

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2022 WYOMING COURT SUPERVISED TREATMENT PROGRAM ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST 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-2022 Wyoming Court Supervised Treatment Program Grant in the amount of \$280,639.80 to fund operations and programs of the Laramie County Drug Court; and

To commit \$28,500 in matching funds to be included in the Laramie County's FY-2022 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, 2021.**

By: \_\_\_\_\_  
Gunnar Malm, Chairman

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

ATTEST:

\_\_\_\_\_  
Debra Lee, Laramie County Clerk

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

Received and Approved as to Form only By:

  
\_\_\_\_\_  
Gladys Ayokosok, Deputy County Attorney

Date: 01/11/2021

**WYOMING COURT SUPERVISED TREATMENT PROGRAM**  
**STATE FISCAL YEAR 2022**  
**GRANT APPLICATION**



Wyoming  
Department  
of Health

Behavioral Health Division

Behavioral Health Division  
Herschler Building West, 122 West 25th Street, Suite B  
Cheyenne, WY 82002

## **Application Sections**

### **Application Instructions – Page 3**

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## SFY2022 Wyoming Court Supervised Treatment (CST) Program Application Instructions

### **PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION**

These instructions are for SFY 2022 applications. Read carefully so the application is completed accurately. If you have questions, contact Alicia Johnson: 307-777-6885, or email [cstprogram@wyo.gov](mailto:cstprogram@wyo.gov).

The application contains four documents. Please fill out every section completely.

- (I) Instructions
- (II) Application
- (III) Budget Justification Worksheet

This application and materials are not a promise of contract or funding. An application that is not completed will result in no contract being awarded. No contract will be awarded if all deliverables for the current year are not delivered and/or received.

**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. § 7-13-1615), all current State Rules and Regulations (Substance Abuse Rules Chapters 1-8), 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 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. We realize that it is early in the year, so you may not know your exact budget numbers. Provide your very best estimates and if an award is granted, we will collect a finalized budget by June 30, 2021. The total match must meet or exceed twenty-five (25) percent.
- Matching funds letters should be grouped together into one scanned document rather than several separate ones.

### **Application Deadline: February 2, 2021 - 5pm MST**

Send all completed application documents via email to [cstprogram@wyo.gov](mailto:cstprogram@wyo.gov). Include the required attachments. There will not be time to collect missing documents/information. Please reach out for assistance, if needed, prior to the deadline in order to submit a complete application.

Save the completed application, budget attachment, and master contact list using the file name: court-name grant app (or budget or contacts) FY22. (e.g. **AlbanyCountyCSTProgram grant app FY21**).

**All applications should be sent electronically via email.** If you are experiencing technical difficulties, please contact Alicia. All documents must arrive prior to the 5pm deadline on February 2, 2021.



### Section 1. Program Type, Mission, Goals

**Official Program Name:** Laramie County DUI Court

**1. Program Type (Place an X where the box is if uncheckable):**

- ☐ 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 :

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

Mission Statement: The mission of the Laramie County DUI Court is to use a comprehensive coordinated, and pro-active 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.

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### Section 2. Funding Request

Number of adult slots requesting state funds to support in FY22:	<u>30</u>
Number of juvenile slots requesting state funds to support in FY22:	<u>0</u>

Program Name, Program Contact: Laramie County DUI Court, Kur Zunker

Adult Slots X \$9,354.66 =	\$ 280,639.80.00
Juvenile Slots X \$14,716.84 =	\$ 0.00
Total State Funds Request =	\$ 280,639.80

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### Section 3. Program Data to Support Request

The CST Program will provide July 1, 2020-December 31, 2020 recidivism, retention, and average number of participant data to the Funding Panel.

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

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### 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 FY22? ☐ Yes ☒ No
3. Does the program intend to request funding to aid in CARF accreditation? ☐ Yes ☒ No  
*If the program's treatment provider receives other funds from the 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.
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](mailto: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 FY22. These documents should be scanned and submitted as one document.**

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**Section 5. Projected Budget and Justification (Attachment A)**

Fill out the Budget and Budget Justification Attachment A and submit with this 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.

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**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.

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### **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, which is administered by the DUI Court P&P Agent Salli Perryman. However, it is my understanding that WDOC is switching from the COMPAS to the Ohio Risk Assessment System (ORAS) sometime in the near future. WDOC also conducts the Impaired Driver Assessment (IDA) on all DUI offenders 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. The DUI Court P&P Agent, Case Manager, and Court Coordinator are all trained to administer the Impaired Drivers' Assessment (IDA), but we are not currently using the IDA because of issues in how the IDA scores. The Laramie County Treatment Court office also has and is trained in using the COMPAS.

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

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.

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### 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](http://www.pathfinderwy.org)

3. What is the expiration date of the in-house program or contracted treatment provider's STATE CERTIFICATION?

December 31, 2021

4. What is the expiration date of the treatment provider's NATIONAL ACCREDITATION?

October 31, 2022

5. What location(s) are participants seen for services?

620 West 19th Street

Cheyenne, WY 82001

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### Section 9. Mental Health Services, Practices, Certifications

6. Does the program have a contract (or MOU) for mental health services? ☐ Yes ☒ No

a. Does the program refer participants to local Community Mental Health Center(s)?

☒ Yes ☐ No

b. Use the following space to provide the name or names of the mental health treatment providers used by the program.

*If you intend to use state funds to pay for mental health services, providers must be CARF accredited.*

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

7. 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

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 applicable, provide an explanation on why total 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	Ben Sherman	Multiple Treatment Court Webinars	6	12/1/20
Defense Attorney or Guardian ad litem	Carol Serelson	NADCP All Rise 20 On-Demand Conference	20	1/1/06
Monitoring Officer/Probation Officer	Salli Perryman	NADCP All Rise 2019 Conference	20	3/1/16
Treatment Provider Representative	Dr. Avis Garcia	NADCP All Rise 20 On-Demand Conference	20	1/1/18
Program Coordinator	Kurt Zunker	NADCP All Rise 20 On-Demand Conference	20	1/1/06
Case Manager	Fernando	NADCP All Rise	20	1/1/06

	Muzquiz	20 On-Demand Conference		
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### 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 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.

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### Section 12. Community Outreach

Discuss community outreach activities completed by the program in FY21 to date:

COVID-19 has caused the program do virtually shut down all community outreach this year.

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### Section 13. Master Contact List

Legal Name of CST Program (name used for the IRS):	Laramie County DUI Court
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Program Name, Program Contact: **[Laramie County DUI Court, Kurt Zunker]**

<b>Organization Governing the Contract:</b>	Laramie County
<b>Mailing Address</b>	<b>Physical Address for FedEx of Contract</b>
309 W. 20th Street #2300 Cheyenne, WY 82001	309 W. 20th 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 Zunker	Director	309 W. 20th Street # 2300 Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>	Time with Funding Panel.

**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
Gunnar Malm	Chairman, Laramie County Commissioners	310 West 19th Street Cheyenne, WY 82001	(307) 633-4260	gmalm@laramiecounty.com
Debra Lee	Laramie County Clerk	309 W. 20th 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.

Program Name, Program Contact: **[Laramie County DUI Court, Kur Zunker]**

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☐ 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 Grants Manager	310 W. 19th Street Cheyenne, WY 82001	(307) 633- 4201	<a href="mailto:snewland@aramiecounty.com">snewland@aramiecounty.com</a>

**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
Gunnar Malm	Chairman	(307) 633-4260	<a href="mailto:gmalm@laramiecounty.com">gmalm@laramiecounty.com</a>
Troy Thompson	Commissioner	(307) 633-4260	<a href="mailto:tthompson@laramiecounty.com">tthompson@laramiecounty.com</a>
Buck Holmes	Commissioner	(307) 633-4260	<a href="mailto:bholmes@laramiecounty.com">bholmes@laramiecounty.com</a>
Brian Lovett	Commissioner	(307) 633-4260	<a href="mailto:blovett@laramiecounty.com">blovett@laramiecounty.com</a>
Linda Heath	Commissioner	(307) 633-4260	<a href="mailto:lheath@laramiecounty.com">lheath@laramiecounty.com</a>

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 21
<b>Participating Judge *</b>	Judge Sean Chambers	309 We. 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4298	<a href="mailto:scc@courts.state.wy.us">scc@courts.state.wy.us</a>	100%
<b>Substitute Judge * (who sits in for Participating Judge, not mandatory)</b>					
<b>Prosecuting Attorney</b>	Ben Sherman	204 E 22nd St, Cheyenne, WY 82001	(307) 414-8385	<a href="mailto:benjamin@olselegalgroup.com">benjamin@olselegalgroup.com</a>	90%
<b>Defense Attorney or Guardian ad litem</b>	Carol Serelson	1623 Central Ave Cheyenne, WY 82001	(307) 635-4365	<a href="mailto:carolserelson@gmail.com">carolserelson@gmail.com</a>	80%
<b>Monitoring Officer/Probation Officer</b>	Salli Perryman	1934 Wyott Drive Cheyenne, WY 82001	(307) 777-5931	<a href="mailto:salli.perryman@wyo.gov">salli.perryman@wyo.gov</a>	100%
<b>Treatment Provider Representative</b>	Dr. Avis Garcia	620 West 19th Street Cheyenne, WY 82001	(307) 635-0256	<a href="mailto:avis@pathfinderwy.org">avis@pathfinderwy.org</a>	100%
<b>Program Coordinator</b>	Kurt Zunker	309 W.20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>	100%
<b>Case Manager</b>	Fernando Muzquiz	309 W.20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4588	<a href="mailto:fmuzquiz@laramiecounty.com">fmuzquiz@laramiecounty.com</a>	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)).



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

<b>Name</b>	<b>Title</b>	<b>Mailing Address</b>	<b>Telephone</b>	<b>E-mail</b>
Dr. Avis Garcia	Executive Director	620 West 19th Street	Avis Garcia	Executive Director

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.

<b>Name of Provider(s) or Contractors</b>	<b>Address/Telephone</b>	<b>Duration of current contract (start/end dates)</b>	<b>Description of services provided</b>
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
Needs INC	900 Central Ave Cheyenne, WY 82001 632-4132	Referred as Needed	Clothing and Food Assistance
Goodwill	3001 Nationway Cheyenne, WY 82001 632-6455	Referred as Needed	Clothing Assistance

Mental health provider contact information: Add rows as needed.

<b>Name of Treatment Provider(s) or Contractors</b>	<b>Address</b>	<b>Duration of current contract (start/end dates)</b>	<b>Total \$ Amount of Contract</b>	<b>Certification Expiration Date if Applicable</b>	<b>National Accreditation Expiration Date if Applicable</b>
N/A					

#### **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-KAZ**
  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-KAZ**
  3. Indicate here if the program would like a 10 minute phone call with the funding panel that will be held in March 2021, 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-KAZ**
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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 FY22
2. Attachment A, Budget and Budget Justification

## CST Program Annual Budget -- FY2022

CST Program Name:		Laramie County DUI Court						
Remit Payment To:		Laramie County DUI Court			CST Program Contact Title:		Director	
CST Program Address:		309 W. 20th Street # 2300			CST Program Email:		kzunker@laramiecounty.com	
CST Program City, State, Zip:		Cheyenne, 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	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	\$0.00
Telephone/Cell Phone	\$1,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Expenses/Maintenance	\$450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Software and/or Supplies	\$250.00	\$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
Advertising	\$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
Equipment Rental/Purchase	\$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
Construction Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grant Writing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Case Management System	\$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
Professional Services Contract (Please Specify)	\$12,000.00	\$0.00	\$33,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,000.00
Program Evaluation	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous Meeting Expenses	\$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	\$129,873.80	\$0.00	\$11,000.00	\$28,500.00	\$0.00	\$6,500.00	\$0.00	\$46,000.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Program Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MISCELLANEOUS EXPENSES (Please Specify)								
A. Quality of Life Dollars	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. State Approved \$7500 for CARF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. State UA Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line Totals	\$280,639.80	\$0.00	\$44,000.00	\$28,500.00	\$0.00	\$6,500.00	\$0.00	\$79,000.00

Total State Funds Request	\$	280,639.80	Total Budget	\$	359,639.80
TOTAL MATCH USED AGAINST GRANT		\$72,500.00	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.

\*\*\*DO NOT INCLUDE ANY INFORMATION ON MAGISTRATE FUNDING IN THE BUDGET OR BUDGET JUSTIFICATION TABS\*\*\*

State and federal funds may not be used as match against this grant; they should be marked in the OTHER or FEDERAL FUNDS columns. LOCAL and IN-KIND FUNDS will be used to calculate match. Justify the budget in the Budget Justification tab.



## CST Program Budget Justification -- FY2022

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:

Laramie County DUI Court

Laramie County DUI Court

309 W. 20th Street # 2300

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

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.

Cost Description	Total Amount	
ADMINISTRATIVE		Please only type in peach colored boxes.
Salaries and Wages	\$100,147.00	Salaries for Kurt Zunker, DUI Court Director, Fernando Muzquiz, DUI Court Case Manager, and Cameo Kieffer, 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 \$32,106.43 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	\$1,100.00	The DUI Court will have two landline phones and one cell phone for a total of \$1,100. DOH funds will pay for phones.
Utilities	\$0.00	
Vehicle Expenses/Maintenance	\$450.00	The DUI Court has a County vehicle that has a budget for fuel and maintenance for a total of \$450 of which DOH funds will be used
Office Supplies	\$250.00	\$250 in DOH funds will be used for office supplies.
Computer Hardware	\$250.00	Printer cartridges will be purchased using \$250 in DOH funds will be used.
Computer Software and/or Supplies	\$250.00	
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)	\$45,000.00	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. Carol Serelson will provide \$33,000 in uncompensated services to the DUI Court program as the Defense Bar representative.
Program Evaluation	\$0.00	
Total Administrative	\$179,366.00	
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	\$0.00	
Miscellaneous Meeting Expenses	\$0.00	
Client Transportation	\$0.00	
Community Training	\$0.00	
Total Travel/Training	\$300.00	
TREATMENT/SUPERVISION		
Substance Abuse Treatment	\$175,873.80	Substance Abuse treatment services are contracted to Pathfinder. Total funds used will be \$164,873.80 of which \$129,873.80 in DOH funds, \$28,500.00 in County funds, and \$6,500 in participant fees will be used. Pathfinder also estimates they will provide \$10,000.00 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	\$0.00	
Other Program Materials	\$0.00	
Total Treatment/Supervision	\$179,873.80	
MISCELLANEOUS		
A. Quality of Life Dollars	\$0.00	
B. State Approved \$7500 for CARF	\$0.00	
C. State UA Funding	\$0.00	
Total Miscellaneous	\$0.00	
TOTALS	\$359,539.80	