

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

**ESG-CV Emergency Shelter FFY20-21 Council of Accountability Court
Judges**

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

AGENCY: DeKalb County Government

PROJECT NAME: Housing

SUBGRANT NUMBER: A50-8-014

FEDERAL FUNDS: \$ 21,375

MATCHING FUNDS: \$ 0

TOTAL FUNDS: \$ 21,375

GRANT PERIOD: 01/01/22-09/30/22

This grant award is made by the Council of Accountability Court Judges of Georgia through the Emergency Solutions Grant ("ESG") program funded through the Coronavirus Aid, Relief, and Economic Security Act ("CARES") federal program awarded by the Georgia Department of Community Affairs. This grant is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by January 15, 2022.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 01/01/22

Typed Name & Title of Authorized Official

58-6000814-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

| TRANS CD | REFERENCE | ORDER | EFF DATE | TYPE | PAY DATE | INVOICE | CONTRACT # |
|----------|-----------|-------|----------|------|----------|-------------|------------|
| 102 | 01 | 1 | 01/01/22 | 9 | | ** | A50-8-014 |
| OVERRIDE | ORGAN | CLASS | PROJECT | | | VENDOR CODE | |
| 2 | 46 | 4 | 01 | | | | |

| ITEM CODE | DESCRIPTION 25 CHARACTERS | EXPENSE ACCT | AMOUNT |
|-----------|---------------------------|--------------|-----------|
| 1 | Housing | 624.41 | \$ 21,375 |

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: A50-8-014

PROJECT NAME: DCA Housing Grant

NATURE OF ADJUSTMENT:

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

REVISED BUDGET Go To SECTION I
 PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 PROJECT OFFICIALS/ADDRESSES. . . . Go To SECTION III
 PROJECT PERSONNEL. Go To SECTION III
 GOALS AND OBJECTIVES Go To SECTION III
 OTHER. Go To SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

| | CURRENT APPROVED | REVISIONS +/- | REVISED BUDGET |
|----------------|------------------|---------------|----------------|
| PERSONNEL | \$ 21,375 | _____ | _____ |
| EQUIPMENT | 0 | _____ | _____ |
| SUPPLIES | 0 | _____ | _____ |
| TRAVEL | 0 | _____ | _____ |
| PRINTING | 0 | _____ | _____ |
| OTHER | 0 | _____ | _____ |
| TOTAL | \$ 21,375 | _____ | _____ |
| Federal | \$ 21,375 | _____ | _____ |
| Match | \$ 0 | _____ | _____ |

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

| | | |
|-----------------------------|------------------------|--------------------|
| CURRENT GRANT PERIOD | REQUESTED GRANT PERIOD | FOR EXTENSION, |
| Start Date: <u>01/01/22</u> | Start Date: _____ | # OF MONTHS: _____ |
| End Date: <u>09/30/22</u> | End Date: _____ | |

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: A50-8-014

PROJECT NAME: DCA Housing Grant

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:

Signature of Financial Officer or Project Director

Title

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By: _____

Authorized By: _____

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

**ESG-CV Rapid Rehousing FFY20-21 Council of Accountability Court
Judges**

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

FEDERAL FUNDS: \$ 193,436

AGENCY: DeKalb County Government

MATCHING FUNDS: \$ 0

PROJECT NAME: Housing

TOTAL FUNDS: \$ 193,436

SUBGRANT NUMBER: A51-8-013

GRANT PERIOD: 01/01/22-09/30/22

This grant award is made by the Council of Accountability Court Judges of Georgia through the Emergency Solutions Grant ("ESG") program funded through the Coronavirus Aid, Relief, and Economic Security Act ("CARES") federal program awarded by the Georgia Department of Community Affairs. This grant is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by January 15, 2022.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 01/01/22

Typed Name & Title of Authorized Official

58-6000814-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

| TRANS CD | REFERENCE | ORDER | EFF DATE | TYPE | PAY DATE | INVOICE | CONTRACT # |
|----------|-----------|-------|----------|------|----------|-------------|------------|
| 102 | 01 | 1 | 01/01/22 | 9 | | ** | A51-8-013 |
| OVERRIDE | ORGAN | CLASS | PROJECT | | | VENDOR CODE | |
| 2 | 46 | 4 | 01 | | | | |

| ITEM CODE | DESCRIPTION 25 CHARACTERS | EXPENSE ACCT | AMOUNT |
|-----------|---------------------------|--------------|------------|
| 1 | Housing | 624.41 | \$ 193,436 |

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
 PROJECT NAME: ESG-CV Rapid Rehousing

SUBGRANT #: A51-8-013

NATURE OF ADJUSTMENT: _____ REVISED BUDGET Go To SECTION I
 _____ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 Mark all that apply. _____ PROJECT OFFICIALS/ADDRESSES. Go To SECTION III
 _____ PROJECT PERSONNEL. Go To SECTION III
 Adjustments of each type _____ GOALS AND OBJECTIVES Go To SECTION III
 shown should be entered _____ OTHER. Go To SECTION III
 in the section indicated.

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

| | CURRENT APPROVED | REVISIONS +/- | REVISED BUDGET |
|----------------|-------------------|---------------|----------------|
| PERSONNEL | \$ 193,436 | _____ | _____ |
| EQUIPMENT | 0 | _____ | _____ |
| SUPPLIES | 0 | _____ | _____ |
| TRAVEL | 0 | _____ | _____ |
| PRINTING | 0 | _____ | _____ |
| OTHER | 0 | _____ | _____ |
| TOTAL | \$ 193,436 | _____ | _____ |
| Federal | \$ 193,436 | _____ | _____ |
| Match | \$ 0 | _____ | _____ |

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

| | | |
|-----------------------------|------------------------|--------------------|
| CURRENT GRANT PERIOD | REQUESTED GRANT PERIOD | FOR EXTENSION, |
| Start Date: <u>01/01/22</u> | Start Date: _____ | # OF MONTHS: _____ |
| End Date: <u>09/30/22</u> | End Date: _____ | |

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REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: A51-8-013

PROJECT NAME: ESG-CV Rapid Rehousing

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

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SUBMITTED BY:

Signature of Financial Officer or Project Director

Title

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By: _____

Authorized By: _____

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

ESG-CV HMIS FFY20-21 Council of Accountability Court Judges

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

AGENCY: DeKalb County Government

PROJECT NAME: Housing

SUBGRANT NUMBER: A52-8-010

FEDERAL FUNDS: \$ 1,430

MATCHING FUNDS: \$ 0

TOTAL FUNDS: \$ 1,430

GRANT PERIOD: 01/01/22-09/30/22

This grant award is made by the Council of Accountability Court Judges of Georgia through the Emergency Solutions Grant ("ESG") program funded through the Coronavirus Aid, Relief, and Economic Security Act ("CARES") federal program awarded by the Georgia Department of Community Affairs. This grant is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by January 15, 2022.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 01/01/22

Typed Name & Title of Authorized Official

58-6000814-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

| TRANS CD | REFERENCE | ORDER | EFF DATE | TYPE | PAY DATE | INVOICE | CONTRACT # |
|----------|-----------|-------|----------|------|----------|-------------|------------|
| 102 | 01 | 1 | 01/01/22 | 9 | | ** | A52-8-010 |
| OVERRIDE | ORGAN | CLASS | PROJECT | | | VENDOR CODE | |
| 2 | 46 | 4 | 01 | | | | |

| ITEM CODE | DESCRIPTION 25 CHARACTERS | EXPENSE ACCT | AMOUNT |
|-----------|---------------------------|--------------|----------|
| 1 | Housing | 624.41 | \$ 1,430 |

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: A52-8-010

PROJECT NAME: ESG-CV HMIS

NATURE OF ADJUSTMENT:

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

- ___ REVISED BUDGET Go To SECTION I
- ___ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
- ___ PROJECT OFFICIALS/ADDRESSES. . . . Go To SECTION III
- ___ PROJECT PERSONNEL. Go To SECTION III
- ___ GOALS AND OBJECTIVES Go To SECTION III
- ___ OTHER. Go To SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

| | CURRENT APPROVED | REVISIONS +/- | REVISED BUDGET |
|----------------|------------------|---------------|----------------|
| PERSONNEL | \$ 1,430 | _____ | _____ |
| EQUIPMENT | 0 | _____ | _____ |
| SUPPLIES | 0 | _____ | _____ |
| TRAVEL | 0 | _____ | _____ |
| PRINTING | 0 | _____ | _____ |
| OTHER | 0 | _____ | _____ |
| TOTAL | \$ 1,430 | _____ | _____ |
| Federal | \$ 1,430 | _____ | _____ |
| Match | \$ 0 | _____ | _____ |

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

| | | |
|-----------------------------|------------------------|--------------------|
| CURRENT GRANT PERIOD | REQUESTED GRANT PERIOD | FOR EXTENSION, |
| Start Date: <u>01/01/22</u> | Start Date: _____ | # OF MONTHS: _____ |
| End Date: <u>09/30/22</u> | End Date: _____ | |

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REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: A52-8-010

PROJECT NAME: ESG-CV HMIS

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

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SUBMITTED BY:

Signature of Financial Officer or Project Director

Title

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By: _____

Authorized By: _____

FY'22 Budget Detail Worksheet Request - ESG Housing

Court Name Stone Mountain Judicial Circuit
AFDC, MHC, and VTC

| Budget Worksheet Category | Line Item Approvals | Line Item Totals |
|------------------------------|---|------------------|
| Personnel | | |
| Contract Services | Case Management - Split between RR/ES 37,500.00 Case Management Supplies -RR/ES 1,000.00 Rapid Rehousing Rent - RR 106,379.00 Rapid Rehousing Application Fees -RR 650.00 Rapid Rehousing Secuirty Deposits- RR 4,550.00 Rapid Rehousing (First and Last Month)- RR 30,394.00 Rapid Rehousing Utility Payments - RR 18,738.00 Hotel/Motel - ES 15,600.00 | \$214,811 |
| Supplies /Other Costs | | |
| Equipment | Laptop - HMIS 1,430.00 | \$1,430 |
| In State Training and Travel | | |
| Transportation Funding | | |
| Total Budget Request: | | \$216,241 |

Match: Not required.

CACJ Funding Committee Notes: Please see special conditions.

Must partner with landlords to expend Rapid Rehousing funds.

Please complete an SAR to move funds to support any furniture expenses.

Case Management - RR-85%/ES-15%