



CRIMINAL JUSTICE COORDINATING COUNCIL

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
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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'15 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) unless the courts are distinctly different as evidenced by different team members. State, Magistrate and Juvenile Court submissions are limited to one application per county, per court type (i.e. DUI, Family Dependency Treatment, Misdemeanor Drug, Juvenile Drug, or Juvenile Mental Health Court).

Deadline

Applications are due by 5:00 p.m. on Friday, March 28, 2014.

Available Funding

The amount available for distribution will be determined by the legislature in the 2014 session. There is a 10% cash match requirement. *Please note: this match will likely increase every year.*

Award Period

July 1, 2014 through June 30, 2015.

Grant Assistance

There will be an optional meeting to discuss the changes in the grant application. Details will be e-mailed and posted on www.gaaccountabilitycourts.org.

Release Date: February 14, 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.

Submitted by: _____
Judge

Court

Date

State of Georgia

Accountability Court Funding Program

FY '15 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 Funding Committee (ACFC) 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 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., March 28, 2014. This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this funding year. 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:

1) Total Project Budget x Match Requirement Percentage = Match Requirement

2) Total Project Budget – Match Requirement = Amount of Grant Request

Example: For a project with a total budget of \$100,000 and a 10% Match Requirement Percentage:

1) \$100,000 x 10% = \$10,000 (Match Requirement)

2) \$100,000 - \$10,000 = \$90,000 (Grant Request)

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 attend training and submit a proposed budget/narrative for all funds requested through this grant.

Existing Courts

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

Implementation Courts

Answer all of the questions in sections IV through VI 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, #38-45).

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 ACFC 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, case management software, utilities, vehicles 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

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 wishing to accept FY'15 funding must submit signed Acceptance Letters and Special Conditions to the CJCC Office by 5 p.m., June 23, 2014. The Accountability Court Funding Committee will assume your court rejects its FY'15 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 23, 2014 (see above).

One fourth of all awarded funding must be requested in that quarter's SER each reporting period. This means that the expenditure must be paid by your local funding agency and CJCC reimbursement has been requested within that reporting period. 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'15 grant award will be required to complete and submit SER and Court Output Report due no later than 10 days after each quarter end. Failure to submit 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 1/1/14)	How often do you hold accountability court in this county?	% of budget that comes from this county

5. Indicate the type of funding and amount of funding (July 2014 – June 2015) for which you are applying (not your entire budget):

New Courts		Existing Courts	
Applying For	Cash Match	Applying For	Cash Match
\$	\$	\$	\$

6. When did/will your program begin? _____
7. Number of active participants (not including those who are AWOL) as of January 1, 2014 (for FDTC, include the total number of parents **and** children) _____
8. What is the participant capacity (or anticipated capacity for new courts) of your program (how many participants can you realistically and effectively serve)? _____
9. If your program is not at capacity, why not?
10. Please Provide the Following Information:

Court:

Judge	
Court Address	
City, State, Zip	
Phone/ Fax	
EIN	

Coordinator:

Name	
Phone/ Fax	
Email	

Attends Staffing?
Attends Court/Status Hearings?

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

Name	Email Address	Attends Staffing?	Attends Court/Status Hearings?
Prosecutor			
Defense Attorney			
Treatment Provider			

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/Position	Email Address	Attends Staffing?	Attends Court/Status Hearings?

11. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____
12. Does your court have an independent 501(c)3? _____ If not, why not?

13. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.
14. What training has your court attended in the past year?

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

Operating Questions

16. Describe your target population.

17. Describe your eligibility criteria.

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

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

20. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

Are they P.O.S.T. certified? _____

21. 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? _____

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

23. What is your annual treatment cost? _____

24. Please describe your participant fee schedule.

25. How much did you collect in participant fees in CY 2013? _____

Clinical Questions

26. What is your clinical eligibility criteria?
27. What clinical screening tools does your court use (e.g., TCUDS, ASI, SASSI-2, etc)?
28. What risk/needs assessment tools does your court use (e.g., LSI-R, COMPAS)?
29. How do you determine what level of treatment is needed (e.g., ASAM, etc)?
30. What type of evidence based treatment does your court use? (e.g., CBI, MRT, etc)?
31. 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)?
32. How does the court ensure that the chosen tools/models are used consistently and faithfully?
33. How often does the program coordinator monitor (sit in on) treatment?
34. Does your program have a treatment plan for each individual participant?
_____ How often is it updated? _____
35. Do you use your local CSB for treatment services? _____
If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____
- A. Does the CSB get funding for treatment of your participants from other sources? _____ If yes, please list the other sources:
- B. 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

36. What is the average length of your program?

37. 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 1/1/14)

Performance Measures - (Implementation courts should skip questions 38-45.)

38. **For Adult Drug Court, Adult Mental Health Court and Family Drug Court ONLY.** Using LSI-R data from 1/1/13 through 12/31/13, list the number and percentage of moderate _____/_____% and high risk participants _____/_____% . List the number and percentage of moderate _____/_____% and high needs participants _____/_____%

39. List the number of drug screens administered the past year (1/1/13 – 12/31/13). _____

40. 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	

41. **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 _____

42. 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.

43. Number of people screened for the program in the past year (1/1/13 – 12/31/13)? _____
Number of participants accepted in the past year (1/1/13 – 12/31/13)? _____

44. Please list:

- a. Total number of graduates as of 12/31/13 _____
- b. Number of graduates/certificates of participation awarded from 1/1/13 – 12/31/13? _____
- 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? _____

45. For CY'13 (January 1, 2013 through December 31, 2013), 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

46. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?
47. For what drugs do you routinely screen? _____
_____ What drug testing company do you use (Siemens, Redwood, etc.)? _____
48. Are all of your urine screens observed? _____ Who observes the urine sample? _____ Have they had training? _____ Are they the same sex as the participant? _____
49. 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? _____
50. Describe the policy for participants to dispute the results of the drug screen.
51. 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:

52. Does your treatment provider provide the court with weekly, written reports on participant progress? _____
53. Does your program offer: (check all that apply) _____ group counseling _____ individual counseling _____ drug testing?
54. 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?
55. 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)

56. 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.

57. Who sends referrals to your court?

58. 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?

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

60. 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

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

62. 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?
63. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).
64. Performance measures - (January 1, 2013 - December 31,2013):
- 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)
65. 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:

66. How do you determine the right type and length of treatment for each participant?
67. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____
68. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support
69. How do you caution the participants against driving without a license?

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:

83. Are all participants required to be enrolled in school or a GED program? _____
84. What is the annual cost savings brought about by your participants not being in YDC?

85. What percentage of your participants' parents are mandated to attend court sessions? _____
86. What percentage of your participants' parents are mandated to participate in treatment? _____
87. Does your program offer: (check all that apply) _____gender specific counseling
_____domestic relations or family counseling _____ mental health treatment
_____ parenting classes _____ anger management classes
88. 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? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

89. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County		
DATE Fund		
Participant Fees		
Federal Grants:		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Local Community:		
Wal-Mart		
Starbucks		
Local Banks		
Auto Dealerships		
Hotels		
Restaurants		
Churches		
Other Community Source		
Total Amount of Community Funds		
Revenue From Siemens Lab		
Other Sources (please name):		
501 c(3)		
TOTAL PROGRAM BUDGET		

90. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request/project/expansion. Explain why your request can not be funded using other funding sources. 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.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

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 be sure to use the wording you used in the budget detail section 5. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature 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.

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.

Purpose	Location	Traveler's Name/Title	Calculation	Budget
----------------	-----------------	------------------------------	--------------------	---------------

Narrative:

TOTAL: \$ _____

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

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

TOTAL: \$ _____

Narrative:

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
-------------------------	-------------	--------------------	---------------

TOTAL: \$ _____

Narrative:

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

Item

Calculation

Budget

TOTAL: \$ _____

Narrative:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature 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			

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
- *MOU between the Accountability Court and Treatment Provider (if you have one)