

OFFICE OF THE GOVERNOR ATLANTA 30334-0900

Nathan Deal GOVERNOR

May 16, 2017

Honorable Asha Jackson DeKalb County Superior Court Mental Health Court 556 North McDonough Street Suite 440 Decatur, Georgia 30030

Dear Judge Jackson:

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, 2017 through June 30, 2018.

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

Lothon Deal

REFERENCE NO.: 01

OFFICE OF THE GOVERNOR CRIMINAL JUSTICE COORDINATING COUNCIL State of Georgia - Accountability Courts

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING
 AGENCY: DeKalb County Government

PROJECT NAME: Mental Health Court

FEDERAL FUNDS: \$ 130,911

MATCHING FUNDS: \$ 14,546

TOTAL FUNDS: \$ 145,457

SUBGRANT NUMBER: J18-8-061 **GRANT PERIOD:** 07/01/17-06/30/18

This award is made under the Accountability Courts 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, 2017.

AGENCY APPROVAL

SUBGRANTEE APPROVAL

- Juy Kial	
Jay Neal, Director	Signature of Authorized Official Date
Criminal Justice Coordinating Council	
Date Executed: 07/01/17	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	07/01/17	9		**	J18-8-061
OVERRIDE	ORGAN	CLASS	PROJECT			VENDO	R CODE
2	46	4		01	3		

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Mental Health Court	624.41	\$ 130,911

CRIMINAL JUSTICE COORDINATING COUNCIL State of Georgia - Accountability Courts

SPECIAL CONDITIONS

SUBGRANTEE: DeKalb County Government

quarter.

PROJE	ECT NAME:	Mental Health Court
SUBGF	RANT NUMBER:	J18-8-061
SUBGF	RANT AWARD:	\$130,911
1.	accountabilit and only the	osts not exclusively related to activities of the funded y court must be approved with a Subgrant Adjustment Request, costs of approved project-related activities will be under the Subgrant Award.
	award package project budge Council of Ac budget and su the subgrante Coordinating with the approximations.	e must submit Subgrant Adjustment Request #1 with the completed. The adjustment request must be accompanied by a detailed to that itemizes all projected expenditures as approved by the countability Court Judges (CACJ) Funding Committee. The project mmary will not be established, or officially approved, until e receives a written approval notice from the Criminal Justice Council. All project costs and project activities must coincide oved budget, summary, and implementation plan unless subsequent approved by the Criminal Justice Coordinating Council.
3.	the budget, p	e must submit subsequent Subgrant Adjustment Requests to revise roject summary, and implementation plan prior to any hanges, but no later than 30 days prior to the end of the od.
	approved budg	e agrees that no funds shall be expensed outside of the et. In addition, any funds spent under this subgrant award must y the grant end date and not encumbered.
	<pre>in the first quarter. If t quarter will</pre>	e agrees that at least 25% of the awarded funds will be spent quarter, 50% in the second quarter and 75% in the third his condition is not met, any unused remaining funds from that be retained by the Council to be managed by the Council to be e CACJ Funding Committee.
	committee's d	he above 25% expenditure requirement may be granted at the iscretion for the 1st and 2nd quarters only. If a waiver is funds held over to the next quarter must be spent in the next

SUBGRANT NUMBER: J18-8-061 SPECIAL CONDITIONS (Page 2)

Initials	5
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7.	This is a	reimbur	sement gr	ant.	Requests	for	rei	mbur	seme	ent	must	be	mac	le or	ıa
	quarterly	basis.	Subgrant	Exp	enditure	Repor	cts	are	due	15	days	aft	cer	the	end
	of the qua	arter.													
	Initials														

- 8. 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
- 9. 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
- 10. 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
- 11. 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

^{12.} All drug, veteran, mental health, family, and DUI courts must use a

SUBGR	ANT NUMBER: J18-8-061 SPECIAL CONDITIONS	(Page 3)
	validated assessment tool approved by the Council Judges. All courts are required to use an evidenmodality. Initials	
13.	Subgrantees must comply with the training requirer Council of Accountability Court Judges. Initials	ments as mandated by the
14.	Non-compliance with any of the special conditions document, by the authorized official, project off this grant, will result in a recommendation to the that the award be rescinded. Initials	icials and/or employees of
15.	Subgrantees must follow all accountability court the Council of Accountability Court Judges. Initials	standards as approved by
resul	e be advised that failure to comply with any of the tin material noncompliance with the Subgrant Agreant Agreement to possible termination by the Crimiil.	eement, thus subjecting the
	name of rized Official:	Title :
Signa	ture :	Date :

PRINT DATE: 05/15/17 GMIS DOCUMENT 3A

CRIMINAL JUSTICE COORDINATING COUNCIL SUBGRANT ADJUSTMENT REQUEST

REQUEST DATE:

PAGE 1 OF 2

FEDERAL GRANT # ADJ REQUEST #: 1

SUBGRANTEE: DeKalb County Government PROJECT NAME: DeKalb County Superior Me	ental Health Cou	SUBGRANT #: J18-8-061					
PROJECT NAME: DeKalb County Superior Mental Health Cou NATURE OF ADJUSTMENT: Mark all that apply. PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II PROJECT OFFICIALS/ADDRESSES Go To SECTION III Adjustments of each type							
SECTION I. REQUEST FOR BUDGET CHANGE -	JUSTIFY IN SECTION IV.						
CURRENT APPROV	ED REVISIONS +/-	REVISED BUDGET					
PERSONNEL \$ 145,45	<u> </u>						
EQUIPMENT							
SUPPLIES							
TRAVEL							
PRINTING							
OTHER							
TOTAL \$ 145,45	7						
Federal \$ 130,91							
Match \$ 14,54		WHAT THE REAL PROPERTY OF THE					
SECTION II. REQUEST FOR CHANGE IN PROJ	ECT PERIOD - JUSTIFY IN SECT	ION IV.					
CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,					
Start Date: 07/01/17	Start Date:	# OF MONTHS:					
End Date: 06/30/18	End Date:						
NOTE: The maximum extension request cannot exce	ed 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.)

PRINT DATE: 05/15/17
GMIS DOCUMENT 3A

CRIMINAL JUSTICE COORDINATING COUNCIL SUBGRANT ADJUSTMENT REQUEST

FEDERAL GRANT # ADJ REQUEST #: 1

REQUEST DATE:	
SUBGRANTEE: DeKalb County Government	SUBGRANT #: J18-8-061
PROJECT NAME: DeKalb County Superior Mental Health Cou	
SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVIS All requested adjustments in Sections I, II & III (page 1) must be justified Include item costs, descriptions, equipment lists, detailed explanations, that would further clarify and support your request for adjustment. Attach ad	in detail in this Section. and any other information
UBMITTED BY: ignature of Financial Officer or Project Director Titl	Le Date
JCC ROUTING AND APPROVALS: Approval Disapproval	Reviewer Signature
Reviewed By:	

Authorized By: ______

FY'18 Budget Detail Worksheet

Court Name

DeKalb County Mental Health Court (S)

Budget Worksheet Category	Line Item Approvals		Line Item Totals
Personnel	(S) Program Coordinator	49,899.20	\$73,946
	(S) Coordinator Benefits	24,046.42	
Contract Services	(S) Psychiatrist/Physician	20,000.00	\$30,000
	(S) Counselor	10,000.00	
Drug Testing Supplies	(S) Consumables		\$5,000
	(S) Confirmation Test		
	(S) Onsite Devices		
	(S) Reagents		
Non-Drug Testing Supplies	(S) Equipment	555.00	\$555
Equipment			* \$0
Training and Travel	(S) CACJ State Conference	2,885.00	\$2,885
Transportation	(S) Public Transportation	18,525.00	\$18,525
Total Budget Request:			\$130,911

Match:

\$14,546

CACJ Funding Committee Notes: