

SIGNATORY APPROVAL
Community Corrections
Behavioral Health Budget Summary and Budget Narrative

Sedgwick County Department of Corrections
(Name of Community Corrections Agency)

DIRECTOR

I hereby certify by my signature that I have developed my agency's Behavioral Health Budget Summary and Budget Narrative attached hereto, that it equals the amount of my FY2016 Grant Award 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 community corrections field services standards.

Mark Masterson

Name (Typed or Printed)


Signature

5-11-15

Date

ADVISORY BOARD CHAIRPERSON

I hereby certify by my signature below that the Community Corrections Advisory Board has approved the attached FY2016 Behavioral Health Budget Summary and Narrative

Peter Shay

Name (Typed or Printed)


Signature

5-14-15

Date

COUNTY COMMISSION CHAIRPERSON (Sponsoring County)

I hereby certify by my signature below that the Board of County Commissioners has approved the attached FY2016 Behavioral Health Budget Summary and Narrative

Sedgwick County

County

RICHARD RANZAU

Name of Chairperson (Typed or Printed)

Signature

Date