

**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 DRUG COURT PROGRAM IN THE AMOUNT OF \$233,866.50.**

**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 \$233,866.50 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-2022 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, 2021.**

By: \_\_\_\_\_

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

Gunnar Malm, Chairman

ATTEST:

\_\_\_\_\_

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

Debra Lee, Laramie County Clerk

Received and Approved as to Form only By:



Date: 01/11/2021

Gladys Ayokosok, Deputy County Attorney

**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

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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 Drug 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))

**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.

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### Section 2. Funding Request

Number of adult slots requesting state funds to support in FY22:	<u>25</u>
Number of juvenile slots requesting state funds to support in FY22:	<u>0</u>



Program Name, Program Contact: [Laramie County Drug Court, Kurt Zunker]

Adult Slots X \$9,354.66 =	\$ 233,866.50
Juvenile Slots X \$14,716.84 =	\$ 0.00
Total State Funds Request =	\$ 233,866.50

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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 Drug Court program does not anticipate receiving any additional funds outside of State, County, and participant fees for the upcoming FY.

- 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 a participation fee of \$750.00. All fees have to be paid-in-full in order to graduate.

- 6. What other expenses will participants be responsible for throughout the program (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 Cheyenne 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.

- 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.*

### **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?**

The Drug Court does not anticipate using a Magistrate for the upcoming FY.

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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 program uses the COMPAS R&N assessment, which is administered by the Drug Court Probation Agent, McKensie Wolter. The assessment is updated every 6 months, but can be updated sooner depending on program participants needs. However, this process may change. It is my understanding that WDOC is switching their R/N tool to the ORAS (Ohio Risk



Assessment System) sometime in the near future. Also, the Laramie County Treatment office purchased the COMPAS to supplement R/N tools used by WDOC.

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

Kurt Zunker, Program Director  
McKensie Walter, 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.**

We only plan to admit high risk and high need individuals into the program.

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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:

Foundations Counseling and Consulting of Wyoming  
515 E. Carlson Street Suite 104  
Cheyenne, WY 82009  
(307) 638-4092  
(307) 635-3967 (fax)  
<https://www.foundationswyoming.com>

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

April 30, 2021

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

March 21, 2023

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

Most of the treatment services will take place at Foundations. However, participants that are enrolled in MAT will receive their medical care, screenings, injections, or other medications at Health Works, which is located at:

2559 East Fox Farm Road  
Cheyenne, WY 82007  
(307) 635-3618  
<https://www.wyhealthworks.org/>

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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.

Peak Wellness  
2526 Seymour Ave  
Cheyenne, WY 82001

<https://www.peakwellnesscenter.org/>

Health Works  
2559 East Fox farm Rd.  
Cheyenne, WY 82007

<https://www.wyhealthworks.org/>

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

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?**

Participants that are referred to Healthworks, or Peak Wellness, will work with Brittany Sullivan who is a case manager at Foundations. She is the primary contact for the services and participates in our Drug Court staffing's.

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### 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 Antoinette Williams	NADCP All Rise 20 On Demand Conference	20	7/3/16
Prosecuting Attorney	Baend Buus	NADCP All Rise 20 On Demand Conference	20	5/1/20
Defense Attorney or <i>Guardian ad litem</i>	Cody Jerabek	NADCP All Rise 20 On Demand Conference	20	5/1/20
Monitoring Officer/Probation Officer	McKensie Walter	NADCP All Rise 20 On Demand Conference	20	3/15/17
Treatment Provider Representative	Jim Nelson	NADCP All Rise 20 On Demand Conference	20	7/1/10
Program Coordinator	Kurt Zunker	NADCP All Rise 20 On Demand Conference	20	1/3/02

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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 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.

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### Section 12. Community Outreach

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

All program participants that reach level 4 are required to complete a community payback project. However, COVID-19 has hampered those efforts and all community payback projects were suspended from March 2020 until November 2020. Projects that were able to go forward following COVID-19 safety protocols include, working on the new family resource center at the Comea Shelter and a coat drive for Needs, Inc.

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### Section 13. Master Contact List

<b>Legal Name of CST Program (name used for the IRS):</b>	Laramie County Drug Court program
<b>Organization Governing the Contract:</b>	Laramie County
<b>Mailing Address</b>	<b>Physical Address for FedEx of Contract</b>
309 West 20 <sup>th</sup> Street #2300 Cheyenne, WY 82001	309 West 20 <sup>th</sup> 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 West 20 <sup>th</sup> Street #2300 Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>	

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 19 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4260	<a href="mailto:gmalm@laramiecounty.com">gmalm@laramiecounty.com</a>



Program Name, Program Contact: Laramie County Drug Court, Kurt Zunker

Debra Lee	Laramie County Clerk	309 W. 20 <sup>th</sup> 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
Sandra Newland	Laramie County Grants Manager	310 W. 19 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4201	<a href="mailto:snewland@laramiecounty.com">snewland@laramiecounty.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>

Program Name, Program Contact: [Laramie County Drug Court, Kurt Zunker]

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 20
<b>Participating Judge *</b>	Honorable Antoinette Williams	309 W. 20 <sup>th</sup> Street #2300  Cheyenne, WY 82001	(307) 633-4298	<a href="mailto:awh@courts.state.wy.us">awh@courts.state.wy.us</a>	100%
<b>Substitute Judge * (who sits in for Participating Judge, not mandatory)</b>					
<b>Prosecuting Attorney</b>	Baend Buus	310 W. 19 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4360	<a href="mailto:baend.buus@wy.gov">baend.buus@wy.gov</a>	100%
<b>Defense Attorney or Guardian ad litem</b>	Cody Jerabek	702 Randall Ave, Cheyenne, WY 82001	(307) 637-5575	<a href="mailto:CJerabek@mtsequal.net">CJerabek@mtsequal.net</a>	100%
<b>Monitoring Officer/Probation Officer</b>	McKensie Wolter	1934 Wyott Drive Cheyenne, WY 82007	(307) 777-5931	<a href="mailto:mckensie.walter@wyo.gov">mckensie.walter@wyo.gov</a>	100%
<b>Treatment Provider Representative</b>	Jim Nelson	515 E. Carlson St. # 104 Cheyenne, WY 82009	(307) 635-4092	<a href="mailto:james@foundationswyoming.com">james@foundationswyoming.com</a>	100%
<b>Program Coordinator</b>	Kurt Zunker	309 W. 20 <sup>th</sup> Street # 2300 Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>	100%

Program Name, Program Contact: **[Laramie County Drug Court, Kurt Zunker]**

\*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
Foundations Counseling and Consulting/ Jim Nelson	Treatment Director	515 E. Carlson St. # 104 Cheyenne, WY 82009	(307) 638-4092	james@foundationswyoming.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
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
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
Healthworks for	2508 East	Referrals			

MAT	Fox Farm Road Cheyenne, WY 82007	made as needed.			

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#### 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 Drug Court			CST Program Contact Title:		Director		
Remit Payment To:	Laramie County Drug 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)	\$43,991.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Benefits (Not including Treatment/Supervision)	\$20,304.00	\$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	\$910.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$448.00	\$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	\$400.00	\$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)	\$14,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TRAVEL/TRAINING								
Travel In-State	\$0.00	\$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	\$145,913.50	\$0.00	\$64,272.48	\$36,500.00	\$0.00	\$0.00	\$0.00	\$100,772.48
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Monitoring (Electronic)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Graduation and Incentives	\$0.00	\$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	\$7,500.00	\$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	\$233,866.50	\$0.00	\$64,272.48	\$36,500.00	\$0.00	\$0.00	\$0.00	\$100,772.48

Total State Funds Request	\$	233,866.50	Total Budget	\$	334,638.98
TOTAL MATCH USED AGAINST GRANT		\$100,772.48	Match Fund Percentage	\$	0.43

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

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Tip:

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 Drug Court		
Laramie County Drug Court		
309 W. 20th Street # 2300		
Cost Description	Total Amount	
<b>ADMINISTRATIVE</b>		<b>Please only type in peach colored boxes.</b>
Salaries and Wages	\$43,991.00	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
Employee Benefits	\$20,304.00	life insurance, retirement, social security, medicare, and workers' comp equals \$20,304.00, of which the program will use DOH funds.
Professional Services Fees (Please Specify)	\$0.00	
Internet Service	\$0.00	
Telephone/Cell Phone	\$910.00	The Drug Court program will have one landline phone which will cost, \$160.00, of which the program will use DOH funds. The program will have one cell phone which will cost \$750.00, of which the program will use DOH funds.
Utilities	\$0.00	
Vehicle Expenses/Maintenance	\$0.00	
Office Supplies	\$448.00	The program will use \$448.00 in DOH funds for office supply needs.
Computer Hardware	\$0.00	The program will use \$400.00 in DOH funds to pay for printer cartridges.
Computer Software and/or Supplies	\$400.00	
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)	\$14,400.00	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.
Program Evaluation	\$0.00	
<b>Total Administrative</b>	<b>\$80,453.00</b>	
<b>TRAVEL/TRAINING</b>		
Travel In-State	\$0.00	
Travel Out-of-State	\$0.00	
Training Fees	\$0.00	
Miscellaneous Meeting Expenses	\$0.00	
Client Transportation	\$0.00	
Community Training	\$0.00	
<b>Total Travel/Training</b>	<b>\$0.00</b>	
<b>TREATMENT/SUPERVISION</b>		
Substance Abuse Treatment	\$246,685.98	The County contracts with Foundations, LLC to provide all out-patient mental health and substance treatment services for program participants. The program will use \$145,913.50 in DOH funds, \$36,500.00 in County funds, and \$6,750 participant fees to pay for those services. Also, Foundations, LLC contributed \$64,272.48 in uncompensated treatment dollars to program participants.
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	\$0.00	
Monitoring (Electronic)	\$0.00	
Graduation and Incentives	\$0.00	
Family Activities	\$0.00	
National Accreditation	\$0.00	
Other Program Materials	\$0.00	
<b>Total Treatment/Supervision</b>	<b>\$246,685.98</b>	
<b>MISCELLANEOUS</b>		
A. Quality of Life Dollars	\$0.00	
B. State Approved \$7500 for CARF	\$7,500.00	The program is requesting \$7,500 in CARF funds for Foundations, LLC re-certification.
C. State UA Funding	\$0.00	
<b>Total Miscellaneous</b>	<b>\$7,500.00</b>	
<b>TOTALS</b>	<b>\$334,638.98</b>	

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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. If Size, do one of the following:

a. To automatically adjust the row height, click AutoFit Row Height.

b. To specify a row height, click Row Height, and then type the row height that you want in the Row Height box.

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