



Behavior Health Grant Application

FY2021

Community Corrections Services Division
714 SW Jackson St., Suite 300
Topeka, KS 66603

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Introduction

The Kansas Department of Corrections is pleased to announce that it is seeking applications for funding to enhance and/or develop behavioral health programs/interventions in the community & reduce revocations as a result.

Eligibility

Any Community Corrections agency is eligible to apply for behavioral health funding. See **page 8-11** for a list of the positions and services which may be requested under this funding opportunity.

Award Information

Notification of final FY2021 award amounts will be provided to agencies on or before July 1, 2020. Awards will be paid in the same manner as the comprehensive plan awards. Funding must be spent and/or obligated by June 30, 2021; any unspent or unobligated funds as of this date will become unexpended funds and recouped in the same manner as unexpended comprehensive plan funding.

Application Deadline

All applications, including signatory approval pages, are due by **5:00 p.m., Friday, May 1, 2020**. Completed applications should be emailed to the agency's primary program consultant (listed below) and the **original along with five copies of the entire document including budgets** mailed to the Community Corrections Services Division at the address below and received on the same date.

Kansas Department of Corrections
Attn: Community Corrections Services
714 SW Jackson St., Suite 300
Topeka, Kansas 66603

Contact Information

For assistance with the requirements of this funding opportunity, please contact your primary program consultant.

<p style="text-align: center;">Cathrine Headworth Phone: 785-296-5699 Email: Cathrine.Headworth@ks.gov</p>	<p style="text-align: center;">Lucy Mills Phone: 785-580-6307 Email: Lucy.Mills@ks.gov</p>	<p style="text-align: center;">Tara Newell Phone: 785-296-2942 Email: Tara.Newell@ks.gov</p>
<p>12th JD Community Corrections 24th JD Community Corrections 25th JD Community Corrections Cimarron Basin Community Corrections Central Kansas Community Corrections Harvey/McPherson Co Community Corrections Reno Co Community Corrections Riley Co Community Corrections South Central Kansas Community Corrections Santa Fe Trail Community Corrections</p>	<p>2nd JD/Shawnee Co Community Corrections 4th JD Community Corrections 5th JD Community Corrections 13th JD Community Corrections 22nd JD Community Corrections 31st JD Community Corrections Cowley Co Community Corrections Johnson Co Community Corrections Sedgwick Co Community Corrections Sumner Co Community Corrections</p>	<p>6th JD Community Corrections 8th JD Community Corrections 11th JD Community Corrections 14th JD Community Corrections 28th JD Community Corrections Atchison Co Community Corrections Douglas Co Community Corrections Leavenworth Co Community Corrections Northwest Kansas Community Corrections Unified Government Community Corrections</p>

General Strategies:

- I. **Non-discrimination:** Agency agrees to comply with all applicable state and federal anti-discrimination laws and constitutions.
- II. Please use **Times New Roman font size 12** for the plan; however, there are no font requirements for tables. Margin requirements will be a minimum of **1" margin on all sides**, and **page numbers are required** throughout the plan; however, page numbers are not required on budget documents or attachments.
- III. The application **shall be limited to 15 pages** excluding attachments and budget documentation.
- IV. Multiple CC agencies can partner and submit one proposal to serve multiple agencies/districts.
- V. Funds for training should be included in the funds requested for each position/service.
- VI. Funds for travel should be included in the funds requested for each position/service.
- VII. If voucher funds are requested, explain how you determined the amount requested & specifically what things you would use the funds to pay for.
- VIII. Contracts with CMHCs can be designed to be employed by one CMHC, but serve multiple areas (for agencies with multiple CMHCs in their district).
- IX. You can request an amount larger than what is provided for each position/service on pages 8-11, but you must provide a clear explanation as to why the larger amount is necessary.
- X. If you have other agencies/providers that you want to partner with (that are not specifically listed above), include a clear explanation of the plan & reason why that is the best option.

Signatory Approval Process

The application requires the signatory approval of the Director, Advisory Board/Governing Authority Chairperson, County Commission Chairperson (of the Host County) and County Commission of each cooperating county (multi-county agencies). Please see **Attachment E** for the form.

The **Host County** is the county which retains all authority for the receipt and expenditures of grant funds. The Board of County Commissioners authorizes approval of the comprehensive plan, oversees agency operations, retains authority to hire and terminate the employment of the agency director and governs personnel matters in most instances. In some agencies, however, the Host County only serves as the receiver of the grant funds and the authority for other critical operations rests with a body independent of the Board of County Commissioners.

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

- a. The counties have entered into an **Inter-local Agreement** specifically stating the host County Commission Chairperson can sign for all counties. If so, only the signature of the host county commission chairperson is necessary.
- b. 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.

Single-county agencies shall obtain the signature of the County Commission Chairperson, unless the county has issued a resolution giving the county's governing authority to the Community Corrections Advisory Board.

Behavioral Health Funding Application

In the funding application document, please ensure each of the requirements below are clearly addressed.

Part I:

Agency Identification Information

All applications must include full contact information for the Community Corrections Agency.

1. Complete the Agency Identification Form included in **Attachment A**.
 - Report the total dollar amount of the agency's request to all **sources** for funds for adult services. Please list sources, e.g. Tobacco Fund, Optimist, Byrne Grant, Substance Abuse and Mental Health Services Administration (SAMSHA).

Part II:

Agency Plan

1. Proposed Plan
 - A. Describe the proposed plan to enhance and/or implement behavioral health programs in the agency and/or district.
 - 1) All plans submitted for consideration **MUST** include:
 - a. A clear and detailed explanation of each position and/or service that is being proposed. See **pages 8-11** for a list of eligible positions and services.
 - ✓ If proposing positions and/or services contracted through a community provider or to be shared with another CC agency/district, include (for each) the provider name and/or CC agency name along with a summary of any discussion and/or tentative agreement(s) regarding the proposed positions and/or services.
 - ✓ If requesting funding for a program provider position to conduct either cognitive behavioral programming or batterer's intervention programming, please complete **Attachment B**.
 - ✓ If proposing to implement a new cognitive behavioral or batterer's intervention program, please review **Attachment C** to determine if the curriculum has been approved by KDOC. If it has not, please submit **Attachment D** with your application.
 - Note:** If funding for a program provider position is awarded, agencies will be required to utilize a program tracking tool developed by KDOC. Additional information regarding the tool and submission requirements will be shared after award notifications occur.
 - b. A summary of the impact the proposed services and/or programs are expected to have on the agency's revocation rate.
 - c. A **prioritized** list of the position(s)/services that are being requested.

2. Monitoring and Evaluation

- A. Describe how the agency will monitor the planning, implementation, and operation of the plan described in this application.

- B. Describe the process for assessing the initiatives' effectiveness. How will the performance of the planned initiatives be documented, monitored, and evaluated?

Eligible Positions and Services

1. The funds can be used to develop/support in-house cognitive behavioral programs. This would include:

Program Provider **\$55,000**

A full time position employed by the CC Agency

This person will facilitate SAP and/or Cognitive Behavioral Programs.

Substance Abuse Program (SAP): as the name of the curriculum suggests, this intervention relies on a cognitive behavioral approach to teach offenders strategies for avoiding substance misuse. This curriculum was developed by University of Cincinnati. KDOC will provide training to Program Providers so that this curriculum can be delivered in CC agencies.

Cognitive Behavioral Program: any program that has been approved by KDOC can be provided by the Program Provider. If you want to use a curriculum that is not on the approved list, please contact the KDOC Community Corrections Director.

** It is recommended and best practice for SAP groups to have a co-facilitator – if staff need training to co-facilitate these groups, you may include training and travel expenses for this within your application.

Program Provider **\$55,000**

This person will facilitate and/or oversee Batterer’s Intervention Programs (BIP) for moderate to high-risk offenders

This position may be employed by:

A community provider (via contract) or the CC agency

** Before providing services, the CC agency or the community provider must obtain certification from the Kansas Attorney General’s Office. For questions regarding the certification process or for assistance in developing an in-house program, please contact the Office of Attorney General Derek Schmidt, Victim Services Division at 1-800-828-9745 or click [here](#).

** It is recommended and best practice for BIP groups to have a co-facilitator – if staff need training to co-facilitate these groups, you may include training and travel expenses for this within your application.

** If you do not contract with a community provider or develop an in-house BIP program, you are encouraged to include a request for voucher funds to assist offenders in obtaining assessments and services within your jurisdiction.

2. The funds can be used for resources that help connect offenders to the recovery oriented systems of care around the state related to behavioral health. This would include:

Peer Support Specialist \$20,000

A part time position employed (via contract) by:

*Community Mental Health Center (CMHC)
Consumer Run Organization
Mental Health Association*

This position requires a self-disclosed individual who is in recovery from mental illness. They would provide mentoring-type support, recovery tools including developing recovery plans, and moving from a model of just participating or completing treatment to a recovery model. With their personal experience, they can assist the offender in navigating the mental health system and connect them support systems in the community.

Contact your local agencies/providers to determine if they have a peer support position/unit/program & if there is an opportunity to partner with them by funding a position that would serve your offenders.

There is a 6-day certification training which is available through the Kansas Department of Aging and Disability Services (KDADS) for self-disclosed persons in recovery from mental illness, who can be trained to serve in this role.

Recovery Coach / Peer Mentor \$20,000

A part time position employed (via contract) by:

*Regional Alcohol and Drug Assessment Center (RADAC)
KDADS Licensed Substance Abuse Providers*

This position requires a self-disclosed individual who is in recovery from substance addiction/abuse. They would provide mentoring-type support, recovery tools including developing recovery plans, and moving from a model of just completing treatment to a recovery model. With their personal experience, they can assist the offender in navigating the substance abuse system and connect them support systems in the community.

Contact your local RADAC and/or treatment provider to determine if they use Recovery Coaches and if there is an opportunity to partner with them by funding a position that would serve your offenders.

There is a 2-day certification training which is available through KDADS for self-disclosed persons in recovery from addiction/abuse, who can be trained and work out of a RADAC or treatment provider's office.

Recovery Specialist \$50,000

A full time position employed by (via contract) by:

- Community Mental Health Center (CMHC)*
- Consumer Run Organization*
- Mental Health Association*
- Regional Alcohol and Drug Assessment Center (RADAC)*
- KDADS Licensed Substance Abuse Providers*

This position could provide the type of services that the Peer Support Specialist or Recovery Coach (Peer Mentor) would provide, but would not have to self-disclose being in recovery. They could still enhance available behavioral health services with mentoring-type support, recovery tools including developing recovery plans, and moving from a model of just completing treatment to a recovery model. This position could also develop aftercare/maintenance/peer support groups to enhance the effectiveness of treatment and recovery through these groups that would reinforce and practice skills, and continue to strengthen and help carry out recovery plans.

KDOC is working with KDADS to develop a version of the training that is targeted to people not in recovery but who could use recovery skills working with offenders related to behavioral health issues.

Care Coordinator \$50,000

A full time position employed (via contract) by:

- Community Mental Health Center (CMHC)*
- Regional Alcohol and Drug Assessment Center (RADAC)*

This position would work with the ISOs to connect offenders to the necessary behavioral health services. They would help “fill the gaps” in the current system, such as: provide additional case management and care coordination to enhance the effectiveness of services, keep offenders connected to treatment/services, convene multi-discipline teams to staff cases, etc. This position could also develop aftercare/maintenance/peer support groups to enhance the effectiveness of treatment and recovery through these groups that would reinforce and practice skills, and continue to strengthen and help carry out recovery plans.

- 3.** The funds can also be used to close gaps or cover costs related to behavioral health services/interventions. This would include:

Voucher Funds no cap/limit

These funds can only be used for things related to behavioral health, such as:

- Assessment fees (e.g. mental health, BIP, SOTP, etc.)
- Medication and/or Medication Assistance
- Group/Treatment co-pays (e.g. BIP, SOTP, Anger Management, etc.)
- Transitional Housing

****** You will need to explain how you determined the amount requested & specifically what things you would use the funds to pay for.

****** Funds may not be used for non-behavioral health purposes such as gas cards, transportation, food, UA supplies, non-transitional housing, etc.

4. The funds can be used for initial office set-up for new positions (if proposing a new position for FY2020)

The allowable amounts are below:

Desk	\$ 780.00
Chair	\$ 432.00
Desktop Computer (CPU)	\$ 740.00
Laptop Computer (Standard)	\$ 880.00
Laptop Computer (Ultralight)	\$1560.00
Monitor (19" flat panel)	\$ 95.00

Additional Resources:

Click [here](#) to locate information about the Recovery Oriented Systems of Care.

Click [here](#) to locate information about and a list of Consumer Run Organizations (CROs).

Budget Documentation

The Application Packet must include all required budget documents. **Supplanting personnel or operations currently funded by sources other than state grant funds is not allowed.** The budget workbook containing the budget narrative form for reporting personnel data and non-personnel data will be emailed to all applicants in an Excel document. **Agencies will be required to submit all budget and personnel documentation in the workbook provided and this should be submitted as an Excel document.**

General Budget Instructions

Budget justifications and allocations will be presented using the budget worksheets. Each **Category** contains three sections. The first section is a **monetary** allocation for each line item by program. The second section is a **percentage** allocation for each line item by program. The second section **CANNOT** be modified, except for certain criterion which is discussed below. The third section is **category comments**. **Please utilize the comments section to explain how allocations are derived if not done so in the description column.**

- Agency Personnel Narrative is the first budget narrative worksheet. This worksheet is to be used if proposal includes program provider personnel who are employees of the CC agency. Input total salary and monetary allocations by funding source for each employee in the first section of each line item. The second section will auto-populate based on the amounts input in the first section. Employer paid deductions is the **ONLY** criteria allowed to modify, as the monetary value will automatically populate based on the percentages entered in **Column G** for each benefit (FICA, KPERS, etc.) and the allocations entered in section one. ***Please note Insurance, Longevity, and other employer specified deductions are dollar amounts NOT percentages.***
- Agency Non-Personnel Narrative is the second budget narrative worksheet. Each category contains two sections; the monetary allocation and the percent allocation by program for each line item. Some of the more common descriptors have been provided with room to add additional descriptors as needed. Provide details regarding how the amount for each descriptor is derived. Enter the total amount budgeted for each descriptor as well as the amount allocated for each funding source. The percent allocation will auto-populate based on the monetary allocation for each funding source in relation to total amount budgeted.
- Total Budget Summary is the fourth budget worksheet. This worksheet auto-populates data from the three narrative worksheets mentioned above. Use the populated figures in this sheet to verify the accuracy of the budget. No modifications can be made directly on this worksheet therefore; any corrections or changes must be made on the appropriate budget narrative worksheet.
- **It will not be necessary to utilize the Signatory Approval Form in the Master Budget Spreadsheet unless the agency is required to submit a revised budget at a later date.** Signatory approval for the budget has been incorporated into the Behavioral Health Application Signatory Approval Form (Attachment E).

General Budget Guidelines

A complete listing of personnel data for both new and existing staff **MUST** be included. All Category Comments must be completed with information regarding the method in determining the percentage allocations and anticipated increases or decreases over previous state fiscal years. Forms supplied by KDOC shall be used for this purpose.

The agency must abide by the following guidelines when creating the budget documentation:

- Budget amounts must be for FY2021 ONLY.
- Budgeting previous year unexpended funds is not allowed.
- Budgeting for pre-paid future year expenditures is not allowed.
- Round all percentages in the narrative to the nearest tenth.

- In the Contract Personnel Section, please explain, in either the Details or Category Comments section, a breakdown of the Total Amount being paid for the position (e.g. salary, benefits, cell phone, travel, etc.)

- If proposing new positions, the initial cost of office-set up (equipment) may be included in the grant application.
 - When requesting equipment, the following figures outline the maximum amount KDOC will grant for the purchase of the specified item. If purchase price exceeds these cost caps, the difference between the cost cap and the purchase price must be paid from a non-KDOC funding source.

Desk	\$ 780.00
Chair	\$ 432.00
Desktop Computer (CPU)	\$ 800.00
Laptop Computer (Ultralight)	\$1300.00
Monitor (22" flat panel)	\$ 165.00

Failure to respond to each of the listed criteria in the workbook provided and submitted as an Excel document may adversely impact the grant award determination. Please note that all awards are subject to availability of appropriated funds.

Attachments

Attachment A	Agency Identification Form
Attachment B	CBI Program Information
Attachment C	Approved Cognitive Behavioral Curricula
Attachment D	Curriculum Review Form
Attachment E	FY2021 Behavioral Health Signatory Approval Form

Please complete the following for each CBI program that will be conducted by the proposed program provider position(s) (please attach additional pages if necessary):

Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures: (goals)	Click or tap here to enter text.

Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures: (goals)	Click or tap here to enter text.

Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures:	Click or tap here to enter text.

Attachment B
CBI Program Information
FY2021 Behavioral Health Grant Application

(goals)	
Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures: (goals)	Click or tap here to enter text.

Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures: (goals)	Click or tap here to enter text.

Program Name:	Click or tap here to enter text.
Eligibility Requirements: (Referral/Participation Criteria)	Click or tap here to enter text.
Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.)	Click or tap here to enter text.
Number of Groups: (# of groups running at any given time)	Click or tap here to enter text.
Program Schedule: (Days, Nights, Weekends, etc.)	Click or tap here to enter text.
Fidelity Measures: (observations, audits, facilitator coaching, etc.)	Click or tap here to enter text.
Outcome Measures: (goals)	Click or tap here to enter text.

Creating a Process of Change for Men Who Batter: The Duluth Curriculum

Cross Roads; National Curriculum & Training Institute, Inc. (NCTI)

Decision Points; Jack Bush, Julianna Taymans, Steve Swisher, and Charles Robinson

Family Peace Initiative; Halley Counseling Services, P.A.

Financial Peace University; Dave Ramsey

The Change Companies Series; The Change Companies

Courage to Change: enabling a risk, need, and responsivity program approach

Breaking the Cycle: a curriculum that targets addiction and criminogenic factors

Getting it Right: a curriculum that targets re-entry population needs

Changing Offender Behavior: a structured cognitive-behavioral curriculum

Corrective Action: a modular series that addresses criminal justice needs

Life Skills Series: a modular series that addresses behavioral and mental health

Moral Reconciliation Therapy (MRT); Gregory Little, Ed.D. and Kenneth Robinson, Ed.D.

Moving On; Marilyn Van Dielen, Ph.D. for Orbis Partner Inc.

Thinking for a Change; National Institute of Corrections

TruThought; Truthought™, LLC

Cognitive Behavioral Interventions – Substance Abuse (SAP); University of Cincinnati Corrections Institute

Cognitive Behavioral Interventions Core Curriculum; University of Cincinnati Corrections Institute

Introduction to Cognitive Behavioral Interventions (Motivational Engagement); University of Cincinnati Corrections Institute

Seeking Safety; Treatment Innovations, LLC.

Strengthening Families Programs; Strengthening Families

Quenching the Father Thirst: Developing a Dad; National Center for Fathering

NAME OF CURRICULUM: Click or tap here to enter text.

1. How does the curriculum assist adult probationers in developing and using internal controls to address dynamic risk and need areas so that the probationer is less likely to engage in criminal behavior? Click or tap here to enter text.
2. Select the LSI-R® domains being targeted by delivering this training to staff in risk reduction and intervention.

<input type="checkbox"/>	Criminal History	<input type="checkbox"/>	Education / Employment
<input type="checkbox"/>	Emotional / Personal	<input type="checkbox"/>	Attitudes / Orientation
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Family / Marital
<input type="checkbox"/>	Accommodation	<input type="checkbox"/>	Leisure / Recreation
<input type="checkbox"/>	Companions	<input type="checkbox"/>	Alcohol / Drug
3. What research led the applicant to implement this training as a component of their Comprehensive Plan? Click or tap here to enter text.
4. How will the applicant measure the impact of the training on the agency and/or adult probationers? Click or tap here to enter text.
5. How will this training initiative be utilized within the Comprehensive Plan?
Click or tap here to enter text.
6. Is this curriculum appropriate for correctional personnel to deliver? Please include a discussion of appropriateness for use with probationers, trainer credentials, and duties that this training will allow officers to perform. Click or tap here to enter text.

For KDOC Use Only

Date Reviewed: _____
Approved/Denied: _____
Reviewer: _____

Agency Name: Fourth Judicial District Community Corrections

Agency Director: Dustin Browning

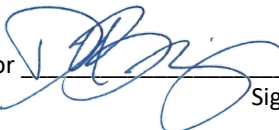
My signature certifies that I did assist in the development, completion and review of the agency's Comprehensive Plan, Budget Summary and Budget Narrative attached hereto. I further certify that:

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 Community Corrections 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.

Furthermore, my signature certifies that acceptance of state grant funds awarded by the KDOC for the grant period July 1, 2020 through June 30, 2021 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 behavioral health services/interventions as submitted in the attached application and approved by KDOC.
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. 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.
4. Acknowledge that the use of state grants funds is prohibited for out-of-state travel and training. Any and all costs associated with non-compliance under this section shall be the responsibility of the Host County.
5. Acknowledge that if, in the judgment of the Secretary of the Department of Corrections, sufficient funds are not appropriated to fully continue the terms of this agreement, KDOC may reduce the amount of the grant award.
6. Comply with KDOC Community Corrections standards, policies and procedures.
7. 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.
8. 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.

9. 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.
10. Submit problems or issues regarding the terms of this grant in writing to the KDOC Deputy Secretary of Community and Field 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  4/22/2020
Signature Date

Advisory or Governing Board Chairperson Kelly Johnson
Print Name

Advisory or Governing Board Chairperson _____
Signature Date

Address: 301 S. Main Street, Ottawa, KS 66067

Phone: 785-229-8925 Fax: _____ Email: kjohnson@franklincoks.org

Board of County Commissioners Chairperson Colton Waymire
(Host County Only) Print Name

Board of County Commissioners Chairperson _____
(Host County Only) Signature Date

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

Phone: 785-229-3485 Fax: _____ Email: cwaymire@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.

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

Board of County Commissioners Chairperson Date _____

County: _____

.....

Board of County Commissioners Chairperson Date _____

County: _____

.....

Board of County Commissioners Chairperson Date _____

County: _____

.....

Board of County Commissioners Chairperson Date _____

County: _____

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Board of County Commissioners Chairperson Date _____

County: _____

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Board of County Commissioners Chairperson Date _____

County: _____

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Board of County Commissioners Chairperson Date _____

County: _____