

FY2018 Behavioral Health Grant Application Signatory Approval Forms

Agency Name: ____ Sedgwick County Division of Corrections _____

Agency Director: ____ Glenda Martens _____

My signature certifies that acceptance of state grant funds awarded by the KDOC for the grant period July 1, 2017 through June 30, 2018 indicates that as the "Grantee" I acknowledge and agree to comply with all the conditions outlined below:

1. The attached FY18 Behavioral Health Programming application complies with the written directions sent to me by the Kansas Department of Corrections (KDOC).
2. The FY18 Behavioral Health Programming complies with applicable Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Standards and KDOC Financial Rules and Guidelines.
3. The agency will utilize grant funds to enhance and/or develop behavioral health programs and/or interventions in the community as submitted in the attached FY18 Behavioral Health Programming application.
4. 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.
5. 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.
6. Acknowledge that the use of state grants funds is prohibited for out-of-state travel and training unless pre-approved by the KDOC Community Corrections Services Director. Any and all costs associated with non-compliance under this section shall be the responsibility of the Host County.
7. 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.

8. Comply with KDOC Community Corrections standards, policies and procedures.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.

Jack Martens
Agency Director

3/9/2017
Date

Am Syl
Advisory/Governing Board Chairperson

3/9/2017
Date

Address: 525 N. Main Wichita, KS 67203

Phone: 316-660-3613 Fax: 316-383-7266 Email: aswegle@sedgwick.gov

Board of County Commissioners Chairperson (Host County Only)

Date

Address: 525 N. Main Wichita, KS 67203

Phone: 316-660-9300 Email: dave.unruh@sedgwick.gov

County: Sedgwick County

Approved As To Form

Nisha C. Jacob-Warren

ATTEST TO:

Kelly B. Arnold, County Clerk