

## 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 _____ Contract _____ Lease _____ Other _____:				
Name of Entity who Contract / Lease / Agreement / Grant is with	Michigan Drug Court Grant Program				
Project Name	88th District Drug + Alcohol Treatment 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	\$ 35,083.80				
Organization Match	\$ 10,000.00 Participant Fees / Civil Filing Fees				
County Match	\$ No \$, in-kind only				

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

The Department Head Requesting	7/15/21 Date Signed
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**GRANT REVIEW COMMITTEE APPROVAL:**

County Clerk:	Date Signed: 7/15/21	I am requesting a meeting
County Treasurer:	Date Signed: 7-15-21	I am requesting a meeting
Finance Chairman:	Date Signed: 7-16-21	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:



## Submitted Applications

List of all current submitted applications

[Current Applications](#)   [Archived Applications](#)

### ☰ Current Applications

The applications below are associated with recent Funding Opportunities and are in Editing, Submitted, or Correcting statuses. To view older applications, click on the Archived Applications link.

Search:

ID	Status	Stage	Title	Organization	Program Area	Funding Opportunity	Due Date
21971	Submitted	Final Application	Fiscal Year 2021 Michigan Drug Court Grant Program (MDCGP)	88th District Court - Alpena County (D88)	MDCGP- Michigan Drug Court Grant Program (MDCGP)	21408-Fiscal Year 2021 Michigan Drug Court Grant Program (MDCGP) (Closed)	Final Application Deadline not Applicable
25819	Submitted	Final Application	88th District Court Drug and Alcohol Treatment Court	88th District Court - Alpena County (D88)	MDCGP- Michigan Drug Court Grant Program (MDCGP)	24806-Fiscal Year 2022 Michigan Drug Court Grant Program (MDCGP) Operational and Planning Programs (Posted)	Jun 30, 2021 11:59 PM

Showing 1 to 2 of 2 entries



# 25819 - 88th District Court Drug and Alcohol Treatment Court

## Application Details

### Funding Opportunity:

24806-Fiscal Year 2022 Michigan Drug Court Grant Program (MDCGP) Operational and Planning Programs

**Funding Opportunity Due Date:** Jun 30, 2021 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:**

*Submitted  
6/30/2021  
5:30pm  
(5)*

## Contact Information

### Primary Contact Information

**Name:** Ms. Mary Margaret Muszynski

Salutation First Name Middle Name Last Name

**Title:** Court Administrator

**Email\*:** muszynsm@alpenacounty.org

**Address\*:** 719 W. Chisholm St., Ste.#3

Alpena Michigan 49707

City State/Province Postal Code/Zip

**Phone\*:** (989) 354-9681 Ext.

Phone

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

**Fax:** (989) 354-9785

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

To access the WebGrants Access form click [here](#).

**WebGrants Authorization**

**Approval Form:**

## Organization Information

**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 22 Abbreviated Application

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### *Program Information*

**Select your court\*:** D88 Alpena/Montmorency  
**County\*:** Alpena  
**Please pick your program type\*:** Hybrid DWI/Drug Court  
**Federal Tax ID \*:** 386004834  
**Is this a regional program? \*:** No  
**Chief Judge \*:** Keith Edward Black  
**Program Judge 1 Name\*:** Thomas J. LaCross  
**Program Judge 1 Email Address\*:** lacrosst@alpenacounty.org  
**Program Judge 2 Name:**  
**Program Judge 2 Email Address:**  
**Program Judge 3 Name:**  
**Program Judge 3 Email Address:**  
**Program Judge 4 Name:**  
**Program Judge 4 Email Address:**

**Court Administrator\*:** Elizabeth Skiba  
**Financial Officer\*:** Kim Ludlow  
**Project Director\*:** Elizabeth Skiba  
**Project Director E-mail Address\*:** skibal@alpenacounty.org  
**Project Director Phone Number\*:** 989-354-9681 Ext.  
**DCCMIS Administrator Name\*:** Elizabeth Skiba  
**DCCMIS Administrator E-mail Address\*:** skibal@alpenacounty.org  
**DCCMIS Administrator Phone Number\*:** 989-354-9681 Ext.  
**Authorizing Official (Individual who will sign the grant contract) Name\*:** Robert Adrian  
**Authorizing Official E-mail Address\*:** robertadrian@alpenacounty.org  
**Authorizing Official Phone Number\*:** 989-354-9502 Ext.  
**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 are having difficulty please contact [courtservices@courts.mi.gov](mailto:courtservices@courts.mi.gov)

***Program Operations***

**Is the program applying for planning or operational funds? \*** Operational Application  
**How many years has the program been operational? :** 11  
**What is the program's capacity? :** 20  
**What is the current number of active participants? :** 7  
**Does the program accept transfers? :** Yes

**Please identify any major personnel, capacity, or program changes that differ from fiscal year 2021. :**

It seems like referrals are always an issue but they plummeted during covid-19 and continue to remain low. The probation department at the 88<sup>th</sup> District Court in Alpena had a probation officer retire. The Board of Commissioners approved refilling the vacant probation officer position to a full-time PO with the probation department absorbing the treatment court as part of their duties.

**Are you requesting more grant funds than the program was awarded last year?:** No

**Please explain why more funds are requested based on the operations of your program. For example, drug test cost increases, program expansion, etc. :**

**Will the program receive funding or, has the program applied for funding from another source (non SCAO-local, state or federal) for the upcoming fiscal year? \*:** Yes

Please provide the following information

- 1.) Have you received notification of 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.

The program currently receives federal grant (BJA) funding; 2019 through 2022. \$125,000 is the maximum amount per year. The funds are restricted to what is allowable under that grant.

## Budget

### **Personnel**

Name	Position	Computation	Request	Other Grant Or Funding Source	Local Cash Contribution	Local In-Kind Contribution	Total
No Data for Table							

### **Personnel**

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

### **Fringe Benefits**

Types of Fringe Benefits to be Claimed	Request	Other Grant Or Funding Source	Local Cash Contributions	In-Kind Contributions	Total
none	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**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.

**Contractual**

Service to be Provided	Contractor(s)	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total Subtotal
Defense Attorney Fees-Team Meetings		\$100.00 per hour x 4 times per month for 12 months	\$4,800.00	\$0.00	\$0.00	\$0.00	\$4,800.00 Subtotal
Surveillance Officer		20 hours per week x \$16.00 per hour	\$8,320.00	\$8,320.00	\$0.00	\$0.00	\$16,640.00 Contr
11-panel Etg/Ets screens/confirmations	Forensic Fluids	\$30 x 3 participants 2 x per month for 12 months	\$2,160.00	\$0.00	\$0.00	\$0.00	\$2,160.00 Contr
GPS tether or alcohol monitor set-up	Northern Michigan Drug Testing	10 participants per year @ \$75.00	\$750.00	\$0.00	\$0.00	\$0.00	\$750.00 Contr
			<b>\$16,030.00</b>	<b>\$8,320.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Contractual**

Describe the contractual costs associated with the proposed project.

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

The surveillance officer attends team meetings, treatment court reviews, implements drug testing, home visits, and general surveillance of the participants. \$16 per hour @ 20 hours per week for 52 weeks = \$16,640. Half is being requested at \$8,320. The other half is funded through the federal grant.



Forensic Fluids is a saliva testing service offering a swift reporting time frame. The computation includes costs that are only a result of negative screening. \$30 per 11-panel screen/confirmation @ 3 participants 2 times a month for 12 months = \$2,160.

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

**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	\$500.00	\$300.00	\$0.00	\$0.00	\$800.00
Postage	estimated based on prior years with recent increase	\$250.00	\$200.00	\$0.00	\$0.00	\$450.00
Incentives	200 x \$10 gift cards/certificates	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
ETG test	60 x 4.95 x 12 months	\$3,564.00	\$0.00	\$0.00	\$0.00	\$3,564.00
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	\$278.00	\$0.00	\$0.00	\$834.80
12 panel urine tests	60 per month x 12 months x \$5.50	\$3,960.00	\$3,960.00	\$0.00	\$0.00	\$7,920.00
Printed materials	paper, ink, business cards, handbooks, manuals	\$500.00	\$400.00	\$0.00	\$0.00	\$900.00
		<b>\$14,418.80</b>	<b>\$5,138.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Supplies**

Describe the supply costs associated with the proposed project.

The case manager, surveillance officer, and probation staff administer drug screens and PBTs 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. ETGs are 4.95 per screen calculated for 60 screens for a year. Oral/saliva panel tests are \$5.80 per test at 30 per



month for a year. PBT tubes are \$0.29 using approximately 160 per month for a year. 12 panel urine dip tests are \$5.50 per 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 \$500. Postage was calculated considering the recent increase in postage and to communicate with participants, ancillary services, funding units and the public regarding the program not to exceed \$250. Printed materials support programming and provide clear communication with participants and the community not to exceed \$500.

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 = \$2000. We estimate approximately 10 graduations per year costing about \$100 for the graduation event and award.

**Travel and Training**

Type of Travel or Training	Computation	Request	Other Grant or			Total
			Funding Sources	Local Cash Contribution	Local In-Kind Contribution	
Ohio Risk and Needs Assessment	training for one case manager = \$450	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00
transportation for participants	60 bus passes @ \$30 per book=\$1,800	\$1,800.00	\$0.00	\$0.00	\$0.00	\$1,800.00
Mileage for home visits	375 for 12 months x .53 per mile	\$2,385.00	\$0.00	\$0.00	\$0.00	\$2,385.00
		<b>\$4,635.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Travel and Training**

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

Training for one team member which would be a probation officer that has duties to include treatment court case management to attend a training and certification in the Ohio Risk and Needs Assessment @ \$450. (If granted, will acquire prior approval from SCAO)

Home visits to monitor participants. Mileage is increased to 375 miles x .53 x 12 months = \$2,385. This would be reimbursed to case manager 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 \$3.00 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.

**Total Budget**

<b>Budget Category</b>	<b>Request</b>	<b>Other Grant or Funding Sources</b>	<b>Local Cash Contributions</b>	<b>In-Kind Contributions</b>	<b>Total Cost</b>
Total	\$35,083.80	\$13,458.00	\$0.00	\$0.00	\$48,541.80