

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 DUI COURT PROGRAM IN THE AMOUNT OF \$280,639.80.

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 \$280,639.80 to fund operations and programs of the Laramie County DUI Court; and

To commit \$28,500 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 the fiduciary 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, as the representative of the governing body, and 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: _____
Troy Thompson, Chairman

Date: _____

ATTEST:

Debra Lee, Laramie County Clerk

Date: _____

Received and Approved as to Form only By:

Laramie County Attorney's Office

Date: 1/12/22

**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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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 DUI 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))

The mission of the Laramie County DUI Court is to use a comprehensive coordinated, and proactive approach in order to reduce the threat impaired drivers place on our community. By utilizing a wide-ranging and dynamic approach, we will effectively reduce the number of repeat impaired driving offenders on our streets.

The Laramie County DUI Court Goals Are:

- I. To provide sentencing options to Laramie County Circuit Court to administer certain cases stemming from Driving Under the Influence convictions and utilize continuing judicial oversight, supervised probation, and comprehensive treatment.
- II. To reduce alcohol related offenses in Laramie County while promoting offender accountability and responsibility.
- III. To promote effective agency interaction and coordination of resources among criminal justice agencies, governmental agencies, and community organizations.

Section 2. Funding Request

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

	No. of Slots	Cost per Slot	Total
Adult	30	\$ 9,354.66	\$ 280,639.00

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

Juvenile	0	\$ 14,716.84	\$
Total State Funding Request			\$ 280,639.00

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:

Treatment court programs can be drastically affected by the actions of the prosecutors within their counties. As you are aware, there has been issues with our own DA's office. Although Ms. Manlove is supportive of treatment court programs, her decision earlier this year to ask the Cheyenne Police Department to cite the majority of DUI offenses into municipal court has affected our program numbers. We are in the process of working with the Cheyenne Municipal Court and the City of Attorney's office to increase our referrals. Also, the DUI Court program is on its third prosecuting attorney since July of 2021 and it is always a challenge to get them familiar with the referral process for our programs.

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 DUI Court program does not anticipate receiving any additional funds for the upcoming fiscal year under the category.

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

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 \$50 per month after their first 30 days in the program and the fee will continue regardless of phase until the month of their graduation.

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

Participants may be required to pay for SCRAM monitoring or urinalysis testing if they have had multiple relapses. 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?

SCRAM payments are paid directly to the program and are receipted noting the payments for SCRAM as opposed to regular program participation fees and all costs are tracked through an Excel spreadsheet maintained by the Court Coordinator. Fees collected for specialized drug testing charged to the participants by Pathfinder or the Drug Testing Center are recorded and tracked by the provider and available upon request.

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.

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

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.

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:

Judge Sean Chambers is serving as the participating judge in the Court Supervised Treatment Program known as Laramie County DUI Court pursuant to Wyo. Stat. §§7-13-1601 - 7-13-1615 and pursuant to the Wyoming Supreme Court Rules governing judicial participation in Court Supervised Treatment Programs.

Specifically, as the participating judge, Judge Chambers shall respect the separation of judicial rules as set out Wyoming Supreme Court Rules. Judge Chambers will be a member of the Laramie County DUI Court team. As a member of the DUI Court team, Judge Chambers shall not perform any judicial duties, or perform any other legal services, in a criminal or civil case from which a current or former participant was, or is a party to, or in any subsequent criminal or civil case that arises directly from the participant's conduct in the treatment program.

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?

The DUI Court program does not anticipate using a Magistrate in the next fiscal year.

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 DUI Court program uses the COMPAS as the risk tool and the DUI Court P&P Agent Salli Perryman uses the Ohio Risk Assessment System (ORAS) and the Impaired Driver Assessment (IDA) on all participants during sign up. The DUI Court Case Manager, Fernando Muzquiz and DUI Court Coordinator, are trained in using the Computerized Assessment and Referral System (CARS) which is a mental health screen specifically designed to be used on impaired drivers.
2. What is the job title of the individual(s) conducting the screening of participants?

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

Kurt Zunker, DUI Court Coordinator
Fernando Muzquiz, DUI Court Case Manager
Salli Perryman, DUI Court 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.

The DUI Court program does not accept any individual that does not score out as being a high-risk high-need offender.

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: **Cheyenne Community Drug Abuse Treatment Council (D/B/A "Pathfinder")**
620 West 19th Street
Cheyenne, WY 82001
(307) 635-0256
www.pathfinderwy.org
3. What is the expiration date of the in-house program or contracted treatment provider's STATE CERTIFICATION?
12/31/21 (Application for re-certification was in process when this grant proposal was written.)
4. What is the expiration date of the treatment provider's NATIONAL ACCREDITATION?
10/31/22

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.

We do make referrals to VOA for mental health services and men's residential treatment services, add to Healthworks for MAT as necessary.

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?

The DUI Court Case Manager is primarily responsible for communicating with all outside treatment entities to check on their progress of program participants that are not receiving services from our contracted provider

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 Sean Chambers	Multiple Treatment Court Webinars	6	7/1/20
Prosecuting Attorney	Anthony Reyes	N/A	0	12/1/21
Defense Attorney or <i>Guardian ad litem</i>	Carol Serelson	NADCP All Rise 20 On-Demand Conference	20	1/1/06
Monitoring Officer/Probation Officer	Salli Perryman	NADCP All Rise 20 On-Demand Conference	20	3/1/16
Treatment Provider Representative	Patty Mahlona	N/A	0	12/1/21
Program Coordinator	Kurt Zunker	NADCP All Rise 20 On-Demand Conference	20	1/1/06

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 has narrowed the grounds for termination. The DUI Court Team will work with struggling participants and only terminate participants from the program for absconding, treatment failure (unsuccessful discharge from residential treatment), or committing a new criminal offense. Out of these termination categories, absconding the program is still the leading cause for termination.

Section 12. Community Outreach

Discuss community outreach activities completed by the program in FY22 to date:
COVID continues to shut down all community outreach.

Section 13. Master Contact List

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

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

Name	Title	Mailing Address	Telephone	E-mail	Specific requests
Kurt Zuner	Director	309 W. 20 th Street #2300 Cheyenne, WY 82001	(307) 633-4530	kzunker@laramiecounty.com	Time with funding panel.

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

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	310 W. 19 th Street Cheyenne, WY 82001	(307) 633-4260	tthompson@laramiecounty.com
Debra Lee	Laramie County Clerk	309 W. 20 th Street Cheyenne, WY 82001	(307) 633-4268	dlee@laramiecounty.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.

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

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 Buck Holmes	Commissioners	(307) 633-4260	gmalm@laramiecounty.com bholmes@laramiecounty.com
Brian Lovett Linda Heath	Commissioners	(307) 633-4260	blovett@laramiecounty.com 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 &	Mailing Address	Telephone	E-mail	% Weekly
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Program Name, Program Contact: Click here to enter text.

	Title				Staffings attended SFY 21
Participating Judge *	Honorable Sean Chambers	309 W. 20 th Street #2300 Cheyenne, WY 82001	(307) 633- 4298	scc@courts.sta te.wy.us	100%
Substitute Judge * (who sits in for Participating Judge, not mandatory)					
Prosecuting Attorney	Anthony Reyes	310 W. 19 th Street Cheyenne, WY 82001	(307) 633- 4469	Anthony.Reye s@wyo.gov	100%
Defense Attorney or Guardian ad litem	Carol Serelson	309 W.20 th Street Cheyenne, WY 82001	(307) 777- 7137	carol.serelson @wyo.gov	50%
Monitoring Officer/Probatio n Officer	Salli Perryman	1934 Wyott Drive Cheyenne, WY 82001	(307) 777- 5931	salli.perryman @wyo.gov	100%
Treatment Provider Representative	Patty Mahelona	620 W. 19 th Street Cheyenne, WY 82001	(307) 635- 0256	patty@pathfin der.com	100%
Program Coordinator	Kurt Zunker	309 W. 20 th Street Cheyenne, WY 82001	(307) 633- 4530	kzunker@lara miecounty.co m	100%
Other (List Title, not mandatory)	Fernando Muzquiz, Case Manager	309 W. 20 th Street Cheyenne, WY 82001	(307) 633- 4588	fmuzquiz@lar amiecounty.co m	100%

*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
Patty Mahelona	Treatment Counselor	620 W. 19 th Street Cheyenne, WY 82001	(307) 635-0256	patty@pathfinder.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 82002 777-7341	Referred as Needed	Employment Assistance
Recover Wyoming	512 E. Lincolnway Cheyenne, WY 82001 (307) 421-7261	Referred as Needed	Recovery Support
Community Action	200 W. 17th Street Cheyenne, WY 82001	Referred 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
N/A					

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 DUI Court			CST Program Contact Title:		Director	
Remit Payment To:		Laramie County DUI Court			CST Program Email:		kzunker@laramiecounty.com	
CST Program Address:		309 W. 20th Street #2300			CST Program Contact Phone:		(307) 633-4530	
CST Program City, State, Zip:		Cheyenne, WY 82001			CST Program Contact Fax:		(307) 633-4589	
CST Program Contact:		Kurt Zunker						
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)	\$100,147.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Benefits (Not including Treatment/Supervision)	\$32,169.00	\$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	\$450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Software	\$1,350.00	\$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)	\$12,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TRAVEL/TRAINING								
Travel In-State	\$300.00	\$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	\$130,123.80	\$0.00	\$45,000.00	\$28,500.00	\$0.00	\$6,500.00	\$0.00	\$80,000.00
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	\$3,100.00	\$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	\$1,000.00	\$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	\$280,639.80	\$0.00	\$45,000.00	\$28,500.00	\$0.00	\$6,500.00	\$0.00	\$80,000.00

Total State Funds Request	\$	280,639.80	Total Budget	\$	360,639.80
TOTAL MATCH USED AGAINST GRANT		\$73,500.00	Match Fund Percentage	\$	0.26

Please only type in peach colored boxes.
Do not include federal funds or other state funds as match in the Budget or Budget Justification tabs.
**Please note that internet service, telephone/cell phone, and office space expenses are no longer allowable under the state grant. Local funds need to be utilized for these expenses.

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 DUI Court		
Laramie County DUI Court		
309 W. 20th Street #2300		
Cost Description	Total Amount	<i>Please only type in peach colored boxes.</i>
ADMINISTRATIVE		
Salaries and Wages	\$100,147.00	Salaries for Kurt Zunker, DUI Court Director, Fernando Muzquiz, DUI Court Case Manager, and Carmel Kerner, Administrative Assistant equals a total of \$100,147.00, of which \$68,040.57 in which DOH funds will be used. Benefits include Health insurance, dental insurance, life insurance, retirement, social security, medicare, and workers comp equals \$32,169 of which \$DOH funds will be used.
Employee Benefits	\$32,169.00	
Professional Services Fees (Please Specify)	\$0.00	
Internet Service	\$0.00	
Telephone/Cell Phone	\$0.00	
Office Supplies	\$450.00	\$250 in DOH funds will be used for office supplies.
Computer Software	\$1,350.00	Printer cartridges and COMPAS fees will be paid using DOH funds.
Photocopier	\$0.00	
Postage	\$0.00	
Office Space	\$0.00	
Audit Costs	\$0.00	
Professional Services Contract (Please Specify)	\$12,000.00	The DUI Court uses the SCRAM bracelet on all DUI Court participants for a total of \$12,000.00 of which DOH funds will be used.
Total Administrative	\$146,116.00	
TRAVEL/TRAINING		
Travel In-State	\$300.00	In State travel expenditures will use \$300 in DOH funds for in-State travel.
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	\$300.00	
TREATMENT/SUPERVISION		
Substance Abuse Treatment	\$210,123.80	Substance Abuse treatment services are contracted to Pathfinder. Total funds used will be \$164,873.80 of which \$130,123.80 in DOH funds, \$28,500.00 in County funds, and \$6,500 in participant fees will be used. Pathfinder also estimates they will provide \$45,000.00 in uncompensated treatment to the DUI Court.
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	\$3,100.00	Materials necessary to conduct drug testing of program participants.
Monitoring (Electronic)	\$0.00	
Graduation and Incentives	\$1,000.00	Incentives for program participants.
Family Activities	\$0.00	
National Accreditation Not in Contract	\$0.00	
Quality of Life Dollars	\$0.00	
Total Treatment/Supervision	\$214,223.80	
MISCELLANEOUS		
A. National Accreditation	\$0.00	The DUI Court program will be requesting \$7,500 for CARF accreditation
B. Contract Amount Drug Testing/Supplies	\$0.00	
C. Surcharge	\$0.00	
Total Miscellaneous	\$0.00	
TOTALS	\$360,639.80	