



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 Solicitation Packet

Eligibility

Applicants are limited to local entities for new and existing Accountability Courts. Felony Court submissions are limited to one application per circuit, per court type (i.e. Adult Drug, Veterans, or Mental Health Court). State, Magistrate and Juvenile Court submissions are limited to one application per county, per court type (i.e. DUI, Family Dependency Treatment, Juvenile Drug, or Juvenile Mental Health Court).

Deadline

Applications are due by 5:00 p.m. on Monday, April 8, 2013.

Available Funding

The amount available for distribution will be determined by the legislature in the 2013 session.

Award Period

July 1, 2013 through June 30, 2014.

Webinar

March 13, 2013. Details will be e-mailed and posted on www.gaaccountabilitycourts.org. There will also be an optional, in person workshop on March 20, 2013. Please see the website for details.

Contact Information

For assistance with the requirements of this solicitation, contact: [Lori M. Jourdain](mailto:Lori.M.Jourdain@accountabilitycourts.org), Accountability Court Funding Committee at lorimjournain@gmail.com.

Release Date: March 8, 2013

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.

Submitted by: _____
Judge

Court Date

State of Georgia

Accountability Court Funding Program

FY '14 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 Solicitation Packet in its entirety, complete a Request for Funding Application (Sections IV – VII) and submit the completed application, including the requested information and all required attachments, using the link on the Council's website at cjcc.georgia.gov on or before 5 p.m., April 8, 2013. This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this GAC funding year. Any application that does not adequately answer all applicable questions will be considered incomplete and will not be reviewed for funding.

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.

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, #37-44).

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.

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, 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.

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 wishing to accept FY14 funding must submit signed Acceptance Letters and Special Conditions to the CJCC Office by 5 p.m., June 28, 2013. The Accountability Court Funding Committee will assume your court rejects its FY14 award if these acceptance documents are not received by this submission deadline.

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 by 5 p.m., June 28, 2013 (see above).

One fourth 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 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 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 10 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:

- | | |
|--|--|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Family Dependency Treatment Court |
| <input type="checkbox"/> Veteran’s Court (please also select either drug court or mental health court) | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

4. What counties does/will your program serve?

County	# of Participants from County (as of 1/1/13)	How often do 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 type of funding and amount of funding (July 2013 – June 2014) for which you are applying (not your entire budget):

New Courts	Existing Courts
<input type="checkbox"/> \$	<input type="checkbox"/> \$

7. When did/will your program begin? _____

8. Number of active participants (not including those who are AWOL) as of January 1, 2013 (for FDTC, include the total number of parents **and** 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 Provide the Following Information:

Court:

Name	
Street	
City, State, Zip	
Phone/ Fax	
EIN	

Judge:

Name	
Email	<input type="checkbox"/> Attends Staffing? <input type="checkbox"/> Attends Court/Status Hearings?

Coordinator:

Name	
Phone/ Fax	
Email	<input type="checkbox"/> Attends Staffing? <input type="checkbox"/> Attends Court/Status Hearings?

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/Agency	
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. Juvenile Drug Courts must include a school system representative/liaison.

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>

12. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____.

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

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

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

—

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

Operating Questions

17. Describe your target population.

18. Describe your eligibility criteria.

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

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

21. Does your court have regular field supervision/surveillance? _____ On average, how often is each participant visited by surveillance? _____ On average, how long is the unannounced visit? _____ Are your surveillance officers P.O.S.T. certified? _____

22. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? If no, why not?

23. What case management software program does the program coordinator use?

24. What is your annual treatment cost? _____

Clinical Questions

25. What is your clinical eligibility criteria?

26. What clinical screening tools does your court use (e.g., TCUDS, ASI, SASSI-2, etc)?

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

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

29. What type of evidence based treatment does your court use? (e.g., CBI, MRT, etc)?
30. 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)?
31. How does the court ensure that the chosen tools/models are used consistently and faithfully?
32. How often does the program coordinator monitor (sit in on) treatment?
33. Does your program have a treatment plan for each individual participant? _____ How often is it updated? _____
34. Do 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) Do 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

35. What is the average length of your program?

36. 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 1/1/13)

Performance Measures - (Implementation courts should skip questions 37-44.)

37. **For Adult Drug Court, Adult Mental Health Court and Family Drug Court ONLY.** Using LSI-R data from 1/1/13 through 2/28/13, list the number and percentage of moderate _____/_____% and high risk participants _____/_____. List the number and percentage of moderate _____/_____% and high needs participants _____/_____%.

38. List the number of drug screens administered the past year (1/1/12 – 12/31/12).

39. 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 -creatinine	
	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	

40. Program Outcomes (from the beginning of your program):
 a. Percentage of employable (not on disability) participants employed at start of program

(to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)

b. Percentage of employable (not on disability) participants employed at graduation _____

(to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)

c. Percentage of participants who successfully exit the program _____

d. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other) _____

e. Number of drug free babies born to participants _____

41. Units of service.

a. _____ Total number of court sessions in the past year.

b. _____ Total number of days of inpatient treatment in the past year.

c. _____ Number of hours of treatment scheduled within the past month.

d. _____ Number of scheduled treatment hours attended within the past month.

42. Number of people screened for the program in the past year (1/1/12 – 12/31/12)? _____

Number of participants accepted in the past year (1/1/12 – 12/31/12)? _____

43. Please list:

a. Total number of graduates as of 12/31/12 _____

b. Number of graduates/certificates of participation awarded from 1/1/12 – 12/31/12?

c. Total number of participants admitted since program start up? _____

d. Average age of your participants (at entry into the program) _____

e. Average age participants began abusing drugs? _____

44. For CY'12 (January 1, 2012 through December 31, 2012), provide the following information:

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

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

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

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

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

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

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

h. Number of participants who were terminated. _____

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

Drug Testing

45. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

46. For what drugs do you routinely screen? _____
_____ What drug testing company do you use (Siemens, Redwood, etc.)? _____

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

48. 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? _____

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

50. Are creatinine violations considered positives? _____ If not, why not? _____
_____ Are unexcused or missed screens considered positive? _____

SECTION V: COURT SPECIFIC

Please answer the appropriate section of questions for your type of court. You should answer ALL of the questions in each section that you checked in question #3.

Felony Drug Courts:

51. Does your treatment provider provide the court with weekly, written reports on participant progress? _____
52. Does your program offer: (check all that apply) _____ group counseling _____ individual counseling _____ drug testing?
53. 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?
54. 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 Courts: (includes all levels of Courts)

55. Tell us about what organizations and agencies you partner with in your community? Are there memorandums of understanding between your court and anyone else, please elaborate.
56. Who sends referrals to your court?
57. 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?
58. Describe your guidelines for the identification and expeditious resolution of competency concerns.

59. Explain how the following services are provided to participants, either directly (D) and/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

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

61. 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?

62. How do you comply with Standard VIII.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

63. Performance measures - January 1, 2012 - December 31,2012):

- a. _____ Percent of scheduled judicial status hearings attended by the participant
- b. _____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

64. 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 this standard.

DUI Courts:

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

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

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

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

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

Family Drug Courts:

70. Within the past year, please list:

- a. _____ Number of graduates with new DFCS reports
- b. _____ Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program
- c. _____ Number of drug-free babies born while participant was active in program or to a graduate of the program.
- d. _____ Number of days that participants' children have been kept out of foster care.

71. 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.)

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

73. 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?

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

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

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

77. Does treatment communicate with court via email? _____

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

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

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

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

Juvenile Courts:

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

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

84. What percentage of your participants' parents are mandated to attend court sessions?

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

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

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

_____ Local Churches or Faith Based Organizations _____

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

_____ Junior League _____

_____ Local college or school groups _____

_____ Any others _____

SECTION VI: 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.

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
Program Coordinator:		
Administrative Assistant:		
Case Manager 1:		
Case Manager 2:		
Other:		
		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. 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.

Service Provided	Name	Calculation	Budget
Treatment Provider			
Surveillance/Compliance Officer			
Lab Technician			

TOTAL \$ _____

Narrative:

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

Item	Calculation	Budget
Drug Tests		
Drug Test Supplies		

TOTAL \$ _____

Narrative:

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

Item	Calculation	Budget
Office Supplies		

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.

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

TOTAL \$ _____

Narrative:

F. Travel. Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by routing slip, receipt, and other supporting documents. FY14 Annual Conference travel expense will be determined by the ACFC at the time awards are made.

Purpose	Location	Traveler's Name/Title	Calculation	Budget
Circuit				
AOC Annual Conference				

TOTAL \$ _____

Narrative:

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

Item	Calculation	Budget

TOTAL \$ _____

Narrative:

SECTION VII: ATTACHMENTS

Required Forms

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

Certification for Accountability Court Funding (page 2) – signed and dated by the accountability court judge

Treatment Provider's Curriculum Certification(s) - CBI, MRT, Thinking for a Change etc., training certificates

Treatment Curriculum – this is a treatment plan designed by your treatment provider specifically for your court. This is NOT a copy of the treatment handbook.

Treatment Verification Page (page28) – for Felony Drug Courts ONLY

Georgia's Felony Drug Court Treatment Standards & Practices

Verification of Delivery/Receipt

To achieve the goal of creating a statewide system of Accountability Courts in Georgia, Georgia's Adult Felony Drug Courts shall adhere to standards and recommendations for operation. Key Component #4, Sub-Section 8 of the Georgia Adult Felony Drug Court Standards states: "Treatment shall include standardized evidence-based practices (see Georgia Adult Drug Court Treatment Standards and Practices) and other practices recognized by NREP."

Therefore, to insure compliance with standards, a copy of *Georgia's Drug Court Treatment Standards & Practices is provided by the Felony Drug Court employee (Judge or Independent Program Coordinator) to the court's primary contracted treatment professional for his/her reference when developing and implementing a standardized evidence-based practice for delivery to the Felony Drug Court's program participants.



Felony Drug Court Name: _____

Address: _____

Felony Drug Court Employee Name: _____ Title: _____

Felony Drug Court Employee's Signature: _____ Date: _____

Verifies delivery of Georgia's Drug Court Treatment Standards and Practices to primary treatment professional.



Treatment Provider's Corporate Name: _____

Address: _____

Primary Treatment Professional's Name: _____ Title: _____

Primary Treatment Professional's Signature: _____ Date: _____

Verifies receipt of Georgia's Drug Court Treatment Standards and Practices from Felony Drug Court employee.



* A copy of Georgia's Drug Court Treatment Standards & Practices can be found under the 'FY14 Grant' tab on the Accountability Court Funding Committee's website: www.gaaccountabilitycourts.org

(Both parties are encouraged to keep an original copy of this verification.)