



Lumpkin County, Georgia

Finance Department

Date: May 22, 2015

Agenda Item: Grant Award
Criminal Justice Coordinating Council
Accountability Court Funding Program
Enotah Family Treatment Court

Item Description: The Criminal Justice Coordinating Council (CJCC) has selected the application submitted by the County on behalf of the Enotah Judicial Circuit to receive a grant award in the amount of \$153,380.00 to fund its Family Treatment Court. The grant period is July 1st, 2015 through June 30th, 2016.

Facts & Historical Information:

In March of this year, the County submitted a grant application to CJCC on behalf of the Enotah Judicial Circuit to fund its Family Treatment Court. The primary duty of the Court is to provide oversight and treatment to parents who are involved with the Department of Family and Children's Services and have substance abuse problems. Court participants receive drug and alcohol treatment as well as individual and family counseling. Participants are subject to surveillance visits and drug screens. Participants also report to the Court weekly or bi-weekly depending upon their phase in the program and receive incentives or sanctions as warranted.

Potential Courses of Action:

- A. Accept the grant award from CJCC on behalf of the Enotah Judicial Circuit's Family Treatment Court.
- B. Take no action.

Budget Impact: The grant award requires a cash match of \$17,042.00 which, will be met by utilizing D.A.R.E. funds allocated to the Family Treatment Court. As a result, there will be no impact to the County's budget.

Staff

Recommendation: Please see statement from Judge Bruce.



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Nathan Deal
GOVERNOR

May 15, 2015

Honorable Gerald Bruce
Enotah Family Treatment Court
Post Office Box 2256
Dahlonega, Georgia 30533

Dear Judge Bruce:

Congratulations! I am pleased to notify you that the Accountability Court Funding Committee has awarded a grant to the Enotah Family Treatment Court in the amount of \$153,380. This grant award is effective July 1, 2015 through June 30, 2016.

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 positively changes lives in the process.

You will receive information from the Accountability Court 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 cursive script that reads "Nathan Deal".

Nathan Deal

**ACCOUNTABILITY COURT FUNDING COMMITTEE
AWARDED GRANT FUNDING
FY'16**

COURT NAME: Enotah Family Drug Court
 PRESIDING JUDGE: Gerald Bruce
 TOTAL FY16 AWARD: 153,380
 MATCH: 17,042
 # OF PARTICIPANTS: 34

<u>Budget Worksheet Category</u>	<u>Line Item Approvals</u>		<u>Category Total</u>
A.(1) Personnel/Salaries & Benef	Coordinator	50,000	92,200
	Case Manager	42,200	
B. Contract Personnel	Surveillance	14,380	52,780
	Drug Testing Nurse	5,400	
	Treatment	33,000	
C. Drug Testing/Supplies	Drug Screens		8,400
D. Equipment			
E. Supplies			
F. In State Travel			
G. Other			
Total:			153,380
 Match:	surveillance		
	Treatment		
	Test day lite		

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

SUBGRANT AWARD

SUBGRANTEE: Lumpkin County Commission

IMPLEMENTING

AGENCY: Enotah Judicial Circuit

PROJECT NAME: Family Drug Court

SUBGRANT NUMBER: J16-8-076

FEDERAL FUNDS: \$ 153,380

MATCHING FUNDS: \$ 17,042

TOTAL FUNDS: \$ 170,422

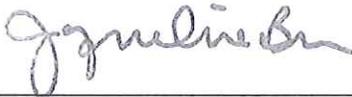
GRANT PERIOD: 07/01/15-06/30/16

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, 2015.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



 Jacqueline Bunn, Director
 Criminal Justice Coordinating Council

Date Executed: 07/01/15

 Signature of Authorized Official Date

Chris Dockery, Chairman

 Typed Name & Title of Authorized Official

58-6000857-001

 Employer Tax Identification Number (EIN)

 INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/15	9		**	J16-8-076
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Family Drug Court	624.41	\$ 153,380

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia - Accountability Courts

SPECIAL CONDITIONS

SUBGRANTEE: Lumpkin County Commission
PROJECT NAME: Family Drug Court
SUBGRANT NUMBER: J16-8-076
SUBGRANT AWARD: \$153,380

1. 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 mm
2. 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 Accountability Court 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 mm
3. 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 mm
4. 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 mm
5. 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 Accountability Court Funding Committee.
Initials mm
6. 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 mm

7. 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 mm

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 mm

9. Statistical and/or evaluation data describing project performance must be submitted to the Criminal Justice Coordinating Council 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 mm

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 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 mm

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 mm

12. All drug, veteran, mental health, family, and DUI courts must use the LSI-R tool, and follow their court standards. All courts are required to use an evidence-based treatment modality.

Initials MM

13. Subgrantees must comply with the training requirements as mandated by the Accountability Court Funding Committee.

Initials MM

14. 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 Accountability Court Funding Committee that the award be rescinded.

Initials MM

15. Each recipient must report the State Identification Numbers (SID) of all new participants admitted during each month. SID reports must be submitted monthly.

Initials MM

16. The program coordinator must conduct an unannounced visit to its treatment provider where he/she will observe the treatment session in its entirety at least quarterly.

Initials MM

17. Any court older than three (3) years must establish a planning group/steering committee, which must meet at a minimum of twice per year.

Initials MM

18. A minimum of 75% of all drug screens must be random.

Initials MM

19. Creatinine violations should be treated as a positive drug screen by the courts. While exceptions may occur, violations are subject to review by the funding committee and may affect future funding decisions.

Initials MM

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: Chris Dockery Title : Chairman

Signature : _____ Date : _____

REQUEST DATE: 07-01-2015

SUBGRANTEE: Lumpkin County Commission
PROJECT NAME: Enotah Family Drug Court

SUBGRANT #: J16-8-076

NATURE OF ADJUSTMENT: X 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	\$ 170,422	(78,222)	92,200
EQUIPMENT	0	0	0
SUPPLIES	0	8,400	8,400
TRAVEL	0	0	0
PRINTING	0	0	0
OTHER	0	69,822	69,822
TOTAL	\$ 170,422	N/A	170,422
Federal	\$ 153,380	N/A	153,380
Match	\$ 17,042	N/A	17,042

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/15</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/16</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.)

N/A

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: 07-01-2015

SUBGRANTEE: Lumpkin County Commission

SUBGRANT #: J16-8-076

PROJECT NAME: Enotah Family 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.

To reallocate approved budget to other budget categories in an effort to more accurately reflect proposed grant activities.

- Personnel \$92,200.00 Salaries and benefits for Coordinator and Case Manager
- Supplies \$ 8,400.00 Drug Screens
- Other \$69,822.00 Surveillance, Drug Testing Nurse, and Treatment

SUBMITTED BY:

C. Allman

Finance Director

5/26/15

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 REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: J16-8-076

AGENCY NAME: Lumpkin County Commission

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. A voided check must be attached to ensure proper routing of funds.)

BANK NAME: United Community Bank

BANK ROUTING NUMBER: 061112843

BANK ACCOUNT NUMBER: 2004197477

AGENCY CONTACT NAME: Mark French

AGENCY CONTACT
TELEPHONE NUMBER: (706) 482-2552

AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE: Chris Dockery, Chairman

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES



Lumpkin County Board of Commissioners

GENERAL FUND

99 Courthouse Hill, Suite D
Dahlonega, GA 30533

UNITED
Community Bank
Dahlonega, Georgia 30533

64-1284
611

NO. 153516

CHECK DATE

AMOUNT

VOID AFTER 90 DAYS

PAY
TO THE
ORDER OF

VOID



VOID

THIS CHECK CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

⑈ 153516⑈ ⑆061112843⑆ 2004197477⑈

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VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: 58-6000857

VENDOR NAME: Lumpkin County Commission

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) N/A

ADDRESS: 99 Courthouse Hill

ADDRESS CONT: Suite D

CITY: Dahlonega STATE: GA ZIP CODE: 30533 COUNTRY: US

PHONE NUMBER: (706) 482-2552 FAX NUMBER: (706) 482-2201

EMAIL: mark.french@lumpkincounty.gov

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # 061112843 BANK ACCOUNT # 2004197477

- Check here if General Bank Account can be used by ALL State of Georgia agencies making payments
- Check here if this account can only be used for a SPECIFIC purpose Reimbursement - Grant #J16-8-076

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

C. Allison Martin, Finance Director

C. Allison Martin

5/26/15

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> New Vendor | <input type="checkbox"/> Employee | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address | <input type="checkbox"/> FEI/TIN Change** |
| <input type="checkbox"/> Name Change** | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Right of Way Purchase |
| <input type="checkbox"/> Vendor Deactivation | <input type="checkbox"/> Fleet Anywhere Vendor | <input type="checkbox"/> Other (provide details in Section 4) |
| <input checked="" type="checkbox"/> Bank Account Add | <input type="checkbox"/> Bank Account Change | <input type="checkbox"/> Bank Account Delete |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic-Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander |

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: _____ Agency BU#: _____ Date: _____

Email: _____ Phone: _____ Fax #: _____

WARNING: THIS CHECK IS PROTECTED BY SPECIAL SECURITY/GUARD PROGRAM FEATURES.



Lumpkin County Board of Commissioners
GENERAL FUND

99 Courthouse Hill, Suite D
Dahlonega, GA 30533

UNITED
Community Bank
Dahlonega, Georgia 30533

64-1284
611

NO. 153516

CHECK DATE

AMOUNT

VOID AFTER 90 DAYS

VOID



THIS CHECK CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

⑈ 153516 ⑈ ⑆061112843⑆ 2004197477⑈

000014

PAY
TO THE
ORDER OF

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Lumpkin County Commission

PROJECT TITLE: Enotah Family Treatment Court

GRANT NUMBER: J16-8-076

- Mr.
 Ms.

Magdalene McDonald

PROJECT DIRECTOR NAME (Type or Print)
Coordinator – Enotah Family Treatment Court

Title and Agency		
<u>P. O. Box 2256</u>	<u>Dahlonega, GA</u>	<u>30533</u>
Official Agency Mailing Address	City	Zip
<u>(706) 482-2688</u>	<u>(706) 867-7996</u>	
Daytime Telephone Number	Fax Number	
<u>enotahfamilycourt@gmail.com</u>		
E-Mail Address		

- Mr.
 Ms.

Allison Martin

FINANCIAL OFFICER (Type or Print)
Finance Director – Lumpkin County Board of Commissioners

Title and Agency		
<u>99 Courthouse Hill – Suite D</u>	<u>Dahlonega, GA</u>	<u>30533</u>
Official Agency Mailing Address	City	Zip
<u>(706) 482-2550</u>	<u>(706) 482-2201</u>	
Daytime Telephone Number	Fax Number	
<u>allison.martin@lumpkincounty.gov</u>		
E-Mail Address		

- Mr.
 Ms.

Chris Dockery

AUTHORIZED OFFICIAL (Type or Print)
Chairman – Lumpkin County Board of Commissioners

Title and Agency		
<u>99 Courthouse Hill – Suite H</u>	<u>Dahlonega, GA</u>	<u>30533</u>
Official Agency Mailing Address	City	Zip
<u>(706) 864-3742</u>	<u>(706) 482-2697</u>	
Daytime Telephone Number	Fax Number	
<u>commissioner@lumpkincounty.gov</u>		
E-Mail Address		



LUMPKIN COUNTY BOARD OF COMMISSIONERS



Doug Sherrill
District 1

Chris Dockery
Chairman

Rhett Stringer
District 3

Steve Shaw
District 2

Bob Pullen
District 4

June 16, 2015

Criminal Justice Coordinating Council
104 Marietta Street
Suite 440
Atlanta, GA 30303-2743

Re: Lumpkin County Commission
Subgrant #J16-8-076
Signature Authorization

Dear Sir or Madam:

I have designated the County's Finance Director, Mrs. C. Allison Martin, as the authorized signature for future submissions of forms and other documents pertaining to the above referenced subgrant award.

Sincerely,

Chris Dockery
Chairman

CD:mwf



JUVENILE COURTS
ENOTAH JUDICIAL CIRCUIT

GERALD W. BRUCE, Judge

325 RILEY ROAD, ROOM 223
DAHLONEGA, GA 30533

TELEPHONE: (706) 864-8770
FACSIMILE: (706) 867-7996

May 27, 2015

To: Lumpkin County Board of Commissioners

Re: Enotah Family Drug Treatment Court

Dear Commissioners:

We are once again preparing our grant for the upcoming year in order to continue providing services to the community. Many people don't see a drug court as a community service, but we are actively involved in taking members of the community who are utterly captive to a substance addiction and we are working to get them reunited to their children. In doing so, we are saving on local incarceration costs, foster-care costs, and are putting members into the local workforce with new skills.

The parents we're working with are more productive and less likely to need future intervention; the children are less likely to be disruptive in school and are more likely to be involved in the juvenile and adult justice system. Family Drug Treatment Courts do not get the press that adult felony drug courts get, but we are first and foremost about making families stronger. All in all, the stronger families we're building are a major component of a healthy, thriving community.

We are very thankful to Lumpkin County for acting as fiscal agent for our grant. My interactions with your staff are, from my point of view, smooth and professional, and we could not be happier with the quality of service and assistance we receive from the County.

Sincerely,

Jerry Bruce