

Walton County Department Agenda Request

Department Name: **Juvenile Court**

Department Head/Representative: **Anne LaMalva**

Meeting Date Request: **October 2025**

Has this topic been discussed at past meetings? **No**

If so, When?

TOPIC: Juvenile Court CJCC CHINS Grant

Wording For Agenda: Approval for Walton County Juvenile Court to Accept CJCC CHINS Grant

This Request: Informational Purposes Only Needs Action by Commissioners* Yes

*What action are you seeking from the Commissioners? **Approval**

Department Comments/Recommendation: **See attached letter**

Additional Documentation Attached? Yes

Is review of this request or accompanying documentation by the County Attorney required? **Unsure**

If so, has a copy of the documentation been forwarded to County Attorney? Yes

Date forwarded to County Attorney: **09/30/2025**

Has the County Attorney review been completed? **no**

If this request involves the expenditure of county funds, please answer the following:

Approved in current budget?

Budget information attached?

Comments: **No County funds required**

Purchasing Department Comments:

County Attorney Comments:

Chairman's Comments:

WALTON COUNTY JUVENILE COURT

Anne Templeton LaMalva
Judge

Pam Shumake
Chief Clerk
Court Administrator
770-266-1706

303 South Hammond Drive, Suite 223
Monroe, GA 30655
770/267-1346

Michelle Nash
Chief Intake Officer/
Administrator &
Director of Programs

September 30, 2025

Walton County Board of Commissioners
111 South Broad Street
Monroe, GA 30655

RE: Criminal Justice Coordinating Council CHINS Grant

Dear Commissioners,

I am afraid that I am doing this in a backward fashion...but here goes. Walton County Juvenile Court was notified about applying for a grant through Criminal Justice Coordinating Council for a CHINS (Children in Need of Services) grant in mid July 2025. The application deadline was July 30, 2025. I notified Ms. Hawk about applying for the grant and she informed me that we had to get it approved by the Commission before applying. However, since the deadline was before the August Meeting, we were to submit the application and the matter would be placed on the August Agenda. I misread the email from Ms. Hawk and did not submit our application. I had submitted the information on the grant that we were applying for and thought that was enough. We did in fact apply for the grant and we found out on September 25, 2025 that we had been approved for a grant of \$99,673.00. The grant begins on October 1, 2025. We have 45 days to accept the grant. I am asking that the Board of Commissioners place this matter on the October 2025 Agenda for approval. I am attaching a copy of our grant along with the email showing the award. Please accept my apologies that I did not follow the proper procedure. This was my first time in seeking a grant for the office. I had thought that we had already gotten approval to apply. In any event, we have been awarded the grant and no funds are required from Walton County. I am really excited about this opportunity. We intend to use the money for a Truancy Intervention Program (TIP) where we will provide services and education to parents and children in our community to help address our issues with truancy. This is the first grant of its kind for our court. We are asking to hire Break the Cycle, an organization from Covington, to help us administer the grant and set up this TIP program.

Please let me know if you have any questions or concerns.

Thank you,

Anne Templeton LaMalva

Anne Templeton LaMalva

CJCC Budget Detail Worksheet

Agency Name:	Walton County Juvenile Court
Subgrant Number:	
Project Name:	CHINS Grant
Select grant type:	OTHER - No Match

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform. Volunteers must be valued at \$15/hour unless approved by CJCC staff for a higher rate. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

	Hours	Rate	Total value	Match In-Kind
Volunteers			\$ -	
			VOLUNTEERS TOTAL	\$0.00

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). If selecting "airfare" enter 1 in the nights/ days field and use the round trip costs. Please note that the maximum reimbursement rate is \$0.565 per mile, but if your agency's reimbursement rate is lower, you

Trainings and Conferences	**All trainings and conferences must be pre-approved by submitting an agenda to your Specialist or Auditor.							
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost	Match?

C. Equipment— List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be greater than or equal to \$10,000 per unit to be classified as equipment. Otherwise, please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
EQUIPMENT TOTAL				\$0.00	

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

E. Printing— List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

F. (1) Subtotal	\$0.00
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F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
Break the Cycle Counseling and	Teens in Action Groups	\$350.00	hrs (8 groups per cycle)	40.00	\$14,000.00	
Break the Cycle Counseling and	Teens in Action Parenting Groups	\$350.00	hrs (8 groups per cycle)	40.00	\$14,000.00	
Break the Cycle Counseling and	Family Assessments	\$300.00	ly Assessment for	40.00	\$12,000.00	
Break the Cycle Counseling and	Behavioral Aide Services (In-Home and School)	\$50.00	hrs per Child of BA	400.00	\$20,000.00	
Break the Cycle Counseling and	Individual and Family Counseling (In-Home)	\$65.00	eling as needed for	150.00	\$9,750.00	
Break the Cycle Counseling and	Individual Parenting (Parent Aide)	\$50.00	ual Parenting-As if	150.00	\$7,500.00	
Break the Cycle Counseling and	Facilitator Staffings/Meeting w/ the Court	\$50.00	ng with Court/Referrals	20.00	\$1,000.00	
Break the Cycle Counseling and	Grant Management	\$50.00	Grant Management	299.00	\$14,950.00	
			E. (2)Subtotal		\$93,200.00	

F. (4) Indirect Cost: If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement must be submitted with your contract budget. Applicants may elect to use an amount up to the ten percent (15%) de Minimis rate of their Modified Total Direct Costs (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel that work directly on the project, and other operational costs such as supplies, printing, and travel that are directly related to the project. To use the de Minimis indirect cost rate complete the MTDC Calculator in the next tab. When you have completed this calculator, the total indirect cost will transfer to the space below.

Indirect Cost	\$0
F. OTHER TOTAL	\$93,200

G. Match Waiver: If your agency would like to request a match waiver, you should submit a letter, on your agency's letterhead, to the Georgia Criminal Justice Coordinating Council (CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the amount of match you are able to provide for.

G. Match Waiver Amount:

Budget Summary—When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category	Amount						
A. Personnel and Fringe	\$0						
B. Travel	\$0						
C. Equipment	\$0						
D. Supplies	\$6,473						
E. Printing	\$0						
F. Other	\$93,200						
TOTAL PROJECT COSTS	\$99,673						
Award	\$99,673						
Match Amount	\$0						
Match Breakdown	<table> <tr> <td>Cash</td> <td>\$0</td> <td>#DIV/0!</td> </tr> <tr> <td>In-Kind</td> <td>\$0</td> <td>#DIV/0!</td> </tr> </table>	Cash	\$0	#DIV/0!	In-Kind	\$0	#DIV/0!
Cash	\$0	#DIV/0!					
In-Kind	\$0	#DIV/0!					

Budget Narrative

\$14,000.00 is being requested for five (5) cycles (8 groups per cycle) of parenting groups to pay facilitators (40 groups/\$350.00 per group). \$14,000 is being requested for five (5) cycles (8 groups per cycle) of teen groups to pay facilitators (40 groups/\$350.00 per group). \$12,000.00 is being requested for 40 (\$300/assessment) family assessments to be completed by a clinician to address family strengths and needs and make treatment and case management recommendations. \$20,000.00 (400 hrs/\$50.00 per hr) is being requested for behavioral aide hours (up to 10 hrs per family) for case management, referrals to services (education, food banks, DFCS services, youth programming), in-home and in-school additional support, behavioral contracts, employment assistance, conflict resolution, school meetings and crisis intervention. \$9,750.00 (150 hrs/\$65.00/hr) is being requested for individual and family counseling to address more in-depth needs of the youth and family served as needed. \$7,500.00 (150 hrs/\$50.00/hr) is being requested to complete individualized parenting sessions (parent aide) as needed based upon parents' conflicting work schedules, lack of

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout your budget narrative and detail worksheet for which items these funds will be used.