

## FY 2027 Community Corrections Comprehensive Plan Signatory Approval Forms

Agency Name: Fourth Judicial District Community Corrections

Agency Director: Dustin Browning

My signature certifies that I did assist in the development, completion and review of the agency's Comprehensive Plan, Budget Summary and Budget Narrative attached hereto. I further certify that:

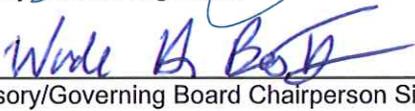
1. The plan, including budget documents and other attachments, complies with the written directions sent to me by the Kansas Department of Corrections (KDOC).
2. The plan, including budget documents and other attachments, complies with applicable Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Standards and KDOC Financial Rules and Guidelines.
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 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 Standards and KDOC Financial Rules and Guidelines or special requests from the KDOC.

Furthermore, my signature certifies that acceptance of state grant funds awarded by the KDOC for the grant period July 1, 2026 through June 30, 2027 indicates that as the "Grantee" I acknowledge and agree to comply with all the conditions outlined below:

1. Utilize grant funds for the development, implementation, operation and improvement of community correctional services pursuant to K.S.A. 75-5291 through 75-52,113 and amendments thereto, as submitted in the attached comprehensive plan funding application.
2. Assume the authority and responsibility of funds received through KDOC and ensure compliance with all applicable Federal and State laws, Regulations and KDOC Financial Rules, Guidelines and Reporting Instructions. Any and all costs associated with non-compliance under this section shall be the responsibility of the Host County.
3. Acknowledge that the use of state grant funds is prohibited for out of state travel and training. All costs associated with non-compliance under this section shall be the responsibility of the Host County.
4. Acknowledge that if in the judgment of the Secretary of the Department of Corrections, sufficient funds are not appropriate to fully continue the terms of this agreement, KDOC may reduce the amount of the grant award.
5. Comply with KDOC Community Corrections standards, policies, and procedures.
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 affect 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. Submit problems or issues regarding the terms of this grant in writing to the KDOC Deputy Secretary of Community Based Services for final review and resolution.
10. 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.


2/25/2026  
 \_\_\_\_\_  
 Agency Director Signature Date


2/24/2026  
 \_\_\_\_\_  
 Advisory/Governing Board Chairperson Signature Date

Address: 625 Neosho St., 2<sup>nd</sup> Floor, Burlington, KS 66839  
 Phone: 620-304-5111 Email: wbowie@coffeycountyks.org

\_\_\_\_\_  
 Board of County Commissioners Chairperson (Host County Only) Signature Date

Address: 1428 S. Main Street, Suite 2, Ottawa, KS 66067

Phone: 785-229-3485 Email: smeador@franklincoks.org

County: Franklin

**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 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.
- ✓ Inter-local Agreements should be submitted with this application if not on file currently with KDOC.

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

Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County: \_\_\_\_\_

Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County: \_\_\_\_\_

Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County: \_\_\_\_\_

Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

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Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County: \_\_\_\_\_

Board of County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County: \_\_\_\_\_