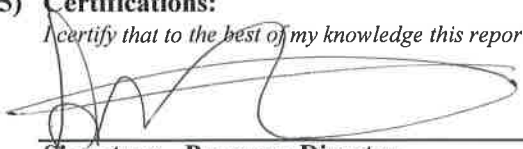


**Kansas Department of Corrections - Division of Juvenile Services**  
**State Fiscal Year 2016**  
**Juvenile Detention Facilities Fund**  
**Grantee Budget Plan**

<b>1) Grantee Name &amp; Address</b>	<b>2) Grant Period:</b>
<b>Name:</b> <u>Sedgwick County Juvenile Detention Facility</u>	<b>From:</b> <u>July 1, 2015</u>
<b>Address:</b> <u>700 S Hydraulic</u>	
<u>Wichita, KS 67218</u>	<b>To:</b> <u>June 30, 2016</u>
<b>Phone:</b> <u>(316) 660-9750</u> <b>Fax:</b> <u>(316) 660-1670</u>	
<b>Email:</b> <u>steven.stonehouse@sedgwick.gov</u>	

3) Allowable Expenditures	Description	Amount Requested
A. Construction		\$ -
B. Renovation/Remodeling		\$ -
C. Personnel		\$ -
D. Equipment/Supplies		\$ -
E. Other Operational Costs (Attach Detail)	Food and kitchen operational costs at the Juvenile Detention Facility	\$ 204,454.00
	<b>Total Requested</b>	<b>\$ 204,454.00</b>

<b>4) Licensure Questions:</b>	
Do you foresee the licensed capacity of this facility changing in the next year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, when and in what manner? _____	
Are you aware of any new secure care facilities under development within 100 miles of this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, where and who is the project director? _____	

<b>5) Certifications:</b>	
I certify that to the best of my knowledge this report is accurate and disbursements will be made for the purposes and conditions of this grant.	
 _____ <b>Signature - Program Director</b>	<u>7/2/15</u> _____ <b>Date Submitted</b>

**Approved As To Form**

Justin M. Waggoner  
 Justin M. Waggoner,  
 Assistant County Counselor