



# CRIMINAL JUSTICE COORDINATING COUNCIL

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*Nathan Deal*  
Governor

*Jacqueline Bunn*  
Executive Director

## Accountability Court Grant Program Waiver Request Form for 2<sup>nd</sup> Quarter Funds

According to the Special Conditions of the Accountability Court grant award,

***“A quarter of the awarded funding must be spent each quarter. Any unused funds each quarter end will be retained by the Council to be managed by the Accountability Court Funding Committee.”***

As such, if your court did not expend ***and*** request reimbursement for 25% of the original award amount for the 2<sup>nd</sup> quarter, any unexpended funds for the quarter will be de-obligated and reallocated to ensure optimal utilization of appropriated state grant funds.

If your agency expended grant funds during the quarter that have not been accounted for in your reimbursement requests, or if there are extenuating circumstances that warrant consideration, you must submit this form ***along with supporting documentation*** to substantiate your request to retain any unexpended 2<sup>nd</sup> quarter funds.

**Please note:** The Funding Committee will ***only*** consider the explanations/exceptions below when determining whether or not a grantee can retain unexpended funds. Please select from the options below the applicable circumstance for your submission of this waiver.

- Funds encumbered during the quarter (supporting documentation required for consideration (e.g., invoices))
- Natural disaster that substantially affected your agency's operations
- Other (provide a brief explanation on a separate sheet of paper)

This waiver request and the supporting documentation **must** be submitted ***no later*** than **January 9**. In addition, the grantee must submit a written explanation of the event(s) that prevented the grantee from fully expending 25% of the original award amount.

**Please list the amount you are requesting to be waived. Waiver Amount \$ \_\_\_\_\_**

Project Name: \_\_\_\_\_ Sub grant Number: \_\_\_\_\_

Signature of Authorized Official or Project Director*	Title	Date
<small>*By signing this document, I am certifying that the information listed above is true and accurate.</small>		

-----**FOR CJCC USE ONLY**-----

	Approval	Disapproval	Reviewer Signature	Date
Reviewed by:	_____	_____	_____	_____