

FY 14
JUVENILE JUSTICE INCENTIVE GRANT
SUBGRANTEE WORKSHOP

August 29, 2013



Workshop Agenda

- Welcome and Logistics
- Grants and Policy Division Overview
- Award Packet Activation
- Subgrant Adjustment Requests
- Subgrant Expenditure Requests
- Reimbursement Key Notes
- Links and Resources



Grants and Policy Division Staff

- Robert Thornton, Division Director
- Aisha Ford, Program Director, Criminal Justice Unit
- Reginald Boyd, Grant Specialist
- Ursula Kelley, Grant Specialist



Grants and Policy Division Overview

- Oversees financial management
- Audits fiscal and programmatic activities
- Develops and coordinates processes
- Conducts site visits to ensure subgrantee compliance
- Collects and reports outputs and outcomes for grants to state and federal stakeholders
- Drafts formula and competitive grant applications
- Tracks national best practices, training opportunities and program models
- Participates in Georgia victim service providers capacity-building



CJCC Contact Information

- Website Address
<http://cjcc.georgia.gov>
- Mail: Juvenile Justice Incentive Grant
Criminal Justice Coordinating Council
104 Marietta Street, NW, Suite 440
Atlanta, Georgia 30303-2743
- Phone: 404-657-1956
- Fax: 404-657-1957



Award Packet Activation

Juvenile Justice Incentive Grant

Grant Period: August 01, 2013 - June 30, 2014



Accepting Your Award

- Most award packages were mailed August 6, 2013 and are due back to CJCC by September 16, 2013 (45 days from the award date)
- Refer to enclosed instructions when completing your award package
- Carefully review special conditions
- Funds cannot be drawn down until all documentation is received and approved
- The Authorized Official for your grant **must** sign all award package documents



Authorized Official

- Government Agencies
 - County Commission Chair
- Delegating Signing Authority- Signature Authorization Letter
 - The Authorized Official **must** sign award documents
 - Signing authority can be delegated for reporting purposes by submitting a Signature Authorization Letter
 - Authority applies to this grant only



OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO. L _____

SUBGRANTEE: _____

IMPLEMENTING AGENCY: _____ **FEDERAL FUNDS:** 0

PROJECT NAME: Juvenile Justice Incentive Grant **MATCHING FUNDS:** 0

SUBGRANT NUMBER: _____ **TOTAL FUNDS:** 0

GRANT PERIOD: 08/01/13-06/30/14

This award is made under the State of Georgia Juvenile Justice Incentive Grant (JJIG) program and is subject to the administrative rules established by the Criminal Justice Coordinating Council. The purpose of the JJIG program is to provide funding for juvenile courts to serve youth in the community who would otherwise be committed to Georgia's Department of Juvenile Justice.

This subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL **SUBGRANTEE APPROVAL**

 Jacqueline Burt, Director
 Criminal Justice Coordinating Council
 Date Executed: 08/01/13

 Signature of Authorized Official Date _____
 Type Name & Title of Authorized Official
 18-191146-001
 Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS ID	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102		1	08/01/13	9		**	
OVERSIC	ORGAN	CLASS	PROJECT	VENDOR CODE			
2	66	4					

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Juvenile Justice Incentive Grant	9	

Accepting your Award (cont.)

- Documents in the award packet to complete:
 - Special Conditions
 - Reimbursement Selection Form
 - Subgrant Adjustment Request (SAR) #1
 - Subgrant Expenditure Report/Request for Funds
 - Request for Initial Advance Payment Form



**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 return 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 CJCJC Use ONLY

CJCJC Auditor:	
Phone Number:	
Grant Award Number:	
CJCJC Entry Initial Date:	



Subgrant Adjustment Requests (SAR)



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



<p>FORM NO. 10-1113 ORIGINAL JUSTICE DEPARTMENT OFFICE OF THE INSPECTOR GENERAL SUBGRANT ADJUSTMENT REQUEST</p> <p>AWARD # _____ FEDERAL GRANT # _____</p> <p>SECTION I: REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>REVENUE</td> <td>_____</td> <td>SECTION III</td> </tr> <tr> <td>EXPENSES</td> <td>_____</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>_____</td> <td></td> </tr> </table> <p>SECTION II: REQUEST FOR CHANGE IN PROJECT PERSONNEL - JUSTIFY IN SECTION IV</p> <p>SECTION III: REQUEST FOR CHANGES TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-FINANCIAL, NON-FINANCIAL CHANGES</p>	REVENUE	_____	SECTION III	EXPENSES	_____		TOTAL	_____		<p>FORM NO. 10-1113 ORIGINAL JUSTICE DEPARTMENT OFFICE OF THE INSPECTOR GENERAL SUBGRANT ADJUSTMENT REQUEST</p> <p>AWARD # _____ FEDERAL GRANT # _____</p> <p>SECTION IV: JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES</p> <p>SECTION V: SIGNATURES</p> <p>Signature of Executive Director of Project Services: _____ Date: _____</p> <p>DATE DURING AND APPROVAL</p> <p>Requested By: _____ Approved: _____ Reviewed Signature: _____</p> <p>Authorized By: _____</p>
REVENUE	_____	SECTION III								
EXPENSES	_____									
TOTAL	_____									

Subgrant Expenditure Requests (SER)



Request for Initial Advance Payment

CRIMINAL JUSTICE COORDINATING COUNCIL

08/29/13

TO: _____

FROM: _____

SUBJECT: REQUEST FOR INITIAL ADVANCE PAYMENT

REQUESTOR: _____

DATE: _____

AMOUNT: _____

PROJECT: _____

PROGRAM: _____

OFFICE: _____

STATUS: _____

REASON: _____

APPROVED BY: _____

DATE: _____

REMARKS: _____

FOR APPROVAL USE ONLY

NO.	DATE	BY	REMARKS



Reimbursement Key Notes



If the expense is not listed in your approved budget, you cannot claim it!



Tips for Successfully Submitting Your Reimbursement Request

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



Links and Resources



Contact Information

- **Aisha Ford, Program Director**
 - 404-657-2045 Office
 - 404-657-1957 Fax
 - Aisha.Ford@cjcc.ga.gov
- **Reginald Boyd, Grant Specialist**
 - 404-657-2073 Office
 - 404-657-1957 Fax
 - Reginald.Boyd@cjcc.ga.gov



Helpful Links & Resources

- Criminal Justice Coordinating Council
<http://cjcc.georgia.gov>
- Juvenile Justice Incentive Grant
<http://cjcc.georgia.gov/juvenile-justice-incentive-grant>



Questions???


