

CRIMINAL JUSTICE COORDINATING COUNCIL

2014 JUVENILE JUSTICE INCENTIVE GRANT PROGRAM
SUBGRANTEE WORKSHOP

4/16/14



WORKSHOP AGENDA

- Welcome and Logistics
- 2014 Juvenile Incentive Grant Program (JJIGP) RFP Overview
- 2014 JIGP Requirements
- Program Overview
- Break
- Finance Overview
- Wrap up



JUVENILE JUSTICE REFORM

“We know there’s room for dramatic improvement in the results we see in the juvenile justice system.”

– Governor Nathan Deal

About Us



The Criminal Justice Coordinating Council (CJCC) represents the culmination of many efforts to establish a statewide body that would build consensus and unity among the State's diverse and interdependent criminal justice system components. CJCC is charged with fiscal oversight of the Juvenile Justice Incentive Grant Program.

Juvenile Incentive Grant Program RFP

- In keeping with Governor Deal's goal of increasing public safety through a more effective juvenile system, CJCC and the Juvenile Justice Incentive Funding Committee offers this request for proposals seeking local juvenile projects that aim to reduce the number of youth served out of home.

Eligibility - Who can apply:

An eligible applicant must meet *all* the following criteria:

- Be a public government entity;
- Serve as the fiscal agent for the grant and point of contact to CJCC;
- Be responsible, liable, and oversee financial, program and post-award reporting requirements.

Applicants are strongly encouraged to apply directly to the Council at <http://cjcc.georgia.gov/funding-opportunities>

Eligibility Criteria



- Applications to support juvenile court projects must be made by county commissions/boards of commissioners on behalf of the juvenile court
- All local units of government are required in compliance with the Georgia Service Delivery Strategy Act in order to be eligible for state-administered financial assistance

Application Details



- Applications are due **April 28, 2014**
- Award Notification will be **June 16, 2014**
- Grant Award Amount
- Grant Award Period: July 1, 2014- June 30, 2015
- Continuation Funding

Continuation Applications Options



Opportunity to apply for a grant award no greater than the total of your last year's grant award amount



Application Complete



Enhancement Proposal:

Opportunity to enhance (i.e.: add an additional EB service) or Expand (i.e.: add additional slots for EB services).

Application Details (Continuation Only)

Enhancement Proposal:

- Enhancement

- Expansion

Grant Award Period for Enhancement:

The grant award period covers 12 months, from July 1, 2014, June 30, 2015

Program Design

- In order to demonstrate potential cost savings to taxpayers by incentivizing evidence-based options, **the overarching goal of this offering is the reduction of felony commitments to the Department of Juvenile Justice and Short-Term Program Admissions.**

Assessment Tools:



- Department of Juvenile Justice's Pre-Disposition Risk Assessment (PDRA)
 - Participant Youth **MUST** score **MED-HIGH** on the PDRA

- Detention Assessment Instrument (DAI),

- Criminogenic Needs Assessment (CNA).

Priority Areas for 2014

High Priority will be given to applications that specifically formulate strategies that address:

- **Reducing the applicant county's annual felony commitment rate to the Department of Juvenile Justice**
- **Reducing the applicant county's annual number of Short Term Program admissions***

Applicant Goals

Goals

1. Reduce felony commitments to Department of Juvenile Justice and Short Term Program (STP) admissions in the target county.
2. Increase the use of evidence-based practices in Georgia's juvenile justice system by initiating community-based juvenile justice programs.
3. Reduce the recidivism rate of youth involved with Georgia's juvenile justice system.
4. Reduce annual secure detention rate of target county.
5. Reduce annual secure confinement rate of target county.
6. Demonstrate a cost-savings to citizens of Georgia through provision of research-informed services to youth in juvenile justice system.

Applicant Objectives

All Projects

1. Project will demonstrate a 20% reduction from fiscal year 2012 in the rate of annual felony commitments to DJJ and Short Term Program (STP) admissions. Counties can find 2012 numbers in order to calculate target at:
<http://juveniledata.georgia.gov/RgpReports.aspx?report=2012DataTargets>
2. Project will demonstrate reduction in annual Secure Confinement rate.
3. Project will demonstrate reduction in annual Secure Detention rate.

Applicant Objectives

1. At least 75% of project participants will complete program requirements.
2. At least 55% of youth completing services will not re-offend as calculated using recidivism definition*.
 - *A new charge (within 3 years of the initial post-adjudication community placement) which results in a juvenile court delinquency adjudication OR adult criminal court conviction.*
3. Project will report cost-savings per youth by calculating average cost to provide targeted intervention subtracted from average cost to detain youth. *(Selected projects will be provided a marginal cost rate in order to perform this calculation).*

Submission Requirements

- The application must be submitted electronically using the link on the Council's website at <http://cjcc.georgia.gov/>.
- The application should be submitted via an adobe form.
- Applications must be submitted by **5:00pm on April 28, 2014.**

Disqualification Factors



- Any application electronically time-stamped after 5:00pm on the April 28, 2014
- Additionally, CJCC may not consider funding any applicant that fails to comply with all application requirements.

Performance Deliverables (New Projects)

<i>REPORTING PERIOD</i>	<i>PERFORMANCE REQUIREMENTS</i>	<i>DUE ON OR BEFORE THE FOLLOWING DATES</i>
Initial Allotment	<u>7/1/2014-9/1/2014:</u> <ul style="list-style-type: none"> Fully executed grant award agreement and attachments 	9/3/2014
FIRST PERIOD	<u>7/1/2014-10/1/2014:</u> <ul style="list-style-type: none"> Quarterly Progress Report-including performance objectives Attendance at CJCC Grant Management Workshop 	10/3/2014
SECOND PERIOD	<u>10/1/2014-1/1/2015 Reporting Period:</u> <ul style="list-style-type: none"> Quarterly Progress Report-including performance objectives 	1/3/2015
THIRD PERIOD	<u>1/1/2015-4/1/2015 Reporting Period:</u> <ul style="list-style-type: none"> Quarterly Progress Report-including performance objectives 5% reduction in felony commitments to DJJ and admissions to Short Term Program achieved 	4/3/2015
FINAL PERIOD	<u>4/1/2015-6/30/2015 Reporting Period:</u> <ul style="list-style-type: none"> Quarterly Progress Report- Including performance objectives 20% reduction in felony commitments to DJJ and admissions to Short Term Program achieved. 	7/3/2015

**For any deliverable not met and reported by the due date, a penalty may be imposed at the discretion of the Juvenile Justice Incentive Funding Committee.*

**Please be aware that Graduated Sanction Violations under DJJ's Probation Management Program (PMP) are included in overall STP/Felony Commit numbers. If said Violation resulted in an admission to RYDC it was included in the baseline target number in 2012 data and will be counted in this grant year's target number. Juvenile Courts & Department of Juvenile Justice staff are strongly encouraged to share this information with one another in order to measure potential impact.*

Performance Deliverables (Continuation Projects)

REPORTING PERIOD	PERFORMANCE REQUIREMENTS	DUE ON OR BEFORE THE FOLLOWING DATES
Initial Allotment	<u>7/1/2014-8/1/2014:</u> <ul style="list-style-type: none"> • Fully executed grant award agreement and attachments 	8/3/2014
FIRST PERIOD	<u>7/1/2014-10/1/2014:</u> <ul style="list-style-type: none"> • Quarterly Progress Report-Including performance objectives • Attendance at CJCC Grant Management Workshop 	10/3/2014
SECOND PERIOD	<u>10/1/2014-1/1/2015 Reporting Period:</u> <ul style="list-style-type: none"> • Quarterly Progress Report-Including performance objectives 	1/3/2015
THIRD PERIOD	<u>1/1/2015-4/1/2015 Reporting Period:</u> <ul style="list-style-type: none"> • Quarterly Progress Report-Including performance objectives • 5% reduction in felony commitments to DJJ and admissions to Short Term Program achieved 	4/3/2015
FINAL PERIOD	<u>4/1/2015-6/30/2015</u> <ul style="list-style-type: none"> • Quarterly Progress Report- Including performance objectives • 20% reduction in felony commitments to DJJ and admissions to Short Term Program achieved. 	7/3/2015

*For any deliverable not met and reported by the due date, a penalty may be imposed at the discretion of the Juvenile Justice Incentive Funding Committee.

*Please be aware that Graduated Sanction Violations under DJJ's Probation Management Program (PMP) are included in overall STR/Felony Commit numbers. If said Violation resulted in an admission to RYDC it was included in the baseline target number in 2012 data and will be counted in this grant year's target number. Juvenile Courts & Department of Juvenile Justice staff are strongly encouraged to share this information with one another in order to measure potential impact.

Questions:



RFP Format

- Number of every page submitted as part of your application
- Use type that is 12-point font size and one inch margins
- The application narrative should be typed on white paper that is 8 ½ x 11 inches
- Include a footer identifying the applying agency
- Adhere to page limits

Proposal Narrative



- The narrative is a detailed statement of the work to be undertaken and answers who, what, when, where, why, and how statements about the grant proposal.
- *CJCC requires that applicants restate and number each Narrative Section followed by the response.*

1a. Statement of Need/Summary

1. Statement of the community problem

For the purpose of this RFP applicants are instructed, **at a minimum**, to use each of the following metrics as justification of need for programming:

- At-Risk Population
- New Instances of Secure Detention (RYDC)
- Cases Resulting in Commitment to DJJ
- New Instances of Confinement in Secure Juvenile Correctional Facilities (YDC)

This information for each county can be found at-

<http://juveniledata.georgia.gov/DataReports.aspx?report=RRIDataEntryReport>

1a. Statement of Need/Summary



2. A description of how the problem relates to the mission of the implementing agency.
3. Overview of the Target Population to be served.
4. Description of the chosen evidence-based intervention for proposal and why it was selected.
5. Brief description of the activities requesting CJCC funds.

1b. Administration



- Name the implementing agency
- Agency qualifications
- Community Partners
- Quarterly cash flow

1c. Target Population

- Target group/age range
- Projected youth to be served
- How and Why?
- Gender
- Service area
- Other demographics
- Assessment instruments

1d. Methods and Procedures

- A. Describe the overall format and design of the program, addressing the following:
 - a. Program type
 - b. Program time
 - c. Program frequency
 - d. Program duration
 - e. Program hours

1d. Methods and Procedures cont.



- B. Complete the Program Timeline (Attachment A-2).
- C. List the specific site(s) where programming will occur (i.e., the site name and the street address).
- D. Fully describe the intake process. List criteria to determine which individuals will be offered program services.

1d. Methods and Procedures Cont.

□ <http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter20/DJJ20.11DetentionDecision.pdf>

E. Describe how parental consent is obtained for youth to participate in the program. Explain if additional information (e.g., intake form, participant application, and/or needs assessment) is obtained for a youth to be enrolled in the program.

F. Describe the services and supports provided to all individuals in the target population using CJCC grant funds and which agencies will provide these services.

Methods and Procedures Cont.

G. Describe the CJCC grant-funded services and supports provided to subsets of the target population and/or to youth in the target group who may or may not be receiving intensive services, if applicable.

H. Describe the parent involvement and/or community awareness activities provided using GOCF grant funds, if applicable.

Staffing:

I. Describe the primary roles and responsibilities for each grant-funded position. Attach a job description for each position discussed (Attachment A-4).

J. Explain the plan for orientation and training of grant-funded staff.

Goals, Objectives, and Evaluation



- a.* List the required program goals as outlined in the RFP.
- b.* List the required program objectives as outlined in the RFP.
- c.* Explain fully how all stated goals and objectives will be reached and evaluated.
- d.* Applicants will be required to explain how they currently collect data on youth served and how they plan to expand this collection to include source of referral information.

Sustainability



- Specific activities
- Current funding sources
- Potential funding streams
- Volunteers
- Building evidence-based capacity

Previous Accomplishments



- Successful Interventions
- Summary of activities
- Previous problems

Timeline

Proposal Deadline	April 28, 2014
Staff & Funding Committee Review	April 28, 2014-May 23, 2014
Funding Committee Determination	May 27, 2014
Award Notification	June 16, 2014
Grant begin date	July 1, 2014
Implementation date (Continuation)	August 1, 2014
Implementation date (New)	September 1, 2014
Grant end date	June 30, 2015



JUVENILE JUSTICE REFORM

Fiscal Overview



Accepting Your Award



Award Packet Activation

- ❑ Accepting Your Award
 - Award notifications will be announced on June 16, 2014 and all awards packages are due back to CJCC by July 31, 2014 (45 days after date of execution)
 - Refer to the enclosed instructions when completing your award package
 - Carefully review special conditions
 - Be sure to have all award documents signed by the appropriate authorized official.
 - Funds cannot be drawn down until all documentation is received and approved by CJCC.

Authorized Official

- Government Agencies
 - County Commission Chair or Mayor
- Delegating Signing Authority
 - Signature Authorization Letter
 - Delegated signing authority will specifically apply to this grant for the current grant cycle.

Accepting Your Award (cont.)

- Documents in the award packet to complete:
 - Subgrant Award Form
 - Special Conditions
 - Reimbursement Selection Form
 - Subgrant Adjustment Request (SAR) #1
 - Subgrant Expenditure Report/Request for Funds
 - Request for Initial Advance Payment Form
 - Designation of Grant Officials

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

REFERENCE NO. : _____

SUBGRANTEE :

**IMPLEMENTING
AGENCY :**

PROJECT NAME : Juvenile Justice Incentive Grant

SUBGRANT NUMBER :

FEDERAL FUNDS : \$

MATCHING FUNDS : \$

TOTAL FUNDS : \$

GRANT PERIOD : 08/01/13-06/30/14

This award is made under the State of Georgia Juvenile Justice Incentive Grant (JJIG) program and is subject to the administrative rules established by the Criminal Justice Coordinating Council. The purpose of the JJIG program is to provide funding for juvenile courts to serve youth in the community who would otherwise be committed to Georgia's Department of Juvenile Justice.

This Subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

SUBGRANTEE APPROVAL

Jacqueline Bunn, Director
Criminal Justice Coordinating Council

Date Executed: 08/01/13

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-1911146-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102		1	08/01/13	9		**	
2	46	4					
2	46	4					
2	46	4					

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Juvenile Justice Incentive Grant		\$

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. A voided check must be attached to ensure proper routing of funds.)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

**AGENCY CONTACT
TELEPHONE NUMBER:** _____

**AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE:** _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: _____

PROJECT TITLE: _____

Mr. Ms.

PROJECT DIRECTOR NAME (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

FINANCIAL OFFICER (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

AUTHORIZED OFFICIAL (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Subgrant Adjustment Requests



Subgrant Adjustment Requests (SAR)

- Submit SAR #1 with your Award Package
- A formal request must be submitted when requesting revisions for the following:
 - Budget Adjustments
 - Change of Project Officials/Addresses
 - Project Personnel
 - Goals and Objectives of program

REQUEST DATE: _____

SUBGRANTEE:
PROJECT NAME:

SUBGRANT #: A13-8-009

NATURE OF ADJUSTMENT: _____ REVISED BUDGET Go To SECTION I
 _____ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 Mark all that apply. _____ PROJECT OFFICIALS/ADDRESSES. . . Go To SECTION III
 _____ PROJECT PERSONNEL. Go To SECTION III
 Adjustments of each type shown should be entered in the section indicated. _____ GOALS AND OBJECTIVES Go To SECTION III
 _____ OTHER. Go To SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 55,187	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 55,187	_____	_____
Federal	\$ 55,187	_____	_____
Match	\$ 0	_____	_____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/13	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/14	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

CONTINUED ON NEXT PAGE

REQUEST DATE: _____

SUBGRANTEE:
PROJECT NAME:

SUBGRANT #: A13-8-009

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:

Signature of Financial Officer or Project Director	_____	Title	_____	Date	_____
--	-------	-------	-------	------	-------

CJCC ROUTING AND APPROVALS: Approval Disapproval Reviewer Signature

Reviewed By: _____
 Authorized By: _____

Subgrant Expenditure Report



Subgrant Expenditure Reports (SERs)

- Schedule for Submitting Reimbursements:
 - Quarterly reports are due 15 days after the end of each quarter
 - Monthly reports are 15 days after the end of each month
 - All grant-related expenses incurred for the quarter must be listed on submitted SERs to obtain reimbursement
 - Expenses must be incurred during the grant period
 - (SERs) must be signed by the authorized official or the appropriate designee

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT # 2011-VA-GX-0010

SUBGRANT #:

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE:

FUNDING CATEGORY:

PROJECT PERIOD: 10/01/11 to 09/30/12

COMBINED FEDERAL & MATCH EXPENDITURES					
	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ _____	\$ _____	0	\$ _____	\$ _____
EQUIPMENT	_____	_____	0	_____	_____
SUPPLIES	_____	_____	0	_____	_____
TRAVEL	_____	_____	0	_____	_____
PRINTING	_____	_____	0	_____	_____
OTHER	_____	_____	0	_____	_____
TOTAL	\$ _____	\$ _____	0	\$ _____	\$
FEDERAL	_____	_____	0	_____	_____
MATCH	_____	_____	0	_____	_____

EARNED PROJECT INCOME FOR THE PERIOD: FORFEITED \$ _____ OTHER \$ _____	EARNED PROJECT STATUS INCOME FOR THE PERIOD: EXPENDED \$ _____ UNEXPENDED \$ _____
--	---

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
 PHONE NUMBER: _____ TYPED NAME & TITLE _____

===== **FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY** =====

SUBGRANT #: _____ AMOUNT REQUESTED THIS REPORT: _____
 SUBGRANT AWARD: _____ \$ _____ * REVIEWED BY (INITIALS & DATE): _____
 REQUESTED TO DATE: _____ AUTHORIZED BY _____ DATE _____
 BALANCE: _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
						INVOICE		AMOUNT
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT			
4710606000	13104	13139	0630104	315	707002			

Request for Initial Advance Payment



Request for Initial Advance Payment

CRIMINAL JUSTICE COORDINATING COUNCIL

08/14/13

TO: _____
ATTENTION: AUTHORIZED OFFICIAL
RE: REQUEST FOR INITIAL ADVANCE PAYMENT

Subgrant Award #: _____ **Issued:** 08/01/13
Project ID: _____
Subgrant Agency: _____
Project Name: _____
Project Period: 08/01/13-06/30/14

With a start date of 08/01/13, your first Expenditure Report/Request for Payment is not due until 10/30/13. As a result, you are eligible for an advance in the amount of \$ _____

If you would like to request this advance, please provide the required signature indicated below and return this form to CJCC by 09/15/13.

Future requests for payment should be made via the "REQUEST FOR PAYMENT" section of your EXPENDITURE REPORT/REQUEST FOR PAYMENT turnaround document.

ADVANCE REQUEST AMOUNT: \$ _____

REQUIRED SIGNATURE: _____

 Official's Signature

 Date


FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ Y13-8-001 AMOUNT REQUESTED THIS REPORT: _____
 SUBGRANT AWARD: \$ 100,000 REVIEWED BY (INITIALS & DATE): _____
 REQUESTED TO DATE: _____ AUTHORIZED BY _____ DATE _____
 BALANCE: _____

FOR ACCOUNTING USE ONLY				Tif EI - Partial Order	DISCOUNT	FO/AUTH
				Tif ED - Schedule Pay Date		
LINE	REFERENCE	ORDER	ITEM	AMOUNT	INVOICE	PAY DATE

Reimbursement Key Notes





*If the expense is not listed in
your approved budget, you
cannot claim it!*

Tips for Successfully Submitting Your Reimbursement Request

- Submit the following with each request:
 - **Subgrant Expenditure Report/Request for Funds Form** (turnaround document) signed by the authorized official /designee
 - **Supporting documents**
 - Categorize all expenses with totals
 - Purchase Orders
 - Invoices
 - Proof of Payment (i.e., check copies)

Links and Resources



Helpful Links & Resources

- **Criminal Justice Coordinating Council**
<http://cjcc.georgia.gov>
- **Juvenile Justice Incentive Grant**
<http://cjcc.georgia.gov/funding-opportunities>

Contact Information

- **Matthew Pitts, Grant Specialist**
 - 404-656-5160 Office
 - 404-656-5601 Fax
 - Matthew.Pitts@children.ga.gov

- **Reginald Boyd, Grant Specialist**
 - 404-657-2073 Office
 - 404-657-1957 Fax
 - Reginald.Boyd@cjcc.ga.gov

Contact Information

- Website Address

<http://cjcc.georgia.gov>

- Mail: Juvenile Justice Incentive Grant
Criminal Justice Coordinating Council
104 Marietta Street, NW, Suite 440
Atlanta, Georgia 30303-2743
- Phone: 404-657-1956
- Fax: 404-657-1957

Questions?

