



## **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'14 Rolling Solicitation Packet**

### **Eligibility**

Applicants are limited to local entities for existing Accountability Courts who currently receive funding through the FY'14 Accountability Court Funding Program. Grant funds will go to Accountability Courts as follows: drug, mental health, veterans, DUI, family and juvenile courts. New and expanding innovative projects are preferred.

### **Deadline**

There is no deadline, but grants will only be reviewed quarterly if funding is available. In order to be eligible for funding starting January 1, 2014, your application must be received by the CJCC no later than 5:00 pm November 1, 2013. If adequate funding is not available, the application will be considered during subsequent quarters through the end of the FY'14 funding cycle.

### **Available Funding**

The amount available for distribution will be determined each quarter.

### **Award Period**

January 1, 2014 through June 30, 2014

### **Contact Information**

For assistance with the requirements of this solicitation, contact: [Jody Overcash](mailto:jodyovercash@bellsouth.net) at [jodyovercash@bellsouth.net](mailto:jodyovercash@bellsouth.net).

**Release Date: October 4, 2013**

**THIS GRANT IS NOT INTENDED TO FUND YOUR PROGRAM 100%.**

**Certification for Accountability Court Funding**

I certify that the \_\_\_\_\_ (court name) provides the following. (check if accurately describes).

- 1.  The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2.  Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.
- 3.  Eligible participants are identified early and promptly placed into the accountability program.
- 4.  The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5.  Abstinence is monitored by frequent alcohol and other drug testing.
- 6.  A coordinated strategy governs accountability court responses to participants’ compliance.
- 7.  The accountability court has ongoing judicial interaction with each participant.
- 8.  The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9.  Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10.  The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

**\*\*Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.\*\***

**By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: [www.gaaccountabilitycourts.org](http://www.gaaccountabilitycourts.org).**

Submitted by: \_\_\_\_\_  
Judge

\_\_\_\_\_ Court

\_\_\_\_\_ Date

# State of Georgia

## Accountability Court Funding Program

### FY '14 Rolling 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 Rolling Solicitation Packet in its entirety, complete a Request for Funding Application, and submit the completed application to the CJCC. **This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this GAC funding year.** This Request for Funding Application form and the Council-provided budget detail worksheet are available on the Council's website at <http://cjcc.ga.gov> and <http://www.gaaccountabilitycourts.org> and are the only acceptable formats for submitting the narratives and budget for this GAC funding year.

#### ***SECTION II: SOLICITATION PROCESS***

Please read and understand the Certification for Accountability Court Funding (page 2) before completing the application. All accountability courts are required to submit a proposed budget/narrative for all funds requested through this grant. The purpose of this grant is to help expand current accountability courts. Requests for normal operating funds will NOT be favored.

##### **Application Review**

Applications will be reviewed and assessed by the Accountability Court Funding Committee members and its designated representatives who will consider the following:

1. Past compliance with all financial and programmatic reporting requirements;
2. Overall quality and completeness of the described project/expansion;
3. Demonstration of clear, measurable and appropriate standards;
4. Demonstration of need including geographic location, local demographics, local statistics, other financial resources, etc.;
5. Adequate correlation between the cost of the project and the objective(s) to be achieved; and

6. Sharing resources among each accountability court within the circuit is strongly encouraged. All applications within each circuit will be reviewed together.

**When an application is submitted to the Council, there is no commitment on the part of the Committee to fund an application or to fund it at the amount requested.** All areas of the budget are subject to review and approval. Decisions related to these budget areas are based on both eligibility and reasonableness. The Committee has full discretion to determine the reasonableness of budget items based on both objective and subjective decision-making tools. See "Restrictions on Use of Funds" subsection below to determine whether budget items requested are allowable prior to submitting your budget.

Applications for funding will undergo several reviews. At any point during these reviews, a decision not to fund a project or any part thereof may be made. These decisions are within the complete discretion of the Committee.

### **Funding Decisions**

All funding decisions related to GAC applications received in response to this solicitation are made by the Accountability Court Funding Committee and are based on the availability of funding. The Council will inform the applicants of funding decisions through grant awards. Applicants should not make assumptions regarding funding decisions until they have received official written notification of awards or denials signed by the Council Director.

Once an award is made, the Council maintains discretion to determine that a grantee is not compliant with applicable policies, and upon such a determination may terminate further funding and require reimbursement of grant funds to the Council.

### **Restrictions on Use of Funds**

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, furniture (existing courts only), incentives, monthly cell phone charges and grant administrative overhead. If you request ordinary operating expenses you must prove a true need. **\*Reminder\* This grant is NOT intended to fund your court 100%. You must explain all of the other sources that are funding your court.**

### **Supplantation**

Funds must be used to supplement existing funds for program activities and cannot replace or supplant funds that have been appropriated for the same purpose.

## ***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. Due to the short time frame of these rolling grant awards, there will be NO exceptions to this rule.

### **Special Conditions**

At the time of the grant award, the Committee will assign special conditions, as the Committee deems appropriate for the program. The special conditions will outline the grantee's responsibilities, as well as state regulations that must be followed, as a condition of accepting the grant award for the approved program. The special conditions will be included in the award packet and must be reviewed, signed and returned to the Council within forty-five (45) days of the award date.

**One half of all awarded funding must be spent each quarter for awards effective January 1, 2014. 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.

**SECTION IV: APPLICATION FORM**

**Identifying Questions**

1. Name of Accountability Court: \_\_\_\_\_

2. Name of Judicial Circuit: \_\_\_\_\_

Name of person filling out this application: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your daytime phone number: \_\_\_\_\_

3. Type of Accountability Court. Check all that apply:

Adult Felony Drug Court

Adult Mental Health Court

Veteran's Court (please also select either  
drug court or mental health court)

DUI Court

Family Dependency Treatment Court

Juvenile Drug Court

Juvenile Mental Health Court

4. What counties does/will your program serve?

| County | # of Participants from County (as of 10/1/13) | How often do you hold accountability court in this county? | % of budget that comes from this county |
|--------|---|--|---|
|        |   |  |   |
|        |   |  |   |
|        |   |  |   |

6. Indicate the type of funding your court was awarded (FY'14 ONLY) and the amount you are asking for in this application:

| Amount Previously Awarded Through CJCC | Amount Asking For in This Grant Application |
|--|---|
| \$                                     | \$  |

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

8. Number of active participants (not including those who are AWOL) as of October 1, 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 | <div style="border: 1px solid orange; padding: 5px;"> Attends Staffing?<br/> Attends Court/Status Hearings? </div> |

**Coordinator:**

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

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

**Court Prosecutor:**

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

**Defense Attorney:**

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



**Treatment Provider:**

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

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

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

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

## **SECTION V: NARRATIVE**

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

## **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. It is expected that most projects will only fall into one or two of the attached categories.

### **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 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.

Please describe your project/needs in as much detail as possible. Use additional pages if necessary. The committee needs to fully understand the scope of your proposed project or expansion. Unless you are an implementation court, you generally should not be requesting funds in more than one or two categories.

**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.

| <b>Position Title/Name of Employee</b> | <b>Calculation</b> | <b>Budget</b> |
|--|--------------------|---------------|
|--|--------------------|---------------|

**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                |
|---------------------------------|---------------|-------------|-----------------------|
|                                 |               |             | <b>TOTAL \$ _____</b> |

**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.

| Name | Service Provided | Calculation | Budget |
|------|------------------|-------------|--------|
|------|------------------|-------------|--------|

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

**Narrative:**

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

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

**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.

| <b>Item</b> | <b>Calculation</b> | <b>Budget</b>         |
|-------------|--------------------|-----------------------|
|             |                    | <b>TOTAL \$ _____</b> |

**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.

| <b>Item</b> | <b>Purpose</b> | <b>Calculation</b> | <b>Budget</b>         |
|-------------|----------------|--------------------|-----------------------|
|             |                |                    | <b>TOTAL \$ _____</b> |

**Narrative:**

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

| <b>Purpose</b> | <b>Location</b> | <b>Traveler's Name/Title</b> | <b>Calculation</b> | <b>Budget</b> |
|----------------|-----------------|------------------------------|--------------------|---------------|
|----------------|-----------------|------------------------------|--------------------|---------------|

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

**Narrative:**

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

| <b>Item</b> | <b>Calculation</b> | <b>Budget</b> |
|-------------|--------------------|---------------|
|-------------|--------------------|---------------|

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

**Narrative:**