

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

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

AGENCY: DeKalb County Government

PROJECT NAME: Adult Felony Drug Courts

SUBGRANT NUMBER: J22-8-018

FEDERAL FUNDS: \$ 182,960

MATCHING FUNDS: \$ 20,329

TOTAL FUNDS: \$ 203,289

GRANT PERIOD: 07/01/21-06/30/22

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, 2021.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 07/01/21

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	07/01/21	9		**	J22-8-018
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Adult Felony Drug Courts	624.41	\$ 182,960

FY22 Operating Grant Award

FY'22 Budget Detail Worksheet

Court Name Dekalb County Adult Felony Drug Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	0.00	\$0
Contract Services	Psychiatrist 65,000.00 Nurse Practitioner 5,200.00 Peer Support 11,250.00 Counselor 15,600.00	\$97,050
Drug Testing Supplies	47,000.00	\$47,000
Supplies /Other Costs	Medications 1,000.00 Housing 1,000.00	\$2,000
Equipment		\$0
In State Training and Travel	CACJ Annual Conference (3 in-person attendees) 1,910.00	\$1,910
Transportation Funding	Public Transportation 35,000.00	\$35,000
Total Budget Request:		\$182,960

Match: \$20,329

CACJ Funding Committee Notes:

CRIMINAL JUSTICE COORDINATING COUNCIL
 SUBGRANT ADJUSTMENT REQUEST
 FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
 PROJECT NAME: DeKalb County Drug Court

SUBGRANT #: J22-8-018

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	\$ 203,289	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 203,289	_____	_____
Federal	\$ 182,960	_____	_____
Match	\$ 20,329	_____	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/21</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/22</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.)

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: J22-8-018

PROJECT NAME: DeKalb County Drug Court

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: _____