

**Comprehensive Drug Court Implementation
DEPENDENCY DRUG COURT NOTICE OF NOTICE OF GRANT AWARD
El Dorado County**

The Department of Alcohol and Drug Programs hereinafter called the Grantor, hereby makes a grant award of funds for the Dependency Drug Court (DDC) Grant Award to El Dorado County, hereinafter called the Grantee, for the duration set forth in this Grant Award.

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|--|---|
| Grantee Project Director (Name, Address and Telephone Number) | Grant Award Number: DDC-10/11-09 |
| | Award Period: July 1, 2010 thru June 30, 2011 |
| | Project Budget Period July 1, 2010 thru June 30, 2011 |
| Grantee Financial Officer (Name, Address and Telephone Number) | State General Fund Amount: \$92,659 |
| | Match Amount: \$18,532 |
| | Total Project Amount: \$111,191 |

This Notice of Grant Award and the following attached documents are incorporated into the Notice of Grant Award by reference: The approved Application (proposal) submitted by a county alcohol and drug program administrator in partnership with the presiding judge, the Request for Applications, the Dependency Drug Court (Health & Safety Code § 11970.1 through §11970.2 inclusive), and the Terms and Conditions of the Grant Award.

The Grantee hereby signifies its acceptance of this Grant Award and agrees to administer the grant project in accordance with the terms and conditions set forth in or incorporated by reference in this Grant Award.

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|---|---|
| STATE OF CALIFORNIA | GRANTEE |
| Department of Alcohol and Drug Programs | Shirley White El Dorado Public Health Department 415 Placerville Dr., Ste. R Placerville, CA 95667 |

| | |
|---------------------------|--|
| By (Authorized Signature) | By (Authorized Signature) <i>Shirley White</i> / <u>8-5-10</u> Shirley White, ADP Program Mgr Date |
|---------------------------|--|

| | |
|--|--|
| Printed Name and Title Susan Lussier, Deputy Director, Division of Administration | AOD Printed Name and Title Shirley White County Alcohol and Drug Program Administrator |
|--|--|

| | |
|--|---|
| Address: Department of Alcohol and Drug Programs Office of Criminal Justice and Collaboration Drug Court Coordinator 1700 K Street, 5 th Floor Sacramento, CA 95811-4037 | By (Authorized Signature) |
| | _____/_____ Norma Santiago, Chair Board of Supervisors Date |
| | _____/_____ Suzanne Allen de Sanchez, Clerk of the Board of Supervisors / Date |

| | |
|----------|--|
| Remarks: | Presiding Judge Printed Name, Title and Address Honorable Suzanne N. Kingsbury El Dorado County Superior Court 1354 Johnson Boulevard, Suite 2 South Lake Tahoe, CA 95150 <i>Suzanne N. Kingsbury</i> / <u>8/9/10</u> Date |
|----------|--|

FOR STATE USE ONLY

| | | | | |
|--|-------------------------|---------|-----------------|---------------------------|
| Budget Revision Number | | | | |
| PCA, Index, and Object: 51017/6009/702.16 | Item: #4200-101-0001 | Chapter | Statute 2010 | Fiscal Year: 2010-2011 |

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above

| | |
|-------------------------------------|------|
| SIGNATURE OF ADP ACCOUNTING OFFICER | Date |
|-------------------------------------|------|

PART XIX

ATTACHMENT C

**DEPENDENCY DRUG COURT
PROPOSED BUDGET REQUEST**

Mail Completed Form To:

Complete the following as noted on the Notice of Grant Award:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037
(916) 445-7456
Fax (916) 327-9285

County: EL DORADO Grant Award # DDC-09-10-09
Grantee: EDC HEALTH SERVICES DEPT. PH - ALCOHOL & DRUG PROGRAMS
Address: 929 Spring Street
City/Zip: Placerville, CA 95667
Phone: (530) 621-6146 Email Address: shirley.white@edcgov.us

Grant Award Year 2010-11

Dependency Drug Court Budget

| BUDGET LINE ITEMS | A | B | C | D |
|---|--------------------------------------|-------------------------------|------------------------------|---|
| | Proposed Treatment and Related Costs | Non-Treatment Related Costs * | 20 Percent Match Requirement | Total Treatment and Related Costs and Non-Treatment Related Costs (Do not include Match Amount) |
| | | | | Col A + B = D |
| Personnel | \$ 33,000.00 | \$ 3,000.00 | \$ 11,540.00 | \$ 36,000.00 |
| Fringe Benefits | \$ 15,000.00 | \$ 1,380.00 | \$ 5,307.00 | \$ 16,380.00 |
| Transportation/Travel - Inclds Client transportat | \$ 250.00 | \$ 285.00 | \$ - | \$ 535.00 |
| Training | \$ 280.00 | \$ 126.00 | \$ - | \$ 406.00 |
| Supplies - Educational Materials & Incentives | \$ 950.00 | \$ 150.00 | \$ - | \$ 1,100.00 |
| Contractual Services | \$ 30,000.00 | \$ 3,000.00 | \$ - | \$ 33,000.00 |
| Indirect Costs | | \$ 5,238.00 | \$ 1,685.00 | \$ 5,238.00 |
| Grand Total | \$ 79,480.00 | \$ 13,179.00 | \$ 18,532.00 | \$ 92,659.00 |

* Majority of funding should be dedicated towards treatment related costs.

I hereby certify that all costs are consistent with the Terms and Conditions of the grant award.


County Alcohol and Drug Program Administrator
(Please use blue ink for original signature)

Date: 6/30/10


Please print name of Administrator

Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration

Approved:

Drug Court County Analyst
(Please use blue ink for original signature)

Date: ___/___/___

Please print name of County Analyst