At the direction of the Accountability Court Funding Committee (ACFC),

the Criminal Justice Coordinating Council (Council) is pleased to announce this request for applications to support new and existing Accountability Court programs in the State of Georgia.

**State of Georgia**

**Accountability Court Funding Program FY’16 Supplemental Solicitation Packet**

**For *NEW* Courts**

**Eligibility**

Applicants are limited to local entities for new and existing Accountability Courts. Felony Court submissions are limited to one application per circuit, per court type (i.e. Adult Drug, Mental Health Court, Veteran’s, Family, DUI and Juvenile Courts) unless the courts are distinctly different as evidenced by different team members. This grant is ONLY for **new** courts.

**Deadline**

Applications are due by 5:00 p.m. on Friday, October 23, 2015.

**Available Funding**

The amount available for distribution will be determined at a later date.

There is a 10% cash match requirement.

**Award Period**

January 1, 2016 through June 30, 2016.

**Grant Assistance**

Please contact Aisha Ford, Program Director, at (404) 657-2045 or aisha.ford@cjcc.ga.gov.

**Release Date: September 21, 2015**

**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 ‘16 Supplemental 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 Funding Committee (ACFC) 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 FY’16 Supplemental Solicitation Packet in its entirety, complete a Request for Funding Application (Sections IV – VII) and submit the completed application, including the requested information and all required attachments, using the link on the Council’s website at [cjcc.georgia.gov](http://cjcc.georgia.gov) on or before 5 p.m., October 23, 2015. This form and provided budget detail are the only acceptable formats for submitting the narratives and budget for this funding year. Any application that does not adequately answer all applicable questions will be considered incomplete and will not be reviewed for funding.

**Match Requirement (10 percent CASH match)**

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).

*Match Waiver:* The ACFC 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. A match waiver request must be submitted as a separate attachment to the application and titled as the “Match Waiver.”

NOTE: The budget detail should distinguish the cash match funds, using an asterisk to show what amount of the budget is cash.

The formula for calculating the match is:

State Award Amount = Adjusted (Total) Project Cost

State Share Percentage

Required Recipient’s Match Percentage (10%) x Adjusted Project Cost = Required Match

**Example:**

10% match requirement for a state award amount of $100,000, match would be calculated as follows:

 $100,000 = $111,111 10% x $111,111 = $11,111

 .90

***SECTION II: SOLICITATION PROCESS***

Please read the Certification for Accountability Court Funding (page 2) in its entirety before completing the application. All accountability courts are required to submit a proposal, including a narrative and detailed budget, to support all funding requests through this grant. In addition, all accountability courts are required to attend mandatory trainings as designated by the Accountability Court Funding Committee.

**Implementation Courts**

Answer all of the questions to the best of your ability. In section V, please answer only the subsection that applies to your court. The committee understands that you may not have answers to all of the questions yet, but expects that you have thought through all of the issues related to each question.

**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 application;
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.

Only complete applications received by the deadline will be reviewed. **There is no commitment on the part of the ACFC 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 ACFC 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 ACFC.

**Funding Decisions**

All funding decisions related to Accountability Court Funding 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’s Executive 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, incentives, monthly cell phone charges, case management software, utilities, vehicles, weapons and grant administrative overhead.

**Supplanting**

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.

Generally, supplanting occurs when a local government or program reduces local or other available funds for an activity specifically because state funds are available (or expected to be available) to fund that same activity. When supplanting is not permitted, any State grant funds may not replace any local, or other available funds that have been appropriated or allocated for the same purpose. In those instances when a question of supplanting arises, the applicant or grantee will be required to substantiate that the reduction in non-state resources occurred for reasons other than the receipt or expected receipt of state funds.

***SECTION III: POST-AWARD REQUIREMENTS***

**Grant Acceptance**

Grantees wishing to accept FY’16 funding must submit signed Acceptance Letters and Special Conditions to the Council office by 5 p.m., December 31, 2015. The Accountability Court Funding Committee will assume your court rejects its FY’16 supplemental award if these acceptance documents are not received by this submission deadline.

**Special Conditions**

At the time of the grant award, the Accountability Court Funding Committee will assign special conditions as deemed 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 by 5 p.m., December 31, 2015 (see above).

**One half of all awarded funding must be requested in that quarter’s SER each reporting period. This means that the expenditure must be paid by your local funding agency and reimbursement requested from the Council within the reporting period. Any unused funds at the end of each quarter will be retained by the Council to be managed by the ACFC.** This is a **reimbursement** grant. If awarded funds, your court will be required to submit check stubs and copies of invoices to the Council for reimbursement on a quarterly basis.

**Training is REQUIRED for each court that accepts grant funding. Please see** [**www.gaaccountabilitycourts.org**](http://www.gaaccountabilitycourts.org) **for the training dates and required attendees.** Expenses for training will be reimbursed by the Council.

**Reporting Requirements**

Recipients of this FY’16 grant award will be required to complete and submit a Subgrant Expenditure Request (SER) on a monthly or quarterly basis. In addition, a Court Output Report will be due no later than 10 days after the end of each quarter. Failure to submit reports in a timely fashion could result in an end to grant funding.

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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)

☐ Family Dependency Treatment Court

☐ Juvenile Drug Court

☐ DUI Court

1. What counties does/will your program serve?

|  |  |  |  |
| --- | --- | --- | --- |
| **County**  | **# of Participants from County (as of 10/1/15)**  | **How often do you hold accountability court in this county?**  | **% of budget that comes from this county**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Indicate the type of funding and amount of funding (July 2015 – June 2016) for which you are applying (not your entire budget):

|  |  |  |
| --- | --- | --- |
| **New Courts** **Applying For Cash Match** |  |  **Existing Courts****Applying For Cash Match** |
|  |  |  $ $ |  |  |  $  |  $ |

1. When did/will your program begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of active participants (not including those who are AWOL) as of October 1, 2015 for FDTC, please list 1) the total number of parents and 2) the total number ofchildren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the participant capacity (or anticipated capacity for new courts) of your program (how many participants can you realistically and effectively serve)? \_\_\_\_\_\_
4. If your program is not at capacity, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Please Provide the Following Information:

**Court:**

|  |  |
| --- | --- |
| Name  |  |
| Street  |  |
| City, State, Zip  |  |
| Phone/ Fax  |  |
| EIN  |  |

**Coordinator:**

|  |  |  |
| --- | --- | --- |
| Name  |  |  |
| Phone/ Fax  |  |  |
| Email  |  |  |
|  |  | Attends Staffing?  |
|  |  | Attends Court/Status Hearings?  |

Is your coordinator a full time employee of the accountability court? \_\_\_\_\_\_\_\_\_\_\_\_

If not, please explain who employs the coordinator. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email Address** | **Attends Staffing?** | **Attends Court/Status Hearings?** |
| Prosecutor |  |  |  |
| Defense Attorney |  |  |  |
| Treatment Provider |  |  |  |

**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. Veteran’s Courts should include a VA rep/VJO and mentor coordinator.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Position** | **Email Address** | **Attends Staffing?** | **Attends Court/Status Hearings?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your court have an independent 501(c)3? \_\_\_\_\_\_\_\_\_ If not, why not?

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

1. Does your court have a formal policy on staff training requirements and continuing education?\_\_\_\_\_\_\_\_\_\_ If yes, briefly describe the policy.
2. What training(s) has your court attended in the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a structured written orientation program for new members of the team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operating Questions**

1. Describe your target population. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe your eligibility criteria. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many staffings do you conduct per month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What day/time are they/will they be held? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often are your status hearings/court sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are they P.O.S.T. certified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What case management software program does the program coordinator use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your annual treatment cost? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please describe your participant fee schedule. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. How much did you collect in participant fees in CY 2014? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Questions**

1. What is your clinical eligibility criteria?
2. What clinical screening tools does your court use (e.g., TCUDS, ASI, SASSI-2, etc)?
3. What risk/needs assessment tools does your court use (e.g., LSI-R, COMPAS)?
4. How do you determine what level of treatment is needed (e.g., ASAM, etc)?
5. What type of evidence based treatment does your court use? (e.g., CBI, MRT, etc)?
6. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of recidivism)?

What is used (e.g., MRT, TFAC, etc)?

1. How does the court ensure that the chosen tools/models are used consistently and faithfully?
2. How often does the program coordinator monitor (sit in on) treatment?
3. Does your program have a treatment plan for each individual participant?

How often is it updated?

1. Do you use your local CSB for treatment services?

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD?

* 1. Does the CSB get funding for treatment of your participants from other sources?\_\_\_\_\_\_\_ If yes, please list the other sources:
	2. Do you pay the CSB for:

\_\_\_\_\_\_ the full amount of treatment,

\_\_\_\_\_\_ additional, non-billable services such as case management only

 \_\_\_\_\_\_ nothing for the services for your participants

**Timing/General Questions**

1. What is the average length of your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phases/length**  | **Average # of drug screens per month**  | **Average number and hours of treatment sessions per month**  | **Number of court appearances per month**  | **Number of active participants in this phase (as of 1/1/15)**  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Drug Testing**

1. What percentage of your testing is random? \_\_\_\_\_

How do you ensure that the drug testing is random? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. For what drugs do you routinely screen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What drug testing company do you use (Siemens, Redwood, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are all of your urine screens be observed? \_\_\_\_\_\_\_\_\_\_

Who observes the urine sample?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have they had training? \_\_\_\_\_\_\_\_\_\_\_

Are they the same sex as the participant? \_\_\_\_\_\_\_\_\_\_

1. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you mail the screens to a lab, how often are they sent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the policy for participants to dispute the results of the drug screen.

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

1. Are creatinine violations considered positives? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are unexcused or missed screens considered positive?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SECTION V: COURT SPECIFIC***

**Please answer the appropriate section of questions for your type of court. You should answer ALL of the questions in each section that you checked in question #3.**

**Felony Drug Courts:**

1. Does your treatment provider provide the court with weekly, written reports on participant progress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your program offer: (check all that apply) \_\_\_\_\_ group counseling \_\_\_\_\_\_ individual counseling \_\_\_\_\_\_ drug testing?
3. Does your program offer: (check all that apply) \_\_\_\_\_\_family counseling \_\_\_\_\_\_ gender specific counseling \_\_\_\_\_\_ domestic violence counseling \_\_\_\_\_\_ health screens \_\_\_\_\_\_\_ assessment and counseling for co-occurring mental health issues?
4. Does 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:** (includes all levels of Courts)

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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Who sends referrals to your court?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. What measures are in place in your program to ensure that a defendant does not spend more time in the MH program than the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process?

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

1. Describe your guidelines for the identification and expeditious resolution of competency concerns.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Explain how the following services are provided to participants, either directly (D) and/or by linking to outside providers (OP):

\_\_\_\_\_\_\_\_\_ case management

\_\_\_\_\_\_\_\_\_ counseling

\_\_\_\_\_\_\_\_\_ crisis intervention services

\_\_\_\_\_\_\_\_\_ financial benefits

\_\_\_\_\_\_\_\_\_ housing

\_\_\_\_\_\_\_\_\_ medication

\_\_\_\_\_\_\_\_\_ MRT

\_\_\_\_\_\_\_\_\_ peer support

\_\_\_\_\_\_\_\_\_ substance abuse treatment

\_\_\_\_\_\_\_\_\_ other evidence-based

 treatment (please name)

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

1. Do you offer gender specific treatment? \_\_\_\_\_\_\_\_\_\_\_

Do you offer interpretative services?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list any other additional services your program offers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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?

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

1. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Performance measures - (January 1, 2014 - December 31, 2014):

\_\_\_\_\_ Percent of scheduled judicial status hearings attended by the participant

\_\_\_\_\_ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

1. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Family Drug Courts:**

1. Within the past year, please list:

\_\_\_\_\_ Number of graduates with new DFCS reports

\_\_\_\_\_ Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program

\_\_\_\_\_ Number of drug-free babies born while participant was active in program or to a graduate of the program.

\_\_\_\_\_ Number of days that participants’ children have been kept out of foster care.

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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Describe DFCS involvement in your court.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there a specific caseworker assigned to the drug court? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have they had formal training specific to drug courts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a structured systematic assessment provided for the children in your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was your program capacity determined by formula or by service limitations? \_\_\_\_\_\_\_\_\_
3. What challenges has your program experienced in the past year and how has your team overcome them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does treatment communicate with court via email? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In order to graduate, are clients required to have a job or be in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In order to graduate, are clients required to have a sober housing environment? \_\_\_\_\_\_
4. Did the presiding Judge of the program volunteer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the Judge’s term over the program indefinite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? \_\_\_\_\_\_\_\_\_\_\_\_If so, what were those modifications?

**ALL COURTS SHOULD ANSWER:** (this grant is **NOT** intended to fund your program fully)

1. How is or will your program be funded? (Add additional pages if necessary.)

|  |  |  |
| --- | --- | --- |
| **Fund Source** | **Amount** | **If you do not receive funding from this source, why not?** |
| County |  |  |
| DATE Fund |  |  |
| Participant Fees |  |  |
| **Federal Grants:** |  |  |
| BJA |  |  |
| SAMHSA |  |  |
| JAG (Federal or State) |  |  |
| Community Service Boards |  |  |
| **Local Community:** |  |  |
| Wal-Mart |  |  |
| Starbucks |  |  |
| Local Banks |  |  |
| Auto Dealerships |  |  |
| Hotels |  |  |
| Restaurants |  |  |
| Churches |  |  |
| Other Community Source |  |  |
| Total Amount of Community Funds |  |  |
| Revenue From Siemens Lab |  |  |
| Other Sources (please name): |  |  |
| 501 c(3) |  |  |
| **TOTAL PROGRAM BUDGET** |  |  |

1. Please describe your courts sustainability plan.

***SECTION V: NARRATIVE***

Please fully describe your request/project/expansion. Explain why your request cannot 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. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

***SECTION VI: BUDGETS***

**Budget Detail**

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds (please indicate with an \* which funds are matching). 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 ACFC.

**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. If you need additional space, please attach an additional page.

**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 ACFC needs to make cuts, it may consider your program’s preferences on this form. Please list the budget items you requested in the order of funding priority. Be sure to use the same wording you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

**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 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. Be sure to include the required 10% cash match. Please place an \* by the cash matches.

1. Total program expenditures (annual cost): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is your fiscal year (i.e., Jan to Dec or July to June): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Total amount of donations received in an average year (please estimate if necessary): \_\_\_\_\_\_\_\_\_\_\_\_

Please list your funding sources and amount of funds they provide your court on an annual basis (the total should equal the answer to the first question in this section).

|  |  |
| --- | --- |
| **Funding Source** | **Amount** |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total: | $ |

**BUDGET DETAIL WORKSHEET**

**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. Contract Personnel should be listed under “E. Other” category.

**Position Title/Name of Employee Calculation Budget**

**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**

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

**Narrative:**

**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. 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. Anything listed here should have a value over $4999. Anything under $5,000 should be requested under “C. Supplies”.

 **Item Purpose Calculation Budget**

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

 **Narrative:**

**C. Supplies.** List items by type (e.g. printing, office supplies, postage, copier usage, training supplies, brochures, manuals, audio/video, equipment under $5,000). Show budget calculation.

 **Item Calculation Budget**

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

 **Narrative:**

|  |
| --- |
| **D. Travel**. Funds must be budgeted in compliance with the State of Georgia Statewide Travel Regulations.**Purpose Location Traveler’s Name/Title Calculation Budget** **TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Narrative:** |

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

**Item Calculation Budget**

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

**Narrative:**

**E. (1) Contract Personnel.** Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly rate multiplied by the estimated number of hours. (If you are requesting funding for contract employees such as treatment providers, surveillance officers, lab technicians etc. they should be listed here.)

**Service Provided Name Calculation Budget**

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

**Narrative:**

**E. (2) Drug Tests/Testing Supplies.** List items by type. Show budget calculation(s).

**Item Calculation Budget**

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

**Narrative:**

**Budget Priority Form**

**Please list the budget items you requested in the order of funding priority. Please use the same wording you used on the budget detail form so we can match up your request.**

**Example:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority****#** | **Budget Category** | **Item Description** | **Amount** |
| 1. | A (1&2) | Coordinator Salary/Benefits | $75,000 |
| 2. | E (1) | Treatment Provider | $50,000 |
| 3. | E (2) | Drug Tests | $20,000 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority #** | **Budget Category** | **Item Description** | **Amount** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
|  |  |  |  |
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***SECTION VII: ATTACHMENTS***

**Required Forms**

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

\*Certification for Accountability Court Funding (page 2) – signed and dated by the accountability court judge

\*MOU between the Accountability Court and Treatment Provider (if you have one)