

Seeking Justice with Honor

PETER J. SKANDALAKIS

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Solicitor-General Macon-Bibb County

LEIGH PATTERSON

District Attorney Rome Judicial Circuit

BERT POSTON

District Attorney Conasauga Judicial Circuit

BRADFORD L. RIGBY

District Attorney Cordele Judicial Circuit November 17, 2021

Re: Federal Fiscal Year 2021 VOCA Allocation - October 1, 2021 through September 30, 2022

Dear Ms. Coleman-Stribling:

It is my pleasure to inform you that the Criminal Justice Coordinating Council (CJCC) has approved the Federal Fiscal Year 2022 VOCA Continuation Base funding applications as submitted by the Prosecuting Attorneys' Council of Georgia (PAC). Therefore, your office has been selected to receive a portion of those funds. Below are the specifics with regard to your allocation of the statewide grant distribution.

County: DeKalb

Implementing Prosecuting Attorney: Solicitor-General Donna Coleman-Stribling

Grant Period: October 1, 2021 through September 30, 2022

**VOCA Allocation (BASE VWAP Program Funding):** 

VOCA Federal Funds: \$212,075 VOCA Waived Match Funds: \$53,019 CJCC Sub-Grant Number: C21-8-001

Federal Grant Number: 15POVC-21-GG-00619-A

Bete J. Skandalakis

CFDA Number: 16.575

Please note that CJCC is requiring a mandatory match waiver on VOCA funds for Federal Fiscal Year

2022.

The activation documents (see included checklist for guidelines on submitting documents) must be returned to PAC by December 31, 2021. If you have any questions, please contact Sarai Leonides

(sleonides@pacga.org) or at (770) 282-6290.

Sincerely,

Peter J. Skandalakis Executive Director

Prosecuting Attorneys' Council



January 17, 2022

## Office of the Chief Executive Officer

Zachary L. Williams
Executive Assistant, Chief Operating Officer

Chief Executive Officer
Michael L. Thurmond

**Board of Commissioners** 

District I Robert Patrick

> District 2 Jeff Rader

District 3 Larry Johnson

District 4
Steve Bradshaw

District 5 Mereda D. Johnson

District 6 Edward 'Ted' Terry

Peter J. Skandalakis Executive Director, Prosecuting Attorneys' Council of Georgia 1590 Adamson Parkway, Fourth Floor Morrow, GA 30260-1755

District 7 Lorraine Cochran-Johnson

County: DeKalb

Implementing Prosecuting Attorney: Solicitor-General, Donna Coleman-Stribling

Grant Period: October 1, 2021 through September 30, 2022

Subgrant Number: C21-8-001

Dear Mr. Skandalakis:

Please allow this letter to serve as notification that I, Zachary L. Williams – COO of DeKalb County Government, designate DeKalb Solicitor-General Donna Coleman-Stribling, effective 1/17/2022, as the authorized signing official on all subsequent matters relevant to the Victims Of Crime Act grant expiring 9/30/2022.

Sincerely,

Zachary L. Williams

Executive Assistant, Chief Operating Officer

ZLW/sf/zg

# **CJCC Budget Detail Worksheet**

Agency Name:	PAC
Subgrant Number:	C21-8-001
Project Name:	DeKalb Solicitor-General VWAP
Select grant type:	VOCA

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost	Match?
Joycelin Campbell	\$46,000.00	100%	Biweekly	\$46,000.00	
Jeremy Hall	\$46,000.00	100%	Biweekly	\$46,000.00	
Dilianes Gonzalez-Castillo	\$46,000.00	100%	Biweekly	\$46,000.00	
	Joycelin Campbell Jeremy Hall	Joycelin Campbell	Salary Rate   Project	Salary Rate	Salary Rate   Project   Period   Cost

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost	Match?
				PERSONN	EL TOTAL	\$138,000	

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform. Volunteers must be valued at \$15/hour unless approved by CJCC staff for a higher rate. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

	Hours	Rate	Tota	l value	Match
Volunteers			\$	-	In-Kind
	VOLUNTEERS	TOTAL		\$0.00	

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a pecentage of salary or wages	% Time to Project	Cost	Match?
Victim Advocate	Joyeclin Campbell	\$46,000.00	FICA	7.65%	100%	\$3,519.00	
Victim Advocate	Joveclin Campbell	\$46,000.00	Insurance		100%	\$9,120.00	
Victim Advocate	Joyeclin Campbell	\$46,000.00	Retirement	18.56%	100%	\$8,537.60	
Victim Advocate	Jeremy Hall	\$46,000.00	FICA	7.65%	100%	\$3,519.00	
Victim Advocate	Jeremy Hall	\$46,000.00			100%	\$9,120.00	
Victim Advocate	Jeremy Hall	\$46,000.00	Retirement	18.56%	100%	\$8,537.60	
Victim Advocate	Dilianes Gonzalez-Castillo	\$46,000.00	FICA	7.65%	100%	\$3,519.00	
Victim Advocate	Dilianes Gonzalez-Castillo	\$46,000.00	Insurance		100%	\$9,120.00	
Victim Advocate Dilianes Gorizalez-Castillo  Dilianes Gorizalez-Castillo	\$46,000.00	Retirement	18.56%	100%	\$8,537.60		
					FRINGE TOTAL	\$63,529.80	

PERSONNEL GRAND TOTAL \$201,530

B. Travel— Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Travelers are eligible for the state mileage rate, but if your agency's reimbursement rate is lower you must use that rate instead

Trainings and Conferences	ences **All trainings and conferences must be pre-approved by submitting an agenda to your Specialist or Auditor.							
Purpose of Travel	Staff member	Item	Cost	# Individuals		# Trips	Cost	Match?
VWAP Conference Training	Victim Advocates	Hotel	\$175.00	3	2	1	\$1,050.00	

1

	Victim Advocates	Meals	\$36.00	3	3	1	\$324.00
NOVA Conference	Victim Advocates	Hotel	\$205.00	3	2	1	\$1,230.00
		Meals	\$36.00	3	3	1	\$324.00

Mileage						
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Match?
Training and Conferences	Victim Witness Advocates	\$100.00	\$0.560	1000	\$560.00	
Training and Comorcines					\$0.00	
			TRAVE	L TOTAL	\$3,488.00	

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
Equipment item	000, ps. 0			\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
	\$1,000.00	1	TBD	\$1,000.00	
Hygiene Products Safety Packs / Emergency Kits	\$1,000.00	1	TBD	\$1,000.00	
Toiletries	\$1,000.00	1	TBD	\$1,000.00	
Reusable Bags	\$1,000.00	1		\$1,000.00	
*					
			SUPPLY TOTAL	\$4,000.00	

E. Printing— List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
Victim Notification Card	\$500.00	\$1.00	TBD	\$500.00	
Go Bag Card	\$500.00	\$1.00	TBD	\$500.00	
Go Bag Card	000330		TBD	\$0.00	
			PRINTING TOTAL	\$1,000.00	

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost	Match?
VWAP Training Registration	\$250.00	3.00	100.00%	TBD	\$750.00	
NOVA Conference	\$250.00	3.00	100.00%	TBD	\$750.00	
Virtual Training Registration	\$139.38	4.00	100.00%	TBD	\$557.52	
virtual Training Negistration	ψ100.00	1		F. (1) Subtotal	\$2,057.52	

F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
			F. (2)Su	ubtotal	\$0.00	

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Name of Consultant	worksheet	Cost per unit	Define Unit of Service	# Units	Cost	Match?
			F. (2)Su	htatal	\$0.00	

F. (4) Indirect Cost: If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement must be submitted with your contract budget. Applicants may elect to use an amount up to the ten percent (10%) de Minimis rate of their Modified Total Direct Costs (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel that work directly on the project, and other operational costs such as supplies, printing, and travel that are directly related to the project. To use the de Minimus indirect cost rate complete the MTDC Calculator in the next tab. When you have completed this calculator, the total indirect cost will transfer to the space below.

Indirect Cost \$0

F. OTHER TOTAL \$2,058

G. Match Waiver: If your agency would like to request a match waiver, you should submit a letter, on your agency's letterhead, to the Georgia Criminal Justice Coordinating Council (CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the amount of match you are able to provide for the proposed project.

G. Match Waiver Amount:	\$53,019

Budget Summary—When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category		Amount	
A. Personnel and Fringe		\$201,530	
B. Travel		\$3,488	
C. Equipment		\$0	
D. Supplies		\$4,000	
E. Printing		\$1,000	
F. Other		\$2,058	
TOTAL PROJECT COSTS Award		\$212,075	
		\$212,075	
	Match Amount	\$0	
Match Breakdown	Cash	\$0	100%
Water Breakdown	In-Kind	\$0	0%

## **Budget Narrative**

#### Personnel

VOCA Award funding supports the salaries and benefits of four (3) full-time Victim Advocates employed with the DeKalb Solicitor General's Office [budget includes any pay increases projected for FY22]

## Training

Our office has allocated funds for registration, lodging, per diem, and personal vehicle use costs for these trainings for all advocates within the office.

## Supplies

Many victims of crime are lacking the essentials needed to care for themselves and/children after leaving a dangerous situation or simply seeking refuge. Our office is committed to creating an atmosphere where victims/survivors feel safe and trusting. Victim Advocates in our office will put together and store care kits for victims seeking services and/or refuge upon entering our office. These kits will be distributed throughout the county law enforcement and partnering agencies.

Hygiene Products - to include shampoo, conditioner, hair care products, face wash, soap, deodorant etc.

Safety / Emergency Kits – to include car-phone chargers, stress balls, mini flashlights, mini first aid kit

Important Documents Kit - to include pens, memo pads, notebooks, document holder

Toiletries - tissue, hand sanitizer, wet wipes, toothbrushes and paste, mouth wash, small face towels

Reusable bags for care packs

## Printing

Victim Notification Card (to be widely distributed throughout the county and provided to law enforcement and partner agencies)

"Go Bag Card" - Printed card to go in care packs and for general distribution. Card will contain information about domestic violence and safety planning.

Victim-Witness Assistance Program brochures

Crime Victims Awareness Week - Event flyers, posters and educational handouts

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout you budget narrative and detail worksheet for which items these funds will be used.