

SIGNATORY APPROVAL

FY 2018 Kansas Department of Corrections
Regional Collaboration Grant Funds
Budget Summary and Budget Narrative

INSERT AGENCY NAME HERE
Director/Administrative Contact

Sedgwick County Division of Corrections – Juvenile Services

I hereby certify by my signature that I have developed my agency's FY 2018 Budget Summary and Budget Narrative attached hereto, and that I have reviewed the Budget Summary and Narrative for accuracy. I further certify that I find the Budget Summary and Narrative complies with applicable Kansas Statutes, regulations, and Kansas Department of Corrections Standards.

Glenda Martens
Name (Typed or Printed)

Glenda Martens
Signature

8/15/2017
Date

ADVISORY BOARD CHAIRPERSON

I hereby certify by my signature below that the Corrections Advisory Board has approved the attached FY 2018 Budget Summary and Narrative

Terri Moses
Name (Typed or Printed)

Terri S Moses
Signature

8-4-17
Date

COUNTY COMMISSION CHAIRPERSON (Sponsoring County)

I hereby certify by my signature below that the Board of County Commissioners has approved the attached FY 2018 Budget Summary and Narrative

Name of Chairperson (Typed or Printed)

County

Signature

Date

COUNTY FISCAL OFFICER (Sponsoring County)

I hereby certify by my signature below that the County Fiscal Officer has approved the attached FY 2018 Budget Summary and Narrative

Name of Fiscal Officer (Typed or Printed)

Signature

Date

Approved As To Form
Chadley
Assistant County Counselor