



## APPENDIX I - THE APPLICATION

Organization Name:

Amount Requested:

**2016-2017 Veterans Treatment Court Grant**

Grant Funding Period: July 1, 2016 – June 30, 2017

### Applicant Information (Complete all lines)

*Legal Name of Organization:	<i>Comal County, Texas</i>
*Mailing Address:	<i>150 North Seguin Ave., Ste 301</i>
*City/State/County/Zip:	<i>New Braunfels, TX 78130</i>
Physical Address (if different):	N/A
^^	N/A
*Texas Address (if organization headquarters are located out of state):	N/A
*City/State/County/Zip:	N/A
*Website Address:	<a href="http://www.co.comal.tx.us">www.co.comal.tx.us</a>
*Organization Phone Number:	<i>830-221-1100</i>
*EIN number:	<i>74-6001775</i>
*DUNS number:	<i>098824758</i>
*Applicant Contact (Project Coordinator – Principal Participant):	<i>Charles Stephens</i>
*Contact Title:	<i>Judge Comal County Court at Law 2</i>
*Phone Number:	<i>830-221-1180</i>
*E-Mail Address:	<i>stephc@co.comal.tx.us</i>
*Applicant Contact (Financial Coordinator – Principal Participant):	<i>David Renken</i>
*Contact Title:	<i>Auditor</i>
*Phone Number:	<i>830-221-1200</i>
*E-Mail Address:	<i>renked@co.comal.tx.us</i>

### \* Required Information



## APPENDIX I - THE APPLICATION

Organization Name:

Amount Requested:

**2016-2017 Veterans Treatment Court Grant**

Grant Funding Period: July 1, 2016 – June 30, 2017

### True and Correct Statement:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND COMPLETED PER THE DIRECTIONS OUTLINED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS.

THE APPLICANT ORGANIZATION REPRESENTATIVE HAS READ AND UNDERSTANDS ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS, AND WILL COMPLY WITH ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS AND NOTICE OF GRANT AWARD EFFECTIVE UPON SUBMISSION OF THIS APPLICATION AND THROUGHOUT THE LIFETIME OF THE GRANT IF AN AWARD IS MADE.

THE SUBMISSION OF THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.

*Authorized Signature: (must be original)	
*Name and Title:	<i>Sherman Krause, County Judge</i>
*Phone Number:	<i>830-221-1105</i>
*Email:	<i>krause@co.comal.tx.us</i>
*Date:	<i>11/24/2015</i>

### \* Required Information

All information must be in sufficient detail to ensure the application can be weighed with other application. Do not leave any item blank. Refer to Section V. Grant Application of the accompanying 2016-17 Veterans Treatment Court RFA document for further instructions.

The grant funding period is based on a 12-month calendar from July 1, 2016 to June 30, 2017. The required expenditure and program performance benchmarks (below) should be used as guidelines when completing the Application.

Date	Grant Period Elapsed	Amount Expended	Performance Met
October 1	25%	15%	15%
January 1	50%	40%	40%
April 1	75%	70%	70%

## **Part I – Proposed Project Information**

### **Proposed Project Name**

- Provide a name for the Proposed Project.  
Comal County Veterans Treatment Court

### **Amount Requested**

Check the one box for the amount being requested. Applicants must refer to **RFA Section IV. Program Guidelines, H. Funding Amounts and Financial Documentation** to ensure they are able to support request amount with correct financial documentation and other requirements.

- |                                     |                  |                          |                                                                                    |
|-------------------------------------|------------------|--------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>\$5,000</b>   | <input type="checkbox"/> | <b>\$125,000</b>                                                                   |
| <input type="checkbox"/>            | <b>\$15,000</b>  | <input type="checkbox"/> | <b>\$150,000</b>                                                                   |
| <input type="checkbox"/>            | <b>\$20,000</b>  | <input type="checkbox"/> | <b>\$200,000</b>                                                                   |
| <input checked="" type="checkbox"/> | <b>\$50,000</b>  | <input type="checkbox"/> | <b>\$300,000</b>                                                                   |
| <input type="checkbox"/>            | <b>\$75,000</b>  | <input type="checkbox"/> | <b>\$500,000 – <u>This amount may only be requested for Statewide Projects</u></b> |
| <input type="checkbox"/>            | <b>\$100,000</b> |                          |                                                                                    |

### **Grant Project Service Category**

See Page 11 of the 2016-2017 Veterans Treatment Court Grant RFA for more information about what may be included in the Service Categories listed below. **This Application is not for Veterans Mental Health programs, Housing 4 Texas Heroes programs, or General Assistance programs.**

Check the one box that best describes the nature of the Proposed Project.

- New Veterans Treatment Court program
- Expansion of services of currently-established Veterans Treatment Court program
- Maintaining services provided by currently-established Veterans Treatment Court program

### **Geographic Service Area(s)**

- Check the one box that best describes the nature of the service area for the Proposed Project: Single County or Regional.

- Single County
- Regional

Rural Counties, per the Office of Rural Health Policy, are designated below in bold. Rural counties with an asterisk are designated as being part of a Metropolitan Area but are considered Rural based on their census tracks as determined by the Office of Rural Health Policy.

2. Check the county (or counties, if Regional) regardless of region, that the Proposed Project will serve.

Region 1 – Panhandle

- |                                               |                                          |                                              |                                           |                                            |
|-----------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> <b>Armstrong *</b>   | <input type="checkbox"/> <b>Bailey</b>   | <input type="checkbox"/> <b>Briscoe</b>      | <input type="checkbox"/> <b>Brown</b>     | <input type="checkbox"/> Callahan          |
| <input type="checkbox"/> <b>Carson *</b>      | <input type="checkbox"/> <b>Castro</b>   | <input type="checkbox"/> <b>Childress</b>    | <input type="checkbox"/> <b>Cochran</b>   | <input type="checkbox"/> <b>Coleman</b>    |
| <input type="checkbox"/> <b>Collingsworth</b> | <input type="checkbox"/> <b>Comanche</b> | <input type="checkbox"/> Crosby              | <input type="checkbox"/> <b>Dallam</b>    | <input type="checkbox"/> <b>Deaf Smith</b> |
| <input type="checkbox"/> <b>Dickens</b>       | <input type="checkbox"/> <b>Donley</b>   | <input type="checkbox"/> <b>Eastland</b>     | <input type="checkbox"/> <b>Fisher</b>    | <input type="checkbox"/> <b>Floyd</b>      |
| <input type="checkbox"/> <b>Garza</b>         | <input type="checkbox"/> <b>Gray</b>     | <input type="checkbox"/> <b>Hale</b>         | <input type="checkbox"/> <b>Hall</b>      | <input type="checkbox"/> <b>Hansford</b>   |
| <input type="checkbox"/> <b>Hartley</b>       | <input type="checkbox"/> <b>Haskell</b>  | <input type="checkbox"/> <b>Hemphill</b>     | <input type="checkbox"/> <b>Hockley</b>   | <input type="checkbox"/> <b>Hutchinson</b> |
| <input type="checkbox"/> Jones                | <input type="checkbox"/> <b>Kent</b>     | <input type="checkbox"/> <b>King</b>         | <input type="checkbox"/> <b>Knox</b>      | <input type="checkbox"/> <b>Lamb</b>       |
| <input type="checkbox"/> <b>Lipscomb</b>      | <input type="checkbox"/> Lubbock         | <input type="checkbox"/> Lynn                | <input type="checkbox"/> <b>Mitchell</b>  | <input type="checkbox"/> <b>Moore</b>      |
| <input type="checkbox"/> <b>Motley</b>        | <input type="checkbox"/> <b>Nolan</b>    | <input type="checkbox"/> <b>Ochiltree</b>    | <input type="checkbox"/> <b>Oldham *</b>  | <input type="checkbox"/> <b>Parmer</b>     |
| <input type="checkbox"/> Potter               | <input type="checkbox"/> Randall         | <input type="checkbox"/> <b>Roberts</b>      | <input type="checkbox"/> <b>Runnels</b>   | <input type="checkbox"/> <b>Scurry</b>     |
| <input type="checkbox"/> <b>Shackelford</b>   | <input type="checkbox"/> <b>Sherman</b>  | <input type="checkbox"/> <b>Stephens</b>     | <input type="checkbox"/> <b>Stonewall</b> | <input type="checkbox"/> <b>Swisher</b>    |
| <input type="checkbox"/> Taylor               | <input type="checkbox"/> <b>Terry</b>    | <input type="checkbox"/> <b>Throckmorton</b> | <input type="checkbox"/> <b>Wheeler</b>   | <input type="checkbox"/> <b>Yoakum</b>     |

Region 2 – West Texas

- |                                         |                                            |                                            |                                        |                                           |
|-----------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> <b>Andrews</b> | <input type="checkbox"/> <b>Borden</b>     | <input type="checkbox"/> <b>Brewster</b>   | <input type="checkbox"/> <b>Crane</b>  | <input type="checkbox"/> <b>Culberson</b> |
| <input type="checkbox"/> <b>Dawson</b>  | <input type="checkbox"/> Ector             | <input type="checkbox"/> El Paso           | <input type="checkbox"/> <b>Gaines</b> | <input type="checkbox"/> <b>Glasscock</b> |
| <input type="checkbox"/> <b>Howard</b>  | <input type="checkbox"/> <b>Hudspeth *</b> | <input type="checkbox"/> <b>Jeff Davis</b> | <input type="checkbox"/> <b>Loving</b> | <input type="checkbox"/> Martin           |
| <input type="checkbox"/> Midland        | <input type="checkbox"/> <b>Pecos</b>      | <input type="checkbox"/> <b>Presidio</b>   | <input type="checkbox"/> <b>Reeves</b> | <input type="checkbox"/> <b>Terrell</b>   |
| <input type="checkbox"/> <b>Upton</b>   | <input type="checkbox"/> <b>Ward</b>       | <input type="checkbox"/> <b>Winkler</b>    |                                        |                                           |

Region 3 - Alamo

- |                                           |                                          |                                            |                                          |                                           |
|-------------------------------------------|------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Atascosa         | <input type="checkbox"/> <b>Bandera</b>  | <input type="checkbox"/> Bexar             | <input type="checkbox"/> <b>Coke</b>     | <input checked="" type="checkbox"/> Comal |
| <input type="checkbox"/> <b>Concho</b>    | <input type="checkbox"/> <b>Crockett</b> | <input type="checkbox"/> <b>Dimmit</b>     | <input type="checkbox"/> <b>Edwards</b>  | <input type="checkbox"/> <b>Frio</b>      |
| <input type="checkbox"/> <b>Gillespie</b> | <input type="checkbox"/> Guadalupe       | <input type="checkbox"/> <b>Gonzales</b>   | <input type="checkbox"/> <b>Irion *</b>  | <input type="checkbox"/> <b>Karnes</b>    |
| <input type="checkbox"/> Kendall          | <input type="checkbox"/> <b>Kerr</b>     | <input type="checkbox"/> <b>Kimble</b>     | <input type="checkbox"/> <b>Kinney</b>   | <input type="checkbox"/> <b>La Salle</b>  |
| <input type="checkbox"/> <b>Mason</b>     | <input type="checkbox"/> <b>Maverick</b> | <input type="checkbox"/> <b>McCulloch</b>  | <input type="checkbox"/> Medina          | <input type="checkbox"/> <b>Menard</b>    |
| <input type="checkbox"/> <b>Reagan</b>    | <input type="checkbox"/> <b>Real</b>     | <input type="checkbox"/> <b>Schleicher</b> | <input type="checkbox"/> <b>Sterling</b> | <input type="checkbox"/> <b>Sutton</b>    |
| <input type="checkbox"/> Tom Green        | <input type="checkbox"/> <b>Uvalde</b>   | <input type="checkbox"/> <b>Val Verde</b>  | <input type="checkbox"/> Wilson          | <input type="checkbox"/> <b>Zavala</b>    |

Region 4 – South Texas

- |                                          |                                           |                                        |                                         |                                         |
|------------------------------------------|-------------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Aransas         | <input type="checkbox"/> <b>Bee</b>       | <input type="checkbox"/> <b>Brooks</b> | <input type="checkbox"/> <b>Calhoun</b> | <input type="checkbox"/> Cameron        |
| <input type="checkbox"/> <b>DeWitt</b>   | <input type="checkbox"/> <b>Duval</b>     | <input type="checkbox"/> Goliad        | <input type="checkbox"/> Hidalgo        | <input type="checkbox"/> <b>Jackson</b> |
| <input type="checkbox"/> <b>Jim Hogg</b> | <input type="checkbox"/> <b>Jim Wells</b> | <input type="checkbox"/> <b>Kenedy</b> | <input type="checkbox"/> <b>Kleberg</b> | <input type="checkbox"/> <b>Lavaca</b>  |
| <input type="checkbox"/> <b>Live Oak</b> | <input type="checkbox"/> <b>McMullen</b>  | <input type="checkbox"/> Nueces        | <input type="checkbox"/> <b>Refugio</b> | <input type="checkbox"/> San Patricio   |
| <input type="checkbox"/> <b>Starr</b>    | <input type="checkbox"/> Victoria         | <input type="checkbox"/> Webb          | <input type="checkbox"/> <b>Willacy</b> | <input type="checkbox"/> <b>Zapata</b>  |

Region 5 – Gulf Coast

- |                                          |                                   |                                         |                                           |                                     |
|------------------------------------------|-----------------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> <b>Austin *</b> | <input type="checkbox"/> Brazoria | <input type="checkbox"/> Chambers       | <input type="checkbox"/> <b>Colorado</b>  | <input type="checkbox"/> Fort Bend  |
| <input type="checkbox"/> Galveston       | <input type="checkbox"/> Harris   | <input type="checkbox"/> Liberty        | <input type="checkbox"/> <b>Matagorda</b> | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> <b>Walker</b>   | <input type="checkbox"/> Waller   | <input type="checkbox"/> <b>Wharton</b> |                                           |                                     |

Region 6 – Central Texas

- |                                   |                                 |                                        |                                         |                                 |
|-----------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|---------------------------------|
| <input type="checkbox"/> Bastrop  | <input type="checkbox"/> Bell   | <input type="checkbox"/> <b>Blanco</b> | <input type="checkbox"/> <b>Bosque</b>  | <input type="checkbox"/> Brazos |
| <input type="checkbox"/> Burleson | <input type="checkbox"/> Burnet | <input type="checkbox"/> Caldwell      | <input type="checkbox"/> <b>Coryell</b> | <input type="checkbox"/> Falls  |

Fayette  
 Hill  
 Llano  
 Robertson

Freestone  
 Lampasas  
 Madison  
 San Saba

Grimes  
 Lee  
 McLennan  
 Travis

Hamilton  
 Leon  
 Milam  
 Washington

Hays  
 Limestone  
 Mills  
 Williamson

Region 7- East Texas

Anderson  
 Cherokee  
 Harrison  
 Jefferson  
 Newton  
 Red River  
 Shelby  
 Upshur

Angelina  
 Delta  
 Henderson  
 Lamar  
 Orange  
 Rusk  
 Smith  
 Van Zandt

Bowie  
 Franklin  
 Hopkins  
 Marion  
 Panola  
 Sabine  
 Titus  
 Wood

Camp  
 Gregg  
 Houston  
 Morris  
 Polk  
 San Augustine  
 Trinity

Cass  
 Hardin  
 Jasper  
 Nacogdoches  
 Rains  
 San Jacinto  
 Tyler

Region 8 – North Texas

Archer  
 Cottle  
 Fannin  
 Hunt  
 Navarro  
 Tarrant

Baylor  
 Dallas  
 Foard  
 Jack  
 Palo Pinto  
 Wichita

Clay  
 Denton  
 Grayson  
 Johnson  
 Parker  
 Wilbarger

Collin  
 Ellis  
 Hardeman  
 Kaufman  
 Rockwall  
 Wise

Cooke  
 Erath  
 Hood  
 Montague  
 Somervell  
 Young

**Proposed Project Services**

1. Briefly describe the Proposed Project. Be specific in your answer and include the Who, What, Where, When, and Why of the Project

*The Veterans Treatment Court (VTC) is a statutorily created specialty court designed to address the specific needs of Justice Involved Veterans and assist them through the criminal justice system while addressing their underlying problems. The VTC will be in County Court at Law No.2 and will be comprised of a treatment team which includes the judiciary, prosecuting attorneys, defense attorneys, mental health professionals, Veterans Administration representatives and probation officers. The prospective candidates are veterans charged with misdemeanor criminal offenses in Comal County. The program is designed to last for a minimum of one year for each participant with weekly court appearances and other responsibilities tailored to the needs of each individual. The focus will be on mental health or substance abuse counseling and treatment as needed and reintegration into civilian society.*

*Our mission statement is to help Justice Involved Veterans by diverting them from the traditional criminal justice system and providing them with the tools they need to reintegrate into a productive law-abiding lifestyle through a collaborative effort of support, treatment and accountability that leaves no veteran behind.*

2. Briefly describe how Beneficiaries will access and/or be provided with Project services by your organization. Be specific in your answer and include the How of the Project.

*Once a criminal case is filed an interested defendant can obtain information about the VTC from County Court at Law No.2 or through their defense attorney. Once a veteran has been identified, the Veterans Administration verifies their service and eligibility for VA services. The Criminal District Attorney's Office evaluates the criminal case for participation in the program and once eligibility is determined, the treatment team meets to discuss the candidate.*

*Once a candidate has been admitted to VTC his/her treatment will be determined by the VA (if they qualify for services) or by the local mental health authority. The VTC treatment team including the Comal County Community Supervision and Corrections Department (Adult Probation), collaboratively monitors the individual's progress, helps keep them on track, and makes recommendations to Judge Stephens for implementation of incentives and sanctions. In order to provide the best possible services to each participant, VTC will maximize veteran resources from a variety of providers.*

## **Need Identified**

1. What is the community need(s) or existing service gap(s) that the Proposed Project will address? Be specific in your answer and sufficiently describe the need that your service area faces.

*Comal County is home to a large veteran population, and therefore we have a large number of justice involved veterans. Prior to the creation of the VTC, Comal County did not have any targeted means addressing the unique needs of justice involved veterans. Neither of the two existing specialty courts, Challenge Court for felony drug offenses and Accountability Court for second DWI offenses, are able to specifically accommodate justice involved veterans identified in Comal County.*

2. How did you identify the community need(s) or problem(s)? Be specific in your answer and sufficiently describe any methods used to identify that the need described above in **Need Identified #1** is present in your service area (example: current client experiences, word of mouth, client surveys). Include references to data that may substantiate and support that this need exists in your service area.

*Comal County is the 9<sup>th</sup> fastest growing county in the United States, with that population growth and close proximity to major military installations we have seen a rising demand for veteran services through our county veteran services officer. The need became so great as to add an assistant veteran services coordinator in the past year. Additionally, a yearlong survey conducted at the Comal County jail during intake of arrested individuals revealed over 200 self identified veterans entering the criminal justice system.*

3. How will the Proposed Project address the identified need(s) or problem(s)? Be specific in your answer and sufficiently describe how the components of the Proposed Project as described above in **Proposed Project Services #1** will assist in attempting to resolve the need described above in **Need Identified #1**.

*VTC will address the needs of the justice involved veterans through intensive case management, continuity of care, defined goals, and accountability using a team approach. The goal will be to divert the existing justice involved veterans from the traditional criminal justice system and reduce the number of veterans in the criminal justice system by preventing recidivism through healthy and sober reintegration.*

4. How is the Proposed Project unique from other similar services that may be available in your proposed service area? Be specific with details about what sets your Proposed Project apart.

*VTC is distinguishable from the existing specialty courts ("other similar services") because it focuses on the specific needs of veterans due to the unique nature of their military service experience. Both of the other specialty courts in Comal County are more offense-driven where as the VTC focuses on the service related background of the person who committed the offense with the goal of treating the root cause of the behavior.*

## **Beneficiaries**

1. As noted in Section IV. Program Guidelines, C. Eligibility of Beneficiaries, there are specific eligibility requirements for this grant program. Related to the information provided in **Need Identified** above, Applicants may elect to restrict Proposed Project services to particular groups to address needs by narrowing the eligibility of who can receive services through the Proposed Project. Examples include, but are not limited to:
  - Veterans of a particular era (such as Vietnam or OEF/OIF era Veterans);
  - Veterans with a specific discharge status (such as Honorable);
  - Veterans' duty status (such as National Guard, Reservist, or Active Duty); or

- Particular Veteran dependents (such as dependents of newly separated veterans, or surviving spouses of reservists or Guards Members).

Provide a definition below for each applicable category that will be eligible to receive services, listing any service restrictions of the Proposed Project. Be specific.

***Veterans: We will serve veterans regardless of era of service, or type of discharge provided they meet the parameters of the court.***

Veteran Dependents: *N/A*

Surviving Spouses: *N/A*

2. Describe any other restrictions on eligibility, if applicable (examples: the Court serves only misdemeanor offenses, beneficiaries must live in a specific service area like a county or region).

***The only initial restriction on eligibility for participation in VTC is that the veteran must be charged with a misdemeanor level criminal offense in Comal County. VTC will also consider eligible transfers from other counties. Each case will be evaluated individually by both the Criminal District Attorney’s Office and the VA/local mental health authority veteran services team, as well as be subjected to a staffing decision by the VTC treatment team, with final approval by the judge.***

3. If your organization receives grant funds, it will be responsible for tracking each individual Veteran, their dependents, and survivors that receive grant-funded service(s). The number of unduplicated Veterans, dependents and survivors, as well as cumulative totals, will be reported to the FVA quarterly.

- a. Estimated Number of Clients to be Served

Enter the estimated number of unduplicated Veterans, Dependents, and Surviving Spouses to be served by the Proposed Project. The information to be entered is a number. Do not enter a percentage and do not enter a range.

<b>Performance Measure</b>	<b>Estimated Number of Clients to be Served</b>
Number of Veterans served. (Required performance measure for all applicants.)	20 Veterans
Number of Dependents served. (Required performance measure if served.)	0 Dependents
Number of Veterans’ Surviving Spouses served. (Required performance measure if served.)	0 Surviving Spouses
<b>Total Estimated Number of Clients to be Served</b>	<b>20 Total Unduplicated Beneficiaries</b>

- b. Additional Performance Measures and Estimated Volume of Services Provided to Clients

1. First enter additional performance measures that align with and are related to the Proposed Project in the Performance Measure column. For example, if the Proposed Project includes providing substance abuse counseling, an additional performance measure may be “number of substance abuse counseling sessions provided to beneficiaries.”

Then, provide the estimated volume over the grant funding period for the additional performance measure listed. For example, “120 sessions.”

<b>Performance Measure</b>	<b>Estimated Volume of Services Provided to Clients</b>
<i>Example: Number of substance abuse counseling sessions to beneficiaries.</i>	<i>Example: 120 sessions</i>
<b>Successful Completion of all Phases</b>	<b>18 Months to include Aftercare</b>

c. Goals and Anticipated Outcomes

1. First enter goals that align with and are related to the Proposed Project in the Goals column. For example, if the goal is to “clients completing the Veterans Court program will have their criminal charges dropped.”

Then provide the anticipated outcome for the goal listed in the “Anticipated Outcomes” column. For example, “85% of clients will complete the Veterans Court program.”

Additional lines may be added.

Goals	Anticipated Outcomes
<i>Example: Clients completing the Veterans Court program will have their criminal charges dropped.</i>	<i>Example: 85% of clients will complete the Veterans Court program.</i>
<b><i>Clients completing the Veterans Treatment Court will have their criminal charges dropped or reduced, maintain a sober lifestyle, and become productive members of society.</i></b>	95%

2. Next, describe how you will determine if anticipated outcomes are met. Examples may include using a client satisfaction survey, following up with clients 30-90 days after receiving services to determine status, tracking pertinent client data.

***We will have a six month aftercare program. The first six months after completing the Veterans Treatment Court represent the most vulnerable period for the participant.***

**Project Eligibility**

1. Eligibility of beneficiaries to receive services must be verified and documented. List the **specific and/or government forms** your organization staff will use to verify eligibility of clients who can receive as you have defined it above in **Beneficiaries #1** and **#2**. If dependents and surviving spouses are listed as eligible beneficiaries, include how their eligibility will be verified. Types of forms can include, but are not limited to:

- DD Form 214, Certificate of Release or Discharge from Active Duty
- NGB-22, National Guard Report of Separation and Record of Service
- Department of Veterans Affairs (VA) official letter or disability letter
- State of Texas Issued Driver License with Veteran designation
- E-Benefits summary
- Honorable discharge certificate
- Uniform Services Identification Card
- VA Health Card
- Tricare Healthcare Insurance card

***We will be using the following forms of identification:***

- ***DD Form 214, Certificate of Release or Discharge from Active Duty***
- ***NGB-22, National Guard Report of Separation and Record of Service***
- ***Department of Veterans Affairs (VA) official letter or disability letter***
- ***State of Texas Issued Driver License with Veteran designation***
- ***E-Benefits summary***
- ***Honorable discharge certificate***
- ***Uniform Services Identification Card***
- ***VA Health Card***

2. Describe how the eligibility verification documents will be retained (example: as listed in your organization’s retention policy) **and** maintained (example: in locked filing cabinet or electronically on your organization’s server).

The records will be maintained confidential files in the DA’s office and the Judges chambers.

List the principal participants in the organization. Indicate which principal(s), if any, are Veterans. **Refer to the RFA Section III. Definitions of Key Terms for who is considered a Principal Participant.** Résumés are to be included for each Principal Participant and should describe applicable experience by position

Name of Principal Participant	Title	Veteran (Y/N)	# of years of experience in position	Résumé Attached (Y/N)
1. <i>Judge Charles A. Stephens</i>	<i>Judge Comal County Court at Law 2</i>	<i>N</i>	<i>12</i>	<i>Y</i>
2. <i>David Renken</i>	<i>Comal County Auditor</i>	<i>N</i>	<i>19</i>	<i>Y</i>

1. What are the roles and responsibilities of the Principal Participants listed in the table above as related to the Proposed Project? For example, a CFO may be listed as a principal participant, but the description should reference his/her role and responsibility to the Proposed Project.

Principal Participant #1: : *provides judicial interaction, structure and offers support as well as necessary sanctions*

Principal Participant #2: : *oversees grant expenditures and finances, ensures financial compliance with grant terms, and administers accounting records for all grant funds*

DRAFT

## Partnerships

List agencies and/or organizations that your organization partners with to assist in serving Beneficiaries as part of the Proposed Project. Use additional page(s) if needed.

Name of Partner Organization	Address	Telephone	Website
<i>South Texas Veterans Health Care System</i>	<i>7400 Merton Minter San Antonio TX 78229</i>	<i>210-617-5256</i>	<i>www.southtexas.va.gov/</i>
<i>Military Veterans Peer Network of Hill Country MHDD</i>	<i>1921 Corporate Dr. San Marcos, TX 78666</i>	<i>512-392-7155</i>	<i>www.milvetpeer.net/</i>
<i>Comal County Veterans Service Office</i>	<i>1297 Church Hill Dr. New Braunfels, TX 78130</i>	<i>830-221-1170</i>	<i>www.co.comal.tx.us/vet.htm</i>

## Marketing and Outreach

1. Does your organization have an outreach and/or marketing plan to ensure your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**?  
 Yes       No
2. If yes, sufficiently describe the outreach and/or marketing plan and how it will ensure that your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**.  
*Participants will be identified through jail surveys at intake. Media/brochures will be in the intake area along with posted notices of the availability of the Veterans Treatment Court. There will be a media roll out by the Comal County Public Information Officer. Outreach is and will be conducted to all Veterans Organizations like the VFW and the American Legion as well as local service clubs, community organizations, churches and the Chambers of Commerce.*

## Sustainability after the Grant

1. If your organization were to receive a one-year FVA grant, will the Proposed Project continue after the one-year grant period if you did not receive additional FVA funding?  
 Yes       No
2. If Yes, please describe how the Proposed Project will continue. Be specific. Include in your answer what other funding will be available to your organization and what other organizations with whom you may be partnering or working to carry on the work of the Proposed Project after June 30, 2017:  
*Everyone involved in the Veterans Treatment Court is determined to see it continued. The County has already committed to the Veteran's Treatment Court (VTC) through the Resolution creating the VTC. Additionally, the VTC will be approaching the County for funds in future years. We have approached and will continue to approach local foundations and non profits.*
3. If your organization has received FVA funding in the past for the Proposed Project, describe why you are applying for a grant again.  
*N/A*

## Part II – Organization Background

### Previous FVA Grant Awards

List any previous grants your organization was awarded from the FVA.

*We have never been awarded an FVA grant.*

Amount Awarded	Grant/Contract #	Begin Date	End Date	Was previous funding for the same Proposed Project under this application? (Y/N)

\$ **Total FVA Grant Awards**

### Other Grants and TVC Contracts

- List all grants and TVC contracts your organization received within the last two (2) years. Do not include FVA grants listed above. Do not list in-kind donations. Use additional pages if needed.

Amount Awarded	Grantor	Grant/Contract #	Begin Date	End Date	Audit Performed (Yes or No)

\$ **Total Other Grant Awards**

- Provide a brief narrative for each TVC contract that is listed in the above table.

N/A

### Fiscal Management

Answer each question below and do not leave any item unanswered.

- What software does your organization used to record accounting transactions?  
 QuickBooks  Sage MIP  Fundware  X New World Financial
- Does your organization have written accounting policies and procedures for the following? Please be aware that you may be asked to provide copies of the below policies and procedures to FVA staff should you be awarded a grant. Do not list N/A.

	YES	NO
A. Procurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Vendor Payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Payroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D. Grants Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Cash Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Capitalization and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Indicate if each statement is true or false for your organization. Do not list N/A.

	TRUE	FALSE
A. There has been no staff turnover or reorganization in the past 6 months.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. The organization uses a Chart of Accounts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Time sheets are approved and signed by supervisory personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. An A-133 Single Audit has been performed in the past 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Travel receipts are submitted for travel reimbursement requests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. At what amount does your organization capitalize equipment?	\$5,000	

**Performance Reporting**

1. What type(s) of data collection tools will your organization use to document Beneficiaries receiving services (required performance measure) and any additional performance measures noted in **Beneficiaries #3 a., b., and c.**?

*Odyssey Court Software, the County Clerk's Office and the Court Coordinator position.*

2. How will your organization consolidate the collected data to ensure that beneficiaries that are reported to the FVA are unduplicated?

*Each participant and their gathered data have a unique identifier that prevents duplication. The Court Coordinator position uses the above tools to maintain the records of each reported beneficiary.*

## **Part III – Budget Tables and Budget Narratives**

The budget is broken up into Direct and Indirect Costs. Within Direct Costs there are seven allowable sections. Indirect Costs has one section. Each section represents a Budget Category that will make up your Total Grant Amount Request. The total grant amount request must equal the Amount Requested checked in **Part I – Proposed Project**.

Complete each Table as applicable to your Proposed Project. Costs must be broken out in Tables to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the grant project. Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Following each table, a narrative description supporting and discussing each budget item must be entered, as well as a calculation demonstrating how the cost was arrived at. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of travel to the project, and the narrative must include calculations to support how the cost was determined.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

### **DIRECT COSTS**

#### **A. Salaries and Wages**

1. Enter **each** employee that will be directly associated with the Proposed Project. Enter their position title, employee name, percent of time to be allotted to the Project, and employee's annual salary rate.

**Table A**

<b>Position Title</b>	<b>Employee Name</b>	<b>Annual Salary</b>	<b>% of Time Allocated to the Grant</b>	<b>Total Cost</b>
<i>Ex. Case Manager</i>	<i>John Veteran</i>	<i>\$40,000</i>	<i>75%</i>	<i>\$30,000</i>
<b>Assistant Court Coordinator (Part time 20 hr/wk)</b>		<b>\$18,460</b>	<b>100%</b>	<b>18,460</b>
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
<b>Total Table A</b>				<b>\$18,460</b>

2. Describe the roles and responsibilities of each of the positions listed under Salaries and Wages **and** how each of those roles are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

***This position will assist in scheduling the docket, meetings, appointments and other activities of the Court Team, contact clients, complete documentation and maintain files, monitor budgets and outreach materials .***

#### **B. Fringe Benefits**

1. For each Position listed in Table A, include the annual fringe benefits for that position.

**Table B**

Position Title	Employee Name	Annual Fringe Benefits	% of Time Allocated to the Grant	Total Cost
<i>Ex. Case Manager</i>	<i>John Veteran</i>	\$8,000	75%	\$6,000
Assistant Court Coordinator		\$ 3,571	100 %	\$ 3,571
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
<b>Total Table B</b>				\$ 3,571

2. Describe the benefits— including health insurance, annual leave, social security and any other applicable fringe benefits – for each position listed in Table B **and** how each of those benefits are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined. **FICA - \$1,412; Retirement - \$2,049; Worker's Comp. - \$82; and Unemployment \$28**

**C. Travel**

1. Enter employee travel in the table below. This can include travel to and from conferences, training, outreach, and travel to provide services to Beneficiaries. As noted in the RFA Section XI. Grantee Training, funds do not need to be budgeted for travel to Austin, TX for grantee training. This training will be done remotely via webinar or conference call, or in some instances, FVA staff may conduct onsite training visits at the Awarded Applicant’s facility.

**Table C**

Travel Expense	Reason for Travel	No. of Staff	No. of Days	Total Cost
<i>Ex. Staff Mileage @ \$0.57 per mile</i>	<i>To visit Veteran clients at their homes; conduct outreach</i>	2	Avg. 2 days/wk	\$1,095
<i>Ex. Conference Registration, lodging, Meals/Incidentals, travel</i>	<i>To attend conference regarding providing Veteran services</i>	2	3 days	\$1,500
<b>Conference Registration, lodging, Meals, Travel</b>	<b>To attend 2017Vet Court Conference</b>	<b>1</b>	<b>4 days</b>	<b>\$1,890</b>
				\$
				\$
				\$
				\$
				\$
<b>Total Table C</b>				<b>\$1,890</b>

2. Provide a description for each travel item included in the Table above. The description should include, but is not limited to, what the travel is for, costs to be used for mileage rates, meal rates per day, conference registration fees, **and** why the travel is necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

*The 2017 Justice for Vets - Vet Courts Conference will be held at the Gaylord National Resort and Convention Center at National Harbor, MD July 9-12. Justice for Vets is a professional services division of the National Association of Drug Court professionals. This conference will provide essential training for the Veteran's Court Coordinator. The cost breakdown is as follows: Conference Registration fee = \$700.00; Airfare = \$350.00; 4 nights lodging at \$175.00/night = \$700.00; Meal rate per day/ \$35.00 = \$140.00; for a total of \$1,890.*

**D. Equipment**

1. Enter a description, unit cost and quantity for each item of equipment to be purchased for the Proposed Project. Remember, capital expenditures and pieces of equipment that are capitalized are not allowable under this grant.

**Table D**

Description of Equipment	Unit Cost	Quantity	Total Cost
<i>Ex. Workstations for 2 staff</i>	\$800	2	\$1,600
<b>Lap top system and docking station</b>	<b>\$1925.75</b>	<b>1each</b>	<b>\$1926.00</b>
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Table D</b>			<b>\$1926.00</b>

2. Provide a description for each equipment item listed in the Table above **and** explain why each equipment item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

*Dell Latitude E5250/5250 and Dell Universal Dock and Monitor Stand. This is for coordinator to use in court as well as when meeting with veterans, providers and team members. The IT director of Comal County Mike Lee determined the specifications taking into account the required interfaces and capabilities necessary to work with our court software and other applications the cost was determined by receiving a quote from Dell eQuote*

3. If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of equipment listed in the Table above that was also requested as part of a previously funded application **and** explain why it is being requested again. Examples of such items of equipment may include laptops, projectors, printers, phones, office furniture.

N/A

**E. Supplies**

1. Enter a description, unit cost and quantity for each item of supplies to be purchased for the Proposed Project.

**Table E**

Description of Supplies	Unit Cost	Quantity	Total Cost
<i>Ex. Black inkjet cartridges</i>	\$35	12	\$420
<b>Postage</b>	<b>\$.49</b>	<b>100</b>	<b>\$49.00</b>
<b>General Office Supplies including</b>			<b>\$251.00</b>
<b>Binders, Copy paper and pens</b>			
for this program	\$		\$
	\$		\$
	\$		\$
<b>Total Table E</b>			<b>\$300.00</b>

- Provide a description for each item of supply listed in the Table above **and** explain why each supply item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

*Postage for notification and outreach using the proposed 20 participant target with average five contacts per participant.*

*Copy paper one box per quarter for printing all the participants' court documents and instructions.*

*Binders for each participant to keep all their court associated paperwork and bring to every court session.*

- If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of supply listed in the Table above that was also requested as part of a previously funded application **and** explain why it is being requested again. Examples of such items of supply may include laptops, projectors, printers, phones.

N/A

## F. Client Services

- List each client service and the cost of each service. Client Services may include, but is not limited to, participant support costs such as emergency financial assistance, transportation assistance, stipends for beneficiaries to attend trainings, and any **contract personnel** that will be providing services to Beneficiaries. An itemized break-out of each client service is required, and extra lines may be inserted into this table.

**Table F**

Client Service	Average Cost per Client	No. of Clients to be Served	Total Cost
<i>Ex. Emergency Financial Assistance</i>	\$400	250	\$100,000
<b>Court Appointed Attorney Fees ***</b>	<b>\$750</b>	<b>15</b>	<b>\$11,250</b>
<b>Substance Abuse Related Case Management</b>	<b>\$750</b>	<b>15</b>	<b>\$11,250</b>
Including: SCRAM @\$360/mo.+\$75 set-up	\$		\$
Soberlink - \$75 set-up @\$180/mo.	\$		\$
Smart Start In Home Smart Mobile	\$		\$
Device \$129 install @\$99/month	\$		\$
Smart Start In-Home w/camera -	\$		\$
\$30 installation @ \$74.50/mo,	\$		\$
*** Pursuant to Chapter 124, Tx.Gov't.Code	\$		\$
<b>Total Table F</b>			<b>\$22,500</b>

- Provide a description for each Client Service listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. Include, if applicable, the maximum amount of assistance to be provided to clients. Narrative must also include a calculation to demonstrate how the cost was determined.

*Defense Attorney fees \$50 per hour x 25 hours per month average determined by client need and circumstances*

*Substance Abuse Case Management to include Counseling, Outpatient and or Treatment Services, Drug and Alcohol testing and monitoring services as needed*

## G. Construction

The FVA grant does not cover the cost of construction. This line is blank.

## H. Other Direct Costs

- List any direct costs not included in the above tables. Direct costs that appear indirect in nature need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

**Table H**

Other Direct Costs	Annual Cost	Allocation % (if applicable)	Total Cost
<i>Ex. Annual Audit</i>	<i>\$6,000</i>	<i>20%</i>	<i>\$1,200</i>
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
<b>Total Table H</b>			\$

4. Provide a description for each item of other direct costs listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. If costs are allocated an approximate percentage to be charged to this grant is to be included. Narrative must also include a calculation to demonstrate how the cost was determined.  
*N/A*

**I. Total Direct Charges**

All Personnel, Fringe Benefits, Travel, Equipment, Supplies, Client Services and Other Direct Charges and should sum to Total Direct Charges on Line I of Table K below.

**INDIRECT COSTS**

**J. Indirect Costs**

**Allowable Indirect Cost Recovery for FVA grants is limited to 10% of total direct costs for all applicants.** Indirect charges are those items that are often considered “overhead,” and can be classified as those costs associated with accounting, human resources, and other administrative and facility-related costs.

Typical examples of indirect cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration, such as the salaries and expenses of executive officers, personnel administration, and accounting.

If your organization has a federally negotiated indirect cost agreement, that document must be submitted as part of the Application Package so that staff is able to determine that direct and indirect costs are similarly treated.

If your organization does not have a federally negotiated indirect cost agreement, the flat 10% rate of total direct costs is allowable. Please keep in mind that direct and indirect costs must be treated in a similar manner as they are across your organization and may be reviewed for accuracy during compliance visits.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

For more information regarding direct and indirect costs, please see 2 CFR §200.412-414.

1. Enter the total Direct Costs in Table J. to calculate the total allowable Indirect Recovery. Then enter the total Indirect Recover to be charged to the grant – this amount may not be more than the total allowable Indirect Recovery.

**Table J**

Total Direct Costs (Total of Table A through Table H)	Maximum Indirect Costs (as percentage of Direct Costs)	Total Allowable Indirect Recovery	Total Indirect Recovery to be Charged to Grant
\$48647	4,864 10%	\$1,353	\$1,353
<b>Total Table J</b>			\$

2. If your organization is not submitting a federally negotiated indirect cost agreement, provide a basic line item description for each indirect cost (ex. Executive Director, IT, Facilities). No further explanation is required. Again, direct and indirect costs are to be treated consistently and similarly either as a direct or an indirect cost in order to avoid double-charging the grant.

N/A

#### K. Budget Table

Enter the all Total lines from Tables A-H and J on the corresponding line below. The total of Table K must match the grant amount being requested in Part I: Proposed Project Information Amount Requested.

Table K

Table	Budget Category	Total Cost
<b>DIRECT COSTS</b>		
A	Salaries and Wages	\$18,460.00
B	Fringe Benefits	\$0
C	Travel	\$1,890.00
D	Equipment	\$1,925.78
E	Supplies	\$287.16
F	Client Services	\$30,000.00
G	Construction	
H	Other Direct Costs	\$
I	<b>Total Direct Costs</b>	\$48,647.00
<b>INDIRECT COSTS</b>		
J	Indirect Costs	\$1,353
	<b>Total Indirect Costs</b>	\$1,353
	<b>Total Grant Amount Requested</b>	\$50,000

#### L. Matching Funds

Describe what other funding sources and/or matching funds your organization will be using to support and accomplish the goals of the Proposed Project. This information helps to provide a complete picture of what resources will be used to accomplish the Proposed Project. Be specific in your answer by including, for example, any other grants that may fund portions of the Proposed Project, in-kind donations, or volunteer time that assists in the delivery of Proposed Project services.

1. *Comal County Personnel;*
2. *Volunteer Mentors with a 40 hour Certificate of Training as Battle Buddies for our participants;*
3. *Mckenna Foundation donation;*
4. *Pro Bono Services;*
5. *Donations from Service Organizations.*
6. *Jury fees donated from jurors.*