



STATE OF GEORGIA

OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Nathan Deal
GOVERNOR

May 15, 2018

Honorable Courtney L. Johnson
DeKalb County Drug Court
556 North McDonough Street, Suite 440
Decatur, Georgia 30030

Dear Judge Johnson:

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,

A handwritten signature in black ink that reads "Nathan Deal".

Nathan Deal

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

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

FEDERAL FUNDS: \$ 289,186

AGENCY: DeKalb County Government

MATCHING FUNDS: \$ 32,132

PROJECT NAME: Adult Felony Drug Courts

TOTAL FUNDS: \$ 321,318

SUBGRANT NUMBER: J19-8-018

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		**	J19-8-018
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	\$ 289,186

CRIMINAL JUSTICE COORDINATING COUNCIL

SPECIAL CONDITIONS

SUBGRANTEE: DeKalb County Government
PROJECT NAME: Adult Felony Drug Courts
SUBGRANT NUMBER: J19-8-018
SUBGRANT AWARD: \$289,186

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 _____

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 :** _____

FY'19 Budget Detail Worksheet

Court Name

DeKalb Felony Drug Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel		\$0.00
Contract Services	Psychiatrist/Physician 28,000.00 Nurse Practitioner 5,200.00 Counselor 163,800.00	\$197,000.00
Drug Testing Supplies	Consumables 6,447.00 Monitoring equipment 1,665.00 Confirmation tests 2,850.00 Onsite devices 825.00 Reagents typical drugs 36,192.00	\$47,979.00
Other Costs	Housing 1,000.00 Medication 1,000.00	\$2,000.00
Equipment	0.00	\$0.00
Training and Travel	CACJ State Conference 3,043.00	\$3,043.00
Transportation	Public transportation 39,164.00	\$39,164.00
Total Budget Request Award:		\$289,186.00

Match:

\$32,131.78

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 Felony Drug Court

SUBGRANT #: J19-8-018

NATURE OF ADJUSTMENT:	_____	REVISED BUDGET	Go To	SECTION I
Mark all that apply.	_____	PROJECT PERIOD AND/OR EXTENSION.	Go To	SECTION II
	_____	PROJECT OFFICIALS/ADDRESSES. . .	Go To	SECTION III
Adjustments of each type	_____	PROJECT PERSONNEL.	Go To	SECTION III
shown should be entered	_____	GOALS AND OBJECTIVES	Go To	SECTION III
in the section indicated.	_____	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	\$ 321,318	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 321,318	_____	_____
Federal	\$ 289,186	_____	_____
Match	\$ 32,132	_____	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/18</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/19</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
PROJECT NAME: DeKalb Felony Drug Court

SUBGRANT #: J19-8-018

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: _____

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT #

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE: DeKalb County Government
 1300 Commerce Drive
 Decatur, GA 30030-3222

PROJECT NAME: DeKalb Felony Drug Court

PROJECT PERIOD: 07/01/18 to 06/30/19

COMBINED FEDERAL & MATCH EXPENDITURES

	APPROVED BUDGET	PREVIOUSLY N/A THIS RPT	APPROVED EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ 321,318	\$ 0	\$ 0	\$ 321,318	\$ _____
EQUIPMENT	0	0	0	0	_____
SUPPLIES	0	0	0	0	_____
TRAVEL	0	0	0	0	_____
PRINTING	0	0	0	0	_____
OTHER	0	0	0	0	_____
TOTAL	\$ 321,318	\$ 0	\$ 0	\$ 321,318	\$
FEDERAL	289,186	0	0	289,186	_____
MATCH	32,132	0	0	32,132	_____

EARNED PROJECT INCOME FOR THE PERIOD:
 FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
 EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
 PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ J19-8-018 AMOUNT REQUESTED THIS REPORT: _____
 SUBGRANT AWARD: _____ \$ 289,186 * REVIEWED BY (INITIALS & DATE): _____
 REQUESTED TO DATE: _____
 BALANCE: _____ AUTHORIZED BY _____ DATE _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
Tif EI - Partial Order								
Tif ED - Schedule Pay Date								
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT	
4710606000	01	01	0630104	315	707002	J19-8-018E01		