the following categories:

- Branch Funds
- Match Funds (local cash and in-kind contributions only)
- Federal Funds
- Participant Fees
- Other Funds (Fundraising, community foundations, donations, etc.)

**Important:** State funds may not be used as cash match or in-kind donation match against this grant. This would include any state paid positions considered as in-kind donations to the program (ex. DOC probation agent). Only local funds, local in-kind donations and other funds contributions will be used to calculate the required match.      **\*\*Do not type in the red cells or dark blue cells at the bottom\*\***

FUNDING SOURCES & AMOUNTS	Branch Contract Funds	(*1) Local Funds (Cash)	(*2) Local In-Kind Donations (Non- cash)	Federal Funds	Program Participant Fees	Other Funds: Fundraising, Community Foundation Funds, Donations-Cash Only(*3)	** DO NOT TYPE IN THE BELOW CELLS**			
							Total funds across all categories	Total cash and in-kind donations	Hard-CashTotals	
ADMINISTRATIVE		REQUIRED MATCH DOLLARS								
Salaries and Wages (Not including Treatment / Supervision)	\$59,506.65	\$0.00	\$0.00	\$58,789.00	\$0.00	\$0.00	\$118,295.65	\$0.00	\$118,295.65	
Employee Benefits (Not including Treatment/Supervision)	\$26,642.70	\$0.00	\$0.00	\$56,338.00	\$0.00	\$0.00	\$82,980.70	\$0.00	\$82,980.70	
Professional Services Fees (Please Specify)	\$0.00	\$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	\$0.00	\$0.00	
Telephone/Cell Phone	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	
Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Vehicle Expenses/Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Office Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	
Computer Hardware	\$3,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$2,000.00	\$5,000.00	
Computer Software and/or Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Photocopier	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	
Postage	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$25.00	
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment Rental/Purchase	\$0.00	\$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	\$0.00	\$0.00	
Grant Writing	\$500.00	\$0.00	\$1,598.70	\$0.00	\$0.00	\$0.00	\$2,098.70	\$1,598.70	\$500.00	
Case Management System	\$0.00	\$0.00	\$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	\$0.00	
Professional Services Contract (Please Specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Program Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Administrative Total	\$93,174.35	\$2,000.00	\$1,598.70	\$115,127.00	\$0.00	\$0.00	\$211,900.05	\$3,598.70	\$210,301.35	
TRAVEL/TRAINING										
Travel for State Conference	\$5,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$2,000.00	\$7,000.00	
Travel for National Conference	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Peer Review Travel	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	
Training Fees	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	
Miscellaneous Meeting Expenses (Non-food)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other Training (please specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel/Training Total	\$9,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,000.00	\$2,000.00	\$11,000.00	
TREATMENT										
Substance Abuse Treatment	\$122,768.17	\$50,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$178,768.17	\$50,000.00	\$178,768.17	
Substance Abuse Treatment Salaries and Wages (if applicable)	\$0.00	\$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	\$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	\$0.00	
Treatment Total	\$122,768.17	\$50,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$178,768.17	\$50,000.00	\$178,768.17	
Supervision & Monitoring										
Educational Program	\$0.00	\$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	\$0.00	
Monitoring (Electronic)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supervision & Monitoring Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Drug Testing										
Drug Testing Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Drug Testing (On-site and Confirmation)	\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00	
Drug Testing Total	\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00	
Quality of Life										
Graduation and Incentives	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$2,500.00	\$5,000.00	
Client Transportation	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$2,500.00	\$5,000.00	
Family Activities	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$2,500.00	\$5,000.00	
Quality of Life Total	\$7,500.00	\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$7,500.00	\$15,000.00	
MISCELLANEOUS EXPENSES (Please Specify)										
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Miscellaneous Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
GRAND TOTAL	\$245,442.52	\$61,500.00	\$1,598.70	\$115,127.00	\$6,000.00	\$0.00	\$429,668.22	\$63,098.70	\$428,069.52	

TOTAL MATCH USED AGAINST GRANT	\$63,098.70
TOTAL MATCH PERCENTAGE USED AGAINST GRANT	25.71%

(*1) Cash Match- is defined as United States currency, certified bank checks or bank cashier's checks payable in United States currency which is allocated, granted or donated to the treatment court program by a city or county government (Federal or other State dollars cannot be used towards the treatment court's match requirement), a non-profit agency, or other third parties, and is expended to fund allowable treatment court program costs.
(*2) In-Kind Match- is defined as property or services that benefit the treatment court program and are contributed by third parties without charge to the treatment court program. In-kind match may include, but is not limited to, staff time, direct salaries and benefits, office space, lease rental costs or office materials. In-kind match may include donations of expendable equipment; office supplies; workshop or education and training materials; workspace; or the monetary value of time contributed by professional and technical personnel and other skilled and unskilled labor, if the services provided are an integral and necessary part of a funded project. In-kind match may not be calculated from funds already being used to match another federal program or state program. Federal or other State dollars cannot be used towards the treatment court's match requirement.
(*3) Other Funds, Community Foundation Funds, Donations, Cash Only - are defined as cash funds received from a community foundation, non-profit organization, Donor-Advised Funds (DAFs), field of interest funds, or endowment funds donated to support the treatment court program.
Local Contribution-means cash match or in-kind match.
Hard Cash Match-Cash match (hard) includes cash spent for project-related costs. An allowable cash match must include costs which are allowable with State funds.





<b>ADMINISTRATIVE COSTS</b>
<b>Salaries and Wages</b> <b>(Not including Treatment / Supervision)</b>
<b>Employee Benefits</b> <b>(Not including Treatment/Supervision)</b>
<b>Professional Services Fees</b> <b>(Please Specify)</b>
<b>Internet Service</b>
<b>Telephone/Cell Phone</b>
<b>Utilities</b>
<b>Vehicle Expenses/Maintenance</b>
<b>Office Supplies</b>
<b>Computer Hardware</b>
<b>Computer Software and/or Supplies</b>



Photocopier
Postage
Advertising
Equipment Maintenance
Equipment Rental/Purchase
Office Space
Grant Writing
Case Management System
Audit Costs
Professional Services Contract (Please Specify)
Program Evaluation
<b>TRAVEL/TRAINING</b>
Travel for State Conference
Travel for National Training
Peer Review Travel
Training Fees
Miscellaneous Meeting Expenses (Non-food)
Other Training (please specify)
<b>TREATMENT</b>
Substance Abuse Treatment
Substance Abuse Treatment Salaries and Wages (if applicable)
Substance Abuse Treatment Employee Benefits (if applicable)
Mental Health and/or Other Counseling Services
<b>SUPERVISION/MONITORING</b>
Educational Program



Educational Materials
Monitoring (App/Electronic)
DRUG TESTING
Drug Testing Supplies
Drug Testing (On-site and Confirmation)
QUALITY OF LIFE
Graduation and Incentives
Client Transportation
Family Activities
MISCELLANEOUS EXPENSES (Please Specify)
0
0
0
0
0

Treatment Co

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**\*\*DO NOT TYPE IN GREY BOX\*\***

\$	112,663.00
\$	79,029.00
\$	-
\$	-
\$	1,500.00
\$	-
\$	-
\$	1,000.00
\$	5,000.00
\$	-

\$	1,000.00
\$	25.00
\$	-
\$	-
\$	-
\$	-
\$	2,098.70
\$	-
\$	-
\$	-
\$	-
\$	7,000.00
\$	15,000.00
\$	3,000.00
\$	-
\$	-
\$	-
\$	170,255.00
\$	-
\$	-
\$	-
\$	-

\$	-
\$	-
\$	-
\$	13,000.00
\$	5,000.00
\$	5,000.00
\$	5,000.00
\$	-
\$	-
\$	-
\$	-
\$	-

## Court Requested Program Budget Justification Sheet

*Please delete the red text in each box after inputting your justification. The red text is provided for you as an example of what your justification should look like. Every requested cost should have a justification.*

Explanation of Justification
Fernando Muzquiz, Treatment Courts Director, \$42,742.35 (gross) annual (half salary only, other half paid from DUI Court funds). Shaun Patterson, Case Manager, \$55,989.15 (gross) annual. Administrative Assistant, \$13,930.35 (gross) annual. Fernando Muzquiz and the Administrative Assistant would be paid from WJB funds. Shaun Patterson's salary would be paid from State Opioid Relief funds.
The following figures cover the Director and Administrative Assistant: Health Insurance = \$12,352.20; Life Insurance = \$102.90; Retirement = \$8,026.20; Social Security = \$3,337.95; Medicare = \$780.15; Workers Comp = 773.85; Dental = \$0. TOTAL = \$25,373.25 paid by WJB funds. Only half of the Director's benefits are paid by this program. The following figures cover Shaun Patterson: Health Insurance = \$33,600; Life Insurance = \$105; Retirement = \$10,500; Social Security = \$5,250; Medicare = \$1,050; Workers Comp = \$1,050; Dental = \$2,100. TOTAL = \$53,655 paid by State Opioid Relief funds.
N/A
The Laramie County IT Department provides IT networking (services, repairs and on call). Not used as an in-kind donation.
\$1,500 annually pays for two phone lines, a cell phone for the Case Manager, and half of the Director's cell phone. All will be paid with WJB funds.
N/A
N/A
The total anticipated cost for miscellaneous office supplies is \$1,000 to be paid with WJB funds.
Drug Court is requesting \$5,000 for computer hardware with \$3,000 to be paid for by WJB funds and \$2,000 to be paid in Laramie County cash match funds. We plan on replacing one laptop computer.
N/A

Drug Court is requesting \$1,000 to be paid by WJB funds. Our photocopier is shared by the Drug Court & DUI Court with the cost of paper and cartridges being split between the two.
This amount covers stamps for the year paid with WJB funds.
N/A
N/A
N/A
N/A
\$500 from the WJB will be used for employee grant writing training. The Laramie County Grants Office provides technical grant support in reimbursement requests, reporting, compliance, record keeping, audit preparation and fiscal management of the program for an estimated total of \$1,598.70 per fiscal year as an in-kind donation.
N/A
DUI Court will receive its financial audit in conjunction with the audit that Laramie County receives. Not used as an in-kind donation.
N/A
N/A
\$5,000.00 in WJB funds and \$2,000 in County funds will be used for all team members to attend the next State conference.
\$10,000 from WJB and \$5,000 from the County will be used to send the Judge, Case manager, Probation Agent, Assistant District Attorney, Assistant Public Defender, and treatment representatives to All Rise training.
Used to participate in the WJB's peer review process. To be paid with WJB funds.
N/A
N/A
N/A
Drug Court contracts with Specialty Counseling & Consulting, LLC located at 4025 Rawlins St, Cheyenne, WY. \$114,255 will be paid with WJB funds. Laramie County will provide for \$50,000 and program participants' fees will cover \$6,000.00.
N/A
N/A
N/A
N/A

N/A
N/A
N/A
Drug Court contracts with Drug Testing Center, LLC located at 213 W 18th St, Cheyenne, WY. \$13,000 will be paid with WJB funds.
<b>QOL Funds will be used for your listed proposal in accordance with WJB rules and regulations.</b>
Drug Court is requesting \$4,000 of WJB Funds and \$1,000 from Laramie County for incentives. Our program uses incentives for participants to support recovery, encourage community involvement and pro-social activities.
Drug Court is requesting \$4,000 of WJB Funds and \$1,000 from Laramie County for client transportation assistance for gas cards and vehicle expenses (i.e., tires, battery, automotive parts), obtaining a driver's license, SR22 insurance, and interlock.
Drug Court is requesting \$4,000 of WJB Funds and \$1,000 from Laramie County to support participants and their families with food, clothing, school supplies, employment support, housing support, medical co-pays, mental health co-pays, and mental health and medical medications.
<b>Specify any expenses not yet listed. Include names, addresses, and phone numbers if applicable. Describe each item in detail, specifying cost and reason for line item.</b>
N/A
N/A
N/A
N/A
N/A













<b>ADMINISTRATIVE COSTS</b>
<b>Salaries and Wages</b> <b>(Not including Treatment / Supervision)</b>
<b>Employee Benefits</b> <b>(Not including Treatment/Supervision)</b>
<b>Professional Services Fees</b> <b>(Please Specify)</b>
<b>Internet Service</b>
<b>Telephone/Cell Phone</b>
<b>Utilities</b>
<b>Vehicle Expenses/Maintenance</b>
<b>Office Supplies</b>
<b>Computer Hardware</b>
<b>Computer Software and/or Supplies</b>

Photocopier
Postage
Advertising
Equipment Maintenance
Equipment Rental/Purchase
Office Space
Grant Writing
Case Management System
Audit Costs
Professional Services Contract (Please Specify)
Program Evaluation
<b>TRAVEL/TRAINING</b>
Travel for State Conference
Travel for National Conference
Peer Review Travel
Training Fees
Miscellaneous Meeting Expenses (Non-food)
Other Training (please specify)
<b>TREATMENT</b>
Substance Abuse Treatment
Substance Abuse Treatment Salaries and Wages (if applicable)
Substance Abuse Treatment Employee Benefits (if applicable)
Mental Health and/or Other Counseling Services
<b>SUPERVISION/MONITORING</b>
Educational Program
Educational Materials
Monitoring (App/Electronic)

<b>DRUG TESTING</b>
<b>Drug Testing Supplies</b>
<b>Drug Testing (On-site and Confirmation)</b>
<b>QUALITY OF LIFE</b>
<b>Graduation and Incentives</b>
<b>Client Transportation</b>
<b>Family Activities</b>
<b>MISCELLANEOUS EXPENSES (Please Specify)</b>
0
0
0
0
0

Treatment Co

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**\*\*DO NOT TYPE IN GREY BOX\*\***

\$	118,295.65
\$	82,980.70
\$	-
\$	-
\$	1,500.00
\$	-
\$	-
\$	1,000.00
\$	5,000.00
\$	-

\$	1,000.00
\$	25.00
\$	-
\$	-
\$	-
\$	-
\$	2,098.70
\$	-
\$	-
\$	-
\$	-
\$	7,000.00
\$	-
\$	3,000.00
\$	1,000.00
\$	-
\$	-
\$	178,768.17
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-



\$	-
\$	13,000.00
\$	5,000.00
\$	5,000.00
\$	5,000.00
\$	-
\$	-
\$	-
\$	-
\$	-

## Court Requested Program Budget Justification Sheet

*Please delete the red text in each box after inputting your justification. The red text is provided for you as an example of what your justification should look like. Every requested cost should have a justification.*

Explanation of Justification
Fernando Muzquiz, Treatment Courts Director, \$44,879.47 (gross) annual (half salary only, other half paid from DUI Court funds). Shaun Patterson, Case Manager, \$58,788.61 (gross) annual. Administrative Assistant, \$14,626.87 (gross) annual. Fernando Muzquiz and the Administrative Assistant would be paid from WJB funds. Shaun Patterson's salary would be paid from State Opioid Relief funds.
The following figures cover the Director and Administrative Assistant: Health Insurance = \$12,969.81; Life Insurance = \$108.05; Retirement = \$8,427.51; Social Security = \$3,504.85; Medicare = \$819.16; Workers Comp = 812.54; Dental = \$0. TOTAL = \$26,641.92 paid by WJB funds. Only half of the Director's benefits are paid by this program. The following figures cover Shaun Patterson: Health Insurance = \$35,280; Life Insurance = \$110.25; Retirement = \$11,025; Social Security = \$5,512.50; Medicare = \$1,102.50; Workers Comp = 1,102.50; Dental = \$2,205. TOTAL = \$56,337.75 paid by State Opioid Relief funds.
N/A
The Laramie County IT Department provides IT networking (services, repairs and on call). Not used as an in-kind donation.
\$1,500 annually pays for two phone lines, a cell phone for the Case Manager, and half of the Director's cell phone. All will be paid with WJB funds.
N/A
N/A
The total anticipated cost for miscellaneous office supplies is \$1,000 to be paid with WJB funds.
Drug Court is requesting \$5,000 for computer hardware with \$3,000 to be paid for by WJB funds and \$2,000 to be paid in Laramie County cash match funds. We plan on replacing another laptop computer.
N/A

Drug Court is requesting \$1,000 to be paid by WJB funds. Our photocopier is shared by the Drug Court & DUI Court with the cost of paper and cartridges being split between the two.
This amount covers stamps for the year paid with WJB funds.
N/A
N/A
N/A
N/A
\$500 from the WJB will be used for employee grant writing training. The Laramie County Grants Office provides technical grant support in reimbursement requests, reporting, compliance, record keeping, audit preparation and fiscal management of the program for an estimated total of \$1,598.70 per fiscal year as an in-kind donation.
N/A
DUI Court will receive its financial audit in conjunction with the audit that Laramie County receives. Not used as an in-kind donation.
N/A
N/A
\$5,000.00 in WJB funds and \$2,000 in County funds will be used for all team members to attend the next State conference.
N/A
Used to participate in the WJB's peer review process. To be paid with WJB funds.
All Rise membership fees to be paid with WJB funds.
N/A
N/A
Drug Court contracts with Specialty Counseling & Consulting, LLC located at 4025 Rawlins St, Cheyenne, WY. The treatment program will cost \$122,768.17 in WJB grant funds. Laramie County will provide for \$50,000 and program participants' fees will cover \$6,000.00.
N/A
N/A
N/A
N/A
N/A
N/A

N/A
Drug Court contracts with Drug Testing Center, LLC located at 213 W 18th St, Cheyenne, WY. \$13,000 will be paid with WJB funds.
<b>QOL Funds will be used for your listed proposal in accordance with WJB rules and regulations.</b>
Drug Court is requesting \$2,500 of WJB Funds and \$2,500 from Laramie County for incentives. Our program uses incentives for participants to support recovery, encourage community involvement and pro-social activities.
Drug Court is requesting \$2,500 of WJB Funds and \$2,500 from Laramie County for client transportation assistance for gas cards and vehicle expenses (i.e., tires, battery, automotive parts), obtaining a driver's license, SR22 insurance, and interlock.
Drug Court is requesting \$2,500 of WJB Funds and \$2,500 from Laramie County to support participants and their families with food, clothing, school supplies, employment support, housing support, medical co-pays, mental health co-pays, and mental health and medical medications.
<b>Specify any expenses not yet listed. Include names, addresses, and phone numbers if applicable. Describe each item in detail, specifying cost and reason for line item.</b>
N/A
N/A
N/A
N/A
N/A













### Total Surcharge Request for FY27

**\$0.00**

### Total Surcharge Request FY28

**\$0.00**

*Please describe in detail how your program will use the requ*

**\*\*Do not type in grey boxes\***

State Funds Requested	
FY27 Surcharge Request	\$0.00

FY28 Surcharge Request	\$0.00
Total Surcharge Request	\$0.00

Surcharge Justification

**\*\*Do not type in grey boxes\*\***

*Requested surcharge dollars for each fiscal year. Please highlight any special requests or projects that will be implemented using surcharge funding.*

Surcharge Justification
Requesting \$20,000 to hire a part-time case manager, \$5,000 for incentives, and \$5,000 for transportation and housing assistance for our Mental Health Diversion Court.

Requesting \$21,000 to hire a part-time case manager, \$5,000 for incentives, and \$5,000 for transportation and housing assistance for our Mental Health Diversion Court.



**\*\*DO NOT TYPE INTO THE CELLS \*\***

**Number of Slots Requesting State Funds to support in FY27:**

	Number of Slots*	Cost Per Slot	Total
Adult	30	\$9,354.66	\$280,639.80
Juvenile	0	\$14,716.84	\$0.00
<b>Total Branch Funding Request (FY27)</b>			<b>\$280,639.80</b>

**Number of Slots Requesting State Funds to support in FY28:**

	Number of Slots*	Cost Per Slot	Total
Adult	30	\$9,354.66	\$280,639.80
Juvenile	0	\$14,716.84	\$0.00
<b>Total Branch Funding Request (FY28)</b>			<b>\$280,639.80</b>

**Treatment Court Program Annual Budget - FY27**

*Local contributions must meet or exceed twenty-five percent (25%) of the amount requested to support project work, typically in the form of personnel, goods, and services, including a equipment and technical assistance provided by the applicant for the treatment court. Local contributions must be documented in the project budget.*

**\*\*DO NOT TYPE INTO THE CELLS \*\***

Funding Sources & Amounts	Requested State Funds	Local Funds (Cash)	Local In-Kind Donations (non-cash)
		<i>(Required Match Dollars)*</i>	
Administrative	\$89,072.00	\$2,000.00	\$1,598.70
Training & Travel Expenses	\$18,000.00	\$7,000.00	\$0.00
Treatment (SUD/MH)	\$114,255.00	\$50,000.00	\$0.00
Supervision & Monitoring	\$0.00	\$0.00	\$0.00
Drug Testing	\$13,000.00	\$0.00	\$0.00
Quality of Life	\$12,000.00	\$3,000.00	\$0.00
Miscellaneous Expenses	\$0.00	\$0.00	\$0.00
<b>Funding Source Totals</b>	<b>\$246,327.00</b>	<b>\$62,000.00</b>	<b>\$1,598.70</b>

Branch Operational Funds Request FY27	\$246,327.00
Surcharge Funds Request FY27	\$0.00
<b>Total FY27 Branch Funds Request</b>	<b>\$246,327.00</b>
<b>Total Match Dollars Against Grant</b>	<b>\$63,598.70</b>

Match fund Percentage*	25.82%
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*\*Minimum match percentage=25%*

### Treatment Court Program Annual Budget - FY28

*Do not include federal funds or other state funds as match in the Budget or Budget*

**\*\*DO NOT TYPE INTO THE CELLS \*\***

Funding Sources & Amounts	Requested State Funds	Local Funds (Cash)	Local In-Kind Donations (non-cash)
		<i>(Required Match Dollars)*</i>	
Administrative	\$93,174.35	\$2,000.00	\$1,598.70
Training & Travel Expenses	\$9,000.00	\$2,000.00	\$0.00
Treatment (SUD/MH)	\$122,768.17	\$50,000.00	\$0.00
Supervision & Monitoring	\$0.00	\$0.00	\$0.00
Drug Testing	\$13,000.00	\$0.00	\$0.00
Quality of Life	\$7,500.00	\$7,500.00	\$0.00
Miscellaneous Expenses	\$0.00	\$0.00	\$0.00
<b>Funding Source Totals</b>	<b>\$245,442.52</b>	<b>\$61,500.00</b>	<b>\$1,598.70</b>

Branch Operational Funds Request FY28	\$245,442.52
Surcharge Funds Request FY28	\$0.00
<b>Total FY28 Branch Funding Request</b>	<b>\$245,442.52</b>
Total Match Dollars Against Grant	\$63,098.70
Match fund Percentage*	25.71%

*\*Minimum match percentage=25%*

<b>Total 2 Year Branch Request for FY27 and FY28:</b>	<b>\$491,769.52</b>
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<b>Total 2 Year Budget for FY27 and FY28:</b>	<b>\$855,238.92</b>
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# Budget & Surcharge Summary

ested. The local contribution may include cash match or in-kind contribution which would be the monetary va  
direct and indirect costs. Examples of in-kind contributions include materials and services, secretarial services,  
Do not include federal funds or other state funds as match in the Budget or Budget Justification tabs

Federal Funds	Program Participant Fees	Other Funds- Fundraising, Community Foundation Funds, Donations-Cash Only	Total Funds Across All Categories	Total Cash and In-Kind Donation	Hard Cash Total
\$109,645.00	\$0.00	\$0.00	\$202,315.70	\$3,598.70	\$200,717.00
\$0.00	\$0.00	\$0.00	\$25,000.00	\$7,000.00	\$25,000.00
\$0.00	\$6,000.00	\$0.00	\$170,255.00	\$50,000.00	\$170,255.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00
\$0.00	\$0.00	\$0.00	\$15,000.00	\$3,000.00	\$15,000.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$109,645.00	\$6,000.00	\$0.00	\$425,570.70	\$63,598.70	\$423,972.00

Total FY27 Budget Across all Categories





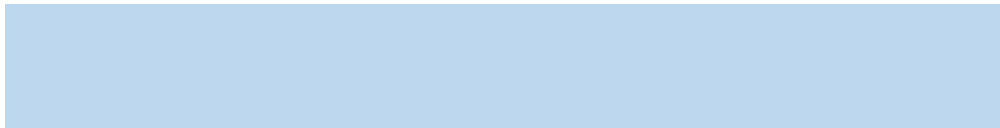
get Justification tabs

Federal Funds	Program Participant Fees	Other Funds- Fundraising, Community Foundation Funds, Donations-Cash Only	Total Funds Across All Categories	Total Cash and In-Kind Donation	Hard Cash Total
\$115,127.00	\$0.00	\$0.00	\$211,900.05	\$3,598.70	\$210,301.35
\$0.00	\$0.00	\$0.00	\$11,000.00	\$2,000.00	\$11,000.00
\$0.00	\$6,000.00	\$0.00	\$178,768.17	\$50,000.00	\$178,768.17
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00
\$0.00	\$0.00	\$0.00	\$15,000.00	\$7,500.00	\$15,000.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$115,127.00	\$6,000.00	\$0.00	\$429,668.22	\$63,098.70	\$428,069.52

Total FY28 Budget Across all Categories







*Value of contributions that  
space and utilities,*

Total Match & Other Funds Available to the Treatment Court (excluding State funds)
\$113,243.70
\$7,000.00
\$56,000.00
\$0.00
\$0.00
\$3,000.00
\$0.00
<b>\$179,243.70</b>
<b>\$425,570.70</b>

Total Match & Other Funds Available to the Treatment Court (excluding State funds)	
	\$118,725.70
	\$2,000.00
	\$56,000.00
	\$0.00
	\$0.00
	\$7,500.00
	\$0.00
	\$184,225.70
	\$429,668.22



## Assurances and Attachments

***Review all assurances and make sure the required attachments are provided with this application below.***

### Assurances

**This application was reviewed and approved by the Program Team and the representative from the Governing Body.**

**All attachments (application, matching funds letters, contracts or MOUs) were reviewed and approved by the Program Team and the representative from the Governing Body.**

**By submitting this application, the applicant agrees to collect and maintain data in accordance with the Wyoming Treatment Court Standards, the treatment court performance measurements, and to enter data into the Wyoming Judicial Branch database.**

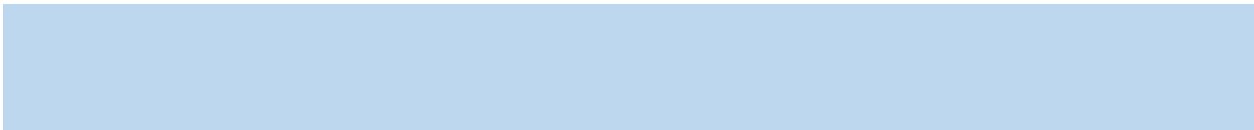
**By submitting this application, the applicant agrees to follow all Wyoming Treatment Court Standards, the Wyoming Supreme Court Rules for Treatment Courts, and to strive to adhere to those standards to the full extent of the applicant's ability.**

### Required Attachments

***Letters from the agency or agencies that committed in-kind contributions and/or local cash contributions for the year of FY2027 and FY2028.***

***Substance use treatment provider contract(s) or MOUs***

***Mental health service provider contract(s) or MOUs***



*plication. Type initials in the boxes*



the Governing Body.	<div>Initials</div> <div>FM</div>
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*sh match funds for the application*

