

Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>		Renewal		Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	<input checked="" type="checkbox"/>		No		If you marked YES this needs to go through Grant Review.
This is an	Agreement <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Lease <input type="checkbox"/>					
	Other _____:					
Name of Entity who Contract / Lease / Agreement / Grant is with	Mi Supreme Court State Court Administrative Office					
Project Name	88th District Drug + Alcohol Sobriety Court					
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.					
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.					
Total Amount	\$ 151,548.42 (Requested)					
Organization Match	\$ <input checked="" type="checkbox"/>					
County Match	\$ <input checked="" type="checkbox"/>					

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

	7/31/23
The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:	Date Signed: 7/31/23	I am requesting a meeting
County Treasurer:	Date Signed: 7-31-23	I am requesting a meeting
Finance Chairman:	Date Signed: 1 Aug 23	I am requesting a meeting
County Administrator:	Date Signed: 7/31/23	I am requesting a meeting

Please do NOT mark below this line

.....

INTEROFFICE USE ONLY

Date Received:	Date Sent for Attorney Review:
Attorney Approval Received:	Insurance Received:

32513 - 88th District Drug and Alcohol Treatment Court

Application Details

Funding Opportunity:

31902-Fiscal Year 2024 State and Federal Drug/Sobriety Court Grant Programs Application

Funding Opportunity Due Date: Jun 2, 2023 11:59 PM

Program Area: Michigan Drug Court Grant Program (MDCGP)

Status: Editing

Stage: Final Application

Initial Submit Date:

Initially Submitted By:

Last Submit Date:

Last Submitted By:

Contact Information

Primary Contact Information

Name: Ms. Salome Latuszek
Salutation First Name Middle Name Last Name

Title:

Email*: latuszeks@alpenacounty.org

Address*: 719 W. Chisholm St.

Alpena Michigan 49707
City State/Province Postal Code/Zip

Phone*: 989-354-9678 Ext.

Phone

###-###-####

Fax: ###-###-####

To access the WebGrants Access form click here.

WebGrants Authorization webgrants auth.pdf

Approval Form:

Organization Information

*Submitted
5/24/23*

Name*: 88th District Court - Alpena County (D88)
Organization Type*: State Court Administrative Office
Tax Id:
Organization Website:
Address*: Alpena County Office Building
719 Chisholm St.
Suite 3
Alpena Michigan 49707
City State/Province Postal Code/Zip
Phone*: (989) 354-9681 Ext.
###-###-####
Fax: (989) 354-9785
###-###-####

FY 24 Application

Program Information

Select your court*: D88 Alpena/Montmorency

County*: Alpena

Is your program multi-jurisdictional or, includes additional counties in the same jurisdiction? If yes, please list all of the participating jurisdictions and/or counties.

(e.g. 21st District Court and 23rd District Court OR Clare and Gladwin Counties)

:

Alpena and Montmorency Counties

Please pick your program type*: Hybrid DWI/Drug Court

Federal Tax ID *: 386004834

What is the program's most recent LAO number.

LAO# 2011-1

Planning programs enter 0000-00

*:

Chief Judge *: K. Edward Black

Program Judge 1 Name*: Alan M. Curtis

Number of years as a program judge.*: 1-2 years

Program Judge 1 Email curtisa@alpenacounty.org

Address*:

Program Judge 2 Name:

Number of years as a program
judge.:

Program Judge 2 Email

Address:

Program Judge 3 Name:

Number of years as a program
judge.:

Program Judge 3 Email

Address:

Program Judge 4 Name:

Program Judge 4 Email

Address:

Number of years as a program
judge.:

Court Administrator*: Christina L. Deleka

Financial Officer*: Kim Ludlow

Project Director*: Salome Latuszek

Project Director E-mail latuszeks@alpenacounty.org

Address*:

Project Director Phone 989-354-9678 Ext.

Number*:

Authorizing Official (individual Bill Peterson

who will sign the grant contract)

Name*:

Authorizing Official E-mail billpeterson@alpenacounty.org

Address*:

Authorizing Official Phone 989-354-9502 Ext.

Number*:

Authorizing Official Title *: Chairman of the Alpena Co. Board of Commissioners

SIGMA Vendor ID #*:

CV0047952

This number begins with CV, followed by 7 digits. Review previous payments from the State for this number. If you would like assistance, please contact PSC@courts.mi.gov.

Program Operations

Is the program applying for planning or operational funds? Operational Application

*,

How many years has the program been operational? : 13

When does your program plan to begin accepting participants? :

What is the program's capacity? 20

What is the current number of active participants? : 13

Does the program accept transfers? : Yes

Provide a description of your program as it relates to project goals and funding needs:

Our program provides structure and guidance for participants to develop and maintain a sober lifestyle, through continued monitoring of compliance with treatment, peer recovery support, community involvement, and continued abstinence.

Did your program receive SCAO-administered grant funds in the current fiscal year?: Yes

Please select all of the grant programs which funded this program in the current fiscal year. : MDCGP

What was the total amount of SCAO-administered grant funds the program was awarded in the current fiscal year?: \$25,000.00

Will the program likely expend all of its grant award during the current fiscal year? : Yes

What are the reasons that the program will likely not spend the entire grant award during the current fiscal year? :

Have any of the service(s) Yes

and/or good(s) rates increased from the current fiscal year?

(e.g. coordinator pay increased from \$23/hr to \$24.50/hr, drug tests increased from \$12 to \$15)

:

List the service(s) and/or good(s), the current fiscal year rate, and the new rate.:

Aside from increases covered Yes

above, are you requesting more grant funds in this application than the program was awarded during the current fiscal year?:

Please explain why more funds are being requested.

(e.g. program expansion, increase in services, or operational adjustments)

:

Continued staffing shortages and changes have prevented our program from applying for previously received BJA funding, therefore all expenses must be covered under this grant. Additionally, we are hoping to add an additional case manager to assist with participant monitoring and one-on-one assistance, such as budgeting, time management, etc.

For the upcoming/next fiscal No

year, will the program receive funding from another source (non-SCAO funding, such as local or federal funding), or has the program applied for funding from another source?*

Please provide the following information

- 1.) Have you received notification of the award?
- 2.) What is the funding source?
- 3.) What is the maximum amount per year?
- 4.) When will the funds expire?
- 5.) Are these funds restricted? If yes, please explain.

Federal Funding Application (Must be completed if requesting federal funding)

Would you like to be considered for SCAO administered federal grants (OHSP and Byrne JAG)?

No

OHSP and Byrne JAG funds are available to adult programs only.

If no, there is no need to answer further questions on this page. Please save the form and mark as complete.

*:

I have reviewed the grant information in the blue ribbon (above) and understand the funding requirements for each source. :

No

I understand that by selecting no to the question above, my program will not be considered for OHSP or Byrne JAG funds. :

Yes

Prior Funding

Has the applicant received a prior State Court Administrative Office grant under Byrne JAG or OHSP funding? :

Has the applicant received a prior State Court Administrative Office grant under Michigan Drug Court Grant Program, Michigan Mental Health Court Grant Program, Michigan Veterans Treatment Court Grant Program, or Swift and Sure Sanctions Probation Program? :

Does your county have an Equal Employment Opportunity Plan (EEO)?:

When was the plan formulated? :

Number of Court Employees :

Total number of the employees that work in the court (not including judges) where the program operates.

Please upload a screenshot of the court/county status listed in SAM.gov based on your Federal Unique Entity Identification (UEI) number.:

Will your program collect program income during the fiscal year? :

Pre-Award Financial Risk Assessment

The applicant is required to complete a pre-award financial risk assessment as part of the grant application. The questionnaire helps the SCAO assess the financial management and internal control systems, and the associated potential risks of an applicant. The pre-award financial risk assessment should only be completed by program and financial staff most familiar with the applicant's systems, policies, and procedures to ensure the correct responses. The responses directly impact the pre-award risk assessment and should accurately reflect the applicant's financial management and internal control system at the time of the application. The pre-award financial risk assessment is an additional factor in determining funding. Applicant risk level may affect the funding decision and/or result in additional reporting requirements, monitoring, special conditions, or additional award requirements.

Does the applicant have new individuals involved with the grant (less than 1 year)? This includes anyone directly or indirectly involved with the grant operations and financial management, (i.e., coordinator, judge, financial personnel, etc.)

New Individuals/Systems

:

What is the anticipated amount of program income you will collect during the fiscal year?: \$0.00

If yes, include name and role within the program:

Does this person handle any financial aspect of the grant? :

If yes, please detail their involvement:

Does the applicant have any new system changes within the past 12 months (system means in relation to purchasing an organization's system or systems for purchasing and contracting, including lease-or-buy decisions, the selection of contractors, analysis of quoted prices, negotiation of prices with contractors, placing and administering of orders, and expediting delivery of materials or services). :

If yes, please describe :

Audit

For this section, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Accepted Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

Has the applicant undergone any of the following types of audits (check all that apply):

On the most recent audit, what was the auditor's opinion?:

Were material weaknesses noted in the report?:

Were the material weaknesses related to an SCAO grant? :

If the material weaknesses in question are not directly related to an SCAO grant, could the material weaknesses have an impact on SCAO? (e.g., bank reconciliation):

Please specify the corrective action:

Financial Management System

Does the applicant's accounting system have the capability to identify the receipt and expenditure of awards funds separately for each SCAO award? :

Does the applicant's accounting system have the capability to record expenditures for each SCAO award by the budget cost categories shown in the approved budget?:

Does the applicant's accounting system have the capability to accurately track employees actual time spent performing work for each SCAO award, and to accurately allocate charges for employee salaries and wages for each SCAO award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee? :

Does the applicant's accounting system include budgetary controls to preclude the applicant from incurring obligations or costs that exceed the amount of funds available under an SCAO award (the total amount of award as well the amount available in each budget cost category)? :

Is the applicant familiar with the "cost principles" that apply to recent and future Federal awards, including the general and specific principles set out in 2 C. F. R Part 200? :

Procurement

Does the applicant maintain written policies and procedures for procurement transactions that *(Check all that apply)*:

Are the applicant's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition? :

Do the applicant's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejections of contractors, and basis for the contract price?:

Does the applicant have written policies and procedures designed to prevent the applicant from entering into a procurement contract under an SCAO award with an entity or individual that is suspended or debarred from such contracts, including provisions for checking for suspended or debarred prior to award?:

Subrecipient

Does the applicant have written policies and procedures, and/or guidance designed to ensure that any subawards made by the applicant under an SCAO award (1) clearly document applicable grant requirements, (2) are appropriately monitored by the applicant, and for Federal Grant Applicants (3) comply with the requirements in 2 C. F. R. Part 200 (see 2 C. F. R. 200.331)?:

Is the applicant aware of the differences between subawards under SCAO awards and procurement contracts under SCAO awards, including the different roles and responsibilities associated with each? :

Does the applicant have written policies and procedures designed to prevent the applicant from making a subaward under an SCAO award to an entity or individual who is suspended or debarred from such subaward, including provisions for checking for suspended or debarred prior to award?:

Other Federal Risk

Is the applicant designated "high risk" by a federal grant-making agency? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.):

List the agency and the reasons for :

Certification

Certification on behalf of the applicant

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority).

On behalf of the applicant, I certify to the State Court Administrative Office that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant.:

Yes

Name*:

Salome Latuszek

Title*:

Chief Probation Officer/Specialty Ct Coordinator

Phone*:

989-354-9678

Date*:

05/24/2023

Budget

Personnel

Name	Position	Computation	Request	Other Grant Or Funding Local Cash Local In-Kind			Total
				Source	Contribution	Contribution	
Case Manager	Case Manager	\$20/hr x 30 hrs/wk x 52 weeks	\$31,200.00	\$0.00	\$0.00	\$0.00	\$31,200.00
Surveillance/Compliance Officer	Surveillance/Compliance Officer	\$18/hr x 20 hrs/wk x 52 weeks = \$18,720	\$18,720.00	\$0.00	\$0.00	\$0.00	\$18,720.00
			\$49,920.00	\$0.00	\$0.00	\$0.00	\$49,920.00

Personnel

Describe the personnel costs (i.e., wages) associated with the proposed project.

30 hr per week Case Manager responsible for alumni group participation/activities, and general life skills assistance case management, ie: budgeting, locating assistance for housing, food, etc, as well as time management assistance. Will also assist with participant reporting and drug testing. \$20 per hour plus benefits of health care, retirement, short term disability, life insurance, and worker's compensation. \$20/hr x 30 hrs x 52 weeks = \$31,200.

The surveillance/compliance officer attends team meetings, treatment court reviews, implements drug testing, home visits, curfew checks, and general surveillance for the participants. \$18 per hour @ 20 hours per week for 52 weeks = \$18,720 (no additional benefits).

Fringe Benefits

Types of Fringe Benefits to be Claimed	Request	Other Grant Or Funding Source	Local Cash Contributions	In-Kind Contributions	Total
Health Care	\$4,399.56	\$0.00	\$0.00	\$0.00	\$4,399.56
Social Security/Medicare	\$3,818.88	\$0.00	\$0.00	\$0.00	\$3,818.88
Retirement	\$2,184.00	\$0.00	\$0.00	\$0.00	\$2,184.00
Short Term Disability	\$596.76	\$0.00	\$0.00	\$0.00	\$596.76
Life Insurance	\$95.52	\$0.00	\$0.00	\$0.00	\$95.52
Worker's Compensation	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00
	\$11,894.72	\$0.00	\$0.00	\$0.00	\$11,894.72

Fringe Benefits

Describe in detail each fringe benefit amount. If you are requesting funds in the "Other" category, include a detailed description of those expenses.

Employer cost of annual family health care package: \$15,274. Employer portion social security/medicare annually: \$3,818.88. Employer cost for retirement annually: \$4,244. Employer cost for short term disability annually: \$653. Employer cost for annual life insurance: \$55. Employer cost for worker's compensation annually: \$1200.

Contractual

Service to be Provided	Contractor(s)	Computation	Other		Local Cash Contribution	Local In-Kind Contribution	Total	Subrecipient/Contractor
			Grant or Request	Funding Sources				
Defense Attorney fees-Team Meetings		\$100 per hour x 4 times per month for 12 months	\$4,800.00	\$0.00	\$0.00	\$0.00	\$4,800.00	Contractor
Drug/Alcohol Screen confirmations	Abbott	\$30 x 5 participants 2x per months for 12 months	\$3,600.00	\$0.00	\$0.00	\$0.00	\$3,600.00	Contractor
GPS tether or alcohol monitor set up	Northern Michigan Drug Testing	10 participants per year @ \$75	\$750.00	\$0.00	\$0.00	\$0.00	\$750.00	Contractor
Sheriff Deputy OT for home visits	Alpena or Montmorency Sheriff Dept	\$44.66/hr x 20 hrs/wk x 52 weeks	\$46,446.40	\$0.00	\$0.00	\$0.00	\$46,446.40	Contractor
Substance Use Assessments	Catholic Human Services	\$80 per assessment x 6 candidates per year = \$480	\$480.00	\$0.00	\$0.00	\$0.00	\$480.00	Contractor
			\$56,076.40	\$0.00	\$0.00	\$0.00		

Contractual

Describe the contractual costs associated with the proposed project.

The defense attorney attends every team meeting and drug court review and advised to legal general protections and advocates for fair treatment fo participants as they are defendants experienceing the justice system. The attorney is well-educated and experienced in the program practices and offers invauable input. \$100 per hour @ 4 times per month for 12 months = \$4,800.

Abbott is a laboratory testing service providing verification of urinalysis and saliva screening completed by case managers/compliance officer. The computation includes costs that are only a result of negative screening. \$30 per 17 panel screen/confirmation @ 5 participants 2 times per month for 12 months = \$3,600.

GPS tethers and alcohol monitors are required in phase one and ongoing until unit removal is appropriate. Participants are responsible for the daily fee however the initial set-up poses a financial burden. Best practices points out swift response therefore immediate implementation is necessary. \$75 per participant @ 10 new participants per year = \$750.

With the need for court safety increasing daily in our nation, it is apparent that concern also extends to the safety of case managers/compliance officer while performing home visits and /or curfew checks. A Sheriff's Deputy accompanying drug court staff during these times adds security for all involved. The computation includes costs for one deputy working overtime to assist case managers/compliance officer. $\$44.66/\text{hr} \times 20 \text{ hrs/wk} \times 52 \text{ weeks} = \$46,446.40$.

Potential candidates for the program are frequently financially troubled, therefore it can be difficult to complete the required substance use assessment completed by Catholic Human Services needed to finalize the candidates determination of eligibility. $\$80 \text{ per assessment} \times \text{six candidates/yr} = \480 .

Supplies

Type of Supply	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Office Supplies	General consumables; paper, ink, binders, staples, folders, pens	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00
Postage	Estimated based on prior years with recent increase	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00
Incentives	200 x \$10 gift card/certificates	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
Graduation refreshments/supplies	10 graduations x \$75	\$750.00	\$0.00	\$0.00	\$0.00	\$750.00
Graduation awards	10 graduations x \$25	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00
Oral testing devices	30 per month x \$5.80 x 12 months	\$2,088.00	\$0.00	\$0.00	\$0.00	\$2,088.00
Disposable PBT tubes	160 per month x 12 months x .29 per tube	\$556.80	\$0.00	\$0.00	\$0.00	\$556.80
Printed materials	paper, ink, business cards, handbooks, manuals	\$900.00	\$0.00	\$0.00	\$0.00	\$900.00
17 panel urine tests	120 per month x 12 months x \$5.50	\$7,920.00	\$0.00	\$0.00	\$0.00	\$7,920.00
Kratom urine dip tests	60 per month x 12 months x \$5.00	\$3,600.00	\$0.00	\$0.00	\$0.00	\$3,600.00
Participant Supplies	Day Planners, Journals, Folders, etc	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00
		\$19,614.80	\$0.00	\$0.00	\$0.00	

Supplies

Describe the supply costs associated with the proposed project.

The case manager, surveillance officer, and probation staff administer drug screens and PBT's therefore drug court testing supplies are planned accordingly for random testing. These staff members administer a wide range of tests to detect various substances according to the key component of frequent alcohol and drug testing.

Drug/Alcohol screens are \$5.50 per screen calculated for 120 screens per month for a year. Oral/saliva panel tests are \$5.80 per test at 60 per month for a year. PBT tubes are \$0.29 using approximately 160 per month for a year. 17 panel urine dip tests are \$5.50 per test using 120 per month for a year. Kratom dip tests are \$5.00 test using 60 per month for a year. All of these estimates of use are based on prior years serving approximately 20 participants per year.

Office supplies are needed to maintain appropriate processing of treatment court participants via the file and all associated supplies not to exceed \$800. Postage was calculated considering the recent increase in postage rates and to communicate with participants, ancillary services, funding units and the public regarding the program not to exceed \$450. Printed materials support programming and provide clear communication with participants and the community not to exceed \$900.

Incentives, awards and graduations are a critical part of treatment court success. Incentives are shown to reinforce positive outcomes. We approximately serve 20 participants not to exceed 10 incentives per year at \$10 per incentive = \$2,000. We estimate approximately 10 graduations per year costing about \$100 for the graduation event and award.

Participants are required to write in a journal daily, and encouraged to utilize a day planner for organization of their time; folders are beneficial to keep all documentation needed to present to case managers at weekly check-ins neat and accessible. Approximate cost \$300 annually.

Travel and Training

Type of Travel or Training	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Ohio Risk/Needs Assessment or COMPAS Risk/Needs	Training for two case managers	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Transportation for participants	60 bus passes @ \$30 per book	\$1,800.00	\$0.00	\$0.00	\$0.00	\$1,800.00
Mileage for home visits/curfew checks	375 for 12 months x .655 per mile	\$2,947.50	\$0.00	\$0.00	\$0.00	\$2,947.50
MATCP Conference	Conference fee, accommodations, mileage for travel, meals	\$8,295.00	\$0.00	\$0.00	\$0.00	\$8,295.00
		\$14,042.50	\$0.00	\$0.00	\$0.00	

Travel and Training

Describe the travel and training costs associated with the proposed project.

Training for two probation officer/case managers for certification in the Ohio Risk/Needs Assessment Survey or COMPAS Risk/Needs @ \$500 each.

Home visits (including curfew checks) to monitor participants, mileage of 375 miles x .655 x 12 months = \$2,947.50. This would be reimbursed to case managers and surveillance officer as utilized.

Alpena and Montmorency Counties are geographically isolated and economically deprived with most participants projected to not have a driver's license or the ability to pay for transportation. Thunder Bay Transportation Authority is \$3 to ride per trip. Average round-trip for the target area is 26 miles per participant and when multiplied by counseling appointments, court appearances and other community services, the demand can create an unnecessary burden. Some participants rely on rides from friends and family and some have driving privileges or reinstatement but many have hardship regarding transportation. Bus passes are allocated on an as needed basis and monitored for limited use by the case manager(s). Allocated passes will not exceed \$10 when distributed.

Continued education/training for team members is imperative, and the MATCP Annual Conference provides exemplary information for treatment court professionals. Cost for six team members to attend w/ hotel/travel: conference fee \$305 x 6 = \$1,830; hotel \$200/night x 3 nights x 6 rooms = \$3,600; mileage for travel to/from conference: approx. 500 miles x \$.655 x 6 = \$1,965; meals \$50/day x 3 days x 6 = \$900; total: \$8,295.

Indirect Cost

Please upload the documentation that supports your negotiated rate (state and local government rate agreement or general ledger that includes all operating costs for the de minimis rate or to request a negotiated a rate).

Supporting Documentation:

Please upload the certification of indirect cost if you are using the de minimis rate or if you are requesting a negotiated rate from SCAO. (Certificate of Indirect Cost template can be found above).

Certificate of Indirect (F&A)

Costs:

Describe the process for determining your indirect cost including calculations. Describe all costs that are included in the base for determining the rate.

Indirect Cost

Type of Indirect Cost	Percentage	Request
No Data for Table		

Total Budget

Budget Category	Request	Other Grant or Funding Sources	Local Cash Contributions	In-Kind Contributions	Total Cost
Total	\$151,548.42	\$0.00	\$0.00	\$0.00	\$151,548.42