Criminal Justice Coordinating Council

THE STATE OF GEORGIA

Welcome/Introduction

Juvenile Date Exchange Project (JDEX)- *Andy Cummings & Kristy King, CJCJ*

Juvenile Justice Incentive Grant Program Update- *Jamil Sewell, CVIOG*

Break

FY20 Juvenile Justice Incentive Grant Program

Financial Reporting Requirements

Questions and Answers

Model Fidelity Overview

Local County Presentation

Questions and Answers

Please introduce yourself and share the following:
- Name and position
- The length of time you have worked in criminal or juvenile justice
- Evidence-based program locally implemented
- If you could live anywhere in the world, where would you choose to live?

Juvenile Data Exchange (JDEX) Project

Kristy King, *Program Manager, Judicial Council of Georgia*

Andy Cummings, *Advanced Outcomes Consulting Group*

Jamil Sewell

Carl Vinson
Institute of Government
UNIVERSITY OF GEORGIA
1785

Break

Juvenile Justice Incentive Grant (JJIG) Program Purpose
The JJIG is designed to provide funding for local programs that will serve youth in the community and therefore reduce out-of-home placements.

Eligible Participant Requirements
Eligible participants must have a <u>delinquent</u> adjudication, a medium to high PDRA, and must be appropriate for the selected evidence-based program.

- Grant Award Period is July 1, 2019 – June 30, 2020

- Applications are due **April 26**th; award notifications will be made in June.

Financial Reporting

State of Georgia Grant Management System

Login

Username

Password

LOGIN

New User

Forgot Username/Password?

State of Georgia Grant Management System for The Governor's Office of Highway Safety and The Criminal Justice Coordinating Council

Welcome to the State of Georgia Grant Management System for The Governor's Office of Highway Safety and The Criminal Justice Coordinating Council. Please choose from the list of options below:

- Go to the GOHS home page
- Go to the NHTSA home page
- Go to the CJCC home page

New Users/How to get started:

Because this is a new online management system, all users will need to register with the system.

As a new user:

- The initial registration must be completed by an Agency Administrator of your organization. Once they complete registration, they will receive email notification of access approval. Click the **New User** link above to register.
- Only one Agency Administrator per organization is required to sign on as a new user.
- Once the Agency Administrator receives access, the official can designate access to your organizational account to other staff members as they see appropriate.

This is a government agency grant management system. It is a system that requires authorization for access. If you have any questions or if you need assistance registering, please contact:

- For GOHS - chamilton@gohs.ga.gov or 404-656-6996
- For CJCC - 404-657-1956

Website: http://georgia.intelligrants.com/

Select **SAVE** once all information has been completed on the Registration section.

SAVE

🔵 Back

Registration

Please complete all the required fields below. Required fields are marked with an *.

Contact Information

	Prefix	First	Middle	Last	Suffix
Name	⌄	*	*	*	⌄

| **Organization** | * |

Type "County Name" County Juvenile Court. i.e. Fulton County Juvenile Court

Title

Address *

| **City** | * | **State** | Georgia ⌄ * | **Zip code** | * |

| **County** | ⌄ * |

| **Phone #1** | * | **Phone #2** | |

| **Fax** | | **Cell Phone** | |

| **Email** | * |

| **Website** | |

| **Username** | * |

| **Password** | * | Confirm Password | |

Please select the agency you want to register with. --Select-- ⌄

Select Criminal Justice Coordinating Council.

| **Notes** | |

In the Notes section, type which Board of Commissioners you are associated with. i.e. Fulton County Board of Commissioners

Select **Applications/Grants** if you have already began an application or submitted application.

Criminal Justice Coordinating Council

Home	Applications/Grants	Progress Reports	Expenditure Reports	Monitoring Reports

Training Materials | Organization(s) | Profile | Logout

SHOW HELP

Welcome Daffy
Agency Administrator
Change Picture

Instructions:
Select the **SHOW HELP** button above for detailed instructions on the following.
> Applying for an Opportunity
> Using System Messages
> Understanding your Tasks
> Managing your awarded grant

Hello Daffy , please choose an option below.

View Available Proposals

You have **15** opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

VIEW OPPORTUNITIES

Select **View Available Proposals** to find grants in which to apply.

My Inbox

You have **1** new messages.
Select the **Open Inbox** button below to open your system message inbox.

OPEN INBOX

My Tasks

You have **6** new tasks.
You have **0** tasks that are critical.
Select the **Open Tasks** button below to view your active tasks.

OPEN TASKS

This year, the grant year will be:
STJJ Application 2020

STJJ Application 2019 for CJCC TEST
~~Offered By:~~
GAGOHS_CJCC

CJCC Applications Availability Dates:
01/01/2018-open ended

CJCC Applications Period:
not set

CJCC Applications Due Date:
not set

Description:

APPLY NOW   NOT INTERESTED

Select **Apply Now.**

This status will change throughout the application process.

Document Information: STJJ-2019-0016
▼ Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	CJCC Applications	CJCC TEST	Agency Administrator	Application in Process	N/A - N/A N/A

Forms

Status	Page Name		Note	Created By	Last Modified By
Application Forms					
📄	Applicant Agency				
📄	Designation				
📄	Primary Service				
📄	Agency Description				
📄	Project Activities				
📄	Project Narrative				
Budget Forms					
📄	Personnel				
📄	Employee Benefits				
📄	Travel				
📄	Equipment				
📄	Supplies & Operating				
📄	Consultants and Contractors				
📄	Other				
📄	Agency Budget				
📄	Budget Summary				
Required Attachments					
📄	Required Attachments				

Always click **Save/Next** to find any error that may be present on each form.

| SAVE | SAVE/NEXT | NEXT | CHECK GLOBAL ERRORS |

Forms Menu Status Changes Management Tools Related Documents and Messages

Back

Document Information: STJJ-2019-0016

Details

You are here: > CJCC Applications Menu > Forms Menu

APPLICANT AGENCY

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please include basic information about the applicant agency and its main points of contact for the application. Please note that the actual physical address of the agency must be submitted in addition to the mailing address, and that the physical address will be kept confidential and securely stored in CJCC's database. If the applicant agency has an implementing agency as a fiscal sponsor, that agency's name and address must be provided as well.

Applicant Agency Name
CJCC TEST

Mailing Address
123 Fake Address
Atlanta, Georgia 30303

Phone
(555) 555-5555

Fax

Is the Implementing Agency for this project the same as the Applicant Agency?*
The implementing agency is defined as the entity actually administering the program or project and/or providing the service(s)

○ Yes   ○ No

Is your agency registered in SAM?*
System for Award Management

○ Yes   ○ No   ○ Not Applicable

Your agency must be registered in System for Award Management (SAM) Database before it will be allowed to draw down funding. To register your agency please visit www.sam.gov before the deadline of July 31, 2017.

Please read the directions carefully to identify the correct individuals for each position.

DESIGNATION OF GRANT OFFICIALS

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please fill in the name, title, address, and phone number for the requested officials for the grant. *No two officials can be the same person.*

Project Director
This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project. This person will be the primary contact for the application and the post-award phase.

Financial Officer
This official must be the chief financial officer of the applicant agency such as the county auditor, city treasurer, or controller.

Authorized Official
This official is authorized to apply for, accept, decline or cancel the grant for the applicant agency. This person must be the executive director of a state agency, chairperson of the county Board of Commissioners, mayor, or chairperson of the City Council. All official correspondence regarding the grant and the application (assurances, disclosures, certifications, award documentation, subgrant expenditure reports, subgrant adjustment reports) must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to the Council.

Executive Director
If the Executive Director is **not** listed as the Project Director or the Authorized Official please provide his/her contact information.

Project Director

Name

Prefix	First Name	Last Name

Title/Position

Address

City   State   Zip

Phone   Fax   Email

PRIMARY SERVICE AREA AND CONGRESSIONAL DISTRICT

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Indicate the counties served by the agency as well as funding categories during the grant year.

Project Title

[   ] *

For the purpose of this grant, the project title is: Juvenile Justice Incentive Grant

Please select the all funding categories that apply, and the anticipated percentage funding allocations against each.
(funding categories represent the areas where awarded monies will be spent, and the percentage of allocations must equal to 100%)

Funding Category [▼] *   Percent Allowed [   ] %*
Funding Category [▼]   Percent Allowed [   ] %
                                      Total Percentage %

At this time, please select **Evidence Based Practices** for your Funding Category selection.

Counties Served by the Project

Appling County
Atkinson County
Bacon County
Baker County
Baldwin County
Banks County
Barrow County
Bartow County
Ben Hill County
Berrien County
Bibb County
Bleckley County
Brantley County

NOTE: To select more than one county, hold control (CTRL) and select multiple counties from the drop box.

Congressional District(s) to be served

1
2
3
4
5
6
7
8
9
10
11
12
13
14

NOTE: To select more than one congressional district, hold control (CTRL) and select multiple congressional districts from the drop box.

AGENCY DESCRIPTION

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please select your agency type:*

- ○ Non-Profit/Non-governmental
- ○ Government Agency
- ○ Campus Organization

For the Juvenile Justice Incentive Grant, please select **Not Applicable**. ↑

Has your agency ever had an approved federally-negotiated indirect cost rate?*

○ Yes   ○ No   ○ Not Applicable

Please indicate whether or not the agency has a current Limited English Proficiency (LEP) plan?*

○ Yes   ○ No   ○ Not Applicable

PROJECT ACTIVITIES

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Project Purpose

The purpose of this grant opportunity is to provide funding for local programs designed to serve youth in the community who would otherwise be committed to DJJ. Applicants are encouraged to examine their local data from the previous fiscal year in order to understand the profiles of youth who were committed to DJJ, and who, with appropriate community-based services, could have received services while remaining in their community. Recipients of this grant opportunity will be employing evidenced-based programming appropriate to the needs of youth in the community.

Please indicate which priority area you are applying for, the purpose of the project, and how funds will primarily be used.

Select the services to be provided through this funded project:*

☐ Thinking for a Change (T4C)
☐ Aggression Replacement Training (ART)
☐ Multisystemic Therapy (MST)
☐ Functional Family Therapy (FFT)
☐ Seven Challenges (7C)
☐ Brief Strategic Family Therapy (BSFT)
☐ Other: [_____]

Select whether you request transportation assistance to and/or from program services.*

○ Yes, I request transportation assistance
○ No, I do not request transportation assistance

What target educational levels will be served?*

☐ Middle School
☐ High School
☐ Middle and High School
☐ Other: [_____]

What age range will be served? *

[_____]
                0 of 100

What genders will be served?*

☐ Male
☐ Female
☐ Other

PROJECT NARRATIVE

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Complete each question in full, all questions are required

Administration

1. Provide brief description of the implementing agency. Additionally, provide the agency's qualifications and experience with managing grants.

0 of 1000

2. After the initial allotment, this grant will transition to a reimbursement-only grant. Does the fiscal agent have the ability to maintain a positive cash-flow once reimbursements are provided on a quarterly or monthly basis?

0 of 1000

Needs Statement

1. Provide a clear and concise statement of need, including the following: (1) At-risk population, (2) New instances of secure detention (RYDC), (3) Cases resulting in commitment to DJJ, and (4) New instances of confinement in secure juvenile correctional facilities (YDC). This information for each county can be found here: http://juveniledata.georgia.gov/DataReports.aspx?report=RRIDataEntryReport.

0 of 1000

2. Provide a description of how the problem relates to the mission of the implementing agency as well as an overview of the target population to be served.

0 of 1000

Personnel section is for
county employee's only.

SAVE SAVE/NEXT NEXT CHECK GLOBAL ERRORS

Forms Menu   Status Changes   Management Tools   Related Documents and Messages

Back

Document Information: STJJ-2019-0013
Details

You are here: > CJCC Applications Menu > Forms Menu

PERSONNEL

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

What type of personnel do you wish to enter?*

☐ Salaried
☐ Hourly
☐ Law Enforcement Pool
☐ Pool
☐ Volunteer

You must select what type of personnel
in order for the graph to appear below.

Include a Budget Narrative further describing this spend:

[0 of 4000]

The Budget Narrative is required if funding is
being requested from Personnel.

***Please note, Employee Benefits will
be entered in the next section.**

EMPLOYEE BENEFITS

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Benefit Percentage is the percentage of benefit to be paid by the grant.

Name	Position	Employee Type	Fund Type	Benefit Type	Benefit Percentage	Cost
▼			▼	▼	%	
▼			▼	▼	%	
▼			▼	▼	%	
▼			▼	▼	%	
▼			▼	▼	%	
					Employee Benefits - Total:	

Include a Budget Narrative further describing this spend:

0 of 4000

The Budget Narrative is required if funding
is being requested from Employee Benefits.

TRAVEL

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Number of Travelers	Purpose of Travel	Location of Travel	Travel Expense	Fund Type	Number of Days/Miles/Items	Cost Per Day, Item, or Mile	Percentage
	▼		▼	▼			%
	▼		▼	▼			%
	▼		▼	▼			%
	▼		▼	▼			%
	▼		▼	▼			%
						Travel (Including Training) - Grant Period Total:	

Include a Budget Narrative further describing this spend:

0 of 4000

The Budget Narrative is required if funding is being requested from Travel.

EQUIPMENT

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Equipment is defined as tangible personal property having per unit acquisition threshhold greater than or equal to $5,000.

Equipment Item	Fund Type	Number of Units	Price Per Item	Vendor	Cost
	▼				
	▼				
	▼				
	▼				
	▼				
				Equipment - Total:	

Include a Budget Narrative further describing this spend:

0 of 4000

The Budget Narrative is required if funding is being requested from Equipment.

SUPPLIES

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Supplies are defined as tangible personal property having per unit acquisition threshhold of less than $5000.

Supply Item	Fund Type	Number of Units	Price Per Unit	Vendor	Cost
	▼				
	▼				
	▼				
	▼				
	▼				
				Supplies Expenses - Total:	

Include a Budget Narrative further describing this spend:

0 of 4000

↓

The Budget Narrative is required if funding is being requested from Supplies.

CONSULTANTS AND CONTRACTORS

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Consultant is defined as an individual or sole proprietorship who provides professional advice or services needed to carry out the project or program.
- Contractor is defined as a business organization that provides professional services via a contract needed to carry out the project or program.

Consultant Fees & Expenses

Name	Service Provided	Fund Type	Hourly Rate	Number of Hours	Percentage	Cost
					%	
					%	
					%	
					%	
					%	
				Consultant - Total:		

Contracts

Name / Position	Service Provided	Fund Type	Compensation	Percentage	Cost
				%	
				%	
				%	
				%	
				%	
			Contractors - Total:		

Include a Budget Narrative further describing this spend:

0 of 4000

The Budget Narrative is required if funding is being requested from Consultants and Contractors.

OTHER

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Other Costs refer to List items (e.g., real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communications services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e. "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Other Costs

Description	Quantity	Basis	Cost	Length of Time	Cost
				Other - Total:	

Include a Budget Narrative further describing this spend:

0 of 4000

The Budget Narrative is required if funding is being requested from Other.

AGENCY BUDGET

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please indicate the agency's fiscal year.

The total agency budget will automatically calculate.

Fiscal Year: Start Date
            *

Fiscal Year: End Date
            *

Total Agency Budget Requested
            *

BUDGET SUMMARY

Instructions:

TOTAL BUDGET BY CATEGORY

BUDGET CATEGORY	AMOUNT
PERSONNEL	$0
EMPLOYEE BENEFITS	$0
TRAVEL (INCLUDING TRAINING)	$0
EQUIPMENT	$0
SUPPLIES	$0
CONSULTANTS AND CONTRACTORS	$0
OTHER	$0
INDIRECT	$0
TOTAL	$0

TOTAL BUDGET BY FUND SOURCE

FUND SOURCE	AMOUNT
GRANT	
MATCH	$0
Cash	
In-Kind	
Undesignated Match	
TOTAL	$0

Both of these fields will auto-populate from information provided from the budget documents.

Approved Award Amount:
Approved Match:
TOTAL: $0

REQUIRED ATTACHMENTS

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

The required attachments listed below must be correctly completed and uploaded with the application submission. The online application system will only upload one attachment for each field. So if an applicant has multiple documents, it will be necessary to combine them or submit under separate attachment fields. Please carefully read and follow the instructions on all forms.

- Personnel Documents
- Supporting Documentation for Budgeted Items
- 70/30 Split Budget Breakdown
- Program Policies/ Enrichment Policies
- Program Timeline
- Cohort Schedule

Personnel Documents: Choose File   No file chosen   *
e.g. job descriptions, personnel action form, etc.

Supporting Documentation for Budgeted Items: Choose File   No file chosen   *
E.G. service provider(s) MOU, contracts etc.

70/30 Budget Breakdown: Choose File   No file chosen   *
Please note that 70% of the requested funding will need to be allocated to direct services.

Program Policies/Enrichment Policies: Choose File   No file chosen
Applicable for group based therapy only.

Program Timeline: Choose File   No file chosen
Applicable for group based therapy only.

Cohort Schedule: Choose File   No file chosen
Applicable for group based therapy only.

Other Documents: Choose File   No file chosen
E.G. Letters of Support, etc.

The last step before submitting each application is to fill out the name, title, phone number, and email of up to two points of contact for this application. Only these persons may receive a confirmation email once the application is submitted. They will also be the persons contacted in the event of any questions about the application.

Point of Contact(s) for this Application

Name   **Title/Position**
[▼]*   [_____]*   [_____]*   [_____]*
Prefix   First Name   Last Name

Phone   **Email**
[_____]*   [_____]*

Do you want to add an alternative point of contact?*

○ Yes   ○ No

Certify the application entry by selecting the checkbox below. Please be sure to click submit so that the online application is received. The application must be submitted by the deadline to be considered for an award. If more than one application is submitted for the same project, CJCC will only accept the most recent application.

☐   **By selecting this checkbox, I certify to the best of my knowledge and belief, all statements and data in this application are true and correct, the document has been duly authorized by the authorized official of the governing body of the applicant and the applicant will comply with the attached assurances.***

Name: Date:

This symbol will indicate that an error was indicated on the specified form.

Back

CJCC Applications Menu - Forms

Please complete all required forms below.

Document Information: STJJ-2019-0016
▼ Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	CJCC Applications	CJCC TEST	Agency Administrator	Application in Process	N/A - N/A N/A

Forms

Status	Page Name	Note	Created By	Last Modified By
Application Forms				
	Applicant Agency			
	Designation		Snow White 2/20/2019 1:43:05 PM	
	Primary Service			
	Agency Description			
	Project Activities			
	Project Narrative			
Budget Forms				
	Personnel			
	Employee Benefits			
	Travel			
	Equipment			
	Supplies & Operating			
	Consultants and Contractors			
	Other			
	Agency Budget			
	Budget Summary		Snow White 2/20/2019 1:37:52 PM	
Required Attachments				
	Required Attachments			

Forms Menu   Status Changes   Management Tools   Related Documents and Messages

Back

CJCC Applications Menu - Status Options

Select a button below to execute the appropriate status push.

Document Information: STJJ-2019-0016

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	CJCC Applications	CJCC TEST	Agency Administrator	Application in Process	N/A - N/A N/A

Possible Statuses

APPLICATION CANCELLED

APPLY STATUS

APPLICATION SUBMITTED

APPLY STATUS

Select **Application Submitted** to submit the application.

Home | Applications/Grants | Progress Reports | Expenditure Reports | Monitoring Reports

Training Materials | Organization(s) | Profile | Logout

SHOW HELP

Welcome Daffy
Agency Administrator

Change Picture

Instructions:
Select the **SHOW HELP** button above for detailed instructions on the following.
> Applying for an Opportunity
> Using System Messages
> Understanding your Tasks
> Managing your awarded grant

Hello Daffy , please choose an option below.

View Available Proposals

You have **15** opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

VIEW OPPORTUNITIES

My Inbox

You have **1** new messages.
Select the **Open Inbox** button below to open your system message inbox.

OPEN INBOX

My Tasks

You have **6** new tasks.
You have **0** tasks that are critical.
Select the **Open Tasks** button below to view your active tasks.

OPEN TASKS

CJCC Grant Management System Webinar

April 5, 2019 at 10:00 a.m.

Questions?

Purpose of a Model Fidelity Site Visit

- Support program staff with successful implementation of programs

- Detect where the program may need support

- Highlight the current strengths of the program

- Identify if there are any training or coaching needs

Model Fidelity Site Visit Activities

- Preparation Activities: an initial interview call with the Program Director and a request/review of program materials.

- On-site Activities: individual interviews with key staff, review of open and closed files, and two group observations.

- Follow-up Activities: a report is authored, return site visit is scheduled to review the report, and if necessary, technical assistance is provided. Also, additional site visits may be scheduled as needed.

- Model Fidelity Coordinators are available to program staff throughout the year and encourage staff to contact them with any questions, concerns, and needs the program has.

Training Opportunities Provided By CJCC

- <u>Thinking for a Change (T4C) Facilitator Training</u>: provides participants an opportunity to learn the background of T4C, facilitate actual lessons from the T4C curriculum, and receive instructor guidance and peer feedback on facilitation.

- <u>Thinking for a Change (T4C) Booster Training</u>: provides participants an opportunity to review T4C concepts, discuss problems related to T4C facilitation, and gain additional knowledge and skill development as a T4C facilitator.

- <u>Aggression Replacement Training (ART) Facilitator Training</u>: provides participants an opportunity to learn the theoretical base of ART, prepare demonstration lessons, and practice facilitating each component to the other participants.

- <u>Group Facilitation Skills Training</u>: provides participants an opportunity to learn the role and responsibilities of a group facilitator, explore the stages of group development, and gain fundamental facilitation tools.

- <u>Motivational Interviewing Training</u>: provides participants an opportunity to learn about the origins of Motivation Interviewing, explore how it aligns with evidence-based practices, and role-play basic Motivation Interviewing techniques.

- <u>Principles of Effective Intervention (PEI) Training</u>: provides participants an opportunity to explore the background and research for PEI, gain an understanding of how PEI relates to their work, and learn how to apply several core correctional practices to interactions with youth.

Group Facilitation Skills Training
- March 26th and 27th from 8:30am to 4:00pm at the State Bar Building
- Register at https://cjcc.formstack.com/forms/fy19_group_facilitation_skill_training

Thinking for a Change Booster Training
- June 11th and 12th from 8:30am to 4:00pm at the State Bar Building
- Register at https://cjcc.formstack.com/forms/fy19_t4c_booster_training

Motivational Interviewing Training
- June 24th and 25th from 9:00am to 4:30pm at the State Bar Building
- Register at https://cjcc.formstack.com/forms/fy19_motivational_interviewing_training

Principles of Effective Intervention
- Register online for a PEI training at https://cjcc.georgia.gov/workshopstrainings-0

Juvenile Justice Unit

Stephanie Mikkelsen, Supervisor
smikkelsen@cjcc.ga.gov

Haley Dunn, Grant & Program Specialist
haley.dunn@cjcc.ga.gov

Chelsea Benson, Model Fidelity Coordinator
chelsea.benson@cjcc.ga.gov

Destiny Bernal, Model Fidelity Coordinator
destiny.bernal@cjcc.ga.gov

State Partners

Carl Vinson Institute of Government
evalhelp@uga.edu

Cathy Dravis, DJJ CathyDravis@djj.state.ga.us

Connect With Us!

Facebook	Twitter	LinkedIn	Instagram
facebook.com/gacjcc	@gacjcc	Criminal Justice Coordinating Council	instagram.com/ga_cjcc

cjcc.georgia.gov