



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 '13 Application Packet

Eligibility

Applicants are limited to local entities for new and existing Accountability Courts. Grant funds will go to support new and existing Accountability Courts as follows: felony accountability courts; DUI, family and juvenile courts; and collaborative pilot projects with the Department of Corrections.

Deadline

Applications are due by 5:00 p.m. on Friday, September 21, 2012.

Available Funding

\$ 9,383,682 for felony accountability courts
\$1,500,000 for DUI, family and juvenile accountability courts
\$750,000 for collaborative pilot projects with DOC

Award Period

October 1, 2012 through June 30, 2013.

Webinar

September 6, 2012, 1:30pm. Details will be e-mailed and posted on www.gaaccountabilitycourts.org.

Contact Information

For assistance with the requirements of this solicitation, contact:

Lori M. Jourdain, Accountability Court Funding Committee at lorimjourdain@gmail.com

Release Date: August 24, 2012

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 grant application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described in Appendix A.

Submitted by: _____
Judge

Court Date

State of Georgia Accountability Court Funding Program FY '13 Application Packet

SECTION I: OVERVIEW AND INSTRUCTIONS

Criminal Justice Coordinating Council

The Criminal Justice Coordinating Council (the Council) has been 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 complete this form and email it along with the required attachments to CJSI@cjcc.ga.gov on or before September 21, 2012. **This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this GAC funding year.** This application form and the Council-provided budget detail worksheet are available on the Council's website at <http://cjcc.ga.gov> and are the only acceptable formats for submitting the narratives and budget for this GAC funding year.

Circuit-Wide Coordinator

Each circuit must identify one person who will serve as liaison between the CJCC and all other Accountability Courts in their circuit. The Circuit-Wide Coordinator will serve as the CJCC contact person for all questions or issues they have regarding Accountability Courts in your circuit. Please identify the ONE person from your circuit that has agreed to serve in this capacity. All other Accountability Courts seeking grant approval from your circuit must identify the same person.

Circuit Name: _____

Circuit-Wide Coordinator's Name: _____

Title: _____

Contact Number: _____

Email Address: _____

SECTION II: APPLICATION 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 the funds you are requesting through this grant.

Existing Courts

Answer all of the questions in sections IV through VII. In section V, please answer only the subsection that applies to your court.

Implementation Courts

Answer all of the questions in sections IV through VII to the best of your ability. In section V, please answer only the subsection that applies to your court. The committee understands that you may not have answers to all of the questions yet, but expects that you have thought through all of the issues related to each question. You do NOT need to respond to the Performance Measure questions (section IV, #40-46).

Application Review

Applications will be reviewed and assessed by the Accountability Court Funding Committee members and its designated representatives who will be considering 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.; and
5. Adequate correlation between the cost of the project and the objective(s) to be achieved.

Only complete applications received by the deadline will be reviewed. **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, pay supplements for state or county paid employees, office space, furniture (existing courts only), and grant administrative overhead.

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.

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 federal and 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 third of all 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. This is a reimbursement grant. If awarded funds, your court will be regularly required to submit check stubs and copies of invoices to CJCC for reimbursement.

Training is REQUIRED for each court that accepts grant funding. Please see Appendix A for the training dates and required attendees. Expenses for training will be reimbursed by the council.

Reporting Requirements

Recipients of this FY'13 grant award will be required to complete and submit quarterly report 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 Court/Circuit:

2. Type of Accountability Court:

- Adult Felony Adult Mental Health Veteran's Felony Family Violence
 Hybrid Felony Drug Court / DUI Hybrid Felony / Mental Health
 DUI Juvenile Family Dependency Juvenile Mental Health

3. What counties does/will your program serve?

County	# of Participants from County (as of 7/1/12)	How often do you hold accountability court in this county?	% of budget that comes from this county

4. If you are a felony drug court, has your team attended the Drug Court Planning Initiative (DCPI) training conducted by the National Drug Court Institute (NDCI)? Yes No
 If yes, when did you attend? _____

If you are a veterans court, has your team attended the Veterans Court training seminar offered by NADCP? Yes No
 If yes, when did you attend? _____

5. Indicate the type of funding and amount of funding (October 2012-June 2013) for which you are applying:

Implementation	Operational
<input type="checkbox"/> \$	<input type="checkbox"/> \$

1. When did/will your program begin? _____

Number of active participants (not including those who are AWOL) as of July 1, 2012
 (for FDTTC, include the number of parents and children) _____

What is the participant capacity (or anticipated capacity for new courts) of your program
 (how many participants can you realistically and effectively serve) ? _____
 If your program is not at capacity, why not?

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7. Please Provide the Following Information:

Court:

Name	
Street	
City, State, Zip	
Phone/ Fax	
EIN	

Judge:

Name			
Phone/ Fax			
Email	<table border="1"> <tr> <td>Attends Staffing?</td> </tr> <tr> <td>Attends Court/Status Hearings?</td> </tr> </table>	Attends Staffing?	Attends Court/Status Hearings?
Attends Staffing?			
Attends Court/Status Hearings?			

Coordinator:

Name			
Phone/ Fax			
Email	<table border="1"> <tr> <td>Attends Staffing?</td> </tr> <tr> <td>Attends Court/Status Hearings?</td> </tr> </table>	Attends Staffing?	Attends Court/Status Hearings?
Attends Staffing?			
Attends Court/Status Hearings?			

Court Prosecutor:

Name	
Phone/ Fax	
Email	Attends Staffing? Attends Court/Status Hearings?

Defense Attorney:

Name	
Phone/ Fax	
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	
Phone/ Fax	
Email	Attends Staffing? Attends Court/Status Hearings?

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

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

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

8. Do you have a local steering committee/advisory group? _____.

9. Does your court have an independent 501(c)3? _____ If not, why not?

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10. Does your court have a formal policy on staff training requirements and continuing education?
 _____ If yes, briefly describe the policy.

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11. What training has your court attended in the past year?

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Operating Questions

12. Describe your target population.

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13. Describe your eligibility criteria.

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14. How many staffings do you conduct per month? _____ How often are your status hearings/court sessions?

15. On average, how long does the judge spend with each participant during the status review (court session)?

16. Does each participant receive a Participant Handbook upon entry into the program? _____ If yes, how is the receipt of the program handbook verified?

17. Does each participant receive counsel from an attorney prior to admittance to an accountability court? _____ Are defense counselors available to advise defendants about their decision to enter the program? _____ Are defense counselors present at status hearings/court sessions? _____

18. Does an eligible participant receive a harsher punishment than a non-eligible participant if he/she chooses not to participate in the accountability court program?

19. Is there a case management plan for each participant? _____ If yes, how often is it updated?

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

21. Is there a formal system of sanctions and incentives? _____ Please describe your sanctions and incentives system.

Are they organized on a gradually escalating scale?

22. Does your court have field supervision/surveillance? _____ On average, how often is each participant visited by surveillance? _____ On average, how long is the unannounced visit? _____

23. Do you use exit surveys for graduating participants? _____ Terminated participants? _____

24. Do you use surveys throughout the participant's life in accountability court to determine participant progress, success and satisfaction?

25. Has a process and outcomes evaluation been conducted on your court? _____ If yes, when? _____ Who was the evaluator? _____

26. What case management program does the coordinator use?

Clinical Questions

27. What is your clinical eligibility criteria?

28. What clinical screening tools does your court use (ie, TCUDS, ASI, SASSI-2, etc)?

29. What risk/needs assessment tools does your court use (e.g., LSI-R, COMPAS)?

30. How do you determine what level of treatment is needed (e.g., ASAM, etc)?

31. What type of treatment does your court use? (e.g., RPT, MET, etc)?

32. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of recidivism)? _____ What is used (e.g., MRT, TFAC, etc)?

33. How often does the coordinator monitor (sit in on) treatment?

34. How does the court ensure fidelity to the chosen tools/models?

35. Does your program have a treatment plan for each individual participant? _____
How often is it updated? _____

Timing/General Questions

36. What is the average length of your program?

37. What is the average length of time:

From arrest to entry into the program/For FDTCs, please list the average time from referral date to entry into the program? _____

From when a person is determined to be eligible for the program until he/she starts treatment? _____

From referral to admission to the program? _____

From a participant's admission into the court and permanent exit? _____

38. Do all participants have contact with case management personnel at least once per week during the first 12 months of treatment to review status of treatment and progress?

39. 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	Number of active participants in this phase (as of 9/1/12)

Performance Measures (Implementation courts should skip questions 40-46.)

40. List the number and percentage of moderate _____/_____% and high risk participants _____/_____% . List the number and percentage of moderate _____/_____% and high needs participants _____/_____%.

41. List the number of drug screens administered the past year (7/1/11 – 6/30/12).

Fill out the chart below for all of the positive screens within the past year.

Number of positive drug screens*. *A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.	Cut off level for -amphetamine -cocaine	
	Positive screen above cut off level (for any drug)	
	No Show	
	Not producing a sample in a reasonable period of time	
	Diluted	
	Refusal	
	Admitting to Use	
	Total	

42. Program Outcomes (from the inception of the accountability court):

- Number of days of continuous sobriety (cumulative) _____
- Number of clean and sober days (individual range) _____
- Employment Rate: _____
- Percentage of participants employed at start of program _____
- Percentage of participants employed at graduation _____
- Percentage of participants who successfully exit the program _____
- Percentage of participants who do not successfully complete the program (terminations, voluntary withdrawal, death/other) _____

43. Units of service.

- _____ Total number of court sessions in the past year.
- _____ Total number of days of inpatient treatment in the past year.
- _____ Number of hours of treatment scheduled within the past month.
- _____ Number of scheduled treatment hours attended within the past month.

44. Number of people screened for the program in the past year (7/1/11-6/30/12)? _____
 Number of participants accepted in the past year (7/1/11-6/30/12)? _____

45. Please list:

- Number of graduates as of 7/1/12 _____
- Number of graduates/certificates of participation awarded from 7/1/11 to 6/30/12?

- Total number of participants admitted since program start up? _____ In past year?

46. For FY'12 (July 1, 2011 through June 30, 2012), provide the following information:

Daily cost of incarceration in county jails or YDC for counties served by your court. List each county that your court serves separately.

Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court. _____

Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court. _____

Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program. _____

Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program. _____

Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program. _____

Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.

Number of participants who were terminated. _____

Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.) _____

Number of participants who entered the program. _____

Drug Testing

47. Is your drug testing random? _____ How do you ensure that the drug testing is random?

48. For what drugs do you routinely screen?

What drug testing company do you use (Siemens, Redwood, etc.)?

49. Are all of your urine screens observed? _____ Who observes the urine sample?
_____ Have they had training? _____ Are they the
same sex as the participant? _____

50. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

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

52. Are creatinine violations considered positives? _____ Are unexcused, missed screens considered positive? _____

SECTION V: COURT SPECIFIC

Please answer the appropriate section of questions for your type of court. If you have a hybrid court, answer all of the sections appropriate for your court.

Felony Drug Courts: (includes Veterans Courts)

1. Does your treatment provider provide the court with weekly, written reports on participant progress? _____

2. Does your program offer: (check all that apply) _____ group counseling _____ individual counseling _____ drug testing?

3. Does your program offer: (check all that apply) _____ family counseling _____ gender specific counseling _____ domestic violence counseling _____ health screens _____ assessment and counseling for co-occurring mental health issues?

4. Does your program offer: (check all that apply) _____ employment counseling and assistance _____ educational component _____ medical and dental care _____ transportation _____ housing _____ mentoring _____ alumni groups? Please list any other additional services your program offers:

Mental Health (MH) Courts: (includes Juvenile and Magistrate MH Courts)

1. Tell us about what organizations and agencies you cooperate with in your community? Are there memorandums of understanding between your court and anyone else, please elaborate.

2. Who sends referrals to your court?

3. What measures are in place in your program to ensure that a defendant does not spend more time in the MH program than the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process?

4. Describe your guidelines for the identification and expeditious resolution of competency concerns.

5. Explain how the following services are provided to participants, either directly (D) or by linking to outside providers (OP):

_____ medication _____ counseling _____ substance abuse treatment
_____ financial benefits _____ housing _____ crisis interventions services
_____ peer support _____ case management _____ MRT
_____ other evidence based treatment

6. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

7. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

8. Attach a copy of your release forms. _____

9. How do you comply with Standard VIII.5 concerning periodic review and revision of court processes?

10. Performance measures (July 1, 2011 – June 30, 2012):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of scheduled therapeutic sessions attended

_____ Percent of participants who are homeless or not, at exit of program, by living status at entry

_____ Percentage of time that information relevant for discussion at the pre-docket meeting is available to the team

_____ Percentage of time that a mental health court representative was notified within 24 and 48 hours that a participant in the program was arrested

_____ Percentage of participants who receive the highest/lowest level of services and supervision and whether those are the same participants who are designated as having the highest/lowest needs

_____ Percentage of participants who reoffend within 2 years after exiting the MH court

If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with standard.

DUI Courts:

1. How do you determine the right type and length of treatment for each participant?

2. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period?

3. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support

4. How do you caution the participants against driving without a license?

5. What have you done to ensure the sustainability of your court?

Family Dependency Treatment Courts:

1. Within the past year, please list:

- _____ Number of graduates with new founded DFCS reports
- _____ Number of graduates with new DFCS reports
- _____ Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program
- _____ Number of drug-free babies born while participant was active in program or to graduate of the program.
- _____ Number of reunifications that occurred while the participant was active in the program (Include removals prevented due to entry into the program).
- _____ Number of graduates with new or substantiated child abuse and/or neglect DFCS reports.

2. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.)

3. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

4. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

5. Is there a structured systematic assessment provided for the children in your program? _____

6. Was your program capacity determined by formula or by service limitations? _____

7. What challenges has your program experienced in the past year and how has your team overcome them?

8. Does treatment communicate with court via email? _____

9. Do you allow non-drug charges? _____

10. Does your program work with 2 or fewer treatment agencies? _____

11. In order to graduate, are clients required to have a job or be in school? _____

12. In order to graduate, are clients required to have a sober housing environment? _____

13. Did the presiding Judge of the program volunteer? _____
Is the Judge's term over the program indefinite? _____

14. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

15. Do you have a structured written training program for new members of the team? _____

Juvenile Courts:

1. Are all participants required to be enrolled in school or a GED program? _____

2. What is the annual cost savings brought about by your participants not being in YDC?

3. What percentage of your participants' parents are mandated to attend court sessions _____

4. What percentage of your participants' parents are mandated to participate in treatment? _____

5. Does your program offer: (check all that apply) _____ gender specific counseling
_____ domestic relations or family counseling _____ mental health treatment _____
parenting classes _____ anger management classes

6. Does your court receive assistance from the following? If not please explain

_____ Local Churches

_____ Civic Groups, Elks Club, Kiwanis, Rotary, etc

_____ Junior League

_____ Local college or school groups

_____ Any others

SECTION VII: 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.

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, pay supplements for state or county paid employees, office space, furniture (existing courts only), 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.

- A. (1) 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:

(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.

<u>Position Title/Name of Employee</u>	<u>Benefit Title</u>	<u>Calculation</u>	<u>Budget</u>
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TOTAL \$ _____

Narrative:

B. Travel Funds must be budgeted in compliance with *State of Georgia Statewide Travel Regulations*. Itemize travel expenses of program personnel by category (e.g. 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 airfare, \$X lodging, \$X meals/incidentals).

<u>Purpose</u>	<u>Location</u>	<u>Calculation</u>	<u>Budget</u>
-----------------------	------------------------	---------------------------	----------------------

TOTAL \$ _____

Narrative:

C. 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.

<u>Item</u>	<u>Purpose</u>	<u>Calculation</u>	<u>Budget</u>
--------------------	-----------------------	---------------------------	----------------------

TOTAL \$ _____

Narrative:

D. Supplies List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies. Show budget calculation.

Item

Calculation

Budget

TOTAL \$ _____

Narrative:

E. Printing List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation.

Item

Calculation

Budget

TOTAL \$ _____

Narrative:

F. (1) Other/Miscellaneous List items by type (e.g. utilities, copier rental/lease, postage meter, insurance, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services- indicate if DOAS is provider). Show budget calculation(s).

<u>Item</u>	<u>Calculation</u>	<u>Budget</u>
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TOTAL \$ _____

(2) Other/Consultants

a. Consultant Fees 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.

<u>Name</u>	<u>Service Provided</u>	<u>Calculation</u>	<u>Budget</u>
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Sub-TOTAL \$ _____

b. Consultant Expenses List anticipated expenses of consultants by type (e.g. travel, meals, and lodging).

<u>Item</u>	<u>Calculation</u>	<u>Budget</u>
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Sub-TOTAL \$ _____

Narrative:

SECTION VIII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- _____ Policy and Procedure Manual (must include eligibility requirements/criteria and sanctions/ incentives table. If it does not, these need to be attached separately)
- _____ Participant Handbook
- _____ Treatment Curriculum
- _____ Release Forms (Mental Health Courts ONLY)

Appendix A: FY'13 Training

Requirements

Training is required for each court that accepts funding as follows:

Existing Court Requirements

Felony Drug Court:

- LSI-R
- CBI
- MRT
- Tune-up (once every 3 years)
- Co-occurring Disorder (optional)

Mental Health Court:

- CSG
- LSI-R
- CBI (optional)
- MRT (optional)
- Co-occurring Disorder (optional)

DUI Court:

- Tune-up (once every 3 years)

Family Court:

- LSI-R
- CBI
- MRT
- Tune-up (once every 3 years)
- Co-occurring Disorder (optional)

Juvenile Court:

- No training currently required

Hybrid Court:

- Attend all that apply

Implementation Court Requirements

Felony Drug Court:

- Implementation (includes LSI-R)
- CBI
- MRT
- Co-occurring Disorder (optional)

Mental Health Court:

- CSG
- LSI-R
- CBI (optional)
- MRT (optional)
- Co-occurring Disorder (optional)

DUI Court:

- No training currently required

Family Court:

- LSI-R
- CBI
- MRT
- Co-occurring Disorder (optional)

Juvenile Court:

- No training currently required

Hybrid Court:

- Attend all that apply

Schedule

Dates and locations are tentative. Please refer to www.gaaccountabilitycourts.org after September 5, 2012 for confirmation and registration details.

<u>Training</u>	<u>Date</u>	<u>Location</u>	<u>Who Should Attend</u>
LSI-R	Oct 16, 2012	Gainesville	Coordinator and/or Treatment Provider
LSI-R	Oct 23, 2012	Savannah	Coordinator, Treatment Provider
LSI-R	Oct 30, 2012	Macon	Coordinator, Treatment Provider
CBI	Nov 6-8, 2012	Atlanta	Treatment Provider
Implementation	Nov 12-16, 2012	Peachtree City	Judge, Prosecutor, Defense Council, Coordinator, Treatment Provider, Probation/Supervision, Law Enforcement, Evaluator/Researcher (optional)
CBI	Nov 27-29, 2012	Atlanta	Treatment Provider
Tune-up Family Court	Jan 24-25, 2013	Peachtree City	Judge, Prosecutor, DFCS Attorney, Parent Attorney, Coordinator, Treatment Provider, DFCS Representative
Tune-Up Felony DC	Feb 7-8, 2013	Peachtree City	Judge, Prosecutor, Defense Council, Coordinator, Treatment Provider, Probation/Supervision, Law Enforcement
Co-occurring Disorder	Mar 14-15	Peachtree City	Entire Team
Tune-up DUI Court	Mar 25, 2013	Peachtree City	Judge, Prosecutor, Defense Council, Coordinator, Treatment Provider, Probation/Supervision, Law Enforcement
MRT	April 8-11	Gainesville	Treatment Provider
MRT	April 15-18	Savannah	Treatment Provider
MRT	April 22-25	Macon	Treatment Provider
CSG	May 22-23	Ann. Conf.	Entire Team