

Board of Supervisors  
County of Prince George, Virginia

Resolution

At a regular meeting of the Board of Supervisors of the County of Prince George held in the Boardroom, Third Floor, County Administration Building, 6602 Courts Drive, Prince George, Virginia this 10<sup>th</sup> day of January, 2017:

Present:

Alan R. Carmichael  
Donald R. Hunter  
William A. Robertson, Jr.  
Jerry J. Skalsky  
T. J. Webb

Vote:

C-2

On motion of \_\_\_\_\_, seconded by \_\_\_\_\_, which carried unanimously, the following Resolution was adopted:

**RESOLUTION; APPROPRIATION (\$95,000 ADULT DRUG TREATMENT COURT GRANT)**

BE IT RESOLVED That the Board of Supervisors of the County of Prince George this 10<sup>th</sup> day of January, 2017, does hereby authorize the following increase of funds within the 2016-2017 Budget, such line items increased as follows, which monies to be expended in accordance with Section 2-2 (11) of the County Code for purposes authorized and approved by the Board of Supervisors of the County of Prince George:

FUND/ORGANIZATION AMOUNT

**Community Corrections Fund (0217)**

Expenditure:

0217-03-300-2176-41100	Adult Drug Court Salaries	\$44,579.00
0217-03-300-2176-41200	Adult Drug Court Overtime	\$20,099.00
0217-03-300-2176-42100	Adult Drug Court FICA	\$ 4,950.00
0217-03-300-2176-42210	Adult Drug Court VRS	\$ 6,455.00
0217-03-300-2176-42300	Adult Drug Court Health Insurance	\$ 9,000.00
0217-03-300-2176-42400	Adult Drug Court Group Life Insurance	\$ 583.00
0217-03-300-2176-42500	Adult Drug Court Worker's Comp	\$ 549.00
0217-03-300-2176-45540	Adult Drug Court Convention & Educ	\$ 440.00
0217-03-300-2176-45230	Adult Drug Court Telephone	\$ 450.00
0217-03-300-2176-46001	Adult Drug Court Office Supplies	\$ 810.00
0217-03-300-2176-46057	Adult Drug Court Drug Supplies	\$ 6,085.00
0217-03-300-2176-48102	Adult Drug Court Furniture/Fixt	\$ 1,000.00

Revenue:

0217-20-601-8203-326212	Adult Drug Treatment Court Grant DCJS	\$95,000.00
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A Copy Teste:

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Percy C. Ashcraft  
County Administrator



# COUNTY OF PRINCE GEORGE

Finance Department

P.O. Box 68

Prince George, VA 23875

Phone (804) 722-8710 Fax (804) 732-1966

Betsy Drewry  
Director of Finance

## MEMORANDUM

To: Mr. Percy C. Ashcraft, County Administrator

From: Betsy Drewry, Director of Finance

Date: January 3, 2017

Re: Adult Drug Treatment Court Grant Appropriation

Riverside Regional Justice Academy received notice of award for an Adult Drug Treatment Court Grant from the Virginia Department of Criminal Justice Services (DCJS) in the amount of \$95,000. The Director of RCJA received board approval to apply for this grant at the December 13, 2016 meeting. The grant has a 25% in-kind match that is satisfied within currently appropriated funds.

Please place on the next Board of Supervisor's agenda the appropriation of funds. I am available at your convenience if you have any questions.

### Community Corrections Fund (0217)

#### Expenditures:

0217-03-300-2176-41100	Adult Drug Court Salaries	\$44,579.00
0217-03-300-2176-41200	Adult Drug Court Overtime	\$20,099.00
0217-03-300-2176-42100	Adult Drug Court FICA	\$4,950.00
0217-03-300-2176-42210	Adult Drug Court VRS	\$6,455.00
0217-03-300-2176-42300	Adult Drug Court Health Insurance	\$9,000.00
0217-03-300-2176-42400	Adult Drug Court Group Life Insurance	\$583.00
0217-03-300-2176-42500	Adult Drug Court Worker's Compensation	\$549.00
0217-03-300-2176-45540	Adult Drug Court Convention & Education	\$440.00
0217-03-300-2176-45230	Adult Drug Court Telephone	\$450.00
0217-03-300-2176-46001	Adult Drug Court Office Supplies	\$810.00
0217-03-300-2176-46057	Adult Drug Court Drug Supplies	\$6,085.00
0217-03-300-2176-48102	Adult Drug Court Furniture/Fixtures	\$1,000.00

#### Revenues:

0217-20-601-8203-326212	Adult Drug Treatment Court Grant DCJS	\$95,000
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cc: Bettina Coghill, Director of Riverside Criminal Justice Academy

**EXECUTIVE SECRETARY**  
KARL R. HADE

**ASSISTANT EXECUTIVE SECRETARY &  
LEGAL COUNSEL**  
EDWARD M. MACON

**COURT IMPROVEMENT PROGRAM**  
SANDRA L. KARISON, DIRECTOR

**EDUCATIONAL SERVICES**  
CAROLINE E. KIRKPATRICK, DIRECTOR

**FISCAL SERVICES**  
JOHN B. RICKMAN, DIRECTOR

**HUMAN RESOURCES**  
RENEE FLEMING MILLS, DIRECTOR

## SUPREME COURT OF VIRGINIA



OFFICE OF THE EXECUTIVE SECRETARY  
100 NORTH NINTH STREET  
RICHMOND, VIRGINIA 23219-2334  
(804) 786-6455

**JUDICIAL INFORMATION TECHNOLOGY**  
ROBERT L. SMITH, DIRECTOR

**JUDICIAL PLANNING**  
CYRIL W. MILLER, JR., DIRECTOR

**JUDICIAL SERVICES**  
PAUL F. DELOSH, DIRECTOR

**LEGAL RESEARCH**  
STEVEN L. DALLE MURA, DIRECTOR

**LEGISLATIVE & PUBLIC RELATIONS**  
KRISTI S. WRIGHT, DIRECTOR

**MAGISTRATE SERVICES**  
MASON L. BYRD, DIRECTOR

January 3, 2017

Ms. Bettina Coghill, Director  
Riverside Criminal Justice Agency  
6404 Courthouse Road  
Prince George, VA 23875-2555

**Supreme Court of Virginia Drug Treatment Court Grant,  
Title: City of Hopewell, Prince George & Surry Counties Adult Drug Treatment Court**

Dear Ms. Coghill:

I am pleased to advise you that your grant for the above-referenced grant program has been approved in the amount of \$95,000 in State funds for fiscal year 2017.

Enclosed you will find a Statement of Grant Award and a Statement of Grant Award Special Conditions. To indicate your acceptance of the award and conditions, please sign the award acceptance and return it to Anna Powers, Drug Treatment Court Coordinator, at the Office of the Executive Secretary (OES). Please review the conditions carefully; as they require action on your part before we will disburse grant funds. Prior to the OES disbursing of funds, the Subgrantee must agree to comply with the following special conditions:

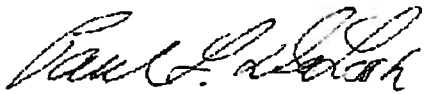
- a. Submit the quarterly grant reports by their due date to the Statewide Drug Treatment Court Coordinator.
- b. Maintain accurate & current data in the new web-based drug treatment court database beginning July 1, 2012.
- c. Submit a copy of your final federal grant report(s) and/or quarterly reports of any Federal grant funds awarded.

When we receive documentation showing that you have complied with the conditions, you will be eligible to request funds awarded under this grant. A **REQUEST FOR FUNDS** form is also included with this letter and should be used for this purpose. You may request funds at the same time you submit the documentation of compliance with the grant conditions or at any time thereafter. However, we cannot process your request until we have received and approved all required information.

Hopewell Adult Award Letter  
Jan 3, 2017  
Page Two

We appreciate your interest in this grant program and will be happy to assist you in any way we can to assure your project's success. If you have any questions, please call Anna Powers at 804-786-3321.

Yours very truly,



Paul F. DeLosh

PFD/atp  
Enclosures

cc: Mr. Percy Ashcraft, County Administrator  
Ms. Betsy Drewry, Finance Director  
Karl R. Hade, Executive Secretary  
Anna Powers, Drug Treatment Court Coordinator

**Supreme Court of Virginia**  
**Office of the Executive Secretary**  
 100 North Ninth Street, Richmond, VA 23219

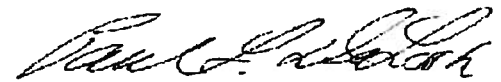
**Statement of Grant Award/Acceptance**

<b>Subgrantee--</b> City of Hopewell and Counties of Prince George and Surry		<b>Date:</b> Jan 3, 2017
<b>Grant Period--</b> <b>From:</b> 1/1/2017		<b>Through:</b> 6/30/2017
<b>Project Director</b>	<b>Project Administrator</b>	<b>Finance Officer</b>
Ms. Bettina Coghill Director Riverside Criminal Justice Agency 6404 Courthouse Road Prince George, VA 23875-2555  Phone No: 804-7332760 Email: bcoghill@princegeorgecountyva.gov	Mr. Percy Ashcraft County Administrator Prince George County PO Box 68 Prince George, VA 23875-2555  Phone No: (804) 722-8600 Email: pashcraft@princegeorgecountyva.gov	Ms. Betsy Drewry Finance Director Prince George County PO Box 68 Prince George, VA 23875-2555  Phone No: (804) 722-8720 Email: bdrewry@princegeorgecountyva.gov

**GRANT AWARD BUDGET**

Budget Categories	Program Funds TOTALS
<b>A. Personnel</b>	\$ 86,215
<b>B. Consultants</b>	\$ -0-
<b>C. Travel</b>	\$ 440
<b>D. Equipment</b>	\$ -0-
<b>E. Indirect Expenses</b>	\$ -0-
<b>F. Supplies &amp; Other Expenses</b>	\$ 8,345
<b>TOTALS</b>	\$ 95,000

This grant is subject to all rules, regulations, and criteria included in the grant application and the special conditions attached thereto.



**Paul F. DeLosh, Director of Judicial Services**

The undersigned, having received the Statement of Grant Award/Acceptance and the Conditions attached thereto, does hereby accept this grant and agree to the conditions pertaining thereto, this 3rd day of January 2017.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_



## STATEMENT OF GRANT AWARD SPECIAL CONDITIONS

Supreme Court of Virginia  
Office of the Executive Secretary  
Judicial Services Department  
100 North Ninth Street  
Richmond, Virginia 23219

### For the Supreme Court of Virginia Drug Treatment Court Grant Program to Localities

**Subgrantee:** City of Hopewell, and Counties of Prince George and Surry

**Title:** Hopewell, Prince George, & Surry Adult Drug Court

**Date:** Jan 3, 2017

The following conditions are attached to and made a part of this grant award:

1. By signing the Statement of Grant Award/Acceptance, the grant recipient agrees:
  - to use the grant funds to carry out the activities described in the grant application, as modified by the terms and conditions attached to this award or by subsequent amendments approved by the OES;
  - to adhere to the approved budget contained in this award and amendments made to it in accord with these terms and conditions;
  - and to comply with all terms, conditions and assurances either attached to this award or submitted with the grant application.
2. The subgrantee agrees to submit such reports as requested by the OES on forms provided by the OES. Funds from this grant will not be disbursed, if any of the required Financial or Progress reports are overdue by more than 30 days unless you can show good cause for missing the reporting deadline.
3. Grant funds, including local match, may be expended and/or obligated during the grant period. All legal obligations must be liquidated no later than 60 days after the end of the grant period. The grant recipient agrees to supply a final grant financial report and return all received and unexpended grant funds (exclusive of local match) to the OES within 60 days after the end of the grant liquidation period.
4. By accepting this grant, the recipient assures that funds made available through it will not be used to replace state or local funds that would, in the absence of this grant, be made available for the same purposes.
5. Subgrantee may follow their own established travel rates if they have an established travel policy. If a subgrantee does not have an established policy, then they must adhere to state travel policy. The state allows reimbursement for actual reasonable expenses. The state allows \$0.55 per mile for mileage. Transportation costs for air and rail must be at coach rates.
6. Within 60 days of the starting date of the grant, the subgrantee must initiate the project funded. If not, the subgrantee must report to the OES, by letter, the steps taken to initiate the project, the reasons for the delay, and the expected starting date. If the project is not operational within 90 days of the start date, the subgrantee must obtain approval in writing from the OES for a new implementation date or the OES may cancel and terminate the project and redistribute the funds.



7. **No amendment to the approved budget may be made without the prior written approval of OES. No more than two (2) budget amendments will be permitted during the grant period. Budget amendments must be requested using the enclosed budget amendment request form accompanied with a narrative. No budget amendments will be allowed after Friday April 14, 2017.**
8. The subgrantee agrees to forward a copy to the OES of the scheduled audit of this grant award.
9. All purchases for goods and services must comply with the Virginia Public Procurement Act. Procurement transactions, whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum open and free competition. An exemption to this regulation requires the prior approval of the OES and is only given in unusual circumstances. Any request for exemption must be submitted in writing to the OES. Permission to make sole source procurements must be obtained from the OES in advance.
10. Acceptance of this grant award by the local government applicant constitutes its agreement that it assumes full responsibility for the management of all aspects of the grant and the activities funded by the grant, including assuring proper fiscal management of and accounting for grant funds; assuring that personnel paid with grant funds are hired, supervised and evaluated in accord with the local government's established employment and personnel policies; and assuring that all terms, conditions and assurances—those submitted with the grant application, and those issued with this award—are complied with.
11. Any delegation of responsibility for carrying out grant-funded activities to an office or department not a part of the local government must be pursuant to a written memorandum of understanding by which the implementing office or department agrees to comply with all applicable grant terms, conditions and assurances. Any such delegation notwithstanding, the applicant acknowledges by its acceptance of the award its ultimate responsibility for compliance with all terms, conditions and assurances of the grant award.
12. **PROJECT INCOME:** Any funds generated as a direct result of the OES grant funded projects are deemed project income. Project income must be reported on forms provided by the OES. The following are examples of project income: Service fees; Client fees; Drug test fees; Usage or Rental fees; sales of materials; income received from sale of seized and forfeited assets (cash, personal or real property included).
13. Prior to the OES disbursing funds, the Subgrantee must comply with the following special conditions:
  - a. None.

## **PROJECTED DUE DATES FINANCIAL & PROGRESS REPORTS**

*Reports are due by the 12<sup>th</sup> working day following the close of the quarter covered in the report.  
Financial reports are required even if no expenditures have occurred.*

Submit quarterly reports electronically to [drugcourtrants@courts.state.va.us](mailto:drugcourtrants@courts.state.va.us)

<b>QUARTER ENDING</b>	<b>DUE DATE</b>
9/30/2016	10/16/2016
12/31/2016	1/19/2017
3/31/2017	4/15/2017
<b>BUDGET AMENDMENTS</b>	4/15/2017
6/30/2017	7/15/2017
<b>Final request for funds</b> (ONLY if encumbrances reported on 4 <sup>th</sup> Quarter report)	8/10/2017

# Quarterly Progress Report

Supreme Court of Virginia  
100 North Ninth,  
Richmond, Virginia 23219

Subgrantee:		Grant Number:	
Project Title:		Date of Report:	
Grant Period:	To	Final Report?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Click the appropriate box)</i>
Date Project Completed: N/A	Report Period Ending	12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input type="checkbox"/> 9/30 <input type="checkbox"/>	<i>(Click the appropriate box)</i>
Program Administrator:		Project Director:	

THIS PROGRESS REPORT IS A MANDATED PART OF THE PROGRAM REPORTING REQUIREMENTS. PLEASE RESPOND TO ALL QUESTIONS. ***IF ADDITIONAL SHEETS ARE NECESSARY TO RESPOND TO A PARTICULAR QUESTION, PLEASE ATTACH THEM.***

## PROGRAM ACTIVITIES AND ISSUES

1. Have you met *all* of the program's special conditions?  YES  NO  
If no, please indicate which special conditions have not been met and why:

2. Has your program experienced any staff changes this quarter?  YES\*  NO  
\*If yes, please provide the names, social security numbers, Oath of Office date, and employment or departure date for any new or departing staff on the attached separate page.

Please describe any other staffing problems or trends:

3. Please describe any problems or trends related to program budget and expenditures. *(For example: Have disbursements been delayed? Have expenditures unexpectedly exceeded funding and why? Is the program experiencing the need for particular resources not covered in the current year's budget? Are you accruing personnel funds due to staff turnover or vacancies?)*

4. Have any serious incidents occurred during this reporting period?  YES  NO  
Were serious incident report(s) (SIR) prepared?  YES  NO  NA  
Were copies of the SIR(s) sent to DCJS as required?  YES  NO  NA

5. Please describe when and if your local Drug Treatment Court Advisory Committee (DTCAC) met during this reporting period and what principal or special projects the DTCAC is engaged in (if your DTCAC did not meet, please explain why):

6.
  - a. Please describe whether your program or staff has received any awards or press coverage this reporting period:
  
  - b. Please describe any new or ongoing collaborative relationships you have formed with other agencies or other notable program accomplishments. (Please attach news articles or other relevant documents):
  
7. Please describe any changes or amendments made to your Standard Operating Procedures (SOP) this reporting period and whether your administrative and fiscal agent has approved these changes in writing. Please attach a copy of any SOP changes to this report.
  
8. Please describe any additional income\*, funding, training, technical assistance, or grants that your program has received during this reporting period, their purpose, and the amount received:  
*\*Report all project income on the attached "Subgrant Financial Report for Project Income"*
  
9. Please indicate if any there have been any changes in your planned program activities (such as time frame, scope of project, program targets, goals and objectives). Please describe why.
  
10. Please provide a narrative Program Target summary analysis by comparing targets to actual performance.
  
11. Do you require any special training or technical assistance not related to the Drug Court Database at this time?  YES  NO  
 If yes, please specify the type:

OES USE ONLY	
TA Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Recommendation:	
Action Taken:	
Signature – Program Specialist	Signature – Program Specialist

**Attachment 1  
Staffing Information  
CONFIDENTIAL**

Agency Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

**New Staff**

Staff Name	Position Title	Date Hired

**Departing Staff**

Staff Name	Position Title	Date Left

**PROGRAM STATUS REPORT**

Supreme Court of Virginia  
 100 North Ninth Street,  
 Richmond, VA 23219

<b>Subgrantee:</b>	<b>Grant Number:</b>			
<b>Project Title: Virginia's Drug Courts</b>	<b>Date:</b>	Q1 <input type="checkbox"/>	Q2 <input type="checkbox"/>	Q3 <input type="checkbox"/> Q4 <input type="checkbox"/>

*(Double click the appropriate box)*

Performance Measure	Annual Target	Actual Performance YTD	
	Felons	Felons	
1. Total Offenders Accepted into Drug Court			
2. Total # of Supervision Days			
3. Average Daily Caseload			
4. Average Length of Supervision			
5. New Service Placements			
• Moral Reconciliation Therapy (MRT)			
• Relapse Prevention			
• Medication Assisted Treatment (MAT)			
6. Total Successful Placement Closures			
7. Total Unsuccessful Placement Closures			
8. Rate of Successful Closure*	%		%
9. Total Inactive Placements – last day of month			
10. Total Offenders Monitored - last day of month			
11. Total Community Service Hours Performed		<i>Use Running YTD Total:</i>	
12. Total Amount of Restitution Facilitated	\$		\$
13. Total Amount of Fines/Costs Facilitated	\$		\$
14. Total supervision/drug court Fees Collected	\$		\$

\* To calculate **Rate of Successful Closure (#8)** use the following formula:

$$Rate\ of\ Successful\ Closure = \frac{Total\ Successful\ Cases\ (\#6)}{[Total\ Successful\ Cases\ (\#6) + Total\ Unsuccessful\ Completions\ (\#7)]}$$

# Quarterly Financial Worksheet

Grant Period: July 1, 2016 through June 30, 2017

<b>Subgrantee Name and Number:</b>			
<b>Project Title: Virginia Drug Court Grant Program</b>			
	Report period ending:	9/30 [ ]	12/31 [ ] 3/31 [ ] 6/30 [ ]

## EXPENSES INCURRED THIS QUARTER:

Budget Categories		Amount Paid	Voucher or Check #
<b>Personnel:</b>			
Name:			N/A
Name:			N/A
Name:			N/A
Name:			N/A
Name:			N/A
Name:			N/A
<b>Total Personnel:</b>		\$	-
<b>Consultant:</b>			
Vendor:			
Vendor:			
Vendor:			
<b>Total Consultants:</b>		\$	-
<b>Travel:</b>			
Name/Purpose:			
Name/Purpose:			
Name/Purpose:			
Name/Purpose:			
Name/Purpose:			
Name/Purpose:			
<b>Total Travel:</b>		\$	-
<b>Equipment:</b>			
Item and Vendor:			
Item and Vendor:			
Item and Vendor:			
<b>Total Equipment:</b>		\$	-
<b>Supplies and Other Expenses:</b>			
Description:			
Description:			
Description:			
Description:			
<b>Total:</b>		\$	-

Total Expenses for this quarter:	\$	-
* (must equal line "D" of your 'Request for Funds')		

### CERTIFICATION

I certify that this report represents actual receipts and expenditures of funds for the above grant for this quarter made in accordance with the approved budget and guidelines.

Authorized Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_

## Request for Funds -- Subgrants/Contracts

Supreme Court of Virginia  
100 North Ninth Street  
Richmond, Virginia 23219

<b>Subgrant/Contract Number:</b>	<b>Date of Request:</b>
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Subgrantee/Contractor Name Finance Officer Address 1: Finance Officer Address 2: Finance Officer Address 3: City, State, ZIP:		Period Covered by this Request From: _____ Federal Identification Number: _____
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Drawdown Amount:			
		<b>State</b>	<b>General Funds</b>
Total Subgrantee Award (A)		0.00	0.00
Less: Payments Previously Requested (B)		0.00	0.00
(A-B) Available Amount of Award (C)		0.00	0.00
Less: Amount Now Requested (D)		0.00	0.00
(C-D) Remaining Grant Balance (E)		0.00	0.00

As of the following date: \_\_\_\_\_ the Grant Program's Cash on Hand is: \$ \_\_\_\_\_

### CERTIFICATION

I Certify that, to the best of my knowledge, the information above is correct and that all expenditures will be made in accordance with grant conditions and that payment is due and has not been previously requested.

Signature of Authorized Official	Type of Print Name and Title
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### (DO NOT WRITE BELOW THIS LINE -- FOR OES USE ONLY)

Approved for Disbursement				
	(FF)	(SF)		(Total)
Fiscal Reviewer:		Voucher Number:		
Date:		Voucher Date:		

COMMENTS: