

## FY2023 Adult Comprehensive Plan Grant Signatory Approval Form

Community Corrections Agency (Agency): Fourth Judicial District Community Corrections

My signature below certifies that I did assist in the development, completion, and review of the agency's Comprehensive Plan grant application (Plan). I further certify that:

1. The Plan, including all forms and attachments, complies with the written directions provided by the Kansas Department of Corrections (KDOC).
2. The Plan, including all forms and attachments, complies with applicable Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Adult AISP and Residential Center Operating Standards and the KDOC Financial Rules, Guidelines and Reporting Instructions manual.
3. The Agency is willing to actively plan for implementing the consistent set of statewide policies to help guide the supervision and revocation process of probationers on adult community corrections supervision.
4. The Agency will provide timely, complete, and accurate data to the KDOC regarding agency operations and outcomes to include any reports required per Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Adult AISP and Residential Center Operating Standards, the KDOC Financial Rules, Guidelines and Reporting Instructions manual or special requests from the KDOC.


Furthermore, my signature below certifies that acceptance of state grant funds awarded by the KDOC for the grant period July 1, 2022 through June 30, 2023 indicates that as the "Grantee" I acknowledge and agree to comply with all the conditions outlined below:

1. Expend grant funds for the development, implementation, operation, and improvement of community correctional services pursuant to K.S.A. 75-5291, et. al and amendments thereto, as submitted in the Plan and approved by the Secretary of Corrections.
2. Assume the authority and responsibility of funds received through the KDOC and ensure compliance with all applicable Federal and State laws, Regulations, KDOC Adult AISP and Residential Center Standards, policies, and procedures, and the KDOC Financial Rules, Guidelines and Reporting Instructions. **Any and all costs associated with non-compliance under this section shall be the responsibility of the Grantee (i.e., Host/Administrative County).**
3. Obtain advance approval in writing by the Deputy Secretary of KDOC Juvenile and Adult Community Based Services for all out of state travel and training. All requests for approval of out of state travel and training will be submitted at least two weeks prior to scheduling or obligation of grant funds. **Any and all costs associated with non-compliance under this section shall be the responsibility of the Grantee (i.e., Host/Administrative County).**
4. Acknowledge this grant may be terminated by either party upon a minimum of ninety (90) days written notice to the other party. Upon termination, the unexpended balance of funding distributed to Grantee shall be returned to KDOC within thirty (30) days.
5. Acknowledge that if, in the judgment of the Secretary of the Department of Corrections, sufficient funds are not appropriated by the Kansas Legislature to fully continue the terms of this agreement, KDOC may reduce the amount of the grant award.
6. Follow all applicable state and federal laws related to confidentiality of client information. This provision is not intended to hinder the sharing of information where necessary to effect delivery of services when undertaken in compliance with applicable laws.
7. Neither assume nor accept any liability for the actions or failures to act, either professionally or otherwise, of KDOC, its employees and/or its contractual agents.
8. Not consider employees or agents of the Grantee as employees or agents of KDOC. Grantee accepts full responsibility for payment of unemployment insurance, worker's compensation, and social security, as well as all income tax deductions and any other taxes or payroll deductions required by law for its employees or agents in work authorized by the comprehensive plan.
9. Not hold KDOC and the State of Kansas, and their employees, officials, or agents, liable for any damages or costs arising from the cancellation, voiding, denial or withholding of funds to Grantee.

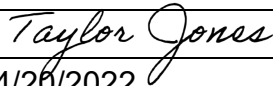
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10. Submit problems or issues regarding the terms of this grant in writing to the KDOC Deputy Secretary of Juvenile and Adult Community-Based Services for final review and resolution.
11. If any provision of this grant violates any statute or rule of law of the State of Kansas, it is considered modified to conform to that statute or rule of law.

Agency Director

Printed Name:	Dustin Browning
Title:	Director
Signature:	
Date:	4/21/2022

Governing/Corrections Advisory Board Chairperson

Printed Name:	Taylor Jones
Title:	Chair, Fourth Judicial District Community Corrections Advisory Board
Signature:	
Date:	04/20/2022

Board of County Commission Chairperson (Host/Administrative County)\*

Printed Name:	Roy Dunn
Title:	Chair, Franklin County Board of County Commissioners
Signature:	
Date:	

Host/Administrative County Financial Officer

Printed Name:	Janet Paddock
Title:	Franklin County Clerk
Signature:	
Date:	

\* **Multi-county agencies** shall obtain the signature of the County Commission Chairperson of EACH county, unless either of the following is true:

- ✓ The counties have entered into an **Inter-local Agreement** that specifically states that the host/administrative county commission chairperson can sign for all counties. If so, only the signature of the host county commission chairperson is necessary.
- ✓ The counties have entered into an Inter-local Agreement that bestows the counties' governing authority onto the community corrections advisory board. If so, no county commission chairperson signature is required.

**Please use the following page if additional County Commission Chairperson signatures are required for your agency.**

Board of County Commission Chairperson

Printed Name:	
Title:	
Signature:	
Date:	
County:	

Board of County Commission Chairperson

Printed Name:	
Title:	
Signature:	
Date:	
County:	

Board of County Commission Chairperson

Printed Name:	
Title:	
Signature:	
Date:	
County:	

Board of County Commission Chairperson

Printed Name:	
Title:	
Signature:	
Date:	
County:	

Board of County Commission Chairperson

Printed Name:	
Title:	
Signature:	
Date:	
County:	