FY 2027 CACJ Grant Application

2. Intro

Welcome to the Council of Accountability Court Judges (CAJC), FY27 Grant Application. The CACJ only will accept grant applications through this electronic survey. Your court should complete this document by February 26th, 2026 to apply for state funds.

How to navigate, saving and submitting the application:
Please note the 'Back' and 'Next' buttons at the bottom of each page. These will help you to navigate within the application. If you need to update any question at any time, you can go back to it using the previous button. All information filled in one page will be saved after you hit the 'Next' button. You do not need to answer the whole survey at once. You can save the information already provided (clicking 'Next') and come back later. The application will be submitted when you click submit at the end of the survey. Please, do not click to submit the application if you have not completed it or had not downloaded the PDF Report.
The PDF Report that was downloaded from the online survey and other applicable attachments must be uploaded to CACJ. The completed application packet must be uploaded by the due date of February 26th 2026. If you have questions about the grant completion or submission process, please contact Kimberly Howard, Director of Training and Operations at CACJ at kimberly.howard@georgiacourts.gov.
If you need any other technical assistance, please contact Lola Henry, research analyst at CJCC, at lola.henry@cjcc.ga.gov

Calculations:
This document is arranged so that the only information you need to enter is the amount you are requesting, the units, and the number of units. The survey does the rest of the work for you. Do not worry about calculating totals. If you find a mistake in the calculations, please contact Lola Henry, Research Analyst at CJCC, at lola.henry@cjcc.ga.gov. All of the budget sections are summed and presented in aggregate on the report that will be sent by e-mail. A summary of the total requested funds is also available at the end of the grant application survey.

Narrative:
On the 'Narrative' pages, please describe your court program, sustainability plan, and need for transportation costs. The Budget narrative should thoroughly and clearly describe every category of expense listed. Proposed budgets are expected to be complete, reasonable and allowable, cost-effective, and necessary for project activities. The explanation should be mathematically sound and correspond with the information and figures provided in the Budget Request. The explanation should explain how all costs were estimated and calculated and how they are relevant to the program.

3. General Information

Name of person filling out this form:

Heather Herrington

Please enter a valid Email Address. (Note: Your application summary report will be sent out to the Email Adress entered below.)

Heather.Herrington@nejcga.gov

Please re-enter your email address:

Heather.Herrington@nejcga.gov

Phone (xxx-xxx-xxxx):

770-536-3837

On April 23rd-25th, 2026 who will be available to answer questions on this grant, if the committee shall have any?

Heather Herrington

Please provide a phone number for this person (xxx-xxx-xxxx):

770-536-3837

Please indicate the primary court you are filling out this application for:

Hall County DUI Court

Please indicate the second court you are filling this application out for, if applicable:

Please indicate the third court you are filling this application out for, if applicable:

What Judicial Circuit do you operate in?

Northeastern

Please select your primary program type:

DUI Court

Please select your secondary program type, if applicable:

What court level does your court operate in?

State

How many participants to you expect to serve in FY27 with requested grant funds?

125

4. Other Fund Sources CFY Gate

ALL Other Funds Sources - Current Fiscal Year FY26

The next sections are meant to provide CACJ with a sense of how sustainable your court programs are. Please enter in this section the total amount your circuit received from other fund sources that are not State/CJCC funds for direct programming expenses in the CURRENT STATE Fiscal Year, from July 2025 to June 2026 Make sure to select all applicable options. Please indicate whether the fund source is an annual fund source. If it is not, please provide the end date in the form mm/dd/yyyy.

Please answer all the boxes per funding sources. Please make sure you are answering for all courts of a given type in your circuit.

Did your court(s) receive funds from sources that were NOT state/CJCC funds?
Some examples of this are funding from:
Byrne/JAG
Community Service Boards
Date Funds
Financial Donations
Governor's Office of Highway Safety
Independent 501(c)3
Juvenile Justice Grants
Local Government (County/Municipal)
Competitive BJA Grant
Participant Fees
Private Foundation Grant
Revenue from Labs
SAMHSA
Any other non-CACJ funds

Yes

5. Other Funds CFY Fund Types

Please indicate which sources your court received other funds from this fiscal year, FY26:

Byrne-JAG
Date Fund
Independent 501(c)3
Local Government (Municipal or County)
Participants Fees
Revenue from lab
All other non-CACJ Funds

6. Other Funds CFY Follow up

Reminder: These questions pertain to funds your court will receive inthis fiscal year: (July 2025-June 2026)

Please indicate the total amount of funding received per source:

Byrne-JAG : 4160
Date Fund : 53847
Independent 501(c)3 : 500
Local Government (Municipal or County) : 153086
Participants Fees : 18195
Revenue from lab : 40300
All other non-CACJ Funds : 15967

Please indicate how and what quantity of funds are used for each of the funding sources:

	Drug Testing	Equipment	Evaluation	Office Supplies	Personnel	Training	Travel	Treatment	Other
Byrne-JAG	0	0	0	0	0	0	0	4160	0
Date Fund	0	1098	0	1056	40854	1920	1920	0	7629
Independent 501(c)3	0	0	0	0	0	0	0	0	500
Local Government (Municipal or County)	0	0	0	1504	103362	640	800	0	46780
Participants Fees	0	0	0	1152	0	1944	1272	0	13827
Revenue from lab	15996	0	0	3456	0	560	1280	0	19008
All other non-CACJ Funds	0	0	0	0	1173	0	0	14794	0

If the fund sources are annual fund sources, please put the end date below in the format DD/MM/YYYY.
If the fund sources are NOT annual fund sources, please put 01/01/26 as the end date.

Byrne-JAG : 09/30/2026
Date Fund : 01/01/2026
Independent 501(c)3 : 01/01/2026
Local Government (Municipal or County) : 01/01/2026
Participants Fees : 01/01/2026
Revenue from lab : 01/01/2026
All other non-CACJ Funds : 12/31/2026

7. Other Info for CFY OF

Please provide any other information you would like to share about other fund sources for FY26 below:

Our FY26 budget was supported through county funds, DATE funds, participant fees, laboratory revenue, and grant funding, with limited supplemental support from Friends of Recovery. DUI Court maintained stable enrollment and an average census of approximately 80 participants.

8. Other Fund Sources NFY Gate

ALL Other Funds Sources - Next Fiscal Year FY27

The next sections are meant to provide CACJ with a sense of how sustainable your court programs are. Please enter in this section the total amount your circuit received from other fund sources that are not State/CJCC funds for direct programming expenses in the NEXT STATE Fiscal Year (July 2026-June 2027).

Please answer all the boxes per funding sources. Please make sure you are answering for all courts of a given type in your circuit.

Will your court(s) will receive funds from sources that are NOT state/CJCC funds in the NEXT FISCAL YEAR, FY27?
Some examples of this are funding from:
Byrne/JAG
Community Service Boards
Date Funds
Financial Donations
Governor's Office of Highway Safety
Independent 501(c)3
Juvenile Justice Grants
Local Government (County/Municipal)
Competitive BJA Grant
Participant Fees
Private Foundation Grant
Revenue from Labs
SAMHSA
All other non-CACJ funds

Yes

9. Other Funds NFY Fund Types

Please indicate which sources your court(s) will receive funding from next fiscal year, FY27, from below:

Date Fund
Independent 501(c)3
Local Government (Municipal or County)
Participants Fees
Revenue from lab
All other non-CACJ Funds

10. Other Funds NFY Follow up

Reminder: These questions pertain to funds your court will receive in thenext fiscal year (July 2026-June 2027):

Please indicate the total amount of funding received by each source:

Date Fund : 71332
Independent 501(c)3 : 500
Local Government (Municipal or County) : 159313
Participants Fees : 20947
Revenue from lab : 42220
All other non-CACJ Funds : 105572

Please indicate how and what quantity of funds are used for each of the funding sources:

	Drug Testing	Equipment	Evaluation	Office Supplies	Personnel	Training	Travel	Treatment	Other
Date Fund	0	852	0	560	58068	2080	1920	0	7852
Independent 501(c)3	0	0	0	0	0	0	0	0	500
Local Government (Municipal or County)	0	0	0	1520	106916	640	820	0	49417
Participants Fees	0	0	0	1664	0	2624	1920	0	14739
Revenue from lab	15996	0	0	3456	0	592	1312	0	20864
All other non-CACJ Funds	0	0	0	0	82065	3200	0	20307	0

If the fund sources are annual fund sources, please put the end date below in the format DD/MM/YYYY.
If the fund sources are NOT annual fund sources, please put 01/01/27 as the end date.

Date Fund : 01/01/2027
Independent 501(c)3 : 01/01/2027
Local Government (Municipal or County) : 01/01/2027
Participants Fees : 01/01/2027
Revenue from lab : 01/01/2027
All other non-CACJ Funds : 01/01/2027

11. Other Info NFY OF

Please provide any other information you would like to share about other fund sources for FY27 below:

Treatment Services anticipates a similar operating budget in FY27 compared to FY26; however, the FY27 budget has not yet been reviewed or approved by the Board of Commissioners and remains subject to change. Funding sources include County General Funds, DATE funds, participant fees, laboratory revenue, and grant awards. This shared structure allows Treatment Services to maximize efficiency, share staffing and treatment resources, and expand access to services for participants. ARPA funding has supported select personnel positions, while Opioid Settlement Trust funds support medication-assisted treatment (MAT) services agency-wide.

12. Coordinator Info

How many years of experience will your court coordinator have as of July 2026?

15

Will the certified court coordinator program be completed by the court coordinator as of July 2026?

Yes

13. Sustainability and Cooperation Narrative

Describe the sustainability plan for your court(s). Accountability Courts, new and existing, should begin working towards sustainability upon the inception of the program. It is prudent for a court to consider various methods of funding in the event that grant funds are not available. Sustainability plans, which may include an action plan to attain funding without the use of grant funds, should be fully described. Every court should strive to have the ability to continue operations in the event of a loss or significant reduction in state funds. It is the CACJ's objective to encourage courts to be sustainable in the event state funds are reduced. The CACJ wants to invest in sustainable programs.

How would your programs maintain operations in the event state funds were lost and your state grants were reduced or eliminated?

Treatment Services actively plans for sustainability by consolidating resources and sharing staff and services across all accountability court programs. In the event of a reduction or loss of state grant funding, the agency would prioritize maintaining core operations through a combination of County General Funds, DATE funds, participant fees, laboratory revenue, and nonprofit support. Based on the documented $4 million economic impact of our programs, Treatment Services would seek formal consideration by County Commissioners to absorb all grant-funded positions into the General Fund.

How much local funding have your courts requested? How much has been approved?

Treatment Services requests funding annually to support salaries/fringe benefits, building maintenance costs, and operational costs. By sharing a combined operational budget, our agency is able to stretch funds further to provide needed services to participants and maintain staff necessary to operate the various programs. We consider program census to calculate overall percentage for each program's operational budget. No operating budget for FY27 has yet been approved by our local Board of Commissioners at the time of this application submission. We are hopeful to receive a similar budget as approved for FY26.

Have you experienced any barriers in obtaining local funds from the counties within your circuit? If so, what have they been?

Date funds and lab revenue have historically been the largest contributors to our operational budget. We have made strides to increase lab revenue but have no control over local DATE fund collections as these are generated from legal cases which are not directly linked to our programs. While the Board of Commissioners continues to support existing positions, current fiscal constraints have limited the county's ability to absorb additional personnel at this time, making continued grant funding essential to maintaining program operations.

14. Sharing Resources

When applicable, CACJ strongly encourages the sharing of resources between accountability court programs and/or other agencies.

Does your court currently share resources?

Yes

What resources do your court(s) share?

Drug Lab
Drug Tests
Surveillance Officer Time
Treatment Providers
Office Space
Lab Technicians
Transportation/Vehicles for Participants

Please briefly explain with which court(s) resources are shared:

Hall County Drug Court, Mental Health Court, Family Treatment Court, and DUI Court operate under an integrated model that maximizes efficiency through shared resources across all programs. All courts utilize the same in-house drug testing laboratory, including shared drug testing supplies, reagents, confirmation testing services, and full-time Lab Technicians. This centralized lab structure ensures consistency, rapid turnaround times, and cost-effective operations. Surveillance services are also shared across programs. Surveillance officers conduct home visits and field contacts for participants in all accountability courts, allowing for coordinated monitoring while minimizing duplication of personnel costs. Treatment services are delivered by in-house counselors and clinical staff who serve participants across all court tracks, regardless of program designation. This cross-program staffing model promotes responsible stewardship of grant and county funding. By leveraging shared personnel, lab services, and surveillance resources, Hall County's accountability courts maintain high-quality supervision and treatment while operating below statewide average costs per participant.

Does your court plan to begin sharing resources with other court(s) in the near future?

Please explain why you do not plan to engage in resource sharing:

Has your court considered collaborating with other courts to create a track model?

We already use a collaborative track model

Do you plan to adopt a track model in the future?

Please briefly describe the obstacles to instituting a collaborative track model for your court(s):

15. Non-personnel sharing questions

Please describe the sharing program for resources other than personnel between your court(s) and any plans for expansion of resource sharing in the future:

All courts share drug testing reagents, confirmation services, supplies, and surveillance officers. Resources are distributed using a census-based formula that allocates resources proportionate to program population.

Please explain what your future plans for resource sharing are:

What obstacle(s) has your court faced in the past that have prevented resource sharing?

How do you plan to overcome the aforementioned obsacle(s) with your upcoming resource sharing plan?

16. Personnel Sharing Page

Is the sharing of personnel between your court(s) case dependent?

No

Please explain the deciding factors in cases that determine the sharing of personnel:

Please explain the system in place for your shared personnel:

Personnel are shared across courts as part of a structured staffing model to allow for efficient use of resources. The Clinical Evaluator, Lab Coordinator, Lab Techs, Intake Coordinator, Clinical Supervisor and Residential Case Manager were established to serve all programs. Treatment providers provide counseling services to all participants, regardless of program or track.

You indicated that your court program(s) does not share personnel resources.
Please briefly explain why your court does not share personnel resources:

17. Court Narrative

Please fully, but concisely, describe your request/project/expansion. Explain why your request cannot be funded using other funding sources. Include any appropriate additional documentation that may help explain your project.
Please note: if you include information that is not relevant, or is voluminous, the committee may choose to not consider it.

Please describe in detail how state grant funds are budgeted and how this funding source works together with the other funding sources to create comprehensive programs:

We are requesting funding for 12 hours per week of our Case Manager's salary and fringe benefits. The Case Manager position is currently funded in part from this grant and county funds. This position is vital to the operations of the DUI Court program and cannot be supported entirely in the county's current budget. We are requesting funding for community policing, drug testing supplies and services, and training. Requested grant funds will support field surveillance visits conducted by off-duty Sheriff's Department officers. Funding will also assist in purchasing drug testing reagents for our in-house lab and costs associated with confirmation and specialty testing. With 122 DUI Court participants served in 2025, our requested funding of $96,052 is nearly 49% below the statewide average grant expenditure of $143,228. Our request equates to an average cost of $787 per participant, which is $387 below the statewide average of $1,174. This demonstrates our ability deliver comprehensive supervision and treatment services at a significantly reduced cost while maintaining program integrity.

CACJ encourages well-written and reasonable applications for state funding. If your circuit is requesting an increase of 10% or more than the total amount of state funds awarded in the fiscal year FY26, please detail the need for additional funds. CACJ will prioritize requests based on an increase in participant census.

Request is not greater than 10% of FY26 award.

Have any courts in your circuit de-obligated state funds within the past two fiscal years?

Yes

Please explain the circumstances of previous de-obligations and the plan to prevent a de-obligation from occurring in the future:

Any past de-obligation was in response to personnel/staffing issues. While we make every effort to stay fully staffed, this situation is sometimes out of our control and vacancies or changes in pay rate/benefits from old to new staff is not something that can projected exactly. Since we are not allowed to move funds from Personnel to other areas in the grant, they are returned to CACJ if not utilized. We make concerted efforts to spend all funds as approved and awarded and will ensure that future grant funds are spent.

Did any of your courts receive a note or comment from the CACJ funding committee on their FY26 grant award?

No

Please explain how the court(s) addressed the Committee's note or comment:

Please provide any additional information you would like to share below:

18. Participants Fees Page

Did your court(s) collect participants fees in the last fiscal year, FY26?

Yes

How much did your court(s) collect in participant fees in the previous fiscal year, FY26?

37482

Please explain why your court(s) do or do not collect participant fees.

If you are submitting a joint application, please ensure you are answering the question for ALL COURTS covered in this application.

Our program collects weekly participant's fees at the rate of $10. We have found that this financial investment by participants helps foster more engagement in treatment and program requirements.

How does the collection of participant fees support the operations of the court(s)?

If you are submitting a joint application, please ensure you are answering the question for ALL COURTS to which it applies.

Participant fee collections for the the DUI Court are utilized to help offset costs associated with drug testing. The operational costs of our lab include supplies, personnel time, and contract officers to collect screens during morning/evening hours and weekend shifts. Participants fees directly contribute to funds needed for purchasing reagents, drug testing collection supplies, breathalyzers, and other materials needed for daily lab operation. While these funds are helpful, they are not lucrative enough to adequately sustain program operations.

19. Budget Priority

Please select the budget priority order for your court(s):

	First	Second	Third	Fourth	Fifth	Sixth	Seventh
Personnel	X						
Contract Services		X					
Drug Testing Supplies			X				
Other Costs							X
Equipment						X	
Training and Travel				X			
Transportation					X		

Please provide a brief rationale for your budget choices:

Please ensure you mention each budget item and their ranking in your answer.

The personnel position we are asking for in this grant is vital to the continued operations and growth opportunities for the program. The case manager maintains the caseload of over 80 participants for the DUI Court program and is responsible for the tracking of participant progress.

Regular surveillance visits by our community policing officers is an integral part of program success and effectiveness. Treatment Services shares a pool of officers who conduct home visits on a weekly basis for all programs in our county. We apply for funding for each program and share these resources to best maximize the number of visits conducted during each shift. We request funds to assist indigent DUI Court participants with treatment costs.

Treatment Services operates an in-house drug testing lab which serves all of the programs in our judicial circuit. Wedivide our funding request for reagents among all of the programs in our county to better utilize funding and sharing of resources. Continued funding to purchase reagents is vital to the operation of all programs as this ensures compliance with program rules and treatment effectiveness.

We require all staff to attend the annual CACJ Conference along with various other trainings throughout the year. grant funding to cover travel expenses directly related to the CACJ Conference will allow us to ease the financial burden to team members and further incentivize attendance.

20. Grid for PDF

Grand Totals

Sources	Requested Funds	Matched Funds	Total Budget Amount
Personnel	19576.77	16950.46	36527.23
Contract Services	27120	0	27120
Drug Testing Supplies	47963.86	0	47963.86
Other Costs	0	0	0
Equipment	0	0	0
Training and Travel	1392	0	1392
Transportation	0	0	0
Total CACJ Funds	96052.63	16950.46	113003.09

Personnel Salaries

Position Title	Hourly Rate	Hours per Week	Weeks Requested	Total Salary
Program Case Manager	12	24.67	52	15394.08
				0
				0
				0
				0
				0
				0
				0
				0
				0
			Grand Total:	19576.77

Personnel Benefits:

Position Title	Benefit 1	Cost	Benefit 2	Cost	Benefit 3	Cost	Benefit 4	Cost	Total
Program Case Manager	FICA	1177.64	Health Insurance	439.37	401K/Pension	2565.68			4182.69
									0
									0
									0
									0
									0
									0
									0
									0
									0

								Grand Total:	4182.69

Other Personnel Information:

How personnel funds will be used:

The DUI Court grant currently partially supports one Case Manager position. The case manager position maintains the caseload of over 60 participants for the DUI Court program and is responsibl

Other benefit information:

We have 28 hours/week of the salary budgeted in our operating budget and request the additional 12 hours per week and full fringe benefits from the grant to keep the position fulltime.

Contracts and MOUs:

Position Title	Rate Unit	Rate/Unit	Total Units	Anticipated Numbers	Provider Type	Total Requested Cost
Lae Enforcement/Surveillance Officer	Per Hour	65	288	15	Sheriff's Department	18720
Treatment Provider	Per Session	700	12	12	Non-CSB	8400
						0
						0
						0
						0
						0
						0
						0
						0
					Total Cost:	27120

Other Contract Information:

We wish to continue our surveillance presence by sending two Community Policing officers out into the field for 3 hours per week (2 officers x 12 hours/month x 12 months). This would allow our

County Drug Labs:

Rate per Test	Panels Tested/Rate	Tests Requested	Total
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
		Grand Total:	0

Drug Supplies
Consumables

Consumable	Units	Cost per Unit	Units Requested	Total
				0
				0
				0
				0
				0
			Grand Total:	0

Monitoring

Monitoring Equipment	Units	Cost per Unit	Units Requested	Total
				0
				0
				0
				0
				0
			Grand Total:	0

Confirmation

Confirmation Test	Cost per Test	Tests Requested	Total
Redwood	14	150	2100
Redwood	50	290	14500
Redwood	33	150	4950
			0
			0

			0
			0
			0
			0
			0
		Grand Total:	21550

Onsite

Onsite Device	Company Used	Panels Tested	Cost per Unit	Units Requested	Total
					0
					0
					0
					0
					0
					0
				Grand Total:	0

Reagents: Typical Drugs

Drugs	Cost per Test	Tests Requested	Total
Barbiturates			0
Buprenorphine	.29	3354	972.66
Cocaine/Crack			0
ETG	.29	27081	7853.49
Methadone	.29	9027	2617.83
Methamphetamine	.29	9027	2617.83
Opiates			0
Oxycodone	.29	9027	2617.83
Propoxyphene			0
THC	.29	9027	2617.83
Other	.29	15251	4422.79
		Grand Total:	23720.26

Reagents: Synthetic Drugs

Drugs	Cost per Test	Tests Requested	Company Used:	Total:
Ecstasy/MDMA				0
Fentanyl	.95	1482	Thermofisher	1407.9
Inhalents				0
Ketamine				0
Kratom	1.15	1118	Thermofisher	1285.7
LSED				0
Quaaludes				0
Rohypnol				0
Steroids				0
Synthetic Cannabinoids (K2/Spice)				0
Synthetic Stimulants (Bath Salts)				0
Tryptamines (Psilocybin)				0
Tramadol				0
Other				0
			Grand Total:	2693.6

Other Reagents Information:

We wish to purchase Thermofisher reagents to run on the Lab's analyzer to increase our drug testing capabilities. Our lab collects and analyzes screens for all accountability court programs in our circuit and we

Supplies

Supply Type	Cost per Unit	Units Requested	Total
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
		Grand Total:	0

Other supplies information:

Equipment

Equipment Type	Cost per Unit	Units Requested	Total
			0
			0

			0
			0
			0
			0
			0
			0
			0
			0
		Grand Total:	0

Other equipment info:

CACJ Conference

Team Member Name	Role	Last Attendance Year
Larry Baldwin	Judge	2025
Dalton Kane	Attorney	2025
Inez Grant	Attorney	2025
John Lucas	Probation Officer	2025
Joseph Summer	Attorney	2025
Katie Bruner	Accountability Courts Coordinator	2025
Diane Acuna	Case Manager	2025
Sydney Saylors	Treatment Provider	2025

:

Justification for additional members:

:

Total Mileage	Total Hotel Rooms	Total Cost
1392	0	1392

Reason(s) court did not use all slots last year (if applicable)

Other details about conference request:

Training and Travel

Staff/Contractor Name	Training Cost	Roundtrip Mileage	Number of Trips	Total
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
			Grand Total:	0

Other details about training and travel:

Transportation

Mode of Transportation	Unit	Rate Per Unit	Total Units	Under Contract	Total
County Vehicle Mileage					0
Driver Time (County Vehicle)					0
Public Transportation					0
Private Transportation (Uber/Taxi)					0
Bike Share					0
Other					0
				Grand Total:	0

Courts involved in transportation project:

Number of participants to take place in project:

How many new participants will this project add if funded:

Description of transportation project:

Additional details about transportation project:

21. Personnel Request Gate

Are you requesting personnel funding?
Note: if you are providing personnel funding as MATCH ONLY, click no

Yes

How many personnel positions are you requesting?

1

22. Personnel Requests

Please answer the following questions for the *first* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Program Case Manager

Is this a new position?

No

Hours per Week:

12

Hourly Rate:

24.67

Number of Weeks Requested:

52

Are you requesting benefits for this position?

Yes

Benefit one:

FICA

Benefit one cost:

1177.64

Benefit two:

Health Insurance

Benefit two cost:

439.37

Benefit three:

401K/Pension

Benefit three cost:

2565.68

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

The DUI Court grant currently partially supports one Case Manager position. The case manager position maintains the caseload of over 60 participants for the DUI Court program and is responsible for the tracking of participant progress, data collection, data dissemination, and accurate and timely maintenance of all spreadsheets.

Please provide any additional details you would like to include regarding fringe benefits requested:

We have 28 hours/week of the salary budgeted in our operating budget and request the additional 12 hours per week and full fringe benefits from the grant to keep the position fulltime.

23. Personnel Requests 2

Please answer the following questions for the *second* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

24. Personnel Requests 3

Please answer the following questions for the *third* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

25. Personnel Requests 4

Please answer the following questions for the *fourth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

26. Personnel Requests 5

Please answer the following questions for the *fifth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

27. Personnel Requests 6

Please answer the following questions for the *sixth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

28. Personnel Requests 7

Please answer the following questions for the *seventh* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

29. Personnel Requests 8

Please answer the following questions for the *eighth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

30. Personnel Requests 9

Please answer the following questions for the *ninth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

31. Personnel Requests 10

Please answer the following questions for the *tenth* position you are requesting.

Please report the Weeks and Hours worked only for the percentage of time that you are requesting That is, if a staff member is full time, but you are only requesting a portion of their salary, report only the hours and weeks for which you are requesting funds Benefits will be calculated based on the salary amount requested.

If a position title is not available in the drop-down list, this is not an allowable position with CACJ grant funds.

Then, please report the fringe benefits that you are requesting for personnel along with the amount requested per benefit below. You may request up to four fringe benefits. The total anticipated cost will be calculated based on the benefit amount(s) requested. Note: 2026 FICA tax rate is 7.65%. Please use this percentage when calculating 'Benefit Amount' for FICA. Please remember to update your Matched Funds on the General Information page to represent Total Personnel Funding for your court. *

Position Title:

Is this a new position?

Hours per Week:

Hourly Rate:

Number of Weeks Requested:

Are you requesting benefits for this position?

Benefit one:

Benefit one cost:

Benefit two:

Benefit two cost:

Benefit three:

Benefit three cost:

Benefit four:

Benefit four cost:

Please detail what the personnel funds requested will be used for below.
What will the position requested be doing? How will they work with your court?

Please provide any additional details you would like to include regarding fringe benefits requested:

34. Contract and MOU Gate

Contracts and MOUs are those for whom you are not paying fringe benefits These may be treatment providers, surveillance personnel, life skills programming providers or other professionals. Only include the number of hours or units you are asking the CACJ to fund. Please remember to update your Matched Funds on the General Information page to represent Total Contracts and MOUs Funding for your court.

A program case manager's duty may include preparing court orders, data collection, preparing documentation for staffing sessions/court, and assisting with other administrative duties in support of the court. A treatment case manager may perform individual counseling, program assessment and/or reassessment, and facilitates participant linkage to ancillary services.

Are you requesting Contract or MOU employes?

Yes

How many contract/MOU employees are you requesting?

2

35. First Contract/MOU

Please answer the following questions for the FIRST position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Lae Enforcement/Surveillance Officer

Rate Unit:

Per Hour

Rate per unit:

65

Total number of units requested:

288

Expected number of participants served per rate:

15

Provider Type:

Sheriff's Department

36. Second Contract/MOU

Please answer the following questions for the SECOND position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Treatment Provider

Rate Unit:

Per Session

Rate per unit:

700

Total number of units requested:

12

Expected number of participants served per rate:

12

Provider Type:

Non-CSB

37. Third Contract/MOU

Please answer the following questions for the THIRD position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

38. Fourth Contract/MOU

Please answer the following questions for the FOURTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

39. Fifth Contract/MOU

Please answer the following questions for the FIFTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

40. Sixth Contract/MOU

Please answer the following questions for the SIXTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

41. Seventh Contract/MOU

Please answer the following questions for the SEVENTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

42. Eighth Contract/MOU

Please answer the following questions for the EIGHTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

43. Ninth Contract/MOU

Please answer the following questions for the NINTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

44. Tenth Contract/MOU

Please answer the following questions for the TENTH position you are requesting to fund:

Please only include the number of hours or units you are asking the CACJ to fund

Position Title:

Rate Unit:

Rate per unit:

Total number of units requested:

Expected number of participants served per rate:

Provider Type:

45. Last Contract/MOU Elaboration

Please detail how the contracts and MOU's requested will be working with your courts:

We wish to continue our surveillance presence by sending two Community Policing officers out into the field for 3 hours per week (2 officers x 12 hours/month x 12 months). This would allow our officers (who work in pairs and average three-hour shifts at $65/hour) to make visits for all four of Hall County's accountability court programs. Additionally, we have indigent participants who cannot afford the $35/week treatment fee for New Hope Counseling. We wish to continue providing treatment for these participants without it costing New Hope. Including individual treatment sessions, the rate would be $700/year for 12 participants for at total of $8,400.

47. Lab Fixed Rate Gate

Does your court have fixed-rate per test contracts with a county lab for which you are requesting funds?

No

Does your court utilize or operate a local lab?

Run Ourselves

How many per-test contracts are you requesting funding for?

48. CountyLabRequests

Please tell us how much your county charges you per test to use their lab for the FIRST type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the SECOND type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the THIRD type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the FOURTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the FIFTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the SIXTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the SEVENTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the EIGHTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the NINTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

Please tell us how much your county charges you per test to use their lab for the TENTH type of test you are requesting. Input the cost per test, how many panels you can test at that cost, and the total number of tests you are requesting. The total request will calculate automatically.

Rate per test:

Number of panels tested per rate:

Number of tests requested:

51. Drug Testing Supply types Gate

What types of drug testing supplies are you requesting funds for?

Onsite Devices are considered to be instant tests.Consumables are items such as collection ONLY cups (NOT instant tests), gloves, and water.

If you are providing drug testing supplies funding as MATCH ONLY, indicate you are not requesting funds.

Confirmation or Lab Tests

How many types of consumables are you requesting?

How many types of monitoring equipment are you requesting?

How many types of confirmation or lab tests are you requesting?

3

How many types of onsite devices (instant tests) are you requesting?

52. ConsumablesReq

Please answer the following questions for your FIRST request for CONSUMABLES:

Consumable type:

Unit:

Cost per unit:

Number of units requested:

Please answer the following questions for your SECOND request for CONSUMABLES:

Consumable type:

Unit:

Cost per unit:

Number of units requested:

Please answer the following questions for your THIRD request for CONSUMABLES:

Consumable type:

Unit:

Cost per unit:

Number of units requested:

Please answer the following questions for your FOURTH request for CONSUMABLES:

Consumable type:

Unit:

Cost per unit:

Number of units requested:

Please answer the following questions for your FIFTH request for CONSUMABLES:

Consumable type:

Unit:

Cost per unit:

Number of units requested:

55. MonitoringReq

Please answer the following questions for your FIRST request for MONITORING EQUIPMENT:

Monitoring equipment type:

Unit type:

Cost per unit:

Number of units requested:

Please answer the following questions for your SECOND request for MONITORING EQUIPMENT:

Monitoring equipment type:

Unit type:

Cost per unit:

Number of units requested:

Please answer the following questions for your THIRD request for MONITORING EQUIPMENT:

Monitoring equipment type:

Unit type:

Cost per unit:

Number of units requested:

Please answer the following questions for your FOURTH request for MONITORING EQUIPMENT:

Monitoring equipment type:

Unit type:

Cost per unit:

Number of units requested:

Please answer the following questions for your FIFTH request for MONITORING EQUIPMENT:

Monitoring equipment type:

Unit type:

Cost per unit:

Number of units requested:

58. ConfirmationTestReqs

Please answer the following questions for your FIRST request for CONFIRMATION OR LAB TESTS:

Test company:

Redwood

Please explain other:

Average cost per test:

14

Number of tests requested:

150

Please answer the following questions for your SECOND request for CONFIRMATION OR LAB TESTS:

Test company:

Redwood

Please explain other:

Average cost per test:

50

Number of tests requested:

290

Please answer the following questions for your THIRD request for CONFIRMATION OR LAB TESTS:

Test company:

Redwood

Please explain other:

Average cost per test:

33

Number of tests requested:

150

Please answer the following questions for your FOURTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your FIFTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your SIXTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your SEVENTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your EIGHTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your NINTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

Please answer the following questions for your TENTH request for CONFIRMATION OR LAB TESTS:

Test company:

Please explain other:

Average cost per test:

Number of tests requested:

62. Onsite Devices One

Please answer the following questions for your FIRST request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

Please answer the following questions for your SECOND request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

Please answer the following questions for your THIRD request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

Please answer the following questions for your FOURTH request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

Please answer the following questions for your FIFTH request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

Please answer the following questions for your SIXTH request for ONSITE DEVICES (instant tests):

Type of device:

Company used:

Please explain other:

Number of panels tested:

Cost per unit:

Number of units requested:

65. Reagents Gate

Are you requesting funds for reagents?

Yes

66. Reagants Req

Please select the types of typical and synthetic drugs for which you are requesting funds to purchase reagents.

Typical Drugs

Burprenorphine
ETG
Methadone
Methamphetamine
Oxycodone
THC
Other - Please explain: Creatinine, Heroin

Synthetic Drugs:

Fentanyl
Kratom

67. Reagents Typical Drug Request

Please answer the following questions for your request for BARBITURATES

Cost per test:

Total number of tests:

Please answer the following questions for your request for BURPRENORPHINE

Cost per test:

.29

Total number of tests:

3354

Please answer the following questions for your request for COCAINE/CRACK

Cost per test:

Total number of tests:

Please answer the following questions for your request for ETG

Cost per test:

.29

Total number of tests:

27081

Please answer the following questions for your request for METHADONE

Cost per test:

.29

Total number of tests:

9027

Please answer the following questions for your request for METHAMPHETAMINE

Cost per test:

.29

Total number of tests:

9027

Please answer the following questions for your request for OPIATES

Cost per test:

Total number of tests:

Please answer the following questions for your request for OXYCODONE

Cost per test:

.29

Total number of tests:

9027

Please answer the following questions for your request for PROPOXYPHENE

Cost per test:

Total number of tests:

Please answer the following questions for your request for THC

Cost per test:

.29

Total number of tests:

9027

Please answer the following questions for your request for OTHER TYPICAL DRUG REQUESTS

Cost per test:

.29

Total number of tests:

15251

68. Reagents synthetic Drug Request

Please answer the following questions for your request for ECSTASY/MDMA

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for FENTANYL

Cost per test:

.95

Total number of tests:

1482

Company used for test:

Thermofisher

Please answer the following questions for your request for INHALENTS

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for KETAMINE

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for KRATOM

Cost per test:

1.15

Total number of tests:

1118

Company used for test:

Thermofisher

Please answer the following questions for your request for LSD

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for QUAALUDES

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for ROHYPNOL

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for STEROIDS

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for SYNTHETIC CANNABINOIDS (K2/SPICE)

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for SYNTHETIC STIMULANTS (BATH SALTS)

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for TRYPTAMINES (PSILOCYBIN)

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for TRAMADOL

Cost per test:

Total number of tests:

Company used for test:

Please answer the following questions for your request for OTHER SYNTHETIC DRUGS

Cost per test:

Total number of tests:

Company used for test:

69. Reagents Final

Please add any other information you would like to be considered in your reagents request here:

We wish to purchase Thermofisher reagents to run on the Lab's analyzer to increase our drug testing capabilities. Our lab collects and analyzes screens for all accountability court programs in our circuit and we are dividing up the supply request amongst our grant applications to better share resources. In 2025, our agency served over 900 participants, which is the largest number recorded and we experienced a 4% increase in overall drug testing compared to 2024, which supports our funding request for additional drug testing reagents.

74. Supplies Gate

Are you requesting funds for supplies? (Supplies are durable items that cost less than $5,000). (NOTE: If you are providing supplies funding as MATCH ONLY, click NO).

No

How many requests for supplies would you like to make? For example, if you would like to request funding for medication and funding for internet service, you would be making 2 requests for supplies.

75. Supplies Req

Please include all other costs that are less than $5,000 here. Other cost may include medication for participants, housing/relocation assistance, rent, teleconference cost, internet, etc. Please remember to update your Matched Funds on the General Information page to represent Total All Non-Drug Testing Supplies Funding for your court.

Please fill in the following information for your FIRST request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your SECOND request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your THIRD request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your FOURTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your FIFTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your SIXTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your SEVENTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your EIGHTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your NINTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please fill in the following information for your TENTH request below:

Other cost type:

Cost per unit:

Number of units requested:

Please provide any additional details regarding the supplies and other costs you are requesting that you would like to be considered:

78. Equipment Gate

Are you requesting funds for Equipment? (Equipment funds are for durable goods that cost more than $5,000.). (NOTE: If you are providing equipment funding as MATCH ONLY, click NO).

No

How many equipment requests would you like to make?

79. Equipment Req

Please remember to update your Matched Funds on the General Information page to represent Total Equipment Funding for your court.

(Note: The Cost per Unit must be greater than $5,000.)

Please answer the following questions for your FIRST equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your SECOND equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your THIRD equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your FOURTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your FIFTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your SIXTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your SEVENTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your EIGHTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your NINTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please answer the following questions for your TENTH equipment request:

Other cost type:

Cost per unit:

Total units requested:

Please provide any additional details regarding the supplies and other costs you are requesting that you would like to be considered:

82. CACJ Conference Gate

Are you requesting funds to attend the CACJ Annual Training Conference? (NOTE: If you are providing CACJ conference travel funding as MATCH ONLY, click NO).

Yes

How many team members would you like to request attend the conference?
Please note: You may request up to 8 team members without additional justification. If you would like to request more than 8 team members, you will need to answer additional questions on the following pages.
*** Family treatment courts may request up to 10 attendees without additional justification***

8

83. CACJ Conference Req

The 2026 Annual CACJ Training Conference will take place September 13th-16th 2026.
Instructions: The 2026 CACJ Annual Training Conference travel costs will calculate based on the conference location (the Classic Center - Athens, GA). Your court is allowed up to 8 attendees per court. Mileage should be calculated from your court's location to the conference location. Mileage expenses will automatically calculate when the number of miles is entered. Please enter the number of team members attending the conference and please note that the total per diem requested automatically populates within the total anticipated costs. Next, please enter the number of nights your team will stay in a hotel (this number will be 2 or 3 only). Then enter the number of hotel rooms needed to accommodate your team members. Please note that the total anticipated costs increases when you enter the number of hotel rooms. Expenses for the hotel and mileage will be calculated in accordance with the State of Georgia Statewide Travel Regulations. Further, the 2026 CACJ Annual Training Conference requests should include no more than three nights of lodging per/person, if your courts is located more than 51 miles or more from the conference venue; mileage expenses ($0.72/mile) for attendees to and from the conference venue, if your court is located less than 51 miles from the conference venue; and per diem expenses for meals if your court is located more than 51 miles from the conference venue. Attendees are expected to carpool when able. The CACJ will provide breakfast and lunch to conference attendees. The total per diem/per person is $195.00, which takes into account the meals provided. Fully describe your matched funds (to include calculations) in the narrative section below. Please remember to update your Matched Funds on the General Information page to represent Total Training and Travel Funding for your court. Other In-State Training and Travel Requests should be requested in accordance with the State of Georgia Statewide Travel Regulations.

You are not required to answer the last year each team member attended the conference, but the council may prioritize funding for team members who have not recently attended the conference.

Please answer the following questions about the FIRST team member you would like to attend the conference:

Team member name:

Larry Baldwin

Team member role:

Judge

Last year team member attended CACJ conference:

2025

Please answer the following questions about the SECOND team member you would like to attend the conference:

Team member name:

Dalton Kane

Team member role:

Attorney

Last year team member attended CACJ conference:

2025

Please answer the following questions about the THIRD team member you would like to attend the conference:

Team member name:

Inez Grant

Team member role:

Attorney

Last year team member attended CACJ conference:

2025

Please answer the following questions about the FOURTH team member you would like to attend the conference:

Team member name:

John Lucas

Team member role:

Probation Officer

Last year team member attended CACJ conference:

2025

Please answer the following questions about the FIFTH team member you would like to attend the conference:

Team member name:

Joseph Summer

Team member role:

Attorney

Last year team member attended CACJ conference:

2025

Please answer the following questions about the SIXTH team member you would like to attend the conference:

Team member name:

Katie Bruner

Team member role:

Accountability Courts Coordinator

Last year team member attended CACJ conference:

2025

Please answer the following questions about the SEVENTH team member you would like to attend the conference:

Team member name:

Diane Acuna

Team member role:

Case Manager

Last year team member attended CACJ conference:

2025

Please answer the following questions about the EIGHTH team member you would like to attend the conference:

Team member name:

Sydney Saylors

Team member role:

Treatment Provider

Last year team member attended CACJ conference:

2025

Please answer the following questions about the NINTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:
Family Treatment Courts may request up to 10 members without additional justification. If you are a Family Treatment Court, please put N/A.

Please answer the following questions about the TENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:
Family Treatment Courts may request up to 10 members without additional justification. If you are a Family Treatment Court, please put N/A in the box.

Please answer the following questions about the ELEVENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

Please answer the following questions about the TWELFTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

Please answer the following questions about the THIRTEENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

Please answer the following questions about the FOURTEENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

Please answer the following questions about the FIFTEENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

Please answer the following questions about the SIXTEENTH team member you would like to attend the conference:

Team member name:

Team member role:

Last year team member attended CACJ conference:

You have requested more than 8 team members.
Please provide some reasoning for the request of this additional team member:

The following questions pertain to the grand total for the team, not individual attendees. Please ensure you are answering with the total request.

What is the total roundtrip mileage for the team?

1920

How many hotel rooms are needed?

0

How many nights per hotel room are needed?

Did you use all of your approved slots for attendees last year?

Yes

Please briefly explain the circumstances that prevented you from using all approved slots last year:

Please provide any additional details about your request you would like to be considered below:

85. Conference Scripts

Are you requesting additional funds for mileage and training for your court? (NOTE: If you are providing mileage funding as MATCH ONLY, click NO).

No

How many training or travel requests would you like to make?

86. Mileage Req

Courts may request funds for in-state ONLY evidence-based training or other applicable accountability court training (virtual, in-person, or asynchronous opportunities). NOTE: Mileage costs will automatically calculate. Include the roundtrip mileage for a SINGLE trip and then the number of trips you intend to make. If the court is not requesting funds for training or mileage, enter 0 (zero) in the respective column.

Please answer the following for your FIRST training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your SECOND training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your THIRD training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your FOURTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your FIFTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your SIXTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your SEVENTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your EIGHTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your NINTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please answer the following for your TENTH training request:

Court Staff/Contractor Name:

Training Cost:

Roundtrip Mileage for ONE TRIP:

Number of trips:

Please use the provided space to provide any additional details regarding mileage use or training requests. Please indicate the curriculum training requested, the cost of training, and how the training is conducted (asynchronous, in-person, virtual, etc). If you are requesting mileage between counties, please list the distance between those counties and how many participants were served in each of those counties.

89. Transportation Gate

Are you requesting funds to assist participants with transportation needs? (NOTE: If you are providing transportation funding as MATCH ONLY, click NO).

No

What types of transportation are you requesting funds for?

90. Transportation Request

Please answer the following for your COUNTY VEHICLE MILEAGE request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

Please answer the following for your DRIVER TIME (COUNTY VEHICLE) request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

Please answer the following for your PUBLIC TRANSPORTATION request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

Please answer the following for your PRIVATE TRANSPORTATION (UBER/TAXI) request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

Please answer the following for your BIKE SHARE request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

Please answer the following for your OTHER request:

Rate Unit:

Please explain other:

Rate per unit:

Number of units requested:

Is this under contract?

93. Transportation Narrative

All applicants should fill out this section if your court is seeking transportation grant funds **Transportation projects include things such as partnerships with the Department of Community Supervision or local Sheriff's office to provide transportation to/from court or treatment services. Transportation vouchers (such as bus or train passes) may be requested. Transportation grant funds will not be allowed to be used for: vehicles, gas cards, or incentives. Funding requests for this budget detail can be shared among multiple courts. The funds will be applied to the application in which the questions and Budget Detail are completed.**

If you are applying for multiple courts, please list the courts below:

How many participants do you anticipate will participate in your proposed transportation project (from July 1, 2026 - June 30, 2027)? If you are applying for multiple courts, please list the court name then the number of participants.

How many new participants will your court add if the proposed transportation project is funded? If you are applying for multiple courts, please list the court name and then the number of participants.

Please fully describe your proposed transportation project. Include why the project is needed and cannot be funded by other sources.

If there are additional items regarding your transportation program, please include them in the space below.

94. Total Funds Requested

Please review the total request amounts per category below:

Personnel : 19576.77
Contract Services : 27120
Drug Testing Supplies : 47963.86
Other Costs : 0
Equipment : 0
Training and Travel : 1392
Transportation : 0
Total : 96052.63

Please enter your matched funds amount below:
Please note, the required match amount for FY27 is 15%. If you do not have matching funds for one of the categories, please enter 0.

Personnel:

16950.46

Contract Services:

0

Drug Testing Supplies:

0

Other Costs:

0

Equipment:

0

Training and Travel:

0

Transportation:

0

98. Statement of Integrity

By checking this box I certify that all information and statements provided are true, correct, and accurate possible to the best of my knowledge and belief.

I agree

Initials:

HH

101. Final Submission Page

Please take the time to review your answers. The PDF can be downloaded from this page, but it will also be emailed to you upon submission of the survey. The PDF report must be submitted to CACJ via formstack as part of the application package. You may keep the summary file for your records, and this will serve as a receipt confirming your CACJ application has been submitted to the Criminal Justice Coordinating Council.

Remember, you will not be allowed to re-open the application and make changes. Once you submit the submission is finalPlease make sure that your application is correct and complete before you move forward. If you made any corrections on your entries, please be sure that you downloaded the most updated PDF report to be submitted with the application package.

Click submit to submit your application.

102. Thank You!

Thank you for completing the FY27 CACJ grant application!