



## **CRIMINAL JUSTICE COORDINATING COUNCIL**

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743  
404/657-1956 • 877/231-6590 • 404/657-1957 (Fax) • 404/463-7650 (TTY)

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'15 Supplemental Solicitation Packet**

### **Eligibility**

Applicants are limited to local entities for existing Accountability Courts who currently receive funding through the FY'15 Accountability Court Funding Program. Grant funds will go to Accountability Courts as follows: drug, mental health, veterans, and family. New and expanding innovative projects are preferred.

### **Deadline**

In order to be eligible for funding starting January 1, 2015, your application must be received by the CJCC no later than 5:00 pm Friday, October 31, 2014. If adequate funding is not available, the application will be considered during subsequent quarters through the end of the FY'15 funding cycle.

### **Available Funding**

The amount available for distribution will be determined each quarter. There is a 10% cash match requirement.

### **Award Period**

January 1, 2015 through June 30, 2015

### **Contact Information**

A listserv has been set up for any grant questions. Please see our website for details. [www.gaaccountabilitycourts.org](http://www.gaaccountabilitycourts.org)

**Release Date: September 24, 2014**

**THIS GRANT IS NOT INTENDED TO FUND YOUR 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'15 Supplemental 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 FY'15 Supplemental 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>. Any application that does not adequately answer all applicable questions will be considered incomplete and will not be reviewed for funding.

##### **Match Requirement (10 percent CASH match)**

Applicants must identify the source of the 10 percent non-state portion of the total project costs and how they will use match funds. Match is restricted to the same uses of funds as allowed for the state funds. Applicants may satisfy this match requirement with cash only (no in-kind services).

*Match Waiver:* The ACFC may waive the match requirement upon a determination of fiscal hardship. To be considered for a waiver of match, a letter of request signed by the Authorized Representative or Program Judge must be submitted with the grant application defining the fiscal hardship. Fiscal hardship is defined in terms related to reductions in overall budgets, furloughing or reductions in force of staff or other similar documented actions by the local governing authority which have resulted in severe budget reductions. A match waiver request must be submitted as a separate attachment to the application and titled as the "Match Waiver."

NOTE: The budget detail should distinguish the cash matched funds, using an asterisk to show what amount of the budget is cash.

The formula for calculating the match is:

Required Recipient's Match Percentage (10%) x Requested Grant Amount = Required Match

**Example:**

10 percent match requirement: for a state award amount of \$100,000, match would be calculated as follows:

$$10\% \times \$100,000 = \$10,000 \text{ match}$$
$$\text{Total Project Budget} - \$110,000$$

## ***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. **Requests for normal operating funds will NOT be favored.**

### **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 described project/expansion;
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.

Only complete applications received by the deadline will be reviewed. **When an application is submitted to 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, furniture, incentives, monthly cell phone charges and grant administrative overhead. If you request ordinary operating expenses you must prove a true need. **\*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

Generally, supplanting occurs when a local government or program reduces local or other available funds for an activity specifically because state funds are available (or expected to be available) to fund that same activity. When supplanting is not permitted, any State grant funds may not replace any local, or other available funds that have been appropriated or allocated for the same purpose. In those instances when a question of supplanting arises, the applicant or grantee will be required to substantiate that the reduction in non-state resources occurred for reasons other than the receipt or expected receipt of state funds.

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

### **Grant Acceptance**

Grantees must accept or reject the grant award with original signatures and required forms no later than December 31, 2014. 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 supplemental 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 no later than December 31, 2014.

**One half of all awarded funding must be spent each quarter for awards effective January 1, 2015. 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.

### **Veteran's Courts**

Veteran's courts may receive federal funding and will have some additional special conditions. In order for a veteran's court to be eligible for funding, the court must do the following:

- Attend the veteran's court training (see [www.gaaccountabilitycourt.org](http://www.gaaccountabilitycourt.org)).
- Participate in an evaluation.
- May have to submit additional federal reporting elements to CJCC.

**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)

Family Dependency Treatment Court

Other Please explain:  
\_\_\_\_\_

4. What counties does/will your program serve?

County	# of Participants from County (as of 10/1/14)	How often do you hold accountability court in this county?	% of budget that comes from this county

6. Indicate the type of funding your court was awarded (FY'15 ONLY) and the amount you are asking for in this application:

Amount Previously Awarded Through ACFC/CJCC	Amount Asking For in This Grant Application
\$	\$

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

8. Number of active participants (not including those who are AWOL) as of October 1, 2014 (for FDTC, please list 1) the total number of parents and 2) the total number of children) \_\_\_\_\_

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

10. If your program is not at capacity, why not? \_\_\_\_\_  
\_\_\_\_\_

11. Please list the day of the week and time of your staffing and court session (ex. Staffing = Mondays at 2 pm; Court = Mondays at 3 pm or every other Monday at 2 and 3 pm.) \_\_\_\_\_  
\_\_\_\_\_

12. 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>

Is your coordinator a full time employee of the accountability court? \_\_\_\_\_ If not, please explain who employs the coordinator. \_\_\_\_\_

**Court Prosecutor:**

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

**Defense Attorney:**

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

**Treatment Provider:**

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

**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. Veteran’s Courts should include a VA rep/VJO and mentor coordinator.**

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

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

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

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

## **SECTION V: NARRATIVE**

Please fully describe your request/project/expansion. Explain why your request can not be funded using other funding sources and why it was not requested in your original FY'15 grant request. You may attach additional pages, if needed. **Please also include all current sources of funding your program currently receives.** Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.*

## **SECTION VI: BUDGETS**

### **Budget Detail**

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds (please indicate with an \* which funds are matching). It is not necessary to 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. If you need additional space, please attach an additional page.

### **Budget Priority Form**

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please list the budget items you requested in the order of funding priority. Please use the same wording you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

### **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, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software, construction projects, vehicles or 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. Be sure to include the required 10% cash match. Please place an \* by the cash matches.

1. Total program expenditures (annual cost): \$ \_\_\_\_\_
2. What is your fiscal year (ie. Jan to Dec or July to June): \_\_\_\_\_
3. Total amount of donations received in an average year (please estimate if necessary): \_\_\_\_\_

Please list your funding sources and amount of funds they provide your court on an annual basis (the total should equal the answer to the first question in this section).

Funding Source	Amount
Total:	\$ _____

## BUDGET DETAIL WORKSHEET

**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. Contract Personnel should be listed under "E. Other" category.

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.

Position Title/Name of Employee	Benefit	Title	Calculation	Budget
---------------------------------	---------	-------	-------------	--------

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

Narrative:

**B. 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. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "C. Supplies".

Item	Purpose	Calculation	Budget
------	---------	-------------	--------

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

Narrative:

**C. Supplies.** List items by type (e.g. printing, office supplies, postage, copier usage, training supplies, brochures, manuals, audio/video, equipment under \$5,000). Show budget calculation.

**Item**

**Calculation**

**Budget**

**Narrative:**

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



**D. Travel.** Funds must be budgeted in compliance with the State of Georgia Statewide Travel Regulations.

<b>Purpose</b>	<b>Location</b>	<b>Traveler's Name/Title</b>	<b>Calculation</b>	<b>Budget</b>
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**Narrative:**

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

**E. 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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**Narrative:**

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

**E. (1) Contract Personnel.** Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly rate multiplied by the estimated number of hours. (If you are requesting funding for contract employees such as treatment providers, surveillance officers, lab technicians etc. they should be listed here.)

Service Provided	Name	Calculation	Budget
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TOTAL: \$ \_\_\_\_\_

Narrative:

**E. (2) Drug Tests/Testing Supplies.** List items by type. Show budget calculation(s).

Item	Calculation	Budget
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TOTAL: \$ \_\_\_\_\_

Narrative:

## Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same wording you used on the budget detail form so we can match up your request.

**Example:**

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	E (1)	Treatment Provider	\$50,000
3.	E (2)	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			