RESOLUTION NO.

A RATIFIED RESOLUTION AUTHORIZING THE SUBMISSION OF A RE-ALLOCATION GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2020 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 \$46,773.30.

THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES;

To submit a grant application to the Wyoming Department of Health for FY-2020 Wyoming Court Supervised Treatment Program Grant in the amount of \$46,773.30 to fund operations and programs of the Laramie County Drug Court; and

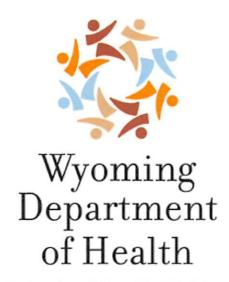
To Appoint Sandra Newland, or her successor in the position of the Laramie County Grants Manager, as agent and grant contact for Laramie County to execute and submit applications, financial reports and certifications which may be necessary for this application and grant; and

To authorize Kurt Zunker, or his successor in the position of the Director of the Drug Court and DUI Court Programs of Laramie County, 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 3RD DAY OF SEPTEMBER, 2019.

Ву:	Date:
Linda Heath, Chairman	
ATTEST:	
Debra Lee, Laramie County Clerk	Date:
Received and Approved as to Form only By: Mark Voss, County Attorney	Date: 4/26/19

Wyoming Court Supervised Treatment Program State Fiscal Year 2020 Re-Allocation Application



Behavioral Health Division

Behavioral Health Division 6101 Yellowstone Road, Suite 220 Cheyenne, WY 82002 Program Name: [Kurt Zunker]

Program Contact: [kzunker@laramiecounty.com]

Application Sections

- 1. Funding Request
- 2. Justification
- 3. Match
- 4. Budget
- 5. Assurances

Program Name: [Kurt Zunker]

Program Contact: [kzunker@laramiecounty.com]

Section 1. Funding Request

Number of adult slots requesting	g state funds to support in FY20:	5
Number of juvenile slots reques	ting state funds to support in FY20:	0
Adult Slots X \$9,354.66 =	\$46,773.30	
Juvenile Slots X \$14,716.84 =	\$0	
Total State Funds Request =	\$46,773.30	

Contractor will be required to maintain the average number of unique participant numbers granted in the contract plus any slots granted in re-allocation. This application is not a promise of contract or funding.

The funding must be used in FY20.

Section 2. Justification

Provide a detailed justification for the additional funds based on the number of slots you are requesting. Justification must include data to support your request.

As the funding panel is aware, the Drug Court population decreased dramatically under the previous DA administration, with the program only having 11 participants and 5 referrals at the end of January 2019. However since that date, the program population has increased by 57%. The current population of the Drug Court is 19 with 3 referrals. The Drug Court admitted 3 participants into the program in the month of August alone.

The Drug Court is confident that is can get to 24 enrolled participants this fiscal year.

Section 3. Match

Indicate how you intend to meet the required match exceeding twenty-five percent (25%) of the additional state funding sought. Match cannot include other state funds or federal funds.

The Laramie County Commissioners have already allocated \$74,407.01 to the Drug Court for the current fiscal year. The allocation would equal more than 30% of the match required to include the additional re-allocation funds being requested.

Section 4. Budget

Complete Attachment A, Budget and Justification for additional funds requested.

Program Name: [Kurt Zunker]

Program Contact: [kzunker@laramiecounty.com]

Section 5. Assurances

Review all assurances and make sure the required Attachment A is provided with this application. **Initial each item for which you are in compliance.**

- 1. This application was reviewed and approved by the Program Team and the representative from the Governing Body:
- 2. All attachments (Application and Attachment A) were reviewed and approved by the Program Team and the representative from the Governing Body:

CST Program Annual Budget

FY2020 Re-Allocation

CST Program Name:	Laramie County Drug Court
Remit Payment To:	Laramie County Drug Court
CST Program Address:	309 W. 20th Street # 2300
CST Program City, State, Zip:	Cheyenne, WY 82001
CST Program Contact:	Kurt Zunker
CST Program Contact Title:	Director
CST Program Email:	kzunker@laramiecounty.com
CST Program Contact Phone:	(307) 633-4530
CST Program Contact Fav:	(307) 633-4580

CST Program Contact Fax:	(307) 633-4589		_		Market Control of the	A STATE OF THE STA	mental Artist and the second as	Total Match and
FUNDING SOURCES and AMOUNTS	Requested State Funds	Local Funds	In-Kind	City & County Funds	Federal Funds	Program Participant Fees	Other State Funds/Salaries	Other Funds Available to the CST Program
ADMINISTRATIVE		REQUIRED MATCH	DOLLARS					
Salaries and Wages					mental in the			
(Not including Treatment/Supervision)								\$0.00
Employee Benefits								40.00
(Not including Treatment/Supervision) Professional Services Fees								\$0.00
(Please Specify)								\$0.00
Internet Service				-				\$0.00
Telephone/Cell Phone								\$0.00
Utilities								\$0.00
Vehicle Expenses/Maintenance								\$0.00
Office Supplies								\$0.00
Computer Hardware								\$0.00
Computer Software and/or Supplies								\$0.00
Photocopier						Carried Control		\$0.00
Postage								\$0.00
Advertising								\$0.00
Equipment Maintenance								\$0.00
Equipment Rental/Purchase								\$0.00
Office Space								\$0.00
Construction Costs								\$0.00
Grant Writing						and the second second		\$0.00
Case Management System		AULIN SUR						\$0.00
Audit Costs								\$0.00
Professional Services Contract				THE PROPERTY OF				
(Please Specify)								\$0.00
Program Evaluation								\$0.00
TRAVEL/TRAINING								
Travel In-State								\$0.00
Travel Out-of-State	\$6,773.30	\$1,694.00						\$1,694.00
Training Fees								\$0.00
Miscellaneous Meeting Expenses			The United States					\$0.00
Client Transportation		WILL THE BUILD						\$0.00
Community Training								\$0.00
TREATMENT/SUPERVISION								
Substance Abuse Treatment	\$40,000.00	\$10,000.00						\$10,000.00
Substance Abuse Treatment	\$10,000.00	\$10,000.00						\$10,000.00
Salaries and Wages (if applicable)								\$0.00
Substance Abuse Treatment		The same of						
Employee Benefits (if applicable)								\$0.00
Mental Health and/or Other Counseling Services								\$0.00
Educational Program								\$0.00
Educational Materials								\$0.00
Drug Testing and Testing Supplies								\$0.00
Monitoring (Electronic)	HEREN SAME							\$0.00
Graduation and Incentives								\$0.00
Family Activities	The same of the sa							\$0.00
National Accreditation				TENANT E				\$0.00
Other Program Materials						ENTERING DISTRICT		\$0.00
MISCELLANEOUS EXPENSES (Please Specify)								
A.Quality of Life Dollars								\$0.00
B. State Approved \$7500 for CARF								\$0.00
C. State UA Funding	15,11					OF MANY OF THE PARTY OF		\$0.00
Line Totals	\$46,773.30	\$11,694.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Total State Funds Request	\$ 46,773.30
TOTAL MATCH USED AGAINST GRANT	\$11,694.00

Total Budget	\$	58,467.30
Match Fund Percentage	S	0.25

Please set out what portion is state funds, match funds and other funds, including federal grants.

""DO NOT INCLUDE ANY INFORMATION ON MAGISTRATE FUNDING IN THIS BUDGET OR THE ACCOMPANING WORKBOOKS"

Remember state funds and federal funds may not be used as match against this grant they should be marked in the OTHER column. Local and in-kind will be used to calculate your match.

Please justify the budget in the appropriate tab.

Budget Justification

	r lease only type in peac
Date Last Updated	match funds or any other funds.Match funds can n
aramie County Drug Court	With applications due early this year, all budgets are
aramie County Drug Court	contract is exe
09 W. 20th Street # 2300	***DO NOT INCLUDE ANY INFORMATION ON MAG

Please only type in peach colored boxes.

uaget will cover, riease explain now much within each item will be state runds, not include state funding or federal funding. e estimates until finalized withi80 days after cuted

SISTRATE FUNDING IN THIS BUDGET OR THE ACCOMPANYING WORKBOOKS***

		ACCOMPANYING WORKBOOKS***
		Note: To expand the box size, select "Home, Cells, Format, Autofit Row Height."
Cost Description	Total Amount	
ADMINISTRATIVE		
Salaries and Wages	\$0.00	
Employee Benefits	\$0.00	
Professional Services Fees		
(Please Specify)	\$0.00	
Internet Service	\$0.00	
Telephone/Cell Phone	\$0.00	
Utilities	\$0.00	
Vehicle Expenses/Maintenance	\$0.00	
Office Supplies	50.00	
Computer Hardware	\$0.00	
Computer Software and/or Supplies	\$0.00	
Photocopier	\$0.00	
Postage	\$0.00	
Advertising	\$0.00	
Equipment Maintenance	\$0,00	
Equipment Rental/Purchase	\$0.00	
Office Space	\$0.00	
Construction Costs	\$0.00	
Grant Writing	\$0,00	
Case Management System	\$0.00	
Audit Costs	\$0.00	
Professional Services Contract		
(Please Specify)	\$0.00	
Program Evaluation	\$0.00	
Total Administrative	20.00	
TRAVEL/TRAINING		
Travel In-State	\$0.00	
Travel Out-of-State	\$8,467.30	The Drug Court would use funds to send a few Team members to the next NADCP confernece in Anaheim, CA.
Training Fees	\$0.00	
Miscellaneous Meeting Expenses	\$0.00	
Client Transportation	\$0.00	
Community Training	\$0.00	
Total Travel/Training	\$8,467.30	
TREATMENT/SUERVISION	40,407.00	
TREATMENT/SUCRVISION		The Drug Court would use funds here to pay for substance abuse and mental health treatment for Drug Court
Substance Abuse Treatment	\$50,000.00	participants.
Salaries and Wages (if applicable)	\$0.00	
Employee Benefits (if applicable)	50.00	
Mental Health and/or Other Counseling		
Services 5	\$0.00	
Educational Program	\$0.00	
Educational Materials		
Drug Testing and Testing Supplies	\$0.00	
	\$0.00	
Monitoring (Electronic)	\$0.00 \$0.00	
Graduation and Incentives	\$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities	\$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities National Accreditation	\$0.00 \$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities	\$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities National Accreditation	\$0.00 \$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities National Accreditation Other Program Materials	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities National Accreditation Other Program Materials Total Treatment/Supervision	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Graduation and Incentives Family Activities National Accreditation Other Program Materials Total Treatment/Supervision MISCELLANEOUS	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$50,000.00	
Graduation and Incentives Family Activities National Accreditation Other Program Materials Total Treatment/Supervision MISCELLANEOUS A.Quality of Life Dollars	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$50,000.00	
Graduation and Incentives Family Activities National Accreditation Other Program Materials Total Treatment/Supervision MISCELLANEOUS A. Quality of Life Dollars B. State Approved \$7500 for CARF	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$50,000.00	