SFY2024 Wyoming Court Supervised Treatment (CST) Program Application Instructions

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

These instructions are for SFY 2024 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 three (3) 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 SFY24. 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.
- <u>Do not put sections onto separate pages.</u> 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.
- <u>Budget and Budget Justification Spreadsheet:</u> Fill in all projected dollar amounts by line item. Provide an explanation for each on the Justification spreadsheet, including surcharge. If you do not intend to utilize surcharge, please indicate that in the Justification spreadsheet next to the surcharge amount. Provide your best estimates and if an award is granted, we will collect a finalized budget by June 30, 2023. The total match must meet or exceed twenty-five (25) percent of the total amount awarded.
- <u>Matching funds letters</u> should be grouped together into one (1) scanned document rather than several separate documents.

Application Deadline: February 1, 2023 - 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 and budget attachment using the file name: court-name grant app (or budget) FY24. (e.g. AlbanyCountyCSTProgram grant app FY24). 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, 2023.

Section 1. Program Type, Mission, Goals

1.	Progra	am Type:
		Adult Drug Court Juvenile Drug Court DUI Court Tribal Healing to Wellness Court Reentry Drug Court Veterans Treatment Court
		Federal District Drug Court Family Dependency Treatment Court Back on TRAC Other (Please specify):

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

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

The Laramie County Drug Court has three goals:

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

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

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

Section 2. Funding Request

Please list number of slots requesting state funds to support in FY24.

	No. of Slots	Cost per Slot	Total	
Adult	25	\$ 9,354.66	\$ 233,866.50	
Juvenile		\$ 14,716.84	 	

Fotal State Funding Request		\$ 233,866.50		
	<u>and the state of </u>		'	

per month, other)?

Section 3. Program Data to Support Request

The CST Program will provide the number of unique participants served for FY20-FY23 (Dec. 31, 2023), amount of unspent funds for FY22, recidivism rates for FY22 and FY23 through Dec. 31, 2023, and retention rates for FY22 through Dec. 31, 2023.

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

The Laramie County Drug Court continues to feel the effects of the disfunction of the Laramie County District Attorney's office. Although the DA's office continues to voice support and to send a representative to the team staff meetings and court appearances, they do not make referrals to the program.

Section 4. Funding Sources, Practices, Fiscal Agent

	, , ,
	Program Funding and Fees
1.	Is the program currently receiving federal funds (for FY23)? Yes No a. If yes, list the name of grant and amount received:
	The Drug Court program is receving some American Rescue Plan Act funds as a pass through from the Laramie County. The funds have been used to send some team members to NADCP training, to purchase incentives, and to fund an independent program review.
2.	Will the program apply for other federal funds in FY24? 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 Drug Court may be receiving some funds from the County's share of opioid settlement funds. However, there has been no firm decision made on this issue.

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5. How much will program participants pay in CST Program fees (designate if per phase, per year,

All program participants are required to pay a \$750 program fee prior to graduation.

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

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

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

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

3.	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 <u>for the upcoming year of FY24</u> . These documents should be scanned and submitted as one (1) document.

Section 5. Projected Budget and Justification (Attachment A)

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

Section 6. Magistrates

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

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

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

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

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

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

We do not anticipate using a Magistrate at this time.

Section 7. Risks/Needs Assessment Practices

1. What participant risks/needs screening and assessment processes does the program currently use? Explain the process and list all tools used.

The program uses the COMPAS as well as the ORAS assessment as directed by WODOC.

2. What is the job title of the individual(s) conducting the screening of participants?

Kurt Zunker, Treatment Court Director and Jonathan Hazlitt P&P Agent

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

The Laramie County Drug Court only serves high risk/high need participants.

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	Section 8. Substance Use Treatment Services, Practices, Certifications
1.	Will the program hire in-house treatment providers? Yes No
	Will the program contract for treatment? Yes No If yes, provide the name of the provider here: Foundations Counseling and Consulting is our contracted provider. They are located at 515 E. Carlson Street, Suite 104, Cheyenne, WY 82009. (307) 638-4092 & (307) 635-3967 (fax).
3.	What is the expiration date of the in-house program or contracted treatment provider's STATE CERTIFICATION?
	April 30, 2024.
4.	What is the expiration date of the treatment provider's NATIONAL ACCREDITATION?
	March 21, 2023.
	Section 9. Mental Health Services, Practices, Certifications
1.	Does the program have a contract (or MOU) for mental health services? Yes No
2.	Does the program refer participants to local Community Mental Health Center(s)? Yes No
	Use the following space to provide the name or names of the mental health treatment providers used by the program.
	The Drug Court program refers individuals for residential treatment to Healthworks, VOA, SWCC, and CWCC 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? Xes No
	How is this information communicated?

Participants that are referred to Healthworks will work with Rebecca Piersch who is the case manager at Foundations. Participants attending residential treatment at SWCC, or CWCC, or VOA will communicate with Jonathan Hazlitt, our Drug Court P&P Agent.

Section 10. Training Summary

List every <u>program team member</u> and every <u>treatment provider</u>, the training hours they have acquired in the last fiscal year (July 1, 2021 - June 30, 2022), and the title of the training. If training hours are not entered, please provide an explanation on why required hours were not obtained and the plan for completion of the hours in the next contract year. Add rows as needed. If the training was not from an organization listed in Rule or Guideline and was not preapproved, it will not be counted for completed hours.

Member Position	Member Name	Title of Training	Hours Received	Member Start Date
Participating Judge	Judge Antoinette Williams	Impaired Driving Conference	12	7/3/16
Prosecuting Attorney	Kevin Haugland	NADCP E- Series Trainings	6	7/1/21
Defense Attorney or Guardian ad litem	Baend Buus	NADCP E- Series Trainings	6	7/1/21
Monitoring Officer/Probation Officer	Jonathan Hazlitt	NADCP All Rise 2022, Nashville, TN	20	3/1/21
Treatment Provider Representative	Julie Nelson	NADCP All Rise 2022, Nashville, TN	20	3/1/21
Program Coordinator	Kurt Zunker	Impaired Driving Counsel & NADCP webinars	30	1/3/02

Section 11. Recidivism, Retention, Sobriety

Court Supervised Treatment Programs contribute to the goals of reducing crime/reducing recidivism, retaining individuals for the full duration of the program, and increasing durations of sobriety prior to graduating a program. Goals for each of the three (3) target areas are set in annual contracts and in site visit reports, and the goals are based on the functionality of existing programs and averages reported in national or regional studies.

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

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

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

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

Section 12. Community Outreach

Discuss community outreach activities completed by the program in FY23 to date:

Once program participants reach level IV they are required to complete a community payback project. Some of this year's projects include putting together Thanksgiving turkey baskets at needs and providing their testimonies to the residents of VOA.

Section 13. Surcharge

The amount of funding available to your county is \$15,777.86. Please note, this application is NOT a guarantee of funding and the amount may be subject to change. If your county serves more than one (1) program, please also include the surcharge amount desired for each program, not to exceed the total available to your county.

If granted, how will the surcharge funding be utilized?

\$7,888.93 will be used to augment treatment services for the participants.

Section 14. Master Contact List

Legal Name of CST Program	Laramie County Drug Court
(name used for the IRS):	
Organization Governing the	Laramie County
Contract:	

Laramie County Drug Court Program

Mailing Address	Physical Address for FedEx of Contract
309 W. 20 th Street # 2300	309 W. 20 th Street #2300 Cheyenne, WY 82001
Cheyenne, WY 82001	

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

Name	Title	Mailing	Telephone	E-mail	Specific
		Address			requests
Kurt Zunker	Director	309 W. 20 th	(307) 633-	Kurt.zunker	Time with the
		Street # 2300	4530	@laramiecou	funding panel.
		Cheyenne,		ntywy.gov	
		WY 82001			

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	Chair, Laramie	310 W. 19 th	(307) 633-4370	Troy.thompson@l
	County	Street Cheyenne,		aramiecountywy.g
Commissioners		WY 82001		<u>ov</u>
Debra Lee	Laramie County	309 W. 20 th	(307) 633-4268	Debra.lee@larami
	Clerk	Street Cheyenne,		ecountywy.gov
		WY 82001		
0				

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:

\boxtimes	Yes, I	need	an	Original	Signature	for
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Name	Purpose		
Debra Lee	All contracts are required to have original		
	signatures per County policy.		

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
Sandra Newland	Laramie County	310 W. 19 th Street	(307) 633-4201	Sandra.newland
	Grants Manager	Cheyenne, WY		@laramiecount
		82001		ywy.gov

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	Troy.thompson@laramieco untywy.gov					
Gunnar Malm	Commissioners	(307) 633-4260	Gunnar.malm@					
Buck Holmes			laramiecountywy.gov buck.holmes@laramiecoun tywy.gov					
Brian Lovett Linda Heath	Commissioners	(307) 633-4260	Brian.lovell@laramiecount ywy.gov linda.heath@laramiecount ywy.gov					

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

Member	Name & Title	Mailing Address	Telephone	E-mail	% Weekly Staffings attended SFY 22
Participating Judge *	Honorable Antoinette Williams	309 W. 20 th Street Cheyenne, WY 82001	(307) 633- 4298	awh@courts.st ate.wy.us	100%
Substitute Judge * (who sits in for Participating Judge, not mandatory)					
Prosecuting Attorney	Prosecuting Kevin 310		(307) 633- 4469	kevin.haugland 1@wyo.gov	100%
Defense Attorney or Guardian ad litem	Baend Buss	309 W. 20 th Street Cheyenne, WY 82001	(307) 777- 7138	Baend.buus1@ wyo.gov	100%
Monitoring Officer/Probatio n Officer	MonitoringJonathan1934 Wyott Drficer/ProbatioHazlittCheyenne, WY		(307) 777- 5931	Jonathan.hazlit t@wyo.gov	100%
Treatment Provider Representative	rider 104 Cheyenne		(307) 635- 4092	julie@foundati onswyoming.c om	100%
Program Coordinator	Kurt Zunker	309 W. 20 th Street Cheyenne, WY 82001	(307) 633- 4530	Kurt.zunker@l aramiecountyw y.gov	100%
Other (List Title, not mandatory)					

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

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

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

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	Description of services provided
		(start/end dates)	
Wyoming Workforce	5221 Yellowstone Rd,	Referred as Needed	Employment
Services	Cheyenne, WY 82009		Assistance
	307-777-3700		
Recover Wyoming	1017 E Lincolnway,	Referred as Needed	Recovery Support
	Cheyenne, WY 82001		
	307-421-7261		
Community Action	1920 Evans Ave,	Referred as Needed	Housing Assistance
	Cheyenne, WY 82001		
	307-635-9291		

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					

La	Laramie County Drug Court Program									
										

Section 15. 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 2023, 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

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 FY24.
- 2. Attachment A, Budget and Budget Justification.

CST Program Annual Budget - FY2024

CST Program Name:	Laramie County Drug Court		
Remit Payment To:	Laramie County Drug Court	CST Program Contact Title;	Director
CST Program Address:	309 W. 20th Street #2300	CST Program Email:	kurt runker@laramiecountywy.gov
CST Program City, State, Zin:	Chevenne, WY 82001	CST Program Contact Phone:	(307) 633-4530
CST Program Contact:	Kurt Zunker	CST Program Contact Fax:	(307) 633-4589

Funding Sources & Amounts	Requested State Funds	Local Funds REQUIRED MA	In-Kind	City & County Funds	Federal Funds	Program Participant Fees	Other State Funds Salaries	Total Match & Other Funds Available to the CST Program
Adminstrative	\$80,453.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00
Training Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Treatment and Supervision	\$153,413.50	\$0.00	\$30,094.00	\$36,500.00	\$0.00	\$5,000.00	\$0.00	\$71,594.00
National Accreditation		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing								\$0.00
Surcharge	\$7,888.93							\$0.00
Line Totals	\$241,755.43	\$0.00	\$30,094.00	\$36,500.00	\$0.00	\$5,000.00	\$0.00	\$71,594.00

Total State Funds Request	5	241,755.43
TOTAL MATCH USED AGAINST GRANT		\$66,504.00

Total Bud et	2	313 349 43
Match Fund Percentage	S	0.28

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.

CST Program Budget Justification -- FY2024

Date Last Updated: Laramic County Drug Court Laramie County Drug Court 309 W. 20th Street #2300

Please set out what portion is state funds, match funds, and other funds; including federal grant Justify what the budget will cover, including surcharge. If you do not intend to utilize surcharge 2. On the Home tab in the Cells group, click Format. please indicate that in the justification box. Please explain the amount within each item as state ful 3. Under Coll Size. do one of the following: match funds, or any other funds. With applications due early this year, all budgets are estimates u

Cost Description	Total Amount	Please only type in peach colored boxes.
Adminstrative	\$80,453.00	Salaries for Kurt Zunker, Drug Court Coordinator and Cameo Keiffer, Administrative Assistant equals \$43,991.00 which be paid out of DOH dollars. Health benefits, dental insurance, life insurance, retirement, social security, medicare, and workers' comp equals \$20,304.00, of which the program wil use DOH finds. The program will use \$448.00 in DOH funds for office supply needs. The program will use \$1310.00 in DOH funds to pay for printer cartridges and COMPAS related expenses. The Drug Court program contracts with the Drug Testing Center of Cheyenne to provide drug testing support for the program. The program will use \$14,400.00 DOH funds to pay this contractor.
Training Expenses	\$0.70	
Treatment and Supervision	\$225,007.50	The County contracts with Foundations, LLC to provide all out-patient mental health and substance treatment services for program participants. The program will use \$153,413.50 in DOH funds, \$36,500.00 in County funds, \$7,888.93, and \$5,000 participant fees to pay for those services. Also, Foundations, LLC contributed 30,094.00 in uncompensated treatment dollars to program participants.
National Accreditation	20.00	
Drug Testing	\$0.00	
Surcharge	\$7,888.93	Surcharge funds will be used to pay for treatment services.
TOTALS	\$313,349,43	

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.

- . 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

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



Kurt Zunker Laramie County Treatment Court 309 West 20th Street Cheyenne, WY 82001

December 7, 2022

Dear Mr. Zunker,

It is my pleasure to inform you that during our last fiscal year January 1, 2022 through December 31, 2022, our company donated services in the amount of \$30,094 on supplies, food, and uncompensated therapy services. This figure represents the cost of items for which we were not compensated from any source.

Sincerely

Ronnie Blanton

CEO

RESOLUTION NO.

A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2024 WYOMING COURT SUPERVISED TREATMENT PROGRAM ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST FUNDING FOR THE LARAMIE COUNTY DRUG COURT PROGRAM IN THE AMOUNT OF \$241,755.43.

THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES;

To submit a grant application to the Wyoming Department of Health for FY-2024 Wyoming Court Supervised Treatment Program Grant in the amount of \$241,755.43 to fund operations and programs of the Laramie County Drug Court; and

To commit \$36,500 in matching funds to be included in the Laramie County's FY-2024 budget; and

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

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

PASSED, APPROVED AND ADOPTED THIS _____ DAY OF JANUARY, 2023.

Ву:	Date:
Troy Thompson, Chairman	
ATTEST:	
	Date:
Debra Lee, Laramie County Clerk	
Received and Approved as to Form only By:	
AMMIN NOGHT	Date: \(\alpha \sqrt{27/22} \)
	,

Laramie County Attorney's Office