

SIGNATORY APPROVAL

Fourth Judicial District Community Corrections

(Name of Corrections Agency)

DIRECTOR / ADMINISTRATIVE CONTACT

I hereby certify by my signature that I have developed my agency's FY 2024 Carryover Reimbursements Plan, attached hereto, with the active participation of my agency's Corrections Governing/Advisory Board, and that I have reviewed the Plan for accuracy. I further certify that I find the Plan complies with the written directions supplied to me by KDOC and with applicable Kansas statutes, regulations, and KDOC standards and financial guidelines.

Dustin Browning

Name (Typed or Printed)



Signature

8/16/2023

Date

GOVERNING/ADVISORY BOARD CHAIRPERSON

I hereby certify by my signature below that the Corrections Governing/Advisory Board has actively participated in the development of the attached FY 2023 Carryover Reimbursements Plan and that the Board has reviewed the Plan for accuracy and compliance with applicable Kansas statutes, regulations, and KDOC standards and financial guidelines, and approves it.

Taylor Jones

Name (Typed or Printed)



Signature

8/16/23

Date

COUNTY COMMISSION CHAIRPERSON (Sponsoring County)

I hereby certify by my signature below that the Board of County Commissioners has reviewed the attached FY 2023 Carryover Reimbursements Plan for accuracy and compliance with applicable Kansas statutes, regulations, and KDOC standards and financial guidelines and approves it.

Ianne Dickinson

Name (Typed or Printed)

Signature

Date