COUNTY AGENDA REQUEST

Department:	Finance	Presenter(s):	Mary Holland
Meeting Date:	Thursday, June 13, 2013	Type of Request:	Consent

Wording for the Agenda:

Approval of staff's request to accept a grant in the amount of $150,491.00 awarded to the Griffin Judicial Circuit Adult Felony Drug Court, and to authorize the Chairman to sign any grant related documentation.

Background/History/Details:

For FY 2013, the Griffin Judicial Circuit Adult Felony Drug Court received a same type reimbursement grant in the amount of $152,711.

This grant awarded by the Accountability Court Funding Committee is effective July 1, 2013 through June 30, 2014.

This grant is subject to the administrative rules established by the Criminal Justice Coordinating Council.

No matching funds are required for acceptance of this grant.

Approval of this grant will fund a full-time Program Coordinator, Contract services for Treatment Provider and Surveillance, part-time Program Coordinator, drug tests and associated operating supplies.

What action are you seeking from the Board of Commissioners?

Approval of staff's request to accept the grant in the amount of $150,491.00 and to authorize the Chairman to sign any grant related documentation.

If this item requires funding, please describe:

This is an increase to both revenues and expenditures with no impact to the bottom line.

Has this request been considered within the past two years?	Yes	If so, when?	Thursday, November 15, 2012
Is Audio-Visual Equipment Required for this Request?*	No	Backup Provided with Request?	Yes

**** All audio-visual material must be submitted to the County Clerk's Office no later than 48 hours prior to the meeting. It is also your department's responsibility to ensure all third-party audio-visual material is submitted at least 48 hours in advance.***

Approved by Finance	Yes	Reviewed by Legal	
Approved by Purchasing	Not Applicable	County Clerk's Approval	Yes
Administrator's Approval			

Staff Notes:

STATE OF GEORGIA

OFFICE OF THE GOVERNOR

ATLANTA 30334-0900

Nathan Deal
GOVERNOR

May 15, 2013

Judge W. Fletcher Sams
Griffin Judicial Circuit Adult Felony Drug Court
One Center Drive
Fayettevile, Georgia 30214

Dear Judge Sams:

Congratulations! I am pleased to notify you that the Accountability Court Funding Committee has awarded a grant to the Griffin Judicial Circuit Adult Felony Drug Court in the amount of $150,491. This grant award is effective July 1, 2013 through June 30, 2014.

As you know, expanding and strengthening accountability courts in Georgia is not only one of my top initiatives as Governor but also a very strong personal interest. I have seen firsthand the success stories that come out of courtrooms like yours. In most circumstances, programs made available through your accountability court are an individual's last resort before entering a downward spiral into crime. By providing you with the resources you need and expanding these services throughout the state, we can improve public safety by rehabilitating the appropriate offenders.

You soon will receive information from the Accountability Court Funding Committee and the Criminal Justice Coordinating Council pertaining to your project funding and other grant- related matters. Thank you for service to the State of Georgia.

Sincerely,

Nathan Deal

Nathan Deal

REFERENCE NO.: 11111123

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

State of Georgia - Accountability Courts Grant

SUBGRANT AWARD

SUBGRANTEE: Fayette County Board of Commissioners

IMPLEMENTING AGENCY: Griffin Judicial Circuit

PROJECT NAME: Adult Felony Drug Courts

SUBGRANT NUMBER: J13-8-022

FEDERAL FUNDS: $ 150,491

MATCHING FUNDS: $ 0

TOTAL FUNDS: $ 150,491

GRANT PERIOD: 07/01/13-06/30/14

This award is made under the Accountability Courts State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by June 28, 2013.

AGENCY APPROVAL

Braxton T. Cotton, Director
Criminal Justice Coordinating Council

Date Executed: 07/01/13

SUBGRANTEE APPROVAL

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-6000826-001
Employer Tax Identification Number (EIN)

****

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	11111123	1	07/01/13	9		**	J13-8-022
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	11112				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Adult Felony Drug Courts	624.41	$ 150,491

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia - Accountability Courts Grant

SPECIAL CONDITIONS

SUBGRANTEE: Fayette County Board of Commissioners

PROJECT NAME: Adult Felony Drug Courts

SUBGRANT NUMBER: J13-8-022

SUBGRANT AWARD: $150,491

1. All project costs not exclusively related to activities of the funded accountability award must be prorated, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.
   Initials _____

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Accountability Court Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.
   Initials _____

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 _____

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 _____

5. A quarter of the awarded funding must be spent each quarter. Any unused funds each quarter end will be retained by the Council to be managed by the Accountability Court Funding Committee.
   Initials _____

6. This is a reimbursement grant. Requests for reimbursement must be made on a quarterly basis. Subgrant Expenditure Reports are due 15 days after the end of the quarter.
   Initials _____

7. 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 _____

8. Statistical and/or evaluation data describing project performance must be submitted to the Criminal Justice Coordinating Council on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this subgrant and/or any other subgrant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.
Initials _____

9. 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 _____

10. If your court uses a Community Service Board (CSB) for treatment AND your court has received funds for treatment - these funds have been awarded provisionally. Prior to use, you must meet with the CSB to determine the reason treatment is not provided as a part of the CSB's normal services. If the CSB is the best or only option for treatment for your court, you must provide the funding committee a written report explaining this. This report shall explain whether the CSB will be providing treatment for your court at their normal rate and whether or not they will only include your participants in the treatment groups. The committee will evaluate each report and will notify your court if it is acceptable to use grant funds towards treatment from the CSB.
Initials _____

11. All drug courts, veteran courts, mental health courts and family courts must use the LSI-R tool, and follow their court standards, if any. In addition, all courts are required to use an evidence-based treatment modality.
Initials _____

12. Subgrantees must comply with the training requirements as mandated by the Accountability Court Funding Committee.
Initials _____

13. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the Accountability Court

Funding Committee that the award be rescinded.
Initials _____

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

15. The Accountability Court Funding Committee will match the scholarships/lodging/mileage/meals awarded by the Judicial Council Accountability Court Committee for the FY'14 annual conference, as funds permit.
Initials _____

16. The program coordinator must conduct an unannounced visit to its treatment provider where he/she will observe the treatment session in its entirety at least one (1) time per month.
Initials _____

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

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

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

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the Criminal Justice Coordinating Council.

Typed name of Authorized Official: _____ **Title :** _____

Signature : _____ **Date :** _____

)5/14/13
)OC3H

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT #

SUBGRANT #: J13-8-022

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE: Fayette County Board of Commissioners
140 Stonewall Avenue
Fayetteville, GA 30214

PROJECT NAME: Griffin Judicial Circuit Adult Felony

PROJECT PERIOD: 07/01/13 to 06/30/14

COMBINED FEDERAL & MATCH EXPENDITURES

	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	$ 150,491	$ 0	$ 0	$ 150,491	$
EQUIPMENT	0	0	0	0	
SUPPLIES	0	0	0	0	
TRAVEL	0	0	0	0	
PRINTING	0	0	0	0	
OTHER	0	0	0	0	
TOTAL	$ 150,491	$ 0	$ 0	$ 150,491	$
FEDERAL	150,491	0	0	150,491	
MATCH	0	0	0	0	

EARNED PROJECT INCOME FOR THE PERIOD:
FORFEITED $_____ OTHER $_____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
EXPENDED $_____ UNEXPENDED $_____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ **OFFICIAL'S SIGNATURE** _____ **DATE** _____

PHONE NUMBER: _____ **TYPED NAME & TITLE** _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: J13-8-022
SUBGRANT AWARD: $ 150,491
REQUESTED TO DATE: _____
BALANCE: _____

AMOUNT REQUESTED THIS REPORT: _____
REVIEWED BY (INITIALS & DATE): _____
AUTHORIZED BY _____ DATE _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY

Tif EI - Partial Order
Tif ED - Schedule Pay Date

DISCOUNT	PO/AUTH	PAY DATE

DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT
4710606000	11112	11111123	0630104	315	707002	J13-8-022E01	

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST

FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Fayette County Board of Commissioners

SUBGRANT #: J13-8-022

PROJECT NAME: Griffin Judicial Circuit Adult Felony Dr

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	$ 150,491		
EQUIPMENT	0		
SUPPLIES	0		
TRAVEL	0		
PRINTING	0		
OTHER	0		
TOTAL	$ 150,491		
Federal	$ 150,491		
Match	$ 0		

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

CURRENT GRANT PERIOD
Start Date: 07/01/13
End Date: 06/30/14

REQUESTED GRANT PERIOD
Start Date: _____
End Date: _____

FOR EXTENSION,
OF MONTHS: _____

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: _____

SUBGRANTEE: Fayette County Board of Commissioners

SUBGRANT #: J13-8-022

PROJECT NAME: Griffin Judicial Circuit Adult Felony Dr

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:			

Accountability Court Funding Committee

2014 GRANT AWARD OVERVIEW
July 1, 2013 – June 30, 2014

COURT NAME: Griffin Judicial Circuit Adult Felony Drug Court
PRESIDING JUDGE: Hon. Fletcher Sams
FY14 AWARD TOTAL: $150,491

Budget Worksheet Category		Line Item Approvals	Category Total
A.1	Personnel/Salaries:	Program Coordinator	$50,000
A.2	Personnel/Fringe Benefits:	Program Coordinator	$14,825
B.	Contract Personnel:	Treatment Provider - $43,898 Surveillance - $12,000	$55,898
C.	Drug Tests:	Drug Tests & Supplies	$25,000
D.	Supplies/Printing:	Supplies - $820 Training Supplies - $1,500 Office Supplies - $100 Brochures - $350	$2,770
E.	Equipment:	Desktop Computer - $1,500 Printer - $150	$1,650
F.	Travel:	Coordinator Circuit Travel	$348
G.	Other:		$0

FY14 Accountability Courts Award Packets

Instructions for Activating your Subgrant Award

The Subgrant Award package consists of five (5) separate documents. These documents include:

1. The Subgrant Award;
2. The Special Conditions;
3. The Subgrant Adjustment Request;
4. The Reimbursement Selection Form; and
5. The Subgrant Expenditure Report/Request for Funds.

Below are instructions for completing each of these documents. Make a copy of each document for your project file and return all signed originals to the Criminal Justice Coordinating Council (CJCC).

DOCUMENT #1: SUBGRANT AWARD

This document constitutes the operative document obligating and reserving Federal funds for use by the Subgrantee in executing the project covered by the Subgrant Award.

In order to execute the document, the Subgrantee must do the following:

- enter the name of the **Authorized Official** executing the document;
- have the **Authorized Official** sign and date this document; and
- Please note that the authorized official that can bind the Court receiving grant funds. **(Chairperson of the Board of Commissioners or Mayor)**

DOCUMENT #2: SPECIAL CONDITIONS

The Special Conditions are the "strings" attached to the Subgrant Award. By signing these conditions, the Subgrantee is agreeing to comply with each requirement imposed upon the Subgrant by CJCC. In order to execute this document, the Subgrantee must do the following:

- carefully review each condition listed on this document;
- **have the Authorized Official initial the space provided after each special condition;**
- indicate the name and title of the **Authorized Official** executing the document;
- have the **Authorized Official** sign and date this document; and
- Please note that the authorized official that can bind the Court receiving grant funds. (Chairperson of the Board of Commissioners or Mayor)

DOCUMENT # 3: SUBGRANT ADJUSTMENT REQUEST

This document is a "turnaround" document and should be utilized to establish the project budget as well as to request any changes to the project throughout the grant year. In order to activate your subgrant, this document must be completed and accompanied by a detailed budget for the awarded amount, revised logic model and project summary. If your agency was awarded the amount originally requested (or allocated) and is not requesting any changes at this time to the budget, logic model and/or project summary, the original documents prepared for the application may be resubmitted; however, the Subgrant Adjustment Request must be completed (with "no changes" indicated in section IV) and signed. All documents must be returned to CJCC in order for the Award Package to be accepted. Instructions for completing the adjustment request form are as follows:

- enter the date the request is being made;
- indicate the nature of the adjustment then go to the particular section listed (Section I);
- review the amounts by budget category, listed under the column "Current Approved," as these are the budget amounts currently approved for the project;
- enter any revisions, rounding all amounts to the nearest whole dollar, (if none, then enter $0) in the column "Revisions+/-" (negative adjustments should be denoted by either () or <>);
- add or subtract the revisions from the current approved amounts, then enter the revised amounts in the column "Revised Budget";
- if any project officials have changed since the application, complete Section III;
- provide justification for all changes in Section IV;
- have the appropriate official sign and date the request.

When CJCC receives this request, it will be reviewed and authorized for further processing. The Subgrantee will receive the next Subgrant Adjustment Request form indicating the requested revisions have either been made or denied, along with an explanation.

PLEASE NOTE THAT ALL ADJUSTMENTS TO THE PROJECT, REGARDLESS OF THE NATURE, HAVE TO BE REQUESTED ON THIS SIGNED ORIGINAL DOCUMENT. ALSO, PLEASE REMEMBER THAT ALL BUDGET ADJUSTMENTS MUST BE MADE AT LEAST 60 DAYS BEFORE THE END OF THE GRANT PERIOD. PLEASE INCLUDE A REVISE BUDGET WITH EACH BUDGET REVISION.

DOCUMENT #4: REIMBURSEMENT SELECTION FORM

This form is used to indicate the frequency of reimbursement requests and how subgrant payments will be made.

- Check the applicable reimbursement schedule, monthly or quarterly.
- Check the applicable process for receiving reimbursement payments:
  - "Electronic Funds Transfer" box if you prefer to receive payments by direct deposit, complete the requested information, *attach a voided check to the form*, and have the **Authorized Official** sign where indicated.

OR

  - CHECK THE "CHECK" BOX IF YOU PREFER A MAILED CHECK, COMPLETE THE REQUESTED INFORMATION AND HAVE THE AUTHORIZED OFFICIAL SIGN WHERE INDICATED.
  - PLEASE NOTE THAT THE AUTHORIZED OFFICIAL THAT CAN BIND THE COURT RECEIVING GRANT FUNDS.

DOCUMENT #5: SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS

This document is a "turnaround" document and should be utilized to request reimbursement of federal funds and/or receive cash match credit for expenses incurred by the project. In order to utilize this document, the Subgrantee must do the following:

- respond to the question of whether or not this is a final report (Y=Yes or N=No);
- enter the dates that this request covers (e.g., July 1 – June 30);
- enter the amounts claimed for project expenses in each of the budget categories "Expended This Period" (all amounts should be rounded to the nearest whole dollar) and total the expenditures;
- enter the amount(s) applied to federal funds and to matching funds;
- if applicable, enter the amount(s) of any income earned by the project during the time period covered by the reimbursement request;
- review the certification;
- have the individual that prepared the request sign the document and list a phone number where the preparer can be reached should any questions arise;
- indicate the name and title of the **Authorized Official** signing the request;
- have the **Authorized Official** sign and date the request.
- make a copy of the reimbursement request for your project file;
- attach all required supporting documents; and
- submit to CJCC for processing.
- Please note that the authorized official that can bind the Court receiving grant funds. **(Chairperson of the Board of Commissioners or Mayor)**

DO NOT REPRODUCE THIS DOCUMENT. **ONLY THE SIGNED ORIGINAL REQUEST WILL BE ACCEPTED FOR PROCESSING!** ***DO NOT RETURN THIS DOCUMENT WITH THE AWARD PACKAGE*** **UNLESS YOUR AGENCY HAS INCURRED EXPENSES FOR WHICH IT IS REQUESTING REIMBURSEMENT.**

DESIGNATION OF GRANT OFFICIALS - INSTRUCTIONS

On the following page, fill in the name, title, address and phone number for the project director, the financial officer and the authorized official for the grant. No two officials can be the same person.

A. Project Director
This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.

B. Financial Officer
This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer or comptroller.

C. Authorized Official
This person is the official who is authorized to apply for, accept, decline or cancel the grant for the applicant agency. This person must be the executive director of a state agency, chairperson of the county Board of Commissioners, mayor, or chairperson of the City Council. All official correspondence regarding the grant and the application (assurances, disclosures, certifications, award documentation, subgrant expenditure reports, subgrant adjustment reports) **must** be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to the Council.

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: Griffin Judicial Circuit Adult Felony Drug Court

PROJECT TITLE:

☐ Mr. ☒ Ms.

Donna Michel

PROJECT DIRECTOR NAME (Type or Print)

Coordinator, Griffin Judicial Circuit Adult Felony Drug Court

Title and Agency

One Center Drive Fayetteville 30214

Offieial Agency Mailing Address City Zip

404-451-9001 770-631-9910

Daytime Telephone Number Fax Number

dlmichel1@aol.com

E-Mail Address

☐ Mr. ☐ Ms.

FINANCIAL OFFICER (Type or Print)

Title and Agency

Official Agency Mailing Address City Zip

Daytime Telephone Number Fax Number

E-Mail Address

☒ Mr. ☐ Ms.

W. Fletcher Sams

AUTHORIZED OFFICIAL (Type or Print)

Drug Court Judge, Griffin Judicial Circuit Adult Felony

Title and Agency

One Center Drive Fayetteville 30214

Official Agency Mailing Address City Zip

770-716-4282

Daytime Telephone Number Fax Number

fletcher@fayettecountyga.gov

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL
REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

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: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

AGENCY CONTACT TELEPHONE NUMBER: _____

AGENCY AUTHORIZED OFFICIAL NAME AND TITLE: _____

AGENCY AUTHORIZED OFFICIAL SIGNATURE: _____

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

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

AGENCY AUTHORIZED OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

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

Vendor Management Form Instructions

The Vendor Management Group (VMG) has redesigned the Vendor Management form to simplify process for adding a new vendor, making changes to existing vendors, and adding banking information in the PeopleSoft Financial system. This form is required for submission of all changes to an existing vendor's master file. Information can be typed into this form, saved and emailed to necessary parties. Always change the filename and save the form to your hard drive before making changes.

SECTION 1

Vendor Number-Vendor number assigned by the PeopleSoft Financial system.
FEI/SSN /Employee ID Number (EE)-All companies (corporations, partnerships, LLC's) have an IRS issued Federal Employer Identification (FEI) number or a Taxpayer Identification Number (TIN). All individuals must list their Social Security Number (SSN). FEI and SSN are nine digit numbers. Employee ID Number (EE) should be used by State of Georgia Employees—agencies can obtain this information from Human Capital Management System. This is an eight digit number.
Vendor Name- List the entire name of the business or individual that corresponds to the applicable FEI or SSN.
Payment Alternate Name-If the payee name is different from the parent vendor name, the alternate payee name should be provided.
Address, City, State, Zip, Country, Phone, Fax and Email- should always be filled in where applicable.

SECTION 2

BANK ACCOUNT INFORMATION This section is required to add or change bank account information to a new or existing vendor in the PeopleSoft Financial system. Attaching a copy of a voided check to the vendor management form is strongly encouraged and eliminates possible errors that could delay the vendor payment.

Routing Number-This is generally the first set of numbers at the bottom of the check (not the deposit slip) and uniquely identifies the banking institution. This is a nine-digit number.
Bank Account Number- This is generally the second set of numbers that identifies the checking account number that has been issued by the bank.
Check here if General Bank Account can be used by All State of Georgia agencies making payments. If this general bank account can be used by any State of Georgia agency to process payments, please check this box located. The location label will be changed to "ACH PRIMARY"
Check here if this account can only be used for a Specific Purpose-This is a special bank account that the vendor has provided that can only accept specific types of payment or may be applicable to certain State of Georgia agencies. List the specific use for this bank account on the line provided – the Additional Comments section can also be used to further explain the purpose of this account (e.g. Agency grant payments). The location label for this account will be "ACH-SP-All (Utilities)", or "ACH-SP-(Grant Payments Only)"

SECTION 3

New Vendor-Any entity or individual that has not been assigned a vendor number in PeopleSoft
Employee-Any employee that has been issued an employee ID number through PeopleSoft
1099 Code-Two digit code used by the IRS to describe the type of income paid to the vendor.
Classification Change-(e.g. contractor became an employee).
Add Address- Enter Address.
FEI/TIN Change- Requires a new w-9 or a copy of a letter from the IRS showing the assignment of a new FEI.
Name Change- Proper documentation is required for VMG to confirm the legal name change.
Change of Address- Please indicate which address number in the PeopleSoft Financial system to change.
Right of Way Purchase (DOT use only)
Vendor Deactivation – Agency must certify that there are no outstanding vouchers or purchase orders for this vendor for their specific business unit.
Fleet Anywhere Vendor- (DOT use only)
Other-include details in "Section 4 – Additional Comments" on the vendor management form.
Bank Account Add – Check this box if adding a new bank account.
Bank Account Change – Check this box if changing a bank account that is already in the system, or changing the location position of a bank account.
Bank Account Delete- Check this box if deleting a bank account all together. This requires a letter from the vendor stating that this account is no longer to be used.

SIC CODES

Small Business- A business which is independently owned and operated and must have either fewer than 100 employees or less than $1 million in gross receipts per year.
Georgia Based Business- Any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal submitted, or a new business that is domiciled in Georgia which regularly maintains a place from which business is physically conducted in Georgia; provided, however that a place of business shall not include a post office box, site trailer or temporary structure.

Women Owned Business- a business which is owned and controlled (51%) by a woman and is authorized to do and is doing business under the laws of this state, paying all taxes duly assessed, and domiciled within this state.
Minority Business Enterprise - a small business which is owned and controlled by one or more minorities (51%) and is authorized to do and is doing business under the laws of this state, paying all taxes duly assessed, and domiciled within this state. Classifications are--African American, Asian American, Hispanic/Latino, Native American and Pacific Islander. Please circle one.
Minority Certified- Same above having gone through the process of obtaining certification through the Georgia Department of Transportation.

SECTION 4

Include any additional comments in this section

SECTION 5

Complete all parts of this section to ensure VMG has complete contact information if questions arise.

Questions?

Vendors—direct all inquires to the state agency conducting business with the vendor.

State Agencies—direct all inquires to the Vendor Management Group at psvendor@sao.ga.gov or 404-657-3956, option #7.

VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

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

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

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

ADDRESS: _____

ADDRESS CONT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

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

ROUTING # _____ BANK ACCOUNT # _____

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

☐ Check here if this account can only be used for a SPECIFIC purpose _____

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

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

_____ (Vendor Printed Name) _____ (Vendor Signature) _____ (Date)

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

☐ New Vendor	☐ Employee	☐ 1099 Code _____
☐ Classification Change _____	☐ Add address	☐ FEI/TIN Change**
☐ Name Change**	☐ Change of Address: Address # _____	☐ Right of Way Purchase
☐ Vendor Deactivation	☐ Fleet Anywhere Vendor	☐ Other (provide details in Section 4)
☐ Bank Account Add	☐ Bank Account Change	☐ Bank Account Delete

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

SIC CODES (CHECK ALL THAT APPLY)

☐ Small Business	☐ Women Owned	☐ Minority Business Enterprise	☐ African American	☐ Asian American
☐ GA Based Business	☐ Minority Business Certified	☐ Hispanic-Latino	☐ Native American	☐ Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

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

Requestor Name: DENISE CARTIER Agency BU#: 47100 Date: _____

Email: DENISE.CARTIER@GBI.GA.GOV Phone: (404) 270-8366 Fax #: (404) 270-8355