

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

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

FEDERAL FUNDS: \$ 117,730

AGENCY: DeKalb County Government

MATCHING FUNDS: \$ 13,081

PROJECT NAME: Mental Health Court

TOTAL FUNDS: \$ 130,811

SUBGRANT NUMBER: J22-8-062

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		**	J22-8-062
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Mental Health Court	624.41	\$ 117,730

FY22 Operating Grant Award

FY'22 Budget Detail Worksheet

Court Name DeKalb County Felony Mental Health Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	Coordinator	50,898.00
	Benefits	24,047.00
Contract Services	Psychiatrist	7,000.00
	Nurse PR actioner	5,875.00
	Counselor	13,000.00
	Clinical Case Manager	0.00
Drug Testing Supplies	Consumables	
	Monitoring Equipment	
	Confirmation Testing	
	Onsite Devices	
	Reagents	
Other Costs	Housing	
	Medication	
Equipment		
In State Training and Travel	CACJ Annual Conference (3 in-person attendees)	1,910.00
Transportation Funding	Public Transportation	10,000.00
Total Budget Request:		\$117,730

Match: \$13,081

CACJ Funding Committee Notes:

Program census must increase. Please note that the average cost for the MHC participant is \$3,339.

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government

SUBGRANT #: J22-8-062

PROJECT NAME: DeKalb Felony Mental Health Court

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	\$ 130,811	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 130,811	_____	_____
Federal	\$ 117,730	_____	_____
Match	\$ 13,081	_____	_____

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 #: J22-8-062

PROJECT NAME: DeKalb Felony Mental Health 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: _____