



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Nathan Deal
GOVERNOR

RECEIVED
5/24/18

May 16, 2018

Honorable Alvin T. Wong and Dax E. Lopez
DeKalb County DUI Court Supervised
3630 Camp Circle Suite 101
Decatur, Georgia 30032

Dear Judge Wong and Judge Lopez:

Congratulations! I am pleased to notify you that the Council of Accountability Court Judges Funding Committee has awarded a grant to your court, effective July 1, 2018 through June 30, 2019.

As you know, expanding and strengthening accountability courts in Georgia is not only one of my top initiatives as Governor, but also a very strong personal interest. I have seen firsthand the success stories that come out of courtrooms like yours. In most circumstances, programs made available through your accountability court are an individual's last chance to reclaim their lives and remain crime free. By providing you with the resources you need and expanding these services throughout the state, we can improve public safety and change lives in the process.

You will receive information from the Council of Accountability Court Judges Funding Committee and the Criminal Justice Coordinating Council regarding your award and other grant-related matters. Thank you for your service to the State of Georgia.

Sincerely,

Nathan Deal

FY'19 Budget Detail Worksheet

Court Name

Dekalb County DUI Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	Program Case Manager	35,694.00
	CM benefits	4,306.00
Contract Services	Lab Technician	0.00
	Counselor	11,700.00
	Counselor	19,300.00
Drug Testing Supplies	Consummables	801.00
	Confirmation tests	39,199.00
Other Costs	Participant Curriculum	0.00
	AA Books	0.00
Equipment		0.00
Training and Travel	State conference	1,769.00
Transportation	Public transportation	15,502.00
	Private transportation	15,502.00
Total Budget Request Award:		\$143,773.00

Match:

\$15,974.78

CACJ Funding Committee Notes:

Case manager funded on a one time emergency basis, please report participant fees collected

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

AGENCY: DeKalb County Government

PROJECT NAME: Driving Under the Influence

SUBGRANT NUMBER: A19-8-008

FEDERAL FUNDS: \$ 143,773

MATCHING FUNDS: \$ 15,975

TOTAL FUNDS: \$ 159,748

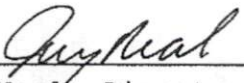
GRANT PERIOD: 07/01/18-06/30/19

This award is made under the Council of Accountability Courts Judges State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program 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 June 30, 2018.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 07/01/18

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	07/01/18	9		**	A19-8-008
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Driving Under the Influence	624.41	\$ 143,773

CRIMINAL JUSTICE COORDINATING COUNCIL

SPECIAL CONDITIONS

SUBGRANTEE: DeKalb County Government
PROJECT NAME: Driving Under the Influence
SUBGRANT NUMBER: A19-8-008
SUBGRANT AWARD: \$143,773

1. Subgrantees in receipt of grant funds to support internally provided evidence-based training(s) must comply with the following: notify the CACJ of projected training session dates; enter into agreements with qualified evidence-based facilitators; submit an Evidence-Based Training MOU for each attendee to the CACJ prior to the start of training session; submit an implementation timeline for the evidence-based treatment to the CACJ; and provide the CACJ with documentation of each attendee who achieved certification (upon the completion of the training session). Subgrantees shall only use funds to train direct accountability court service providers. CACJ will work with subgrantee to ensure that conditions have been met prior to the training(s) taking place.
Initials _____
2. All project costs not exclusively related to activities of the funded accountability court must be approved with a Subgrant Adjustment Request, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.
Initials _____
3. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.
Initials _____
4. The subgrantee must submit subsequent Subgrant Adjustment Requests to revise the budget, project summary, and implementation plan prior to any substantial changes, but no later than 30 days prior to the end of the subgrant period.
Initials _____
5. The subgrantee agrees that no funds shall be expensed outside of the approved budget. In addition, any funds spent under this subgrant award must be expended by the grant end date and not encumbered.
Initials _____

6. The subgrantee agrees that at least 25% of the awarded funds will be spent in the first quarter, 50% in the second quarter and 75% in the third quarter. If this condition is not met, any unused remaining funds from that quarter will be retained by the Council to be managed by the Council to be managed by the CACJ Funding Committee.
Initials _____
7. Waivers for the above 25% expenditure requirement may be granted at the committee's discretion for the 1st and 2nd quarters only. If a waiver is granted, the funds held over to the next quarter must be spent in the next quarter.
Initials _____
8. This is a reimbursement grant. Requests for reimbursement must be made on a quarterly basis. Subgrant Expenditure Reports are due 15 days after the end of the quarter.
Initials _____
9. The subgrantee certifies that state funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. State funds must be used to supplement existing funds for program activities and not replace funds appropriated for the same purpose. Potential supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the subgrantee will be required to document that the reduction in non-state resources occurred for reasons other than the receipt or anticipated receipt of state funds.
Initials _____
10. Statistical and/or evaluation data describing project performance must be submitted to the Council to be managed by the CACJ Funding Committee on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this subgrant and/or any other subgrant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.
Initials _____
11. The subgrantee certifies that 1) title to all equipment and/or supplies purchased with funds under this subgrant shall vest in the agency that purchased the property; 2) equipment and/or supplies will be maintained in accordance with established local or state procedures as long as the equipment and/or supplies are used for program-related purposes; and 3) once the project concludes and/or equipment is no longer utilized for its grant-funded purpose, the Criminal Justice Coordinating Council and Council of Accountability Court Judges will be informed of the available equipment and determine its future use to assure it is utilized in furtherance of the goals and objectives of the grant program and the State of Georgia.
Initials _____
12. If your court uses a Community Service Board (CSB) for treatment AND your court has received funds for treatment - these funds have been awarded provisionally. Prior to use, you must meet with the CSB to determine the

reason treatment is not provided as a part of the CSB's normal services. If the CSB is the best or only option for treatment for your court, you must provide the funding committee a written report explaining this. This report shall explain whether the CSB will be providing treatment for your court at their normal rate and whether or not they will only include your participants in the treatment groups. The committee will evaluate each report and will notify your court if it is acceptable to use grant funds towards treatment from the CSB.

Initials _____

13. All drug, veteran, mental health, family, and DUI courts must use a validated assessment tool approved by the Council of Accountability Court Judges. All courts are required to use an evidence-based treatment modality.

Initials _____

14. Subgrantees must comply with the training requirements as determined by the Council of Accountability Court Judges. All Evidence-based training attendees will be required to sign and submit the Evidence-Based Training MOU upon registering for CACJ supported training sessions. All attendees that achieve evidence-based certification are subject to fidelity monitoring.

Initials _____

15. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the CACJ Funding Committee that the award be rescinded.

Initials _____

16. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials _____

17. Subgrantees in receipt of grant funds to support internally provided evidence-based training(s) must comply with the following: notify the CACJ of projected training session dates; enter into agreements with qualified evidence-based facilitators; submit an Evidence-Based Training MOU for each attendee to the CACJ prior to the start of training session; submit an implementation timeline for the evidence-based treatment to the CACJ; and provide the CACJ with documentation of each attendee who achieved certification (upon the completion of the training session). Subgrantees shall only use funds to train direct accountability court service providers. CACJ will work with subgrantee to ensure that conditions have been met prior to the training(s) taking place.

Initials _____

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the Criminal Justice Coordinating Council.

Typed name of
Authorized Official: _____ Title : _____

Signature : _____ Date : _____

CRIMINAL JUSTICE COORDINATING COUNCIL
 SUBGRANT ADJUSTMENT REQUEST
 FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
 PROJECT NAME: DeKalb DUI

SUBGRANT #: A19-8-008

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	\$ 159,748	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 159,748	_____	_____
Federal	\$ 143,773	_____	_____
Match	\$ 15,975	_____	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/18	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/19	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.)

ADJ REQUEST #: 1

FEDERAL GRANT #

SUBGRANT ADJUSTMENT REQUEST

REQUEST DATE: _____

SUBGRANT #: A19-8-008

SUBGRANTEE: Dekalb County Government

PROJECT NAME: Dekalb DUI

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:

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: _____

PROJECT TITLE: _____

GRANT NUMBER: _____

Mr.

Ms.

PROJECT DIRECTOR NAME (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr.

Ms.

FINANCIAL OFFICER (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr.

Ms.

AUTHORIZED OFFICIAL (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

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:	

PERSONNEL ACTION FORM

Date _____
 Effective Date _____
 Location _____

Please check correct category	
<input type="checkbox"/> Regular	<input type="checkbox"/> Grant
<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Temporary	<input type="checkbox"/> Instructor

NAME _____ Employee I.D. _____
(Last) (First) (M.I.)

ADDRESS _____
(#) (Street) (apt) (City) (State) (Zip) (County)

MAILING ADDRESS _____
 (Leave blank if same as above)

ORGANIZATION _____
(Department name) (Project)

DATE OF EMPLOYMENT _____ RE-HIRE DATE _____ DATE OF BIRTH _____ PHONE# _____

Check for change of <input type="checkbox"/> Name/Address/Zip Code <input type="checkbox"/> Telephone/Location <input type="checkbox"/> Organization	Previous _____ New _____
	POSITION TITLE _____ GRADE _____ ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Appointment <input type="checkbox"/> Re-hire	ORG NO. & DEPT. NAME from _____ to _____ POSITION TITLE from _____ to _____ ANNUAL & HOURLY PAY RATE from _____ to _____ EXPLANATION _____
<input type="checkbox"/> RATE CHANGE <input type="checkbox"/> FUND CHANGE <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> PROMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> DEMOTION <input type="checkbox"/> PT/TEMP to FULL-TIME	Releasing Dept. Signature _____ (transfers only) <small>(forward to receiving department for approval below)</small>
<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIREMENT	POSITION TITLE _____ PENSION VESTED <input type="checkbox"/> YES <input type="checkbox"/> NO ANNUAL & HOURLY PAY RATE _____ AL DUE _____ COMP DUE _____ REASON _____ DID EMPLOYEE GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO How much notice? _____ WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain? _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE# _____	PENSION DATE _____	_____
INCUMBENT _____	REVIEW DATE _____	(DEPARTMENT HEAD)
EEOC FUNCTION _____	EEOC CATEGORY _____	_____
CLASS CODE# _____	OVERTIME _____	(HUMAN RESOURCES DIRECTOR)
PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE NOTIFIED _____	_____
LEAVE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER RETIREMENT _____ FICA/MEDICARE _____	(FINANCE DIRECTOR)



VENDOR MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT EMAIL: _____

PYMT REMIT EMAIL _____ LOC # _____

PYMT REMIT EMAIL _____ LOC # _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____
(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Vendor
- Classification Change _____
- Name Change**
- Bank Account Add
- E-Payable
- Add address
- Change of Address: Address # _____
- Bank Account Change
- 1099 Code _____
- FEI/TIN Change**
- Other (provide details in Section 4)
- Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor

SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- GA Based Business
- Women Owned
- Minority Business Certified
- Minority Business Enterprise
- Hispanic-Latino
- African American
- Native American
- Asian American
- Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Requestor Name: BEVERLY FORTE Agency BU#: 47100 Date: _____

Signature: Beverly Forte
Digitally signed by Beverly Forte
Date: 2017.07.28 15:28:46 -04'00'

Email: BEVERLY.FORTE@CJCC.GA.GOV Phone: 404-654-1744 Fax #: 404-654-1711