

## **INSTRUCTIONS FOR COMPLETING THE GRANT APPLICATION COVER SHEET**

Please complete the following items on the Grant Application Cover Sheet:

**Grant Program** – Virginia Specialty Dockets Grants

**Applicant Jurisdiction** - Use this space to provide the name of the locality applying.

**Applicant Federal Identification Number** – Locality’s FIN

**Jurisdiction(s) Served** - List all localities to be served.

**Program Title** – (Name of Docket as Approved) Specialty Docket Program

**Grant Period** –July 1, 2023 – June 30, 2024

**Type of Application** – New or Continuation

**Project Director, Project Administrator, and Finance Officer** – Provide complete name, title, address, phone, and email contact for each.

**Project Director** - The person who will have day-to-day responsibility for managing the project.

**Project Administrator** - The person who has authority to formally commit the locality to complying with all the terms of the grant application. **This must be the city manager, or county administrator.** This individual must sign the grant application. If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum, or other document by which the signing authority was delegated.

**Finance Officer** - The person who will be responsible for fiscal management of funds. **This person must sign and submit all financial reporting documents.** (all quarterly financial reports and requests for funds)

***Please note:*** It is extremely important that you provide telephone number and e-mail address for each person.

**Brief Project Description** – A detailed description of the proposed docket project. Include the resources included in this project to support docket medication, providers, associated fees, counseling providers, and patient monitoring. Include all Memoranda of Understanding and Policies and Procedures manual.

**Project Budget Summary** – Total figures from “Itemized Budget.” State appropriated general fund amounts will be reflected in your Statement of Grant Award.

## APPLICATION PROCESS

Applications must be submitted by a unit of general local government (city or county). **Applications for funding effective July 1, 2023 are due at <https://vacourts.smapply.us> by August 18, 2023 at 4:30pm.**

### **REQUIREMENTS**

Grant Applicants **must** provide the following:

1. Cover Sheet signed by the Chief Executive Officer (Project Administrator) of the applicant locality.
2. Current policy and procedures manual
3. Description of Services - A detailed description of the services to be provided by the local drug court docket, including a description of the participant population, the projected duration of the program for individual participants and the specific service components of the program which must include but are not limited to the following:
  - a. Community-based and residential substance use treatment,
  - b. Offender supervision and case management,
  - c. Moral Reconciliation Therapy
  - d. Medication Assisted Treatment (MAT)
  - e. Offender appearances before the court,
  - f. Random or periodic drug testing,
  - g. Substance use screening and assessment,
  - h. Participant criminal records check prior to graduation
  - i. Copies of all forms, court orders, letters and documents used by the docket.
  - j. Ancillary services such as: community service work placements, vocational training/educational assistance, employment placement and psychological or psychiatric treatment including family therapy as indicated, and
  - k. A copy of all signed and current memorandums of agreement (MOAs) used in the operation of your drug treatment court docket.
4. Itemized Budget (see pages 3-4 for instructions).
5. Budget Narrative (see pages 4-5 for instructions).
6. Submit the Best Practices and Associated Cost Savings Form.
7. Goals & Objectives Form
8. A letter of support for the grant application from the local Drug Court Treatment Court Advisory Committee.

9. Pursuant to §18.2-254.1. N, A copy of any/all local drug court docket evaluation reports.

### **INSTRUCTIONS FOR ITEMIZED BUDGET AND BUDGET NARRATIVE**

Use the "Itemized Budget" forms to detail all proposed expenditures to be made with these grant funds and provided by reimbursement of actual expenditures.

#### **Matching Funds**

25% Match cash, in-kind or combination is required. Please note in-kind sources and type of services/items. Matching funds may be used for non-allowable expenses listed below.

#### **Allowable Expenditures**

Expenditures under this program must be directly related to the operation and sustainability of the local specialty docket.

#### **Non-Allowable Expenditures**

Due to close monitoring of these state funds, these funds administered by OES through a grant process may **not** be used for the following:

- **The purchase of food and/or beverages for any meeting, conferences, training, and associated travel or other event, such as graduation ceremonies.**
- **The payment of Association membership fees.**
- **The purchase, lease, rental, or maintenance of a vehicle.**
- **Mileage reimbursement not approved in advance by OES.**
- **Land acquisition or capital projects.**
- **Lobbying or political contributions.**
- **Honoraria or bonuses.**
- **Personal entertainment.**
- **Equipment.**
- **Out of state travel for training, site visits or other.**
- **Funds may not be used to pay overtime rate/off duty rate for any staff.**
- **Funds may not be used to enhance any team members salary from another source.**

## **Restrictions**

### **Grant funds administered by OES are restricted as follows:**

- Grants funds cannot be used to supplant state or local funds that would otherwise be available for the same purposes.
- Reimbursement will be based on paid invoices for approved expenditures only.
- Changes to the grant budget after award must be approved by OES prior to expending funds based on the changes.
- Transactions occurring outside of the grant period are not eligible for reimbursement.
- No advance draw downs. Reimbursements must be actual expenditures based on paid invoices.
- Written eligibility may not prohibit acceptance, program continuance and/or graduation for those receiving medication assisted treatment.

## **Budget Narrative**

In addition to completing the Itemized Budget forms, you must also provide a Budget Narrative to describe the reason for each requested budget item and provide the justification for its cost. All requested items must be thoroughly justified and clearly related to the proposed project, or it cannot be approved. Please provide details on how each budget item benefits the specialty docket project.

## **Budget Categories**

### 1. Personnel/Employees

Staff positions must be clearly identified, and an hourly/annual salary must be provided with staff person's name. If position is vacant, indicate vacant for all reports. Once a person has been hired, please indicate their name, start date, and position on the quarterly report. Funds are only to be used to pay salaries for staff who work 100% for the drug court docket. These positions must work for the fiscal agent. Funds may not be used to pay overtime/off-duty rate for any staff. Also note on quarterly report when staff depart, name, depart date and position.

### 2. Consultants

- a) For individuals to be reimbursed for personal services on a fee basis: List each type of consultant or service (with numbers in each category and names of major consultants when available), the proposed daily fee rate, and the amount of time to be devoted to such services.

3. Travel

Only local travel expenses (mileage reimbursement) are included with this award. These funds are **not to be used for local commuting purposes**, e.g.: to/from office, to/from court, etc. The maximum amount of funds that can be approved is \$1,000. A copy of the paid voucher(s) need to accompany all requests for reimbursement.

4. Equipment

No office equipment or furniture items are approved use for these funds.

5. Supplies and Other Operating Expenses

**All costs should be itemized** within this category by major types (e.g., office supplies, medication, fees, materials, forms, telephone, and postage). The basis for cost computations should be shown ("x" dollars per month for office supplies; "y" dollars per person for training registration, materials, etc.).

6. Indirect Costs – No Indirect Costs allowable.

7. Cash Funds From Sources Other Than The Grant including Drug Treatment Court Fees

a. This item is included to show any additional support which may be providing to the proposed project, beyond the funds applied for in the grant application budget. Funds shown in this item are not governed by the terms, conditions and assurances which apply to the grant award. List the source and amount of funds, other than required matching funds, that will help support this project. **Include all federal grant and/or foundation funds** awarded to the drug treatment court docket.

b. Also note estimated participant fees to be assessed for this fiscal year.

By submitting this grant request, Applicant agrees to the following:

1. Compliance with the National Best Practices and Virginia Adult Drug Treatment Court Standards. In areas of non-compliance, report your corrective action plan to comply in those areas in the comments area on the form;
2. Fully use the Specialty Dockets Database provided by the OES, including maintain accurate and current data;
3. Compliance with VA code section [§18.2-254.1. Drug Treatment Court Act](#) about participants contributing to treatment cost; and
4. Submission in writing of the funds made available to the program pursuant to VA Code [§18.2-251.02. Drug Offender Assessment and Treatment Fund](#), from executive

branch agencies for supervision and substance use screening and assessment or documentation from executive branch agency that funds are not available. (Please attach writing from Executive Branch agency).

**Submit your application at <https://vacourts.smapply.us>**