

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

861



FROM: Department of Mental Health

SUBMITTAL DATE:

May 25, 2011

SUBJECT: Accept the 2010 Comprehensive Drug Courts Implementation (CDCI) program grant award from the California Emergency Management Agency (Cal EMA).

RECOMMENDED MOTION: Move that the Board of Supervisors ratify and:

1. Authorize the Chairman of the Board of Supervisors to accept the CDCI grant award in the amount of \$361,680 from Cal EMA;
2. Authorize the Riverside County Director of Mental Health to sign future renewals and amendments for this grant in accordance with Riverside County Board of Supervisors Policy A-30; and
3. Authorize the Riverside County Purchasing Agent to enter into new agreements with substance abuse providers for residential beds, sober living housing and other substance abuse services as required by this grant for a not to exceed amount of \$100,000 each, without securing competitive bids and exempting the Riverside County Purchasing Agent from the sole source requirement in accordance with Ordinance 459.4;
4. Authorize the Riverside County Purchasing Agent to sign ministerial amendments and annually renew all agreements for the CDCI/Cal EMA grant funds through June 30, 2015.

BACKGROUND In December 2010, the Riverside County Department of Mental Health (RCDMH) Substance Abuse Program submitted a grant application to the California Emergency Management Agency (Cal EMA) for the Comprehensive Drug Court Implementation (CDCI) grant program.
(Continued on Page 2)

JW:CW:SL

Jerry Wengert
Jerry Wengert, Director
Department of Mental Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 361,680	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2010/2011

SOURCE OF FUNDS: 100% Federal	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
BY: *Debra Cournoyer*
Debra Cournoyer
County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Ashley and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: June 7, 2011
xc: Mental Health, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

3.51

FORM APPROVED COUNTY COUNSEL
 BY: *LARISA R-MCKENNA*
 DATE: *5/24/11*
 for Departmental Concurrence
 Purchasing: *Billy Cornett*
 Billy Cornett, Purchasing Manager
 ATTACHMENTS FILED
 Dep't Report THE CLERK OF THE BOARD Policy
 Per Exec. Ofc.: Consent Policy

PAGE 2:

SUBJECT: Accept the 2010 Comprehensive Drug Courts Implementation (CDCI) program grant award from the California Emergency Management Agency (Cal EMA).

BACKGROUND (CONTINUED):

As a result of this application, the RCDMH Substance Abuse Program was awarded \$361,680 in Federal Funds from Cal EMA. With this grant funding, the RCDMH Substance Abuse Program will work as a collaborative agency with the Riverside County Probation Department, Riverside County Public Defender, Riverside County District Attorney, and the Superior Court of California to provide enhancements in the Drug Court treatment services available to criminal offenders convicted of non-violent drug offenses. The goals for the Cal EMA CDCI grant are as follows: (1) increase the capacity of existing Drug Court residential treatment beds; and (2) establish new sober living referrals and utilization of sober living beds. This grant will allow for the RCDMH Substance Abuse Program to add county wide accessibility to a network of sober living facilities for the Drug Court population.

The aforementioned sober living facilities will provide stable housing for Drug Court treatment recipients, and will help recovering men and women maintain an alcohol and drug free lifestyle. The RCDMH Substance Abuse Program began a formal Request for Qualification (RFQu) process in FY 2010/2011 to find the best qualified and most responsive facilities that meet the needs of this specified population. Therefore, the RCDMH Substance Abuse Program is requesting that the Board of Supervisors ratify the acceptance of the Cal EMA CDCI grant, and authorize the Riverside County Purchasing Agent to sign the existing Drug Court residential provider agreements to add Cal EMA CDCI funds, and to enter into new agreements with sober living providers for no more than \$100,000 each.

FINANCIAL IMPACT:

Under this grant award, the RCDMH Substance Abuse Program will receive \$361,680 in Federal Funds. The RCDMH Substance Abuse Program will utilize \$103,125, or \$55.00 per bed day for existing Drug Court residential beds, with the Ranch Recovery Centers; and \$84,870, or \$45.00 per bed day, for the Veterans Alcoholic Rehabilitation Program (V.A.R.P.). The per bed day rates for the Ranch Recovery Centers and V.A.R.P. were previously approved by the State of California Alcohol and Drug Programs (ADP); and the allocated amounts for the Drug Court residential providers were based on utilization and client location. One hundred seventy one thousand six hundred dollars (\$171,600) will be used for new sober living agreements based on the outcome of the RFQu. The remaining funds of \$2,085 will be used for State mandated training and travel. All the RCDMH agreements for the Cal EMA CDCI grant funds may be terminated if or when funding becomes unavailable. No County funds are required.

PERFORMANCE PERIOD:

The period of performance for this grant is January 1, 2011 through December 31, 2011. All subsequent agreements for this grant funding will be effective for an initial six month period commencing on January 1, 2011 through June 30, 2011. The Department is requesting renewal authority until 2015 for agreements associated with these grant funds in the event the grant is extended.

JUSTIFICATION FOR DELAY:

The Department of Mental Health was notified in February 2011 of the grant award, and did not receive the official grant award letter until April 18, 2011. As a result, the RCDMH Substance Abuse Program is now prepared to go to the Board of Supervisors for acceptance of this grant.



Cal EMA

CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

April 5, 2011

Karen Kane, Substance Abuse Services Administrator
Riverside County
4095 County Circle Drive
Riverside, CA 92503

Dear Ms. Kane:

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Comprehensive Drug Courts Implementation Program
Award #: D110 01 0330, Cal EMA ID: 065-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$361,680, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

PSVS Grant Processing

Enclosure

c: Recipient's file

DEPT. OF MENTAL HEALTH
PROGRAM SUPPORT
11 APR 18 PM 2:38

Cal EMA

065-00000-18

Award # DI 10 01 0330

CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT AWARD FACE SHEET (Cal EMA 2-101)

129

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

- 1. **Grant Recipient:** County of Riverside
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.
- 2. **Implementing Agency:** Department of Mental Health Substance Abuse Program *LR*
- 3. **Project Title:** Comprehensive Drug Courts Implementation
- 4. **Grant Period:** 01/01/11 to 12/31/11

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
10/11	5. JAGR <i>LR</i>	\$0	\$361,680		\$0	\$0	\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$0	\$361,680	\$361,680	\$0	\$0	\$0	10. Grand Total: \$361,680

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. **Official Authorized to Sign for Applicant/Grant Recipient:** Jerry Wengert **Federal Employer ID Number:** 95-6000930

Name: Jerry Wengert Title: Director

Payment Mailing Address: 4095 County Circle Drive City: Riverside Zip: 92503

Telephone: (951) 358-4500 FAX: (951) 358-4513 Email: wengerd@rcmhd.org
(area code) (area code)

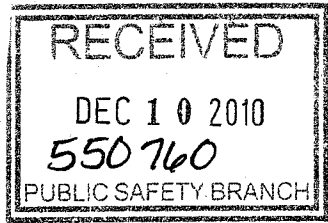
Signature: *Jerry Wengert* Date: 12-7-10

[FOR CalEMA USE ONLY]

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

Sara Stillwell 4/1/11 *[Signature]* 4/4/11
Cal EMA Fiscal Officer Date Cal EMA Director (or designee) Date

Yr: 2010-2011 / Chapter: 712 / PCA No: 18300
 Item: 0690-102-0890 Fed Cat. #: 16.738
 Component: 40.30.560
 Program: Comprehensive Drug Court Implementation (CDCI) Program
 Fund: Federal Trust
 Match Req.: none
 Project No.: 10JAG0 Amount: \$ 361,680



SPECIAL CONDITION

Grant Award Agreement No. DI 10 01 0330 Riverside County is hereby approved with the following conditions:

- Selection of sober living environment provider requires a Request for Proposal process
- The Recipient agrees to submit all Operational Agreements immediately after provider selection
- The Recipient agrees to submit an Organizational chart that adds newly selected sober living environment provider

Failure to comply with these requirements may result in the withholding and disallowance of grant payment, the reduction or termination of the grant award and/or the denial of future grant funds.

PROJECT CONTACT INFORMATION

Applicant County of Riverside Grant Number DI 1001 0330
[FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. If a section does not apply to your project, enter "N/A." NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.

✓1. The **Project Director** for the project:

Name: Karen Kane Address: 3525 Presley Avenue
Title: Sub. Abuse Services Administrator City: Riverside Zip: 92507
Telephone #: (951) 782-2400 Fax #: (951) 683-4904
(Area Code) (Area code)
E-Mail Address: kskane@rcmhd.org

✓2. The **Financial Officer** for the project:

Name: Joe Zamora Address: 4095 County Circle Drive
Title: Admin Services Manager City: Riverside Zip: 92503
Telephone #: (951) 358-4500 Fax #: (951) 358-4513
(Area Code) (Area code)
E-Mail Address: jczamora@rcmhd.org

3. The **person** having **routine programmatic responsibility** for the project:

Name: Jim Powell Address: 3525 Presley Avenue
Title: MHSS A City: Riverside Zip: 92507
Telephone #: (951) 782-2400 Fax #: (951) 683-4904
(Area Code) (Area code)
E-Mail Address: japowell@rcmhd.org

✓4. The **person** having **routine fiscal responsibility** for the project:

Name: Alex Acosta Address: 4095 County Circle Drive
Title: Accountant City: Riverside Zip: 92503
Telephone #: (951) 358-4909 Fax #: (951) 358-4792
(Area Code) (Area code)
E-Mail Address: aacosta@rcmhd.org

✓5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: Jerry Wengerd Address: 4095 County Circle Drive
Title: Director City: Riverside Zip: 92503
Telephone #: (951) 358-4500 Fax #: (951) 358-4513
(Area Code) (Area code)
E-Mail Address: wengerd@rcmhd.org

6. The **Chair** of the **governing body** of the recipient: (Provide contact information other than that of the recipient)

Name: Marion Ashley Address: 4080 Lemon Street
Title: Chairman City: Riverside Zip: 92501
Telephone #: (951) 955-1050 Fax #: (951) 955-1030
(Area Code) (Area code)
E-Mail Address: mashley@rcbos.org

SIGNATURE AUTHORIZATION

Grant Award #: DI 10 01 0330

Grant Recipient: County of Riverside

Implementing Agency: Department of Mental Health Substance Abuse Program

***The Project Director and Financial Officer are REQUIRED to sign this form.**

***Project Director:** Karen Kane

Signature: *Karen Kane*

Date: 11/23/10

***Financial Officer:** Joe Zamora

Signature: *Joe Zamora*

Date: 12/7/10

The following persons are authorized to sign for the
Project Director

Jim Powell
Signature
Jim Powell
Name

Nicole Shaverdi
Signature
Nicole Shaverdi
Name

Signature

Name

Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer

Maria Mabey
Signature
Maria Mabey
Name

Paul Gonzales
Signature
Paul Gonzales
Name

Signature

Name

Signature

Name

Signature

Name

CERTIFICATION OF ASSURANCE OF COMPLIANCE
JAG
METHAMPHETAMINE LABORATORY OPERATIONS

I, Jerry Wengerd, Director hereby certify that
(official authorized to sign grant award; same person as Section 14 on Grant Award Face Sheet)

RECIPIENT: County of Riverside

IMPLEMENTING AGENCY: Department of Mental Health Substance Abuse Program

PROJECT TITLE: 2010 Comprehensive Drug Courts Implementation Program

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by Cal EMA including, but not limited to, the following areas:

I. Federal Grant Funds

Recipients expending \$500,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Recipient Handbook for more detail.

- The above named recipient receives \$500,000 or more in federal grant funds annually.
- The above named recipient does not receive \$500,000 or more in federal grant funds annually.

II. Equal Employment Opportunity – (Recipient Handbook Section 2151)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal EMA-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: County of Riverside Human Resources Department

Title: No Specific Individual Assigned, any questions direct to the Human Resources Department.

Address: PO Box 1569, Riverside Ca 92502

Phone: 951-955-3500

Email: hrdept@rc-hr.com

III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal EMA funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

V. Lobbying – (Recipient Handbook Section 2154)

Cal EMA grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

VI. Debarment and Suspension – (Recipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal EMA-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VII. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal EMA, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and Cal EMA disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal EMA shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

**SPECIAL CONDITIONS OF JAG PROJECTS
METHAMPHETAMINE LABORATORY OPERATIONS**

This special condition facilitates compliance with the provisions of the National Environmental Policy Act (NEPA) relating to clandestine methamphetamine laboratories, including the seizure and/or removal of clandestine methamphetamine laboratories [hereinafter, "meth lab operations"].

The United States Environmental Protection Agency (USEPA) has determined that, "law enforcement responsibilities terminate when the law enforcement official notifies the property

owner of record, the state, and the local environmental or public health agencies in writing of a possible site contamination at a clandestine lab."

Law enforcement personnel may seize as evidence and remove any bottles, cans, jugs and other containers, as well as contaminated apparatus and chemical samples from a clandestine drug site, however, law enforcement agencies are not responsible for the cleanup/remediation of any rooms, buildings or surrounding environments, including septic systems, rivers, streams or contaminated soils.

(Check one of the following four boxes)

Will not accept the JAG funds for the period of Enter the correct grant cycle.

OR

Will accept the JAG funds for the period of 1/1/11 - 12/31/11, but will not use them in the seizure or removal of clandestine methamphetamine laboratories.

OR

Will accept the JAG funds for the period of Enter the correct grant cycle, and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the seizure of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:

1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure of clandestine methamphetamine laboratories;
2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure of clandestine methamphetamine laboratories;
3. Recipient will equip personnel, as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
4. Recipient will notify the Department of Toxic Substances Control (DTSC), and send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized; and
5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary:
 - (i) Respond to the minor's health needs that relate to methamphetamine toxicity;
 - (ii) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
 - (iii) Arrange for medical testing for methamphetamine toxicity; and
 - (iv) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.

OR

Will accept the JAG funds for the period of Enter the correct grant cycle, and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the **seizure and/or removal** of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:

1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure and/or removal of clandestine methamphetamine laboratories;
2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure and/or removal of clandestine methamphetamine laboratories;
3. Recipient will equip personnel, as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
4. Recipient will send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized;
5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary:
 - (v) Respond to the minor's health needs that relate to methamphetamine toxicity;
 - (vi) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
 - (vii) Arrange for medical testing for methamphetamine toxicity; and
 - (viii) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.
6. Recipient will assign properly trained personnel to prepare a Hazard Assessment and Recognition Plan (HARP) for the clandestine methamphetamine laboratory site;
7. Recipient or DTSC will utilize qualified disposal personnel to remove the chemicals, associated glassware, equipment, and contaminated materials and wastes from the clandestine methamphetamine laboratory site;
8. Recipient or DTSC will dispose of the chemicals, associated glassware, equipment, and contaminated materials and wastes at properly licensed disposal facilities or, when allowable, at properly licenses recycling facilities; and
9. Recipient or DTSC will monitor the records involving the transport, disposal and recycling components of subparagraphs numbered 7 and 8 immediately above in order to ensure proper compliance.

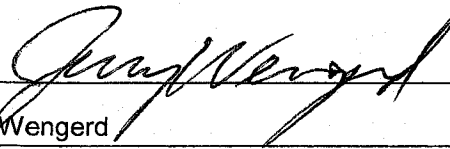
All appropriate documentation must be maintained on file by the project and available for the Cal EMA or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal EMA determines that any of the following has occurred:

(1) The Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____



Authorized Official's Typed Name: Jerry Wengerd

Authorized Official's Title: Director

Date Executed: 12-7-10

Federal Employer ID #: 95-6000930

Federal DUNS # 556215168

Current Central Contractor Registration

Yes

No

Executed in the City/County of: Riverside

AUTHORIZED BY: *(not applicable to State agencies)*

City Financial Officer

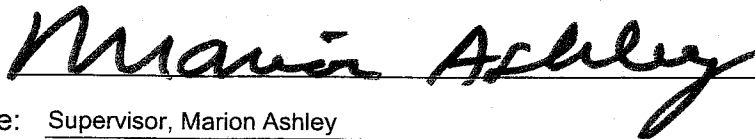
County Financial Officer

City Manager

County Manager

Governing Board Chair

Signature: _____



Typed Name: Supervisor, Marion Ashley

Title: Chairman, Riverside County Board of Supervisors

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personnel Services – Salaries/Employee Benefits	COST
NONE	ϕ
TOTAL	\$0

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
<p>Staff Travel & Training <i>Travel for two employees: Airfare @ \$612.50 x 2 = \$1,225; Meals @ \$40 x 2 = \$80; Lodging @ \$140 x 2 = \$280; Mileage @ 200 miles x \$0.50 = \$100 x 2 employees = \$200; Transportation @ \$150 x 2 = \$300; Total @ \$1,042.50 x 2 = \$2,085</i></p>	<p>\$2,085</p>
<p>Treatment Providers / Operational Agreements <i>Grant funds will be used to support Residential and Sober Living based programs. Will utilize \$187,995 for Residential Beds - Two Treatment Providers. - VARP - 1,886 bed days @ \$45.00 per day = \$84,870 - Ranch Recovery - 1,875 bed days @ \$55.00 per day = \$103,125 Will utilize \$171,600 for Sober Living Beds - Providers unknown at this time because the county is required to solicit for bids. - 26 beds * 4 months per stay * 3 times per year @ \$550.00 per month = \$171,600</i></p>	<p>\$359,595</p>
<p>TOTAL</p>	<p>\$361,680</p>

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
NONE	ϕ
TOTAL	\$0.00
0 361680 0.00	
Total Project Cost*	\$361,680
<i>*Same as Block 10G on the Grant Award Face Sheet</i>	

LEVS Budget Summary Report

DI10 Comprehensive Drug Courts Implementation Program
 Riverside County
 Comprehensive Drug Courts Implementation

Award #: DI10 01 0330
 Award Period: 01/01/11 - 12/31/11
 Latest Request: , Not Final 201

A. Personal Services - Salaries/Employee Benefits

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10JAGO	0	0	0	0	0
Total A. Personal Services - Salaries/Employee Benefits:		0	0	0	0	0

B. Operating Expenses

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10JAGO	361,680	0	361,680	0	361,680
Total B. Operating Expenses:		361,680	0	361,680	0	361,680

C. Equipment

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10JAGO	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
Total Local Match:	0	0	0	0	0
Total Funded:	361,680	0	361,680	0	361,680
Total Project Cost:	361,680	0	361,680	0	361,680

F/S/L (Funding Types): F=Federal, S=State, L=Local Match
 Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule