

Lincoln County Sheriff's Office Body Scanner

*2025 Montana Opioid Abatement Trust
Grants-second half of 2025*

Lincoln County Sheriff's Office

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Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Lincoln County Sheriff's Office Body Scanner

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Abatement Region 5

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

N/A

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Lincoln County Sheriff's Office is seeking funding to install a full body scanner in our detention center for the purpose of preventing opioids and other drugs or contraband from being smuggled into our facility. The average daily population of our detention center over the past year has been 30 inmates. A large proportion of that population is incarcerated for drug related crimes or suffering from substance abuse issues. The scanner would provide a non-invasive, highly effective method for screening all individuals entering the facility, thereby preventing the introduction of illicit opioids and synthetic analogues as well as other contraband.

LCSO serves Lincoln County with 21 sworn law enforcement officers and 12 detention officers along with additional support personnel. Our mission statement:

We are proud of our commitment to being a trusted partner in the Lincoln County community, dedicated to ensuring that our county remains a safe place to live, work, and visit, by providing professional law enforcement services to our fellow citizens.

We are determined to do the right thing, at the right time, and for the right reason.

We are dedicated to the certainty that the single greatest measure of our success is the unwavering satisfaction of the community we are entrusted to serve and protect.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

- Prevention
- Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

F. TREATMENT FOR INCARCERATED POPULATION

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Our proposal is aligned with Exhibit E of the National Opioid Settlement Agreement, meeting the criteria under Schedule A, Section F, as well as Schedule B, Part Two, Sections G and H, and Part Three, Section J(3).

Schedule A

Section F - Treatment for Incarcerated Population:

- Full body scanners greatly reduce the likelihood of opioids and synthetic analogues being made available to incarcerated individuals, reducing the risk of recidivism while incarcerated and enhancing the effectiveness of existing treatment efforts including AA meetings during incarceration and drug treatment court options for criminal defendants.

Schedule B

Part Two, Section G – Preventing the Misuse of Opioids:

- Scanners reduce the introduction of opioids and synthetic analogues into correctional environments, directly curbing misuse and diversion.
- Limiting contraband access decreases behavioral health crises linked to substance misuse.

Part Two, Section H – Preventing Overdose Deaths and Other Harms (Harm Reduction):

- Scanners prevent overdoses by intercepting opioids at intake.
- Reduced contraband translates into fewer overdose responses, hospitalizations, and healthcare costs.

Part Three, Section J(3) – Infrastructure and Staffing to Support Cross-System Coordination:

- Body scanners represent an infrastructure investment that strengthens security, medical, and behavioral health coordination.
- By reducing illicit opioid entry, scanners allow medical and treatment staff to operate in a more controlled, safer environment.
- The technology directly supports continuity of care and recovery efforts by ensuring treatment is not undermined by ongoing drug availability.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$141,500.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Tek84 Quote - Lincoln County Sheriff.pdf

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

Our agency operates and provides services with funding from a variety of sources. We believe the addition of a full body scanner to our detention center would greatly improve our efforts to prevent the introduction of drugs and other contraband into our facility, but funding for this equipment has been unavailable from these sources given our ongoing budgetary obligations. This grant provides an opportunity to significantly expand our capabilities with infrastructure we have not been able to fund via existing revenue sources.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Sedaris Carlberg, Lincoln County Treasurer

Fiscal Agent Email Address*

scarlberg@libby.org

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

Correctional facilities are on the front lines of the opioid crisis. Inmates often suffer from opioid use disorder and co-occurring mental health issues. The introduction of opioids into detention undermines rehabilitation, creates overdose risks, and strains medical staff. This proposal seeks opioid settlement remediation funding to deploy a full body scanner as part of a comprehensive contraband abatement and opioid harm-reduction strategy.

Overdoses in correctional settings have risen in recent years, with synthetic opioids such as fentanyl increasingly detected as contraband.

The presence of illicit opioids inside facilities disrupts evidence-based treatment and recovery programs, discourages participation, and increases relapse risk. While incarcerated, inmates in our detention center have access to regular AA meetings to assist them in overcoming those issues. Lincoln County also operates a drug treatment court which provides criminal defendants with incentives to seek rehabilitation. Ideally, incarceration provides a period of forced abstinence which can greatly facilitate treatment and rehabilitation. This is greatly undermined if inmates have access to illicit substances smuggled into the facility. Drugs can be concealed inside the human body in a variety of ways. Despite our best efforts in physically searching inmates during intake, we have had instances in which drugs were brought into our facility and made available to and used by inmates in our custody.

Managing overdoses and contraband incidents strains facility medical resources, increases liability exposure, and diverts staffing away from treatment and rehabilitative programming. Addressing these risks requires preventing opioids from entering the facility in the first place, ensuring a safer environment for treatment, recovery, and rehabilitation efforts.

This project would allow for rapid, non-invasive screening, capable of scanning individuals in seconds, without physical searches, with high detection accuracy to identify opioids, synthetic drugs, and other contraband hidden on or within the body, and would reduce staff exposure to dangerous contraband and minimizes confrontational searches.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

The deployment of a full body scanner will deliver measurable outcomes in alignment with opioid settlement remediation goals. Our projected outcomes include:

- Reduced contraband incidents by interdicting attempts at introducing opioids and other substances into our facility.
- Lower incidence of overdoses by reducing or eliminating the entry of opioids into our detention center, protecting the health of inmates as well as reducing medical costs and staff time.
- Improved treatment and recovery environment by reducing or eliminating potential access to opioids within the incarcerated population.

The scanner is a durable, long-term infrastructure investment that will continue to deliver opioid remediation benefits well beyond the initial funding period. Facility staff will be trained in its operation, and maintenance agreements will ensure consistent functionality. By preventing contraband entry, the scanner supports a safer correctional environment, reduces the frequency of costly overdose interventions, and strengthens the impact of ongoing treatment and recovery programs.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

The effectiveness and impact of the program will be measured by the reduction of contraband incidents in our detention center. All inmates brought into our facility are searched during intake and any contraband found on their persons is logged in our electronic record keeping system. Detected attempts at introducing illegal substances into the facility will result in criminal charges. Any incidents involving illicit substance use or contraband found within the facility are also logged.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

Evidence that the goals of this project are being met will consist of a measurable reduction in incidents of opioids and other illicit substances being introduced into our facility. Effectiveness will be measured through:

- Tracking contraband incidents in the facility's electronic records.
- Monitoring overdoses and medical emergencies.
- Documenting successful interdictions of smuggling attempts which may previously have gone undetected.
- Comparing data on contraband incidents before and after scanner installation.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Information on the grant award and body scanner project will be presented to the community via information releases to local newspapers and on social media. We also expect that once the project is operational word will quickly spread within the population of illegal drug users in our community as individuals who have been brought into our facility and scanned during intake share their experience with their associates. We anticipate that this will reduce attempts at introducing illegal substances into our facility as those inclined to do so find that these attempts are much more likely to be detected and criminally charged.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

W9.pdf

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- Tek84 Quote - Lincoln County Sheriff.pdf
- W9.pdf



Quote

October 2, 2025

Brent Shrum
 Lincoln County Sheriff's Office
 512 California Ave.
 Libby, MT 59923

Quote 2023-10-29

Phone: 406.293.4112 x 1232

Please see the quotation below for the Tek84 Intercept Body Scanner. The scanner includes all that is listed below as well as (1) built in camera to include a photo of the subject with each scan (2) Your agency's logo on the scanner, kiosk, and each exported image. (3) Training by anARRT-certified radiology medical professional on the use of the product, required radiation training and expert training on reading the scan results. (4) A one-time upload of Subject data—an upload of a current list of subjects - both current and previously in your facility (5) 1 Year warranty parts and labor

Qty	Part Number	Description	Net Each	Ext Price
1	SSD-018-0100	Tek84 Intercept Whole Body Security Scanning System	\$ 139,000.00	\$ 139,000.00
		Made in the USA		
		Variable Scanning Dosage from 0.25 uSv to 8.0 uSv		
		< 4 Second Scan Time		
		34" X 72" X 90" (79" top removed) foot print		
		6 scan filters - high resolution, 3-D, & detail with invert		
		16 million Grey Scale Levels		
		110 V/60hz. 160 kVA		
		1 million image storage capacity		
		Tethered Ethernet Connected Work Station with 27" Vertically Mounted Touch Screen Monitor		
1	INSTALL	Install, configure, callibrate and test Intercept and kiosk station	Included	
1	INT-Training	Up to 2.5 days Formal, classroom, on-site	Included	
1	INT-WARRANTY	Initial One Year Parts and Labor on Entire System from Time of Delivery with one (1) PM and Radiation Survey	Included	
1	INT-Shipping	Freight from San Diego, CA to Libby, MT 59923	\$2,500	\$ 2,500.00
		Optional Items:		
0	SSD-020-1000	TekNet, digital storage of images and track accumulative dosages	\$ 13,000.00	\$ -
0	INT-13450	Per Intercept TekNet connection	included	
0	SSD-020-1100	Intercept Manager Software Application to remotely review images	\$ 2,000.00	\$ -
0		Intercept Manager Application Annual License fee	\$ 400.00	\$ -
0		TekNet Annual Fee	\$ 1,500.00	\$ -
0	SSD-018-9950	Thermal Scanner, touchless and records temperature	\$ 20,000.00	\$ -
0	SSD-020-1150	Desktop PC with Intercept Manager software installed	\$ 5,875.00	\$ -
0	SSD-017-9706	Wall mounted touchscreen monitor	\$ 2,500.00	\$ -
0	INT-EXT-WAR	Years of Additional Warranty Starting Month 13**	\$ 11,225.00	
		**Discounted: \$51,250 for 5 Years	\$ -	
Sub Total			\$	141,500.00

**Special offer with initial purchase, otherwise current market price after delivery.

By execution of this agreement, by an authorized signature, the customer agrees to purchase the products specified subject to the terms and conditions set forth in the agreement and subject to Tek84 Terms and conditions available at www.Tek84.com.

This quote will expire on:	02/15/26	
Delivered-at-place:	Libby, MT 59923	Total \$ 141,500.00
Terms:	Net 30	
Taxes:	Circle one Exemption certificate attached	

Western Regional Sales Manager | Public Safety Advisor

Accepted By: _____ Prepared by: *Brent Shrum*

Printed Name and Title: _____

Authorized Signature _____

Date _____ 10/2/2025

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Lincoln County</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p> <p>Lincoln County Sheriff's Office</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) County Entity</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>512 California Avenue</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Libby, Montana 59923</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	1	-	6	0	0	1	3	8	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 1/23/25
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they