



## **CRIMINAL JUSTICE COORDINATING COUNCIL**

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At the direction of the  
Accountability Court Funding Committee,  
the Criminal Justice Coordinating Council (Council) is pleased to announce  
that it is seeking applications for competitive funding for qualified new and existing  
Accountability Courts in the State of Georgia.

# **State of Georgia Accountability Court Funding Program FY'14 Rolling Solicitation Packet for NEW\* Courts**

### **Eligibility**

Applicants are limited to local entities for new and existing Accountability Courts. Grant funds will go to support new Accountability Courts as follows: drug, mental health, veteran, DUI, family and juvenile.

### **Deadline**

There is no deadline, but grants will only be reviewed quarterly if funding is available. To be eligible for funding starting January 1, 2014, your application must be received by the CJCC no later than 5:00 pm on November 1, 2013. If adequate funding is not available, the application will be considered during subsequent quarters through the end of the FY'14 funding cycle.

### **Available Funding**

The amount available for distribution will be determined each quarter.

### **Award Period**

January 1, 2014 through June 30, 2014

### **Contact Information**

For assistance with the requirements of this solicitation, contact: Jody Overcash at  
[jodyovercash@bellsouth.net](mailto:jodyovercash@bellsouth.net).

### **Release Date: October 4, 2013**

\*New courts are defined as those started within the current fiscal year (July 1, 2013 – June 30, 2014)

**THIS GRANT IS NOT INTENDED TO FUND YOUR ENTIRE PROGRAM 100%.**

### Certification for Accountability Court Funding

I certify that the \_\_\_\_\_ (court name) provides the following. (check if accurately describes).

1.  The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
2.  Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
3.  Eligible participants are identified early and promptly placed into the accountability program.
4.  The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
5.  Abstinence is monitored by frequent alcohol and other drug testing.
6.  A coordinated strategy governs accountability court responses to participants' compliance.
7.  The accountability court has ongoing judicial interaction with each participant.
8.  The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
9.  Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
10.  The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

**\*\*Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.\*\***

**By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: [www.gaaccountabilitycourts.org](http://www.gaaccountabilitycourts.org).**

Submitted by: \_\_\_\_\_  
Judge

\_\_\_\_\_  
Court Date

# State of Georgia

## Accountability Court Funding Program

### FY '14 Rolling Solicitation Packet

#### ***SECTION I: OVERVIEW AND INSTRUCTIONS***

##### **Criminal Justice Coordinating Council**

The Criminal Justice Coordinating Council (the Council) is designated by the Governor of Georgia as the State Administering Agency for criminal justice and victims' assistance programs. Created by the General Assembly (O.C.G.A. § 35-6A-2), the Council is comprised of twenty-four members representing various components of the criminal justice system.

##### **Overview of the State of Georgia's Accountability Court Funding Program**

The Georgia Accountability Court (GAC) Funding Program was created in 2012 by the Georgia Legislature and by Governor Nathan Deal to provide courts with the critical funding necessary to support the growth of Accountability Courts in Georgia to reduce the prison population.

##### **How to Apply**

Interested applicants should review the FY14 Rolling Solicitation Packet in its entirety, complete a Request for Funding Application, and submit the completed application to the CJCC. **This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this GAC funding year.** This Request for Funding Application form and the Council-provided budget detail worksheet are available on the Council's website at <http://cjcc.ga.gov> and <http://www.gaaccountabilitycourts.org> and are the only acceptable formats for submitting the narratives and budget for this GAC funding year.

#### ***SECTION II: SOLICITATION PROCESS***

Please read and understand the Certification for Accountability Court Funding (page 2) before completing the application. All accountability courts are required to submit a proposed budget/narrative for all funds requested through this grant. The purpose of this grant is to help expand current accountability courts or implement new courts.

##### **Application Review**

Applications will be reviewed and assessed by the Accountability Court Funding Committee members and its designated representatives who will consider the following:

1. Past compliance with all financial and programmatic reporting requirements;
2. Overall quality and completeness of the application;
3. Demonstration of clear, measurable and appropriate standards;
4. Demonstration of need including geographic location, local demographics, local statistics, other financial resources, etc.;
5. Adequate correlation between the cost of the project and the objective(s) to be achieved; and

6. Sharing resources among each accountability court within the circuit is strongly encouraged. All applications within each circuit will be reviewed together.

**When an application is received by the Council, there is no commitment on the part of the Committee to fund an application or to fund it at the amount requested.** All areas of the budget are subject to review and approval. Decisions related to these budget areas are based on both eligibility and reasonableness. The Committee has full discretion to determine the reasonableness of budget items based on both objective and subjective decision-making tools. See "Restrictions on Use of Funds" subsection below to determine whether budget items requested are allowable prior to submitting your budget.

Applications for funding will undergo several reviews. At any point during these reviews, a decision not to fund a project or any part thereof may be made. These decisions are within the complete discretion of the Committee.

### **Funding Decisions**

All funding decisions related to GAC applications received in response to this solicitation are made by the Accountability Court Funding Committee and are based on the availability of funding. The Council will inform the applicants of funding decisions through grant awards. Applicants should not make assumptions regarding funding decisions until they have received official written notification of awards or denials signed by the Council Director.

Once an award is made, the Council maintains discretion to determine that a grantee is not compliant with applicable policies, and upon such a determination may terminate further funding and require reimbursement of grant funds to the Council.

### **Restrictions on Use of Funds**

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, incentives, monthly cell phone charges and grant administrative overhead. **\*Reminder\* This grant is NOT intended to fund your court 100%. You must explain all of the other sources that are funding your court.**

### **Supplantation**

Funds must be used to supplement existing funds for program activities and cannot replace or supplant funds that have been appropriated for the same purpose.

## ***SECTION III: POST-AWARD REQUIREMENTS***

### **Grant Acceptance**

Grantees must accept or reject the grant award with original signatures and required forms within forty-five (45) days of the award date. The grantee will be unable to request funds until the award documents are received by the Council's office. Due to the short time frame of these rolling grant awards, there will be NO exceptions to this rule.

### **Special Conditions**

At the time of the grant award, the Committee will assign special conditions, as the Committee deems appropriate for the program. The special conditions will outline the grantee's responsibilities, as well as

state regulations that must be followed, as a condition of accepting the grant award for the approved program. The special conditions will be included in the award packet and must be reviewed, signed and returned to the Council within forty-five (45) days of the award date.

**One half of all awarded funding must be spent each quarter for awards that are effective as of January 1, 2014. Any unused funds each quarter end will be retained by the Council to be managed by the Accountability Court Funding Committee.** This is a reimbursement grant. If awarded funds, your court will be required to submit check stubs and copies of invoices to CJCC for reimbursement on a quarterly basis.

**Training is REQUIRED for each court that accepts grant funding. Please see [www.gaaccountabilitycourts.org](http://www.gaaccountabilitycourts.org) for the training dates and required attendees.** Expenses for training will be reimbursed by the council.

#### **Reporting Requirements**

Recipients of this FY'14 grant award will be required to complete and submit quarterly reports due no later than 30 days after each quarter end. Failure to turn in quarterly reports in a timely fashion could result in an end to grant funding.

**SECTION IV: APPLICATION FORM**

**Identifying Questions**

1. Name of Accountability Court: \_\_\_\_\_

2. Name of Judicial Circuit: \_\_\_\_\_

Name of person filling out this application: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your daytime phone number: \_\_\_\_\_

3. Type of Accountability Court. Check all that apply:

Adult Felony Drug Court

Adult Mental Health Court

Veteran’s Court

(please also select either drug court or mental health court)

DUI Court

Family Dependency Treatment Court

Juvenile Drug Court

Juvenile Mental Health Court

4. What counties will your program serve?

County	How often will you hold accountability court in this county?	% of budget that comes from this county

5. If you are a felony drug court, has your team attended the implementation (DCPI) training conducted by the National Drug Court Institute (NDCI)?  Yes  No

If yes, when did you attend? \_\_\_\_\_

6. Indicate the amount of funding (through June 2014) for which you are applying for and the total budget of your court (NOTE: this grant is NOT intended to fund your program 100%. All courts are expected to be receiving additional funding):

Amount Applying For	Total Budget
\$	\$

7. When will your program begin? \_\_\_\_\_

8. What is the anticipated participant capacity of your program (how many participants can you realistically and effectively serve)? \_\_\_\_\_

9. Please Provide the Following Information:

**Court:**

Name	
Street	
City, State, Zip	
Phone/ Fax	
EIN	

**Judge:**

Name	
Email	<div style="border: 1px solid orange; padding: 5px;"> Attends Staffing?  Attends Court/Status Hearings? </div>

**Coordinator:**

Name	
Phone/ Fax	
Email	<div style="border: 1px solid orange; padding: 5px;"> Attends Staffing?  Attends Court/Status Hearings? </div>

Will your coordinator be a full time employee of the accountability court? \_\_\_\_\_ If not, please explain who will employ the coordinator. \_\_\_\_\_

**Court Prosecutor:**

Name	
Email	Attends Staffing? Attends Court/Status Hearings?

**Defense Attorney:**

Name	
Email	Attends Staffing? Attends Court/Status Hearings?

**Treatment Provider:**

Name	
Street	
City, State, Zip	
Phone/ Fax	
Email	Attends Staffing? Attends Court/Status Hearings?

**Other team members/ others attending staffing (add additional pages as necessary). Family Dependency Treatment Courts must include a DFCS representative, DFCS attorney and parent attorney. Juvenile Drug Courts must include a school system representative/liaison.**

Name/Agency	
Email	Attends Staffing? Attends Court/Status Hearings?

Name/Agency	
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Email	Attends Staffing? Attends Court/Status Hearings?
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Name/Agency	
Email	Attends Staffing? Attends Court/Status Hearings?

Name/Agency	
Email	Attends Staffing? Attends Court/Status Hearings?

**Operating Questions**

10. Describe your target population.

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11. Describe your eligibility criteria.

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12. How many staffings will you conduct per month? \_\_\_\_\_ How often will your status hearings/court sessions be held? \_\_\_\_\_

13. How many days will a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? \_\_\_\_\_

14. Will your court have regular field supervision/surveillance? \_\_\_\_\_ On average, how often will each participant visited by surveillance? \_\_\_\_\_ On average, how long will the unannounced visit be? \_\_\_\_\_ Will your surveillance officers be P.O.S.T. certified? \_\_\_\_\_

15. Do you anticipate having a contract or mou in place with your treatment provider in regards to the level of treatment and costs associated with the treatment? \_\_\_\_\_

16. What case management program will the program coordinator use? \_\_\_\_\_

17. What will your annual treatment cost be? \_\_\_\_\_

**Clinical Questions**

18. What will your clinical eligibility criteria be?  
\_\_\_\_\_  
\_\_\_\_\_

19. What clinical screening tools will your court use (e.g., TCUDS, ASI, SASSI-2, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

20. What risk/needs assessment tools will your court use (e.g., LSI-R, COMPAS)?  
\_\_\_\_\_  
\_\_\_\_\_

21. How will you determine what level of treatment is needed (e.g., ASAM, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

22. What type of evidence based treatment will your court use? (e.g., CBI, MRT, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

23. Will you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of recidivism)? \_\_\_\_\_ What will be used (e.g., MRT, TFAC, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

24. How will the court ensure that the chosen tools/models are used consistently and faithfully?  
\_\_\_\_\_  
\_\_\_\_\_

25. How often will the program coordinator monitor (sit in on) treatment?  
\_\_\_\_\_  
\_\_\_\_\_

26. Will your program have a treatment plan for each individual participant? \_\_\_\_\_ How often will it be updated? \_\_\_\_\_  
\_\_\_\_\_

27. Will you use your local CSB for treatment services? \_\_\_\_\_

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? \_\_\_\_\_

2) Does the CSB get funding for treatment of your participants from other sources? \_\_\_\_\_ If yes, please list the other sources: \_\_\_\_\_  
\_\_\_\_\_

3) Will you pay the CSB for:

\_\_\_\_\_ the full amount of treatment,

\_\_\_\_\_ additional, non billable services such as case management only

\_\_\_\_\_ nothing for the services for your participants

**Timing/General Questions**

28. What will the average length of your program be? \_\_\_\_\_

29. Complete the following:

Phases/length	Average # of drug screens per month	Average number and hours of treatment sessions per month	Number of court appearances per month

**Drug Testing**

30. Will your drug testing be random? \_\_\_\_\_ How will you ensure that the drug testing is random? \_\_\_\_\_

31. For what drugs will you routinely screen? \_\_\_\_\_  
 \_\_\_\_\_ What drug testing company will you use (Siemens, Redwood, etc.)? \_\_\_\_\_

32. Will all of your urine screens be observed? \_\_\_\_\_ Who will observe the urine sample? \_\_\_\_\_  
 \_\_\_\_\_ Have they had training? \_\_\_\_\_ Are they the same sex as the participant? \_\_\_\_\_

33. If you plan on having a local drug lab or use testing sticks, how often will the drug screens be analyzed or read (daily, weekly, etc.)? \_\_\_\_\_ If you plan on mailing the screens to a lab, how often will they be sent? \_\_\_\_\_

34. Describe the policy for participants to dispute the results of the drug screen.

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35. Will creatinine violations considered positives? \_\_\_\_\_ If not, why not?  
\_\_\_\_\_ Will unexcused or missed screens considered  
positive? \_\_\_\_\_

## **SECTION V: BUDGETS**

### **Budget Detail**

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds. Do NOT include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

### **Budget Narrative**

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program.

### **Restrictions on Use of Funds**

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, furniture (existing courts only), incentives, monthly cell phone charges and grant administrative overhead.

**Budget Detail Worksheet** - This worksheet should be used to prepare the program budget and budget summary. Any category not applicable to your budget may be left blank.

Please describe your project/needs in as much detail as possible. Use additional pages if necessary. The committee needs to fully understand the scope of your proposed project or expansion. Unless you are an implementation court, you generally should not be requesting funds in more than one or two categories.

**A.(1) Accountability Court Personnel/Salaries.** List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

**Position Title/Name of Employee**

**Calculation**

**Budget**

**TOTAL \$ \_\_\_\_\_**

**Narrative:**

**A.(2) Personnel/Fringe Benefits.** Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation. Each benefit for each position should be shown as a separate calculation/estimate.

<b>Position Title/Name of Employee</b>	<b>Benefit Title</b>	<b>Calculation</b>	<b>Budget</b>
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**TOTAL \$ \_\_\_\_\_**

**Narrative:**

**B. Contract Personnel.** Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units.

Name	Service Provided	Calculation	Budget
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**Narrative:**

**TOTAL \$ \_\_\_\_\_**



**C. Drug Tests/Testing Supplies.** List items by type. Show budget calculation(s).

**Item**

**Calculation**

**Budget**

**Narrative:**

**TOTAL \$ \_\_\_\_\_**

**D. Supplies/Printing.** List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video, manuals). Show budget calculation.

<b>Item</b>	<b>Calculation</b>	<b>Budget</b>
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**TOTAL \$ \_\_\_\_\_**

**Narrative:**

**E. Equipment.** List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used.

<b>Item</b>	<b>Purpose</b>	<b>Calculation</b>	<b>Budget</b>
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**TOTAL \$ \_\_\_\_\_**

**Narrative:**

**F. Travel.** Funds must be budgeted in compliance with *State of Georgia Statewide Travel Regulations*. Itemize travel expenses of program personnel by personnel name, category (e.g. registration, mileage, meals, lodging, incidentals) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X lodging, \$X meals/incidentals).

<b>Purpose</b>	<b>Location</b>	<b>Traveler's Name/Title</b>	<b>Calculation</b>	<b>Budget</b>
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**TOTAL \$** \_\_\_\_\_

**Narrative:**

**H. Other.** List anticipated expenses not considered in one of the above categories.

<b>Item</b>	<b>Calculation</b>	<b>Budget</b>
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**TOTAL \$** \_\_\_\_\_

**Narrative:**