

**STATE OF GEORGIA  
ACCOUNTABILITY COURT FUNDING PROGRAM  
FY'17 SOLICITATION**

**Identifying Questions**

1. Name of Accountability Court: \_\_\_\_\_
2. Did you fill out and submit the required "Notice of Intent to Apply for Funding"? \_\_\_\_\_
3. Name of person filling out this application: \_\_\_\_\_

Your email address and phone number: \_\_\_\_\_

4. Type of Accountability Court: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult Felony Drug Court   | <input type="checkbox"/> DUI Court                         | <input type="checkbox"/> Juvenile Drug Court          |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court                 | <input type="checkbox"/> Juvenile Mental Health Court |
| <input type="checkbox"/> Veterans Treatment Court  | <input type="checkbox"/> Family Dependency Treatment Court |   |

*\*Veterans Treatment Courts please also check either Felony Drug or Mental Health Court in addition to Veterans. Whichever you believe your court aligns best with per Standards.*

If you checked more than one court type, what is the primary "track" of your court? \_\_\_\_\_

**FY'17 Total Budget Request**

Request Area	Amount Requested	Matching Funds
Accountability Court Personnel		
Equipment		
Supplies		
Training and Travel		
Printing Supplies		
Drug Tests/Testing		
Treatment		
Transportation Funding		
<b>Total Budget Request:</b>		

**General Operating Questions**

All applicants should answer.

1. When will your program begin (Month & Year)? \_\_\_\_\_
  - What is the anticipated date of participant enrollment (Month & Year)? \_\_\_\_\_
  
2. Has your court reviewed the Accountability Court Standards ([www.gaaccountabilitycourts.org/cacj-standards](http://www.gaaccountabilitycourts.org/cacj-standards))? \_\_\_\_\_
  
3. 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? \_\_\_\_\_
  
4. Does your court have an independent 501(c)3? \_\_\_\_\_ If not, why not? \_\_\_\_\_
  
5. Does your court have a formal policy on staff training requirements and continuing education? \_\_\_\_\_ If yes, briefly describe the policy. \_\_\_\_\_
  
6. Do you have a structured written orientation program for new members of the team? \_\_\_\_\_
  
7. How many staffing's will you conduct per month? \_\_\_\_\_ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?  
\_\_\_\_\_
  
8. 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?	Are they P.O.S.T Certified?

9. 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? \_\_\_\_\_

10. What is your annual Treatment Cost, answer all of the following that are applicable to you court:

- a. Treatment Provider (contractor and/or program staff): \_\_\_\_\_
- b. Curriculum: \_\_\_\_\_
- c. Building Rental/Utilities: \_\_\_\_\_
- d. Other: \_\_\_\_\_

11. What is the participant capacity (or anticipated capacity for new courts) of your program, in other words, how many participants can you realistically and effectively serve? \_\_\_\_\_

- Was your program capacity determined by formula or by service limitations?

\_\_\_\_\_  
\_\_\_\_\_

12. Describe your target population.

13. Describe your eligibility criteria.

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

15. Please describe your participant fee schedule.

16. What will be the average length of your program? \_\_\_\_\_

17. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases) - <i>specify if months or weeks</i>	Average number and hours of treatment sessions per week (or month in the later phases) - <i>specify if months or weeks</i>	Number of court appearances per month

**Clinical Questions**

All applicants should answer based on what you plan to implement.

1. Type of substance abuse assessments that will be used:

What is the name of the assessment tool(s)?	When are they conducted?	Who conducts them?

2. What is your *clinical* eligibility criteria?

3. How is the level of treatment determined? Who makes that determination?

4. What type(s) of evidence based treatment will your court use?

5. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of recidivism)?  
 \_\_\_\_\_ If yes, please describe the treatment.

6. How does the court ensure that the chosen tools/models are used consistently and faithfully?
  
7. How does your court plan to monitor fidelity for treatment? \_\_\_\_\_
  
8. Will your program have a treatment plan for each individual participant? \_\_\_\_\_ How often will it be reviewed and updated? \_\_\_\_\_

**Court Specific**

Please answer the appropriate section of questions for your type of court. Applicants should answer ALL of the questions in EACH section that you checked in question #4 under Identifying Questions.

**Drug Courts: Felony and Veterans**

Veterans Courts, if you also selected “Adult Felony Drug Court” on Question #4 in Identifying Questions, please fill out this set of Court Specific Questions.

1. Will your treatment provider provide the court with weekly, written reports on participant progress? \_\_\_\_\_ Please describe this process.
  
2. Will your program offer: *(check all that apply)*  group counseling  individual counseling  drug testing
  
3. Will your program offer: *(check all that apply)*  family counseling  gender specific counseling  health screens  domestic violence counseling  assessment and counseling for co-occurring mental health issues
  
4. Will 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: Adult, Juvenile and Veterans**

Veterans, if you also selected “Mental Health Court” on Question #4 in Identifying Questions, please fill out this set of Court Specific Questions. Juvenile Mental Health Courts should also complete this section.

1. 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.

2. Who sends referrals to your court?
  
3. What measures are in place in your program to ensure that a defendant does not spend more time in the Mental Health program than the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process?
  
4. Describe how you identify and resolve competency concerns.
  
5. What services are provided to participants; please check whether they are applied directly (D) and/or by linking to outside providers (OP): *Check all that apply.*

	D	OP
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Financial Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Interventions Services	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

6. Will you offer gender specific treatment? \_\_\_\_\_
  - Do you offer interpretative services? \_\_\_\_\_
  - Please list any other additional services:
  
7. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?
  
8. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at [www.gaaccountabilitycourts.org](http://www.gaaccountabilitycourts.org)).

**DUI Courts:**

1. How do you determine the right type and length of treatment for each participant?
  
2. Do you use monitoring equipment? \_\_\_\_\_
  - If yes, what kind \_\_\_\_\_
    - How often is it used and for what time period?
  
3. Explain your court’s partnerships with your local legislative delegation, local officials, other agencies, and community support
  
  
  
  
  
  
  
  
  
  
4. How do you caution the participants against driving without a license?

**Family Dependency Treatment Courts:**

1. 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.)
  
  
  
  
  
  
  
  
  
  
2. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)
  
  
  
  
  
  
  
  
  
  
3. Describe DFCS involvement in your court.
  
  
  
  
  
  
  
  
  
  
4. Is there a specific caseworker assigned to the drug court? \_\_\_\_\_ Have they had formal training specific to drug courts?

5. Is there a structured systematic assessment provided for the children in your program? \_\_\_\_\_
6. In order to graduate:
- Are clients required to have a job or be in school? \_\_\_\_\_
  - Are clients required to have a sober housing environment? \_\_\_\_\_
7. Did the presiding Judge of the program volunteer? \_\_\_\_\_ Is the Judge's term over the program indefinite? \_\_\_\_\_

**Juvenile Courts:**

1. Are all participants required to be enrolled in school or a GED program? \_\_\_\_\_
2. What is the annual cost savings brought about by your participants not being in YDC? \_\_\_\_\_
3. What percentage of your participants' parents are mandated to attend court sessions? \_\_\_\_\_
4. What percentage of your participants' parents are mandated to participate in treatment? \_\_\_\_\_
5. Does your program offer: *(check all that apply)*  gender specific counseling  domestic relations or family counseling  mental health treatment  parenting classes  anger management classes
6. Does your court receive assistance from the following? *(check all that apply)*  Local Churches or Faith Based Organizations  Civic Groups, Elks Club, Kiwanis, Rotary, etc.  Junior League  Local college or school groups  Other (please list): \_\_\_\_\_ If not, please explain



**Fund Source: How is your program currently funded?**

**All applicants should answer.** Remember, this grant is NOT intended to fund your program fully.

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
FY17 Accountability Court Grant Award:		
<b>TOTAL PROGRAM BUDGET</b>		

Describe your courts Sustainability Plan

Accountability Courts, new and existing, should begin working towards sustainability upon the inception of the program. It is prudent for a court to consider various methods of funding in the event that grant funds are not available. Your sustainability plan, which may include an action plan to attain funding without the use of grant funds, should be fully described.

## Narrative

Please **fully but concisely** 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.

## **Budget Instructions**

### **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, weapons or grant administrative overhead.

### **Budget Detail Worksheet**

Complete the attached budget detail worksheet. The budget should include everything you are requesting from grant funds AND matching funds. 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. 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, you do not have to provide a cash match for each line item.

### **Budget Explanation**

The Budget explanation 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 explanation should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The explanation should explain how all costs were estimated and calculated and how they are relevant to the program.

### **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 CACJ Funding Committee making cuts to your program that may affect mission critical services.

Budget Detail Worksheet

**A. Accountability Court Personnel/Salaries and Benefits**

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 "Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED</b>				

EXPLANATION:

**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. Show the budget calculation. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies". Make sure to explain how the equipment is necessary for the success of the program and describe the procurement method to be used.

Item	Purpose	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED</b>			

EXPLANATION:

**C. Supplies**

Drug testing supplies should be put under "Drug Tests/Testing Supplies". List items by type (e.g. general office supplies, postage, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are generally NOT funded for existing courts through this grant. Drug testing supplies should be put under "Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED</b>		

EXPLANATION:

**D. In-State Training and Travel**

Funds for travel must be budgeted in compliance with the State of Georgia Statewide Travel Regulations.

Purpose	Location	Traveler's Name/Title	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED:</b>				

EXPLANATION:



**E. Printing Supplies**

List items by type (e.g. letterhead/envelopes, business cards, brochures, manuals). Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED:</b>		

EXPLANATION:

**Other**

**F.1 Drug Tests/Testing Supplies**

List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED:</b>		

EXPLANATION:

**F.2 Contract Personnel**

Use this section to list requested items related to funding in the areas of; treatment supplies, treatment personnel, or other items related to ancillary services.

If entering requests for treatment personnel, please enter the name, if known, and service to be provided. Show the budget calculation; for the hourly rate multiplied by the estimated number of hours. (If you are requesting funding for contract employees such as treatment providers, surveillance officers, and lab technicians etc. they should be listed here.)

Item	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED:</b>		

EXPLANATION:

## Transportation Funding

All applicants should fill out the following if your court is seeking transportation grant funds. Transportation projects include things such as partnerships with the Department of Corrections or local Sheriff's offices to provide transportation to/from court or treatment services. Transportation vouchers (such as bus or train passes) may be requested. Transportation grant funds will not be allowed to be used for: vehicles, gas cards or incentives. Funding requests for this Budget Detail (see [F.3 Transportation Funding](#)) can be shared among multiple courts. The funds will be applied to the application in which the questions and Budget Detail are completed.

1. If you are applying for multiple courts, please list the courts.
2. How many participants do you anticipate will participate in your proposed transportation project (from Jan. 1, 2017 – June 30, 2017)? If you are applying for multiple courts, please list the court name then the number of participants.
3. How many new participants will your court add if the proposed transportation project is funded? If you are applying for multiple courts, please list the court name then the number of participants.
4. Please fully describe your proposed transportation project. Include why the project is needed and cannot be funded by other sources.

### F.3 Transportation Funding

If you are requesting funding for transportation, make sure you answered the questions under “[Transportation Funding](#)”. Transportation projects include things such as partnerships with the Department of Corrections or local Sheriff’s offices to provide transportation to/from court or treatment services, bikes and accessories, transportation vouchers (such as bus or train passes), etc. Transportation grant funds will not be allowed to be used for: vehicles, gas cards or incentives.

Item	Calculation	Total Grant Funds Requested
<b>TOTAL FUNDS REQUESTED:</b>		

EXPLANATION:

**Total Matching Funds**

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), the match must be from one of the allowable categories. The total grant match calculation was calculated for you on page 1 of this grant application. Below, applicants are to explain which areas their funds will be allocated from as well as fill out the chart provided.

**Match Waiver:** The CACJ 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. If you court is seeking the Funding Committee approval of the match waiver, the request must be submitted as a separate attachment and titled as the “*Match Waiver*”, when submitting the grant application.

	Matching Funds
Accountability Court Personnel	
Equipment	
Supplies	
Training and Travel	
Printing Supplies	
Drug Tests/Testing	
Treatment	
Transportation Funding	
Total Matching Funds:	

**EXPLANATION:**

**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:**

<b>Priority #</b>	<b>Budget Category</b>	<b>Item Description</b>	<b>Amount</b>
1.	A	Coordinator Salary and Benefits	\$60,000
2.	F.2	Treatment Provider	\$50,000
3.	F.1	Drug Tests	\$20,000

<b>Priority</b>	<b>Budget Category</b>	<b>Item Description</b>	<b>Amount</b>

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 confirming that the information in this Request for Funding Application is accurate and complete.

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

**Judge**

\_\_\_\_\_  
**Court**

\_\_\_\_\_  
**Date**



## Attachments

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

1. Certification for Accountability Court Funding (p. 24 of this grant)– signed and dated by the Accountability Court Judge.
2. Match Waiver for Funding, if applicable.