

2013
ACCOUNTABILITY COURT GRANT
SUBGRANTEE WORKSHOP

December 14, 2012

Workshop Agenda

- **Welcome & Logistics**
- **Section I**
 - ▣ Award Packet Activation
 - ▣ Subgrant Adjustment Reports
 - ▣ Subgrant Expenditure Requests
- **Section II**
 - ▣ Quarterly Reports
- **Section III**
 - ▣ Training and Travel Reimbursements



Grants and Policy Division

- Criminal Justice System Improvement (CJSI)
 - Financial management
 - Audit activities
 - Develops and coordinates processes
 - Site Visits and subgrantee compliance
- Planning and Policy
 - Output & Outcome reporting for grants (subgrantee compliance with programmatic aspects of grants)
 - Prepares annual programmatic reports, formula and competitive grant applications
 - Track national best practices, training opportunities, and program models

Help Georgia victim service providers build capacity



Grants and Policy Division

- Aisha Ford, Program Director
- Ursula Kelley, Grants Specialist



CJCC Contact Information

- Website Address

<http://cjcc.georgia.gov>

- Mail: Attn: Accountability Court Grants
Criminal Justice Coordinating Council
104 Marietta Street, NW, Suite 440
Atlanta, Georgia 30303-2743

- Phone: 404-657-1956

- Fax: 404-657-1957



Section I

Accountability Court Grant

Grant Period: October 01 2012- June 30, 2013

Accepting Your Award

- Award packages were mailed October 26, 2012 and are due December 15, 2012
- Refer to enclosed instructions when completing your award package
- Carefully review special conditions associated with grant
- Funds can not be drawn until all documentation is received and approved
- The Authorized Official for your grant must sign all award package documents



Authorized Official

- Government Agencies
 - Commission Chair, Mayor
- Delegating Signing Authority- Signature Authorization Letter
 - Authorized Official must sign award documents
 - Can be delegated for reporting purposes via letter
 - Authority applies to this grant only



Accepting your Award (cont.)

- Documents in award packet to complete:
 - ▣ Special Conditions
 - ▣ Reimbursement selection form – monthly/quarterly?
 - ▣ Subgrant Adjustment Request (SAR) #1



CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. *A voided check must be attached to ensure proper routing of funds.*)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

AGENCY CONTACT
TELEPHONE NUMBER: _____

AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE: _____

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	



Subgrant Adjustment Requests (SAR)

- Submit SAR #1 with your Award Package

- Submit a formal request when requesting revisions for the following:
 - ▣ Budget Adjustment
 - ▣ Project Officials/Addresses
 - ▣ Project Personnel
 - ▣ Goals and Objectives



Request for Reimbursements - Requirements

- Schedule for Submitting Reimbursements:
 - Monthly - due 15 days after end of month



If it's not listed in your approved budget, you cannot claim it!



10/12/11
DOC3H

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT # 2011-VA-GX-0010

SUBGRANT #:

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE:

FUNDING CATEGORY:

PROJECT PERIOD: 10/01/11 to 09/30/12

COMBINED FEDERAL & MATCH EXPENDITURES					
	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ _____	\$ _____ 0	\$ _____ 0	\$ _____	\$ _____
EQUIPMENT	_____ 0	_____ 0	_____ 0	_____ 0	_____
SUPPLIES	_____ 0	_____ 0	_____ 0	_____ 0	_____
TRAVEL	_____ 0	_____ 0	_____ 0	_____ 0	_____
PRINTING	_____ 0	_____ 0	_____ 0	_____ 0	_____
OTHER	_____ 0	_____ 0	_____ 0	_____ 0	_____
TOTAL	\$ _____	\$ _____ 0	\$ _____ 0	\$ _____	\$ _____
FEDERAL	_____	_____ 0	_____ 0	_____	_____
MATCH	_____	_____ 0	_____ 0	_____	_____

EARNED PROJECT INCOME FOR THE PERIOD:
FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ AMOUNT REQUESTED THIS REPORT: _____
SUBGRANT AWARD: \$ _____ REVIEWED BY (INITIALS & DATE): _____
REQUESTED TO DATE: _____ AUTHORIZED BY _____ DATE _____
BALANCE: _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
		Tif EI - Partial Order						
		Tif ED - Schedule Pay Date						
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT	
4710606000	13104	13139	0630104	315	707002			



Subgrant Expenditure Report [SER]

- All grant related expenses incurred for the month must be listed on this form to obtain reimbursement!
- Expenses must be incurred during the grant period
- Form must be signed by authorized official



Tips for Successfully Submitting Your Request

- Submit the following with each request:
 - **Subgrant Expenditure Report/Request for Funds Form –** (turnaround document) signed by authorized official /designee
 - **Supporting documents** (if applicable)
 - Purchase Orders
 - Invoices
 - Proof of Payment



Why is My Reimbursement Check Less Than I Requested?

- ❑ Mathematical Errors
- ❑ Not Signed by Authorized Official or Designee
- ❑ Expenses outside of grant period
- ❑ Expenditures submitted not on approved grant budget
- ❑ Lack of supporting documentation



Section II – Reporting

Why Report to CJCC?

- Required by the Accountability Court Funding Committee (*see special conditions)
- Assure adherence with Judicial Council standards
- End results:
 - ▣ Assess project performance
 - ▣ Provide appropriate technical assistance
 - ▣ Justify continued funding



Court Output Report

- Submitted monthly with your SER
 - Currently many courts already submitting SID & Offender information reports
 - Standardizes the way these are submitted
- Output report alerts CJCC about court's activity and number of offenders served
- Ensures grant dollars are going to operational courts



Court Output Report

Acctability_Ct_ReportingSheet - Microsoft Excel

Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

SECTION I - GENERAL INFORMATION

Court Name:

Current Subgrant No.:

Fiscal Agent Name:

Person Completing Form:

Phone Number:

Email:

Court Type:

Court Circuit:

GrantInfo Court_Output_Report

Ready 100%



Court Output Report

The screenshot shows a Microsoft Excel spreadsheet titled "Acctability_Ct_ReportingSheet". The ribbon includes Home, Insert, Page Layout, Formulas, Data, Review, and View. The Home ribbon is active, showing options for Clipboard, Font, Alignment, Number, Styles, Cells, and Editing. The spreadsheet has columns labeled A through Q and rows 1 through 26. The header row (row 1) contains the following labels: A: SID, B: Offender Birth Date (mm/dd/yyyy), C: Offender Race, D: Reporting Date, E: Offender County of Residence. The rest of the spreadsheet is empty.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	SID	Offender Birth Date (mm/dd/yyyy)	Offender Race	Reporting Date	Offender County of Residence												
2																	
3																	
4																	
5																	
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Submitting Court Output Reports

- Please email to courtreports@cjcc.ga.gov
 - Put grant number in subject line
 - Attach Excel Sheet
 - Sheet available at cjcc.georgia.gov: Grants>>Forms & Publications>>Expenditure Reporting Forms
- Will receive automatic message that email was received
 - Print out and include automatic response message with paper SER you send to us
- Properly completing form is important! CJCC will not process reimbursement without a completed form



Quarterly Reports

Report Number	Reporting Period	Due Date
1	July 1 – September 30, 2012	October 19, 2012
2	October 1 – December 31, 2012	January 15, 2013
3	January 1 – March 31, 2013	April 15, 2013
4	April 1 – June 30, 2013	July 15, 2013



Training Travel Reimbursement

Training Reimbursement Policy

Reminders

- If you, or your staff, attend an Accountability Court funded training please fill out the following forms, which will be provided at the training event:
 - ▣ Employee Travel Expense Statement
 - ▣ Personal Vehicle Mileage
 - ▣ Per Diem Calculator Tool
 - ▣ W-9 TIN and Certification (if you have not filled one out with the State in the past)

- If you, or your staff, have questions about these forms please contact the CJCC Finance Office.
 - ▣ Shawana Ducksworth – (404) 657-1996
 - ▣ Nathan Branscome – (404) 657-1997



Training Reimbursement Policy

Reminders

- Please be aware of the following guidelines:
 - Hotel stay for multi day training is only compensable if attendee lives more than 50 miles away.
 - Mileage is calculated based upon place of origin. If you leave from home then regular commuter miles must be subtracted.
 - Meals are compensated on the State Per Diem rate, and provided meals are not reimbursable.
 - Only 75% of meal cost on first and last day of training are compensable. Receipts are not required for meal reimbursement.
 - Please make sure to sign all forms and include your Social Security Number or TIN. If you are a state employee then please also insure that you include your state ID number.



Links and Resources

Contact Information

- **Aisha Ford, Program Director**
 - ▣ 404-657-2045 Office
 - ▣ 404-657-1957 Fax
 - ▣ Aisha.Ford@cjcc.ga.gov

- **Ursula Kelley, Grants Specialist**
 - ▣ 404-657-1968 Office
 - ▣ 404-657-1957 Fax
 - ▣ Ursula.Kelley@cjcc.ga.gov



Helpful Links & Resources

- **Criminal Justice Coordinating Council**

<http://cjcc.georgia.gov>

- **Georgia Accountability Courts**

<http://www.gaaccountabilitycourts.org/>



Questions???