

SIGNATORY APPROVAL
Community Corrections
Behavioral Health Budget Summary and Budget Narrative


_____ Sedgwick County Division 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 FY2018 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.

_____ Glenda Martens _____

Name (Typed or Printed)



Signature

4/13/17

Date

ADVISORY BOARD CHAIRPERSON

I hereby certify by my signature below that the Community Corrections Advisory Board has approved the attached FY2018 Behavioral Health Budget Summary and Narrative

_____ Ann Swegle _____

Name (Typed or Printed)



Signature

4/13/17

Date

COUNTY COMMISSION CHAIRPERSON (Sponsoring County)

I hereby certify by my signature below that the Board of County Commissioners has approved the attached FY2018 Behavioral Health Budget Summary and Narrative

_____ David M Unruh _____

Name of Chairperson (Typed or Printed)

_____ Sedgwick _____
County

Signature

_____ Date