

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO.: 01

SUBGRANT AWARD

SUBGRANTEE: Fulton County Board of Commissioners

IMPLEMENTING

AGENCY: Fulton County BOC

PROJECT NAME: Veterans Court

SUBGRANT NUMBER: J22-8-096

FEDERAL FUNDS: \$ 189,270

MATCHING FUNDS: \$ 21,030

TOTAL FUNDS: \$ 210,300

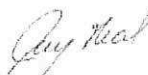
GRANT PERIOD: 07/01/21-06/30/22

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

Date Executed: 07/01/21


Signature of Authorized Official Date

ROBERT L. PITTS
CHAIRMAN

Typed Name & Title of Authorized Official

58-6001729-001

Employer Tax Identification Number (EIN)


TONYA R. GRIER
CLERK TO THE COMMISSION

ITEM # 21-1353 RCS 5/19/21
RECESS MEETING

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/21	9		**	J22-8-096
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				
ITEM CODE	DESCRIPTION 25 CHARACTERS			EXPENSE ACCT		AMOUNT	
1	Veterans Court			624.41		\$ 189,270	

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

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 JC

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request is accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. This initial SAR is part of the grant activation process and enables the CJCC to initiate the grant. 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 JC

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 JC

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 JC

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 CACJ Funding Committee.

Initials JC

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 JC

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 reporting period. SERs may be submitted monthly.

Initials JC

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 JC

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit all requested 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 gc

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 the 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 gc

11. If your court uses a CSB/DBHDD enrolled provider for treatment and receives specific contracted funds for mental health and/or addictive disease treatment court services, these funds have been awarded provisionally. Prior to use, the court must meet with the CSB/DBHDD enrolled provider to determine what services are billable and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials gc

12. 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 evidence-based treatment modalities.

Initials gc

13. 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. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials gc

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials gc

15. Subgrantees in receipt of funds to support participant treatment are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials gc

16. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified

evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials gc

17. CACJ may designate preferred vendors or suppliers of products or services that are either on state contract or with which the CACJ has an agreement or contract in place. Subgrantees may be required to utilize such contracts or agreements for designated products or services or be required to justify that their purchases are less costly.

Initials gc

18. 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 gc

19. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials gc

20. Subgrantees must abide by the Rules of the Council of Accountability Court Judges. Subgrantees are responsible for obtaining the current version of the Rules and ensuring that program activities operate in compliance with the Rules. The Rules, in their entirety, are incorporated herein by reference and compliance with the Rules is a condition of this grant. A failure to comply with the Rules may result in immediate rescission of a grant award. The CACJ is not required to follow the procedures outlined in Article 8 of the Rules (decertification procedures) when the subgrantee has failed to comply with these grant conditions.

Initials gc

21. Subgrantees must create and maintain a pandemic policy that outlines how the program will manage operations during a pandemic. This pandemic policy must include provisions for management of a second spike in disease prevalence, such as that anticipated by health experts later this year resulting from the spread of the novel coronavirus. Subgrantees must submit their pandemic policy to the CACJ no later than September 30, 2020. Instructions for submission will be circulated by the CACJ to subgrantees by August 1, 2020. The CACJ may distribute and/or publicly publish a program's pandemic policy as a sample policy to assist other programs across the state; however, the CACJ will contact the program for permission to publish before doing so.

Initials gc

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.



ROBERT L. PITTS
Authorized Official Signature
CHAIRMAN

6/27/2021
Date

Print Authorized Official Name

Title

ITEM # 21-6353 RCS 5/19/21
RECESS MEETING

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-096

PROJECT NAME: Fulton County Veterans Treatment 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	\$ 210,300	-45,927	164,373 (Inc. 21,030 match)
EQUIPMENT	0		
SUPPLIES	0		
TRAVEL	0	+1,927	1,927
PRINTING	0		
OTHER	0	+44,000	44,000
TOTAL	\$ 210,300		210,300
Federal	\$ 189,270		189,270
Match	\$ 21,030		21,030

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION, # OF MONTHS:
Start Date: 07/01/21	Start Date: _____	_____
End Date: 06/30/22	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 #

PAGE 2 of 2

ADJ REQUEST #: 1

REQUEST DATE: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-096

PROJECT NAME: Fulton County Veterans Treatment 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.

No Changes

SUBMITTED BY:

Hakeem Oshikoya

Signature of Financial Officer or Project Director

Title

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By:

Authorized By:

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Fulton County Government

PROJECT TITLE: State of Georgia – Accountability Courts Gran

GRANT NUMBER: J22 -8 – 096

☒ Mr.

☐ Ms.

John Collins

PROJECT DIRECTOR NAME (Type or Print)

Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 2422

Daytime Telephone Number

Fax Number

John.Collins@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Hakeem Oshikoya

FINANCIAL OFFICER (Type or Print)

Finance Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 7641

Daytime Telephone Number

Fax Number

Hakeem.Oshikoya@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Robert L Pitts

AUTHORIZED OFFICIAL (Type or Print)

Chairman

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 -613-9810

Daytime Telephone Number

Fax Number

Robert.Pitts@Fultoncountyga.gov

E-Mail Address

**CRIMINAL JUSTICE COORDINATING COUNCIL
REIMBURSEMENT SELECTION FORM**

SUBGRANT NUMBER: J22 - 8 - 096

AGENCY NAME: Fulton County Board of Commissioners

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: Wells Fargo/Government & Institutional Banking

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000139633388

AGENCY CONTACT NAME: Stacy Jones

AGENCY CONTACT

TELEPHONE NUMBER: 404-612-7384

AGENCY AUTHORIZED

OFFICIAL NAME AND TITLE: Hakeem K. Oshikoya, Director of Finance

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: Hakeem Oshikoya

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

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

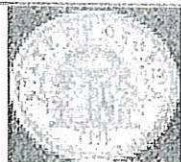
ATTENTION: _____

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

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



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 - STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/>	Newly Assigned Supplier ID																		
<input type="checkbox"/>	Existing TeamWorks Supplier ID																		

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Loc#		
<input type="checkbox"/>	Change Address - #		
<input type="checkbox"/>	Classification Change		
<input type="checkbox"/>	HCM Vendor		
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)		
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)		

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 2 - SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: 58-6001729

SUPPLIER NAME: Fulton County Board of Commissioners

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: 141 Pryor Street SW, Suite 7001

CITY: Atlanta STATE: GA ZIP CODE: 30303

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: 404-612-7384 EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: stacy.jones@fultoncountyga.gov

SECTION 3 - BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 3 9 6 3 3 3 8 8

☒ 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 SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

HAKEEM DSHIKOYA
Printed Name of Company Officer

[Signature]
Signature of Company Officer

6/24/2021
Date

Deactivate Supplier Profile (Enter justification in Section 6)									
Reactivate Supplier Profile									
Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="text"/>	<input type="text"/>
Add <u>New</u> Bank Account (Must complete Section 3)									
Change <u>Existing</u> Bank Account (Must complete Section 3)									
FEI/TIN Change (Cannot be changed if 1099 applicable)									
Supplier (Business) Name Change									
Add <u>Additional</u> Business Address									
Change <u>Existing</u> Business Address									
Other (Provide Details in Section 6)									

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY				MINORITY BUSINESS ENTERPRISE (51% Owned):			
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American			
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable			

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

To: Accountability Court Grantees

From: The Council of Accountability Court Judges
Criminal Justice Coordinating Council

Date: April 15, 2021

Re: New Rideshare/Public Transportation policy

The purpose of this policy is to be consistent in the guidance provided to courts regarding the procurement of public transportation and/or rideshare services and thus to manage costs and ensure compliance with state rules. Courts have a responsibility to use grant funds prudently in support of their services and furtherance to CACJ's mission. Due to the number of courts relying on Uber, Lyft other ridesharing services, as well as public transportation for participants and to establish uniformity related to reimbursement for these services, a new policy will become effective beginning July 1, 2021.

Rideshare Services

To be reimbursed for ride share transportation courts should set-up business accounts to ensure that rides are being used specifically for participants transportation to/from court, to/from drug testing, to/from treatment, or any court mandated event. When seeking reimbursement, a report of all rides should be included.

Public Transportation

To be reimbursed for public transportation courts should demonstrate that the number of tickets/passes bought in a quarter correlates to the number of active participants. Tickets/passes should be purchased on a quarterly basis and provided to participants during that period. Bulk tickets/passes should not be purchased far in advance and held for an upcoming period.

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

TO: Accountability Court Grantees

FROM: The Council of Accountability Court Judges
The Criminal Justice Coordinating Council

DATE: December 17, 2019

RE: 10% Penalty for Late SERs

As stated in the special conditions of your grant award,¹ the Subgrant Expenditure Report (SER) forms used to submit requests for reimbursements are due to your assigned Grants Specialist at the Criminal Justice Coordinating Council (CJCC) no later than 15 days after the end of each reporting period. Unfortunately, each quarter some SERs are received late with little or no explanation. Due to the continuous number of chronically late SER submissions, **all SERs received after the quarterly deadline will be subject to a 10% penalty.** The 10% penalty will be based on the initial grant award and a de-obligation notice will automatically be sent to the Commissioner, Judge, Coordinator and Finance Director after a 10-day grace period. Of course, extenuating circumstances (e.g., hurricane) will be taken under consideration where warranted and should be communicated to staff as soon as possible.

Please note that while this deadline is used for all CJCC grants, it is even more important for the State Accountability Court Grants Program. The state-funded appropriation expires at the end of each state fiscal year, at which time, unencumbered funds must be returned to the State Treasury. As such, the Council of Accountability Court Judges (CACJ) Funding Committee utilizes CJCC's consolidated expenditure reports to maximize the use of state funds prior to the end of the fiscal year. Specifically, CACJ uses the information to:

¹ The special condition specific to reimbursement requests states: *"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."*

This special condition became effective January 1, 2017.

CACJ FY22 Operating Grant Award

FY'22 Budget Detail Worksheet

Court Name

Fulton County Veterans Treatment Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	Counselor BARNES, LUTHER R 134486 42,864.00	\$143,343
	Benefits BARNES, LUTHER R 134486 17,065.00	
	Program Case Manager MITCHELL, YKINDALYN 135256 42,024.00	
	Benefits MITCHELL, YKINDALYN 135256 19,540.00	
	Law Enforcement Officer ESSIEN, MFON AKPAN 30696 19,828.00	
	Benefits ESSIEN, MFON AKPAN 30696 2,022.00	
Contract Services	0.00	\$0
Drug Testing Supplies	Consumables 1451 (Siemens) - \$32000 Electronic Monitoring 1153 (A and A) - \$2600 Reagents 1150 (Alere) - \$400 Confirmation or Lab Test	\$35,000
Supplies /Other Costs	Housing 2,000.00	\$2,000
	Meals 0.00 1160 - \$2000	
Equipment		\$0
In State Training and Travel	CACJ Annual Conference (3 in-person attendees) 1,927.00 1302 - \$1927	\$1,927
Transportation Funding	Public Transportation 7,000.00 1183 (MARTA) - \$7000	\$7,000
Total Budget Request:		\$189,270

Match: Salary for Antonio Brewer 105011

\$21,030

CACJ Funding Committee Notes:

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO.: 01

SUBGRANT AWARD

SUBGRANTEE: Fulton County Board of Commissioners

IMPLEMENTING

AGENCY: Fulton County BOC

PROJECT NAME: Mental Health Court

SUBGRANT NUMBER: J22-8-068

FEDERAL FUNDS: \$ 273,995

MATCHING FUNDS: \$ 30,444

TOTAL FUNDS: \$ 304,439

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

Jay Neal

Jay Neal, Director
Criminal Justice Coordinating Council

Date Executed: 07/01/21

SUBGRANTEE APPROVAL

Robert L. Pitts 6/29/2021

Signature of Authorized Official Date

ROBERT L. PITTS
CHAIRMAN

Typed Name & Title of Authorized Official

58-6001729-001

Employer Tax Identification Number (EIN)



ITEM # 21-0353 RCS 5/19/21
RECESS MEETING

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/21	9		**	J22-8-068
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				
ITEM CODE	DESCRIPTION 25 CHARACTERS			EXPENSE ACCT		AMOUNT	
1	Mental Health Court			624.41		\$ 273,995	

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

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Initials jc

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit all requested 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 gc

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 the 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 gc

11. If your court uses a CSB/DBHDD enrolled provider for treatment and receives specific contracted funds for mental health and/or addictive disease treatment court services, these funds have been awarded provisionally. Prior to use, the court must meet with the CSB/DBHDD enrolled provider to determine what services are billable and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials gc

12. 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 evidence-based treatment modalities.

Initials gc

13. 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. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials gc

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials gc

15. Subgrantees in receipt of funds to support participant treatment are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials gc

16. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified

evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials gc

17. CACJ may designate preferred vendors or suppliers of products or services that are either on state contract or with which the CACJ has an agreement or contract in place. Subgrantees may be required to utilize such contracts or agreements for designated products or services or be required to justify that their purchases are less costly.

Initials gc

18. 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 gc

19. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials gc

20. Subgrantees must abide by the Rules of the Council of Accountability Court Judges. Subgrantees are responsible for obtaining the current version of the Rules and ensuring that program activities operate in compliance with the Rules. The Rules, in their entirety, are incorporated herein by reference and compliance with the Rules is a condition of this grant. A failure to comply with the Rules may result in immediate rescission of a grant award. The CACJ is not required to follow the procedures outlined in Article 8 of the Rules (decertification procedures) when the subgrantee has failed to comply with these grant conditions.

Initials gc

21. Subgrantees must create and maintain a pandemic policy that outlines how the program will manage operations during a pandemic. This pandemic policy must include provisions for management of a second spike in disease prevalence, such as that anticipated by health experts later this year resulting from the spread of the novel coronavirus. Subgrantees must submit their pandemic policy to the CACJ no later than September 30, 2020. Instructions for submission will be circulated by the CACJ to subgrantees by August 1, 2020. The CACJ may distribute and/or publicly publish a program's pandemic policy as a sample policy to assist other programs across the state; however, the CACJ will contact the program for permission to publish before doing so.

Initials gc

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.



Authorized Official Signature

ROBERT L. PITTS
CHAIRMAN

6/29/2021

Date

Print Authorized Official Name

Title

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-068

PROJECT NAME: Fulton Felony Behavioral 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	\$ 304,439	-36,503	267,936 (inc. match of \$30,444)
EQUIPMENT	0		
SUPPLIES	0		
TRAVEL	0	+1,927	1,927
PRINTING	0		
OTHER	0	+34,576	34,576
TOTAL	\$ 304,439		304,439
Federal	\$ 273,995		273,995
Match	\$ 30,444		30,444

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/21	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/22	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: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-068

PROJECT NAME: Fulton Felony Behavioral 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.

No Changes

SUBMITTED BY:



Signature of Financial Officer or Project Director

FINANCE DIRECTOR

Title

6/24/2021

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By: _____

Authorized By: _____

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Fulton County Government

PROJECT TITLE: State of Georgia – Accountability Courts Gran

GRANT NUMBER: J22 -8 – 068

☒ Mr.

☐ Ms.

John Collins

PROJECT DIRECTOR NAME (Type or Print)

Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 2422

Daytime Telephone Number

Fax Number

John.Collins@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Hakeem Oshikoya

FINANCIAL OFFICER (Type or Print)

Finance Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 7641

Daytime Telephone Number

Fax Number

Hakeem.Oshikoya@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Robert L Pitts

AUTHORIZED OFFICIAL (Type or Print)

Chairman

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 -613-9810

Daytime Telephone Number

Fax Number

Robert.Pitts@Fultoncountyga.gov

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: J22 - 8 - 068

AGENCY NAME: Fulton County Board of Commissioners

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: Wells Fargo/Government & Institutional Banking

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000139633388

AGENCY CONTACT NAME: Stacy Jones

AGENCY CONTACT

TELEPHONE NUMBER: 404-612-7384

AGENCY AUTHORIZED

OFFICIAL NAME AND TITLE: Hakeem K. Oshikoya, Director of Finance

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: Hakeem Oshikoya

- ☐ 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:	



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/> Newly Assigned Supplier ID																				
<input type="checkbox"/> Existing TeamWorks Supplier ID																				

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/> Change Bank Acct - Loc#	
<input type="checkbox"/> Change Address - #	
<input type="checkbox"/> Classification Change	
<input type="checkbox"/> HCM Vendor	
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	
<input type="checkbox"/> Other (Provide Details in Section 6 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: 58-6001729

SUPPLIER NAME: Fulton County Board of Commissioners

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: 141 Pryor Street SW, Suite 7001

CITY: Atlanta STATE: GA ZIP CODE: 30303

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: 404-612-7384 EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: slacy.jones@fultoncountyga.gov

SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 3 9 6 3 3 3 8 8



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 SPECIFIC purpose.

Describe specific purpose _____

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

HAKEEM DSEHIKOYA
Printed Name of Company Officer

Signature of Company Officer

Date

6/24/2021

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

	Deactivate Supplier Profile (Enter justification in Section 6)									
	Reactivate Supplier Profile									
	Non- 1099 Applicable		1099 Applicable		1099-N		1099-M	Enter Code		
	Add <u>New</u> Bank Account (Must complete Section 3)									
	Change <u>Existing</u> Bank Account (Must complete Section 3)									
	FEI/TIN Change (Cannot be changed if 1099 applicable)									
	Supplier (Business) Name Change									
	Add <u>Additional</u> Business Address									
	Change <u>Existing</u> Business Address									
	Other (Provide Details in Section 6)									

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY		MINORITY BUSINESS ENTERPRISE (51% Owned):		
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

--

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

To: Accountability Court Grantees

From: The Council of Accountability Court Judges
Criminal Justice Coordinating Council

Date: April 15, 2021

Re: New Rideshare/Public Transportation policy

The purpose of this policy is to be consistent in the guidance provided to courts regarding the procurement of public transportation and/or rideshare services and thus to manage costs and ensure compliance with state rules. Courts have a responsibility to use grant funds prudently in support of their services and furtherance to CACJ's mission. Due to the number of courts relying on Uber, Lyft other ridesharing services, as well as public transportation for participants and to establish uniformity related to reimbursement for these services, a new policy will become effective beginning July 1, 2021.

Rideshare Services

To be reimbursed for ride share transportation courts should set-up business accounts to ensure that rides are being used specifically for participants transportation to/from court, to/from drug testing, to/from treatment, or any court mandated event. When seeking reimbursement, a report of all rides should be included.

Public Transportation

To be reimbursed for public transportation courts should demonstrate that the number of tickets/passes bought in a quarter correlates to the number of active participants. Tickets/passes should be purchased on a quarterly basis and provided to participants during that period. Bulk tickets/passes should not be purchased far in advance and held for an upcoming period.

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

TO: Accountability Court Grantees

FROM: The Council of Accountability Court Judges
The Criminal Justice Coordinating Council

DATE: December 17, 2019

RE: 10% Penalty for Late SERs

As stated in the special conditions of your grant award,¹ the Subgrant Expenditure Report (SER) forms used to submit requests for reimbursements are due to your assigned Grants Specialist at the Criminal Justice Coordinating Council (CJCC) no later than 15 days after the end of each reporting period. Unfortunately, each quarter some SERs are received late with little or no explanation. Due to the continuous number of chronically late SER submissions, **all SERs received after the quarterly deadline will be subject to a 10% penalty.** The 10% penalty will be based on the initial grant award and a de-obligation notice will automatically be sent to the Commissioner, Judge, Coordinator and Finance Director after a 10-day grace period. Of course, extenuating circumstances (e.g., hurricane) will be taken under consideration where warranted and should be communicated to staff as soon as possible.

Please note that while this deadline is used for all CJCC grants, it is even more important for the State Accountability Court Grants Program. The state-funded appropriation expires at the end of each state fiscal year, at which time, unencumbered funds must be returned to the State Treasury. As such, the Council of Accountability Court Judges (CACJ) Funding Committee utilizes CJCC's consolidated expenditure reports to maximize the use of state funds prior to the end of the fiscal year. Specifically, CACJ uses the information to:

¹ The special condition specific to reimbursement requests states: *"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."*

This special condition became effective January 1, 2017.

FY22 Operating Grant Award

FY'22 Budget Detail Worksheet

Court Name

Fulton County Behavioral Health Treatment Court
Superior/Felony Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	Program Case Manager ODEGBAMI, MODUPEOLA 131763 42,024.00 Benefits ODEGBAMI, MODUPEOLA 131763 24,982.00 Counselor JENKINS TARTT, SHERITA LYNETTE 33796 57,152.00 Benefits JENKINS TARTT, SHERITA LYNETTE 33796 28,320.00 Lab Technician BRINSON, KATRINA 132731 38,901.00 Benefits BRINSON, KATRINA 132731 17,653.00 Law Enforcement Officer ANDERSON, JAMES 131136 13,219.00 Benefits ANDERSON, JAMES 131136 1,011.00 Law Enforcement Officer STEWART, BOBBY 26773 13,219.00 Benefits STEWART, BOBBY 26773 1,011.00	\$237,492
Contract Services		\$0
Drug Testing Supplies	Consumables 1451 (Siemens) - \$22600 Monitoring 1153 (A and A) - \$2000 Reagents 1150 (Alere) - \$400 Lab Tests	\$25,000
Supplies /Other Costs	Housing 1160 - \$6276 6,276.00	\$6,276
Equipment		\$0
In State Training and Travel	CACJ Annual Conference (3 in-person attendees) 1,927.00 1302 - \$1927	\$1,927
Transportation Funding	Public Transportation 3,300.00 1183 (MARTA) - \$3300	\$3,300
Total Budget Request:		\$273,995

Match: Salary for Jylise Lee 23261

\$30,444

CACJ Funding Committee Notes:

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

SUBGRANT AWARD

SUBGRANTEE: Fulton County Board of Commissioners

IMPLEMENTING

AGENCY: Fulton County BOC

PROJECT NAME: Community Service Board

SUBGRANT NUMBER: K50-8-002

FEDERAL FUNDS: \$ 43,100

MATCHING FUNDS: \$ 0

TOTAL FUNDS: \$ 43,100

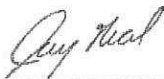
GRANT PERIOD: 07/01/21-06/30/22

This award is made under the Council of Accountability Courts Judges State of Georgia grant program in agreement with the Georgia Department of Behavioral Health and Developmental Disabilities. 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 is intended for the continuation of Substance Use Disorder and Mental Health treatment/services under this program. 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.

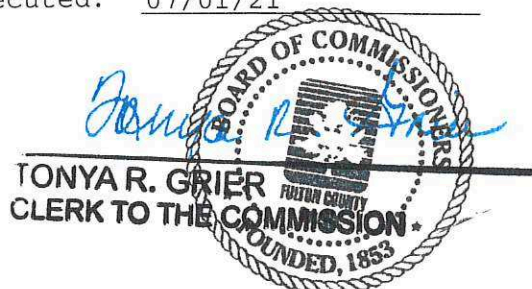
AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Date Executed: 07/01/21





Signature of Authorized Official Date 6/29/2021

ROBERT L. PITTS
CHAIRMAN

Typed Name & Title of Authorized Official

58-6001729-001

Employer Tax Identification Number (EIN)

ITEM # 21-0353
RECESS MEETING

RCS 5/19/21

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/21	9		**	K50-8-002
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Community Service Board	624.41	\$ 43,100

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

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 gc

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request is accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. This initial SAR is part of the grant activation process and enables the CJCC to initiate the grant. 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 gc

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 gc

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 gc

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 CACJ Funding Committee.

Initials gc

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 gc

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 reporting period. SERs may be submitted monthly.

Initials gc

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 gc

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit all requested 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.

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Initials gc

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Initials gc

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Initials gc

18. 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.

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Initials gc

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.



Authorized Official Signature

ROBERT L. PITTS
CHAIRMAN

6/29/2021

Date

Print Authorized Official Name

Title

ITEM # 24-0353 RCS 5/19/21
RECESS MEETING

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Fulton County Government

PROJECT TITLE: State of Georgia – Accountability Courts Gran

GRANT NUMBER: K50-8-002

☒ Mr.

☐ Ms.

John Collins

PROJECT DIRECTOR NAME (Type or Print)

Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 2422

Daytime Telephone Number

Fax Number

John.Collins@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Hakeem Oshikoya

FINANCIAL OFFICER (Type or Print)

Finance Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 7641

Daytime Telephone Number

Fax Number

Hakeem.Oshikoya@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Robert L Pitts

AUTHORIZED OFFICIAL (Type or Print)

Chairman

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 -613-9810

Daytime Telephone Number

Fax Number

Robert.Pitts@Fultoncountyga.gov

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: K50 - 8 - 002

AGENCY NAME: Fulton County Board of Commissioners

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: Wells Fargo/Government & Institutional Banking

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000139633388

AGENCY CONTACT NAME: Stacy Jones

AGENCY CONTACT

TELEPHONE NUMBER: 404-612-7384

AGENCY AUTHORIZED

OFFICIAL NAME AND TITLE: Hakeem K. Oshikoya, Director of Finance

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: Hakeem Oshikoya

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

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

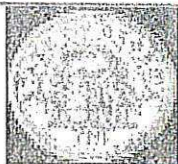
ATTENTION: _____

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

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



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 - STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER												
<input type="checkbox"/>	Newly Assigned Supplier ID											
<input type="checkbox"/>	Existing TeamWorks Supplier ID											

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct # Loc#	
<input type="checkbox"/>	Change Address -#	
<input type="checkbox"/>	Classification Change	
<input type="checkbox"/>	HCM Vendor	
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)	
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 2 - SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: 58-6001729

SUPPLIER NAME: Fulton County Board of Commissioners

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: 141 Pryor Street SW, Suite 7001

CITY: Atlanta STATE: GA ZIP CODE: 30303

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: 404-612-7384 EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: stacy.jones@fultoncountyga.gov

SECTION 3 - BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 3 9 6 3 3 3 8 8

☒ 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 SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

HAKEEM DSHIKOYA
Printed Name of Company Officer

Signature of Company Officer

6/24/2021
Date

SECTION 4 - SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.									
<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)								
<input type="checkbox"/>	Reactivate Supplier Profile								
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="checkbox"/>
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)								
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 3)								
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)								
<input type="checkbox"/>	Supplier (Business) Name Change								
<input type="checkbox"/>	Add <u>Additional</u> Business Address								
<input type="checkbox"/>	Change <u>Existing</u> Business Address								
<input type="checkbox"/>	Other (Provide Details in Section 6)								

SECTION 5 - TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO.: 01

SUBGRANT AWARD

SUBGRANTEE: Fulton County Board of Commissioners

IMPLEMENTING

AGENCY: Fulton County BOC

PROJECT NAME: Juvenile Justice Incentive Grant

SUBGRANT NUMBER: Y22-8-015

FEDERAL FUNDS: \$ 484,313

MATCHING FUNDS: \$ 0

TOTAL FUNDS: \$ 484,313

GRANT PERIOD: 07/01/21-06/30/22

This award is made under the State of Georgia Juvenile Justice Incentive Grant (JJIG) program and is subject to the administrative rules established by the Criminal Justice Coordinating Council. The purpose of the JJIG program is to provide funding for juvenile courts to serve youth in the community who would otherwise be committed to Georgia's Department of Juvenile Justice.

This Subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

SUBGRANTEE APPROVAL

Jay Neal

Jay Neal, Director
Criminal Justice Coordinating Council

Date Executed: 06/08/21

Robert L. Pitts 6/29/21

Signature of Authorized Official Date

ROBERT L. PITTS
CHAIRMAN

Typed Name & Title of Authorized Official

58-6001729-001

Employer Tax Identification Number (EIN)



ITEM # 21-0353 RCS 5, 19, 21
RECESS MEETING

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/21	9		**	Y22-8-015
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Juvenile Justice Incentive Grant	624.41	\$ 484,313

CRIMINAL JUSTICE COORDINATING COUNCIL

SPECIAL CONDITIONS

SUBGRANTEE: Fulton County Board of Commissioners
PROJECT NAME: Juvenile Justice Incentive Grant
SUBGRANT NUMBER: Y22-8-015
SUBGRANT AWARD: \$484,313

1. The subgrantee agrees to take reasonable steps to provide meaningful access to their programs and activities for persons with limited English proficiency (LEP). For more information on the civil rights responsibilities, that recipients have in providing language services to LEP individuals; please see the website at <http://lep.gov>.

Initials MB

2. The subgrantee agrees to comply with the Equal Treatment Regulation (28 C.F.R. part 38) which prohibits recipients from using federal grant funding for inherently religious activities. While faith-based organizations can engage in non-funded inherently religious activities, the activities must be held separately from the grant-funded program, and customers or beneficiaries cannot be compelled to participate in them. The Equal Treatment Regulation makes clear that organizations receiving federal grant funding are not permitted to discriminate when providing services on the basis of a beneficiary's religion.

Initials MB

3. In accordance with Federal regulations, your organization must comply with the following Equal Employment Opportunity Plan reporting requirements:

If your organization has received an award for \$500,000 or more and has 50 or more employees (counting both full- and part-time employees, but excluding political appointees), then it has to prepare an EEOP and submit it to the Office of Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice for review within 60 days from the date of this award. For assistance in developing an EEOP, please consult OCR's website at <http://www.ojp.usdoj.gov/ocr/eeop.htm>. You may also request technical assistance from an EEOP specialist at OCR by dialing (202) 616-3208.

If your organization received an award between \$25,000 and \$500,000 and has 50 or more employees, your organization must prepare an EEOP, but it does not have to submit the EEOP to OCR for review. Instead, your organization has to maintain the EEOP on file and make it available for review on request. In addition, your organization has to complete Section B of the Certification Form and return it to OCR within 60 days from the date of this award. The Certification Form can be found at:
<http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.

If your organization received an award for less than \$25,000; or if your organization has less than 50 employees, regardless of the amount of the award; or if your organization is a medical institution, educational institution, nonprofit organization or Indian tribe, then your organization is exempt from the EEOP requirement. However, your organization must complete Section A of the Certification Form and return it to OCR within 60 days from the date of this award. The Certification Form can be found at <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.

The subgrantee acknowledges that failure to submit an acceptable EEOP (if the subgrantee is required to submit one pursuant to 28 C.F.R. Section 42.302), that is approved by the Office for Civil Rights, is a violation of its Certified Assurances and may result in suspension or termination of funding, until such time as the subgrantee is in compliance. The subgrantee must maintain proof of compliance with the above requirements and be able to provide such proof to CJCC upon request.

Initials MB

4. The recipient agrees to comply with all applicable laws, regulations, policies, and guidance governing the use of federal funds for expenses related to conferences, meetings, trainings, and other events, including the provision of food and/or beverages at such events, and costs of attendance at such events. Information on pertinent laws, regulations, policies, and guidance is available at <http://www.ovw.usdoj.gov/grantees.html>.

Initials MB

5. The subgrantee agrees to abide by Georgia law regarding the utilization of professional counselors, social workers, and marriage and family therapists. (O.C.G.A. § 43-10A-1, et. seq).

Initials MB

6. The subgrantee agrees to abide by Georgia law regarding the utilization of psychologists. (O.C.G.A. § 43-39-1, et. seq).

Initials MB

7. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Reg. 51225 (October 1, 2009), the Department of Justice and the Criminal Justice Coordinating Council encourages grantees and subgrantees to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

Initials MB

8. 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 MB

9. 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. 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 MB
10. The subgrantee must submit subsequent requests to revise the budget, project summary, and implementation plan prior to any substantial changes, but no later than 60 days prior to the end of the subgrant period.
Initials MB
11. All project costs not exclusively related to this approved project must be prorated, and only the costs of project-related activities will be reimbursable under the subgrant award.
Initials MB
12. The subgrantee agrees to submit requests for reimbursement on either a monthly or quarterly basis, as selected by the subgrantee at the time of award. Subgrant Expenditure Reports are due 30 days after the end of the month (if reporting monthly) or 30 days after the end of the quarter (if reporting quarterly).
Initials MB
13. The subgrantee agrees to fully cooperate with any monitoring or evaluation activities, and any related training activities, initiated and/or conducted by the Criminal Justice Coordinating Council during and subsequent to the award period.
Initials MB
14. The subgrantee agrees that consultant/contractor fees in excess of \$450.00 per eight hour day (\$56.25 per hour) must have prior approval from the Office of Justice Programs and the Criminal Justice Coordinating Council.
Initials MB
15. If any changes occur in the subgrantee's lobbying status or activities, a revised Disclosure of Lobbying Activities Form must be submitted. The subgrantee further understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of the Office of Justice Programs.
Initials MB
16. The Criminal Justice Coordinating Council will conduct a financial and programmatic review of each grant at the end of the second quarter, and each quarter thereafter. The Council reserves the right to add any conditions to

the award and/or retain any unused funds if deemed necessary.

Initials MB

17. The recipient acknowledges that failure to submit an acceptable Equal Employment Opportunity Plan (if recipient is required to submit one pursuant to 28 C.F.R. Section 42.302), that is approved by the Office for Civil Rights, is a violation of its Certified Assurances and may result in suspension or termination of funding, until such time as the recipient is in compliance.

18. Award recipients must verify Point of Contact (POC), Financial Point of Contact (FPOC), and Authorized Representative contact information, including telephone number and e-mail address. If any information is incorrect or has changed, a Subgrant Adjustment Request (SAR) must be submitted in writing to document changes.

Initials MB

19. The subrecipient agrees to comply with the Department of Justice Grants Financial Guide as posted on the OJP website.

Initials MB

20. The subgrantee understands and agrees that award funds may not be used to discriminate against or denigrate the religious or moral beliefs of students who participate in programs for which financial assistance is provided from those funds, or of the parents or legal guardians of such students.

Initials MB

21. The subgrantee understands and agrees that - (a) No award funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, and (b) Nothing in subsection (a) limits the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Initials MB

22. All courts must use the Department of Juvenile Justice (DJJ) Detention Assessment Instrument (DAI) for any youth considered for detention, as required by the H.B. 242, as passed in the 2013 legislative session of the Georgia General Assembly. The Predisposition Risk Assessment (PDRA) Instrument should also be used in all instances where the tool is appropriate for the youth being considered for the evidence-based program (in any instances in which the youth is adjudicated). The PDRA score should be entered into the Juvenile Tracking System (JTS), or Juvenile Data Exchange (JDEX) when available. Only youth with a moderate to high PDRA score are eligible for Incentive Grant programming.

Initials MB

23. All grant funds must be used to serve youth who have come into contact with the juvenile justice system and would not be considered dependency cases. All youth served by the grant must have a new delinquent charge. No CHINS cases should be served.

Initials NB

24. The grantee 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 Juvenile Justice Funding Committee. The project budget and the project summary will not be established, or officially approved, until the grantee 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 _____

25. The grantee 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 NB

26. The grantee 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 NB

27. This is a reimbursement grant. The grantee agrees to submit requests for reimbursement on either a monthly or quarterly basis, as selected by the grantee at the time of award. Subgrant Expenditure Reports are due 30 days after the end of the month (if reporting monthly) or 30 days after the end of the quarter (if reporting quarterly).

Initials NB

28. The grantee 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 grantee 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 NB

29. Statistical and/or evaluation data describing project performance must be submitted to The Carl Vinson Institute of Government and the Department of Juvenile Justice through monthly surveys and quarterly reports using the prescribed format provided to the grantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this grant and/or any other grant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.

Initials NB

30. The grantee agrees to comply with the guidance contained in the 2017 Juvenile Justice Incentive Grant Program Request for Proposals.

Initials JB

31. At minimum, 70% of awarded funds must be used for Evidence-Based Program costs associated with contract and direct services. No more than 30% of awarded grant funds can be used for administrative costs. Any requests to have funds allocated in a manner that does not comply with the 70/30 rule must be justified in a written statement and submitted to the Criminal Justice Coordinating Council with an adjustment request. The adjustment request and justification will be forwarded to the Juvenile Justice Funding Committee for consideration on a case-by-case basis.

Initials JB

32. 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 Juvenile Justice Funding Committee.

Initials JB

33. Waivers for the above 25% or 50% expenditure requirement will be granted at the discretion of the Juvenile Justice Funding Committee. No waivers will be available for the 75% requirement.

Initials JB

34. 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 Juvenile Justice Funding Committee that the award be rescinded.

Initials JB

35. The subgrantee and juvenile court permit access by the Criminal Justice Coordinating Council or Juvenile Justice Incentive Grant Funding Committee or designated entity to delinquency case information collected, managed, and stored in its JCATS or JTS database.

Initials JB

36. The subgrantee certifies that any and all subagreements shall follow the reimbursement nature of the grant and shall not include any minimum to serve clause or fixed payment schedule. Payments issued to subcontractors shall be on a reimbursement basis and shall not be processed prior to the rendering of services. All subagreements relating to this grant shall be submitted to CJCC prior to the approval and reimbursement of any Subgrant Expenditure Reports (SERs).

Initials JB

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.

ROBERT L. PITTS
CHAIRMAN

Typed name of

Authorized Official: _____ Title : _____

Signature : _____ Date : 6/29/2001

ITEM # 21-0353 RCS 5/19/21
RECESS MEETING

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: Y22-8-015

PROJECT NAME: FY22 Incentive Grant

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	\$ 0	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	484,313	_____	_____
TOTAL	\$ 484,313	_____	_____
Federal	\$ 484,313	_____	_____
Match	\$ 0	_____	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/21	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/22	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 #

PAGE 2 of 2

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: Y22-8-015

PROJECT NAME: FY22 Incentive Grant

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:	_____	_____	_____

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Fulton County Government

PROJECT TITLE: Law Enforcement Training

GRANT NUMBER: Y22 - 8 - 015

☐ Mr.
☒ Ms.

Vinyl Baken
PROJECT DIRECTOR NAME (Type or Print)

Grant Winton
Title and Agency

185 Central Avenue Atlanta 30303
Official Agency Mailing Address City Zip

770-846-8988
Daytime Telephone Number Fax Number

E-Mail Address

☒ Mr.
☐ Ms.

Hakeem Oshikoya

FINANCIAL OFFICER (Type or Print)

Finance Director

Title and Agency

141 Pryor Street Atlanta 30303

Official Agency Mailing Address City Zip

404 - 612 - 7641

Daytime Telephone Number Fax Number

Hakeem.Oshikoya@fultoncountyga.gov

E-Mail Address

☒ Mr.
☐ Ms.

Robert L Pitts

AUTHORIZED OFFICIAL (Type or Print)

Chairman

Title and Agency

141 Pryor Street Atlanta 30303

Official Agency Mailing Address City Zip

404 -613-9810

Daytime Telephone Number Fax Number

Robert.Pitts@Fultoncountyga.gov

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: Y22 - 8 - 015

AGENCY NAME: Fulton County Board of Commissioners

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: Wells Fargo/Government & Institutional Banking

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000139633388

AGENCY CONTACT NAME: Stacy Jones

AGENCY CONTACT

TELEPHONE NUMBER: 404-612-7384

AGENCY AUTHORIZED

OFFICIAL NAME AND TITLE: Hakeem K. Oshikoya, Director of Finance

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: Hakeem Oshikoya

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

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

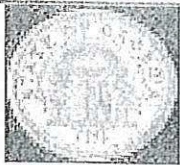
ATTENTION: _____

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

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



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 - STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER												
<input type="checkbox"/>	Newly Assigned Supplier ID											
<input type="checkbox"/>	Existing TeamWorks Supplier ID											

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Loc#	
<input type="checkbox"/>	Change Address - #	
<input type="checkbox"/>	Classification Change	
<input type="checkbox"/>	HCM Vendor	
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)	
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 2 - SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: 58-6001729

SUPPLIER NAME: Fulton County Board of Commissioners

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: 141 Pryor Street SW, Suite 7001

CITY: Atlanta

STATE: GA

ZIP CODE: 30303

COUNTRY: _____

DRIVERS LICENSE #: _____

DL STATE: _____

PRIMARY#: 404-612-7384

EXT: _____

SECONDARY#: _____

EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION)

LANDLINE ☐

☐

CELL (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: stacy.jones@fultoncountyga.gov

SECTION 3 - BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 3 9 6 3 3 3 8 8



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 SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

HAKEEM DSHIKOYA

Printed Name of Company Officer

Signature of Company Officer

6/24/2021

Date

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)										
<input type="checkbox"/>	Reactivate Supplier Profile										
<input type="checkbox"/>	<table border="1"> <tr> <td>Non-1099 Applicable</td> <td><input type="checkbox"/></td> <td>1099 Applicable</td> <td><input type="checkbox"/></td> <td>1099-N</td> <td><input type="checkbox"/></td> <td>1099-M</td> <td>Enter Code</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Non-1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="text"/>	<input type="text"/>
Non-1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)										
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 3)										
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)										
<input type="checkbox"/>	Supplier (Business) Name Change										
<input type="checkbox"/>	Add <u>Additional</u> Business Address										
<input type="checkbox"/>	Change <u>Existing</u> Business Address										
<input type="checkbox"/>	Other (Provide Details in Section 6)										

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY		MINORITY BUSINESS ENTERPRISE (51% Owned):		
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO.: 01

SUBGRANT AWARD

SUBGRANTEE: Fulton County Board of Commissioners

IMPLEMENTING

AGENCY: Fulton County BOC

PROJECT NAME: Adult Felony Drug Courts

SUBGRANT NUMBER: J22-8-025

FEDERAL FUNDS: \$ 305,956

MATCHING FUNDS: \$ 33,995

TOTAL FUNDS: \$ 339,951

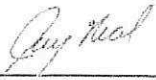
GRANT PERIOD: 07/01/21-06/30/22

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

 6/29/2021
Signature of Authorized Official Date

ROBERT L. PITTS
CHAIRMAN

Date Executed: 07/01/21

Typed Name & Title of Authorized Official

58-6001729-001

Employer Tax Identification Number (EIN)



TONYA R. GRIFFIN
CLERK TO THE COMMISSION

ITEM # 21-1353 RCS 5/19/21
RECESS MEETING

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/21	9		**	J22-8-025
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		\$ 305,956	

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

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 JC

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request is accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. This initial SAR is part of the grant activation process and enables the CJCC to initiate the grant. 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 JC

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 JC

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 JC

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 CACJ Funding Committee.

Initials JC

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 JC

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 reporting period. SERs may be submitted monthly.

Initials JC

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 JC

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit all requested 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 jc

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 the 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 jc

11. If your court uses a CSB/DBHDD enrolled provider for treatment and receives specific contracted funds for mental health and/or addictive disease treatment court services, these funds have been awarded provisionally. Prior to use, the court must meet with the CSB/DBHDD enrolled provider to determine what services are billable and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials jc

12. 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 evidence-based treatment modalities.

Initials jc

13. 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. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials jc

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials jc

15. Subgrantees in receipt of funds to support participant treatment are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials jc

16. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified

evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials gc

17. CACJ may designate preferred vendors or suppliers of products or services that are either on state contract or with which the CACJ has an agreement or contract in place. Subgrantees may be required to utilize such contracts or agreements for designated products or services or be required to justify that their purchases are less costly.

Initials gc

18. 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 gc

19. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials gc

20. Subgrantees must abide by the Rules of the Council of Accountability Court Judges. Subgrantees are responsible for obtaining the current version of the Rules and ensuring that program activities operate in compliance with the Rules. The Rules, in their entirety, are incorporated herein by reference and compliance with the Rules is a condition of this grant. A failure to comply with the Rules may result in immediate rescission of a grant award. The CACJ is not required to follow the procedures outlined in Article 8 of the Rules (decertification procedures) when the subgrantee has failed to comply with these grant conditions.

Initials gc

21. Subgrantees must create and maintain a pandemic policy that outlines how the program will manage operations during a pandemic. This pandemic policy must include provisions for management of a second spike in disease prevalence, such as that anticipated by health experts later this year resulting from the spread of the novel coronavirus. Subgrantees must submit their pandemic policy to the CACJ no later than September 30, 2020. Instructions for submission will be circulated by the CACJ to subgrantees by August 1, 2020. The CACJ may distribute and/or publicly publish a program's pandemic policy as a sample policy to assist other programs across the state; however, the CACJ will contact the program for permission to publish before doing so.

Initials gc

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.



Authorized Official Signature

ROBERT L. PITTS
CHAIRMAN

4/25/2001

Date

Print Authorized Official Name

Title

ITEM # 21-0353 RCS 5/19/21
RECESS MEETING

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

PAGE 1 OF 2

ADJ REQUEST #: 1

REQUEST DATE: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-025

PROJECT NAME: Fulton County Adult Felony Drug 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	\$ 339,951	-169,326	170,625 (inc. match of \$33,995)
EQUIPMENT	0		
SUPPLIES	0		
TRAVEL	0	+1,926	1,926
PRINTING	0		
OTHER	0	+167,400	167,400
TOTAL	\$ 339,951		339,951
Federal	\$ 305,956		305,956
Match	\$ 33,995		33,995

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/21	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/22	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.)

CONTINUED ON NEXT PAGE

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: 6/30/21

SUBGRANTEE: Fulton County Board of Commissioners

SUBGRANT #: J22-8-025

PROJECT NAME: Fulton County Adult Felony 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.

No Changes

SUBMITTED BY:



FINANCE DIRECTOR 6/24/2021

Signature of Financial Officer or Project Director

Title

Date

CJCC ROUTING AND APPROVALS:

Approval

Disapproval

Reviewer Signature

Reviewed By:

Authorized By:

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Fulton County Government

PROJECT TITLE: State of Georgia – Accountability Courts Gran

GRANT NUMBER: J22 -8 – 025

☒ Mr.

☐ Ms.

John Collins

PROJECT DIRECTOR NAME (Type or Print)

Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 2422

Daytime Telephone Number

Fax Number

John.Collins@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Hakeem Oshikoya

FINANCIAL OFFICER (Type or Print)

Finance Director

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 – 612 - 7641

Daytime Telephone Number

Fax Number

Hakeem.Oshikoya@fultoncountyga.gov

E-Mail Address

☒ Mr.

☐ Ms.

Robert L Pitts

AUTHORIZED OFFICIAL (Type or Print)

Chairman

Title and Agency

141 Pryor Street

Atlanta

30303

Official Agency Mailing Address

City

Zip

404 -613-9810

Daytime Telephone Number

Fax Number

Robert.Pitts@Fultoncountyga.gov

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: J22 - 8 - 025

AGENCY NAME: Fulton County Board of Commissioners

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: Wells Fargo/Government & Institutional Banking

BANK ROUTING NUMBER: 121000248

BANK ACCOUNT NUMBER: 2000139633388

AGENCY CONTACT NAME: Stacy Jones

AGENCY CONTACT

TELEPHONE NUMBER: 404-612-7384

AGENCY AUTHORIZED

OFFICIAL NAME AND TITLE: Hakeem K. Oshikoya, Director of Finance

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: Hakeem Oshikoya

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

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

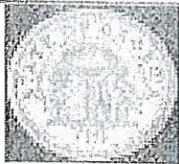
ATTENTION: _____

AGENCY AUTHORIZED

OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

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



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 - STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER												
<input type="checkbox"/>	Newly Assigned Supplier ID											
<input type="checkbox"/>	Existing TeamWorks Supplier ID											

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Loc#	
<input type="checkbox"/>	Change Address - #	
<input type="checkbox"/>	Classification Change	
<input type="checkbox"/>	HCM Vendor	
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)	
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 2 - SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: 58-6001729

SUPPLIER NAME: Fulton County Board of Commissioners

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: 141 Pryor Street SW, Suite 7001

CITY: Atlanta STATE: GA ZIP CODE: 30303

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: 404-612-7384 EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: stacy.jones@fultoncountyga.gov

SECTION 3 - BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 3 9 6 3 3 3 8 8

☒ 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 SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

HAKEEM DSHIKOYA
Printed Name of Company Officer

[Signature]
Signature of Company Officer

6/24/2021
Date

	Deactivate Supplier Profile (Enter justification in Section 6)									
	Reactivate Supplier Profile									
	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="text"/>	<input type="text"/>
	Add <u>New</u> Bank Account (Must complete Section 3)									
	Change <u>Existing</u> Bank Account (Must complete Section 3)									
	FEI/TIN Change (Cannot be changed if 1099 applicable)									
	Supplier (Business) Name Change									
	Add <u>Additional</u> Business Address									
	Change <u>Existing</u> Business Address									
	Other (Provide Details in Section 6)									

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY		MINORITY BUSINESS ENTERPRISE (51% Owned):		
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

To: Accountability Court Grantees

From: The Council of Accountability Court Judges
Criminal Justice Coordinating Council

Date: April 15, 2021

Re: New Rideshare/Public Transportation policy

The purpose of this policy is to be consistent in the guidance provided to courts regarding the procurement of public transportation and/or rideshare services and thus to manage costs and ensure compliance with state rules. Courts have a responsibility to use grant funds prudently in support of their services and furtherance to CACJ's mission. Due to the number of courts relying on Uber, Lyft other ridesharing services, as well as public transportation for participants and to establish uniformity related to reimbursement for these services, a new policy will become effective beginning July 1, 2021.

Rideshare Services

To be reimbursed for ride share transportation courts should set-up business accounts to ensure that rides are being used specifically for participants transportation to/from court, to/from drug testing, to/from treatment, or any court mandated event. When seeking reimbursement, a report of all rides should be included.

Public Transportation

To be reimbursed for public transportation courts should demonstrate that the number of tickets/passes bought in a quarter correlates to the number of active participants. Tickets/passes should be purchased on a quarterly basis and provided to participants during that period. Bulk tickets/passes should not be purchased far in advance and held for an upcoming period.

BRIAN P. KEMP
GOVERNOR



JAY NEAL
DIRECTOR

MEMORANDUM

TO: Accountability Court Grantees

FROM: The Council of Accountability Court Judges
The Criminal Justice Coordinating Council

DATE: December 17, 2019

RE: 10% Penalty for Late SERs

As stated in the special conditions of your grant award,¹ the Subgrant Expenditure Report (SER) forms used to submit requests for reimbursements are due to your assigned Grants Specialist at the Criminal Justice Coordinating Council (CJCC) no later than 15 days after the end of each reporting period. Unfortunately, each quarter some SERs are received late with little or no explanation. Due to the continuous number of chronically late SER submissions, **all SERs received after the quarterly deadline will be subject to a 10% penalty.** The 10% penalty will be based on the initial grant award and a de-obligation notice will automatically be sent to the Commissioner, Judge, Coordinator and Finance Director after a 10-day grace period. Of course, extenuating circumstances (e.g., hurricane) will be taken under consideration where warranted and should be communicated to staff as soon as possible.

Please note that while this deadline is used for all CJCC grants, it is even more important for the State Accountability Court Grants Program. The state-funded appropriation expires at the end of each state fiscal year, at which time, unencumbered funds must be returned to the State Treasury. As such, the Council of Accountability Court Judges (CACJ) Funding Committee utilizes CJCC's consolidated expenditure reports to maximize the use of state funds prior to the end of the fiscal year. Specifically, CACJ uses the information to:

¹ The special condition specific to reimbursement requests states: *"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."*

This special condition became effective January 1, 2017.

FY22 Operating Grant Award

FY'22 Budget Detail Worksheet

Court Name Fulton County Adult Felony Drug Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel	Program Case Manager BAIN, BRINYA 133438 42,024.00 Benefits BAIN, BRINYA 133438 19,580.00 Law Enforcement Officer SINGH, CHRISTIAN W 132761 52,866.00 Benefits SINGH, CHRISTIAN W 132761 22,160.00	\$136,630
Contract Services		\$0
Drug Testing Supplies	Drug Testing Supplies 1451 (Siemens) - \$134000 142,000.00 1153 (A and A) - \$7200 1150 (Alere) - \$800	\$142,000
Supplies /Other Costs	Participant Housing 3,000.00 1160- \$3000	\$3,000
Equipment		\$0
In State Training and Travel	CACJ Annual Conference (3 in-person attendees) 1,926.00 1302 - \$1926	\$1,926
Transportation Funding	Public Transportation 22,400.00 1183 (MARTA) - \$22400	\$22,400
Total Budget Request:		\$305,956

Match: Employee Salary: Sharon Reaves 23696 \$33,995

CACJ Funding Committee Notes:

FIRST AMENDMENT OF AGING SUBGRANT AGREEMENT

THIS AGREEMENT is entered into as of this 19th day of April 2021, by and between Fulton County Board of Commissioners, (hereinafter referred to as the "Subgrantee") and the Atlanta Regional Commission, (hereinafter referred to as "ARC").

WITNESSETH THAT

WHEREAS, the parties hereto did enter into an agreement dated July 1, 2020, in which the Subgrantee agreed to perform certain services for ARC and ARC agreed to compensate the Subgrantee for the performance of such services, all as more fully set forth in said contract; and

WHEREAS, the parties wish to amend said contract in certain respects as set forth herein below.

NOW, therefore and in consideration of the mutual benefits to the parties, the parties agree that said contract is hereby amended as follows:

1. Section 4, Time of Performance, is hereby amended to read, "All work and services required hereunder shall be completed on or before September 30, 2021."
2. Section 5, Compensation, is hereby amended to read, "The total cost of the work as defined in Attachment A is \$ 1,086,191.70. ARC shall reimburse an amount not to exceed \$ 1,086,191.70 for the performance of all things for or incidental to the performance of work."
3. The budget page, labeled "Fulton County CARES Act Budget," is hereby deleted in its entirety and replaced with the budget page, labeled Amendment 1, as attached.

Except as specifically modified hereinabove, the remainder of said contract shall remain in full force and effect.

IN WITNESS WHEREOF, the Subgrantee and ARC have hereunto agreed effective as of the date first above written.

ATTEST:



FULTON COUNTY BOARD OF COMMISSIONERS

By: [Signature]

Title: _____

ATTEST:

ATLANTA REGIONAL COMMISSION

By: _____

Executive Director

By: _____

Board Chair

AMENDMENT 1

Fulton County FY'21 CARES Budget											
Service	Fund Source	Cost Center	Contracted Units	Unit Cost	Contract Staging Amount	Contract Amount	Local Match	Payment Amount	Other Funds	Persons Served	Leveraged Units
Home Delivered Meals	CARES - Home Delivered Meals Unit Cost	008AFN	111,474	7.10	791,459.22	\$ 791,459.22		\$ 791,459.22		676.00	
Material Aid - Individual	CARES Supportive Services Unit Cost	008AF8	294,733	1.00	294,732.48	\$ 294,732.48		\$ 294,732.48		1,000.00	
Total Awarded:					\$ 1,086,191.70	\$ 1,086,191.70	\$ -	\$ 1,086,191.70	\$ -	1,676.00	-