

# RESOLUTION

**WHEREAS,** The El Paso County Commissioners Court finds it in the best interest of the citizens of El Paso County, that the Project Hope (SNDP) Juvenile Mental Health Court be operated for the 2010-2011 fiscal year; and

**WHEREAS,** The El Paso County Commissioners Court agrees to provide all applicable matching funds for the said project as required by the Governor's Criminal Justice Division Juvenile Accountability Block Grant application; and

**WHEREAS,** The El Paso County Commissioners Court agrees that in the event of loss of Criminal Justice Division funds, the El Paso County Commissioners' Court assures that the funds will be returned to the Justice Division in full.

**WHEREAS,** the El Paso County Commissioners Court designates the County Judge as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter, or terminate the grant on behalf of the applicant agency.

**NOW THEREFORE, BE IT RESOLVED** that the El Paso County Commissioners Court approves submission of the grant application for the Project Hope (SNDP) Juvenile Mental Health Court to the Governor's Criminal Justice Division.

**Signed by:** \_\_\_\_\_  
**County Judge Anthony Cobos**

Passed and approved this 22nd day of February 2010

Grant Application Number: **23232-01**

**COUNTY LEGAL REVIEW FORM**

**KK-10-059**

Contract Description: JPD/Project Hope Grant/Juvenile Mental Health Court

**COUNTY ATTORNEY ACTION\*\***

**\*\*Requested Amendments/Clarifications:** We assume you have submitted any questions or comments you have regarding the terms of the contract, as well as any specific provisions to which you object, or which you want to have changed.

Approved as to Form as Submitted  
 Approved as to Form with Amendments/Modifications/Reservations Noted Below\*  
 Not Approved

\*1)

This document has been given legal review by the El Paso County Attorney's Office on behalf of the County of El Paso, its officers, and employees. Said legal review should not be relied upon by any person or entity other than the County of El Paso, its officers, and employees.

**Kitty Schild**  
**Assistant County Attorney**  
**Date: 02/16/2010**

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**Agency Name:** El Paso County

**Grant/App:** 2323201 **Start Date:** 9/1/2009 **End Date:** 8/31/2010

**Project Title:** Project Hope (SNDP) - Mental Health Court

**Status:** Application Pending Submission

## Profile Information

### Introduction

The **Profile Details** section collects information about your organization such as the name of your agency and project title, the geographic area your project will serve and information about your grant officials. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

### Email Addresses & Grant Officials Information

#### Designating Grant Officials Within your Application:


Enter a valid and unique email address for each grant official and click the **Verify Email and Set Official to the Project** button. If you receive an error message regarding an email address, the grant official you are trying to assign to the project has not registered for a user account in eGrants. Please inform the agency's grant official or designee that they must log in to the [eGrants Home Page](#), and register for a user account. If you need technical assistance, please contact the [eGrants Help Desk](#) by email.

#### Updating Grant Officials on Active Grants:

To reassign a grant official - **Authorized Official, Financial Officer, Project Director, or Grant Writer** - to your grant project, ensure that the new official registers for a user account in eGrants **first**. Next, go to the Request Adjustment tab and check the box indicating you would like to Designate a New Grant Official, provide a brief explanation for the change in the Grant Adjustment Justification box, and then click the 'Create Adjustment Request' button. This will open the Profile.Details tab allowing you to make the appropriate changes. After you have entered a valid email address for the new Official, go to the Certify Adjustment tab and click on the 'Certify Adjustment' button to send your request to OOG for review. If your organization is designating a new Authorized Official, check your records to see if a revised Resolution is required. Upload the approved Resolution to your grant project on the 'Summary / Upload Files' sub-tab. If you need technical assistance, please contact the [eGrants Help Desk](#) by email.

### Getting Started

On this tab you will notice a certain icon that is displayed.

-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

**Applicant Agency Name:** El Paso County

**Project Title:** Project Hope (SNDP) - Mental Health Court

**Division or Unit to Administer the Project:** Juvenile Probation Department

**Address Line 1:** 6400 Delta Drive

**Address Line 2:**

**City/State/Zip:** El Paso Texas 79905

**Payment Address Line 1:** 800 East Overland,

**Payment Address Line 2:****Payment City/State/Zip:** El Paso Texas 79901-2518**Start Date:** 9/1/2009**End Date:** 8/31/2010**Regional Council of Governments(COG) within the Project's Impact Area:** Rio Grande Council of Governments**Headquarter County:** El Paso**Counties within Project's Impact Area:****Grant Officials:****Authorized Official****User Name:** Anthony Cobos**Email:** cjdcbos@epcounty.com**Address 1:** 500 East San Antonio, Suite 301**Address 1:****City:** El Paso, Texas 79901**Phone:** 915-546-2098 Other Phone:**Fax:** 915-543-3888**Agency:****Title:** The Honorable**Salutation:** Judge**Project Director****User Name:** Rosie Medina**Email:** rmedina@epcounty.com**Address 1:** 6400 Delta Drive**Address 1:****City:** El Paso, Texas 79905**Phone:** 915-849-2522 Other Phone: 915-849-2547**Fax:** 915-849-2699**Agency:****Title:** Ms.**Salutation:** Ms.**Financial Official****User Name:** Edward Dion**Email:** edion@epcounty.com**Address 1:** 800 E. Overland Ave, Rm 406**Address 1:****City:** El Paso, Texas 79901**Phone:** 915-546-2040 Other Phone: 915-546-8174**Fax:** 915-546-8172**Agency:****Title:** Mr.**Salutation:** Mr.**Grant Writer****User Name:** Rosie Medina**Email:** rmedina@epcounty.com**Address 1:** 6400 Delta Drive**Address 1:****City:** El Paso, Texas 79905**Phone:** 915-849-2522 Other Phone: 915-849-2547**Fax:** 915-849-2699**Agency:****Title:** Ms.**Salutation:** Ms.You are logged in as **User Name:** rmedina

[Print This Page](#)**Agency Name:** El Paso County**Grant/App:** 2323201 **Start Date:** 9/1/2009 **End Date:** 8/31/2010**Project Title:** Project Hope (SNDP) - Mental Health Court**Status:** Application Pending Submission

## Grant Vendor Information

### Introduction

The **Grant Vendor** section of the application collects grant payment information for your organization. The following items will be auto-filled from previous data you supplied in eGrants: Organization Type, State Payee Identification Number, and Data Universal Numbering System (DUNS) identifier (if applicable). Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

### Financial Management Tools

In order to receive payments from OOG, download, complete and send the following forms to the Office of the Governor, Financial Services Division, Post Office Box 12428, Austin, Texas 78711.

Texas Application for Payee Identification Number Form in [PDF](#) - 12/08/2009

Texas Direct Deposit/Advance Payment Form in [MS Excel](#) or [PDF](#) - 12/08/2009

IRS W-9 Form in [PDF](#) - 12/08/2009

### Getting Started

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**Organization Type:** County**Organization Option:** applying to provide juvenile prevention and / or intervention services**Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):** 007622036**Data Universal Numbering System (DUNS):** 09-897-04**Payment Address Line 1:** 800 East Overland,**Payment Address Line 2:****Payment City/State/Zip:** El Paso Texas 79901-2518

You are logged in as **User Name:** rmedina

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**Agency Name:** El Paso County

**Grant/App:** 2323201 **Start Date:** 9/1/2009 **End Date:** 8/31/2010

**Project Title:** Project Hope (SNDP) - Mental Health Court

**Status:** Application Pending Submission

## Narrative Information

### Introduction

The **Narrative** section is the description of your project. It is important that the information you provide about your project is clear and as concise as possible. Note: All applicants must certify to the eligibility requirements specific to the fund source. The minimum requirements to complete this page are the **Program Requirements, Problem Statement, Supporting Data, Goal Statement, and Project Summary** sections. We recommend that you complete any sections applicable to your project to assist in the application review process. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

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### Primary Mission and Purpose

The Juvenile Accountability Block Grant (JABG) Program's purpose is to develop programs that promote greater accountability in the juvenile justice system.

### Funding Levels

The anticipated funding levels for the Juvenile Accountability Block Grant (JABG) program are as follows:

- Minimum Award - \$10,000
- Maximum Award - None
- The Juvenile Accountability Block Grant program requires a grantee match of at least 10%, which is calculated on the total costs, not on the amount requested from CJD. The match requirement may be met through cash contributions only.

For more information regarding grantee match, please click on the **Budget** tab, and then click on the **Source of Match** tab in the Budget section.

**Note:** If you voluntarily include matching funds that exceed the minimum match requirement, you will be held to that amount for the grant period.

**Local Advisory Board** - Each unit of local government is required to establish an advisory board consisting of individuals representing police departments, sheriffs' offices, prosecutors, probation officers, juvenile courts, schools, businesses, and faith-based, for-profit, or social service organizations involved in juvenile crime and delinquency. The local advisory board is responsible for the development of a coordinated enforcement plan for the use of grant funds based on an analysis of the local juvenile justice system. The analysis determines the most effective use of grant funds within the sixteen program purpose areas that apply to those grantee units. The plan serves as the project narrative and summary and should follow the general format of a project narrative and summary.

this solicitation. In the space provided, enter the number of individuals representing each of the groups listed below.

**Note:** Although the **Local Advisory Board** section is not applicable to discretionary applicants, you must enter a numeric value in the box. Discretionary applicants should enter a zero ('0') in the boxes below.

Enter the number of advisory group members representing **Police Departments**:

0

Enter the number of advisory group members representing **Sheriff Offices**:

0

Enter the number of advisory group members representing **Prosecutors**:

0

Enter the number of advisory group members representing **Juvenile Courts**:

0

Enter the number of advisory group members representing **Schools**:

0

Enter the number of advisory group members representing **Businesses**:

0

Enter the number of advisory group members representing **Social Service Agencies** (e.g., faith-based, fraternal, non-profit):

0

**Local Advisory Board Resolution** - A Local Advisory Board Resolution form has been signed by members of the local juvenile justice advisory board and is on file with the application agency.

**Note:** The **Local Advisory Board Resolution** section is not applicable to discretionary applicants.

**Juvenile Justice Board Priorities** - Juvenile justice projects or projects serving delinquent or at-risk youth will address at least one of the following priorities developed by the Governor's Juvenile Justice Advisory Board to be eligible for funding.

Prevention and Early Intervention at First Offense - Fund programs or other initiatives designed to positively impact youth through increased involvement in the juvenile justice system or at their first offense and divert them from a path of serious, violent and chronic offenses. Programs may include support for school resource officers, alcohol and substance abuse education, mentoring and after-school programs.

Disproportionate Minority Contact (DMC) - Decrease DMC, which exists if minority youth have a higher rate of contact with the juvenile justice system than do non-Hispanic white youth. Fund programs or other initiatives designed to address the disproportionate contact of minority members of minority groups who come into contact with the juvenile justice system.

Gang Prevention and Intervention - Fund programs that address issues related to juvenile gang activity and the recruitment of new members. These issues include information sharing and prevention and intervention efforts directed at reducing gang-related activities.

Specialized Treatment Services - Fund programs that address the use and abuse of illegal substances, prescription and non-prescription drugs and alcohol. Counseling and professional therapy may also be provided to sex offenders and youth with anger management issues.

Juvenile Justice System Impact - Fund programs designed to impact offender accountability or improve the practices, policies and procedures within the juvenile justice system including rehabilitating and educating youth who have been involved in the juvenile justice system so that future involvement in criminal activity is deterred.

**Waiver of Funds** - Any entity receiving a local allocation may waive the ability to apply for funds and choose instead to waive its allocation to a larger or neighboring city, county or Native American tribe that will still benefit the waiving area's jurisdiction. The waiving agency is responsible for obtaining a completed JABG Waiver of Funds Form from each agency that chooses to waive its allocation. CJD will not award any additional waived funds to the applicant organization until a completed JABG Waiver of Funds Form is signed and faxed to CJD at (512) 475-2440 by the application submission deadline. The JABG Waiver of Funds Form is available for download from CJD's website at <https://cjdonline.governor.state.tx.us/updates.aspx>. In the space provided below, enter the agency waiving funds, amount of funds waived, and the name of the waiving agency's authorized official.

**Note:** Although the **Waiver of Funds** section is not applicable to discretionary applicants, you must select a value in the box below. Discretionary applicants should select not applicable ('N/A') in the box below.

Does this application include funds waived from another jurisdiction?  
Select the appropriate response:

- Yes  
 No  
 N/A

If you selected **Yes** above, enter the name of the waiving agency and amount of waived funds (e.g., Anywhere County - \$25 multiple jurisdictions are waiving funds to your agency, include the names and amounts for each agency. Enter the name(s) and amount(s) for waived funds:

## Drug Court Program Requirements

Drug Court programs that provide court-supervised substance abuse treatment as an alternative to traditional criminal sanctions defined in Chapter 469 of the Texas Health and Safety Code must incorporate the following ten (10) essential characteristics courts noted below and codified in Texas Health and Safety Code §469.001 to be eligible for funding:

### Ten Essential Characteristics

Integration of Services – The integration between alcohol and other drug treatment services in the processing of cases in the system.

Non-Adversarial Approach – The use of a non-adversarial approach involving prosecutors and defense attorneys to promote and to protect the due process rights of program participants.

Prompt Placement – Early identification and prompt placement of eligible participants in the program.

Access – Access to a continuum of alcohol, drug, and other related treatment and rehabilitative services.

Abstinence Monitoring – Monitoring of abstinence through weekly alcohol and other drug testing.

Compliance Strategy – A coordinated strategy to govern program responses to participants' compliance.

Judicial Interaction – Ongoing judicial interaction with program participants.

Evaluation – Monitoring and evaluation of program goals and effectiveness.

Education – Continuing interdisciplinary education to promote effective program planning, implementation, and operations.

Partnerships – Development of partnerships with public agencies and community organizations.

### General Approaches

- Pre-adjudication - The defendant is diverted to the treatment program in lieu of prosecution before charges are filed in court.
- Post-adjudication - The drug offender begins the drug court program after entering a plea of guilty or nolo contendere and has been found guilty, often as a condition of probation.
- Reentry - Offenders completing sentences of incarceration or lengthy terms of residential treatment are ordered into the drug court program to facilitate their transition and reintegration into society.
- Civil - Participants enter the drug court program in relation to suits affecting the parent-child relationship, child welfare cases, child support cases, or other civil matters.

Select the **general approach(es)** this drug court will follow below.

Select all that apply:

- Pre-adjudication  
 Post-adjudication  
 Reentry  
 Civil  
 N/A

**Observation** – The drug court team (judge, prosecutor, defense counsel, treatment provider, supervision officer, court coordinator) of a new program must observe at least one drug court staffing session and hearing, in Texas, prior to program implementation.

**Policies and Procedures** – The drug court will develop and maintain written policies and procedures for the operation of the program.

**Information Sharing** – The applicant will submit a copy of any project evaluations, evaluation plans, recidivism studies, or reports that are completed during the grant period to CJD.

**Jurisdiction** - Provide the name of the court administering the Drug Court program (e.g., 999th Judicial District Court, Somewhere County Criminal Court, or City of Somewhere Municipal Court). If this has not been decided enter 'To Be Determined', or enter 'None' if the item does not apply.

**Drug Court Date** - If the Drug Court has commenced operations, provide the date that this Drug Court was established.

### Drug Court Type

- Adult - Programs serving adults (either pre-adjudication, post-adjudication, or reentry).
- Family - Programs serving parents who enter the drug court in relation to suits affecting the parent-child relationship, child welfare / CPS cases, child support cases, or other civil matters.
- Juvenile - Programs serving juveniles (either pre-adjudication, post-adjudication, or reentry).

Select the type of drug court that will be operated:

- Adult  
 Family  
 Juvenile  
 N/A

Will the drug court accept **DWI offenders**?

Select the appropriate response:

- Yes  
 No  
 N/A

**Presiding Judge** - The presiding judge of a drug court funded with Drug Court funds must be an active judge holding elective master. Persons eligible for appointment may not be a former or retired judicial officer. Is the presiding judge of the drug court holding elective office or a master?

Select the appropriate response:

- Yes  
 No  
 N/A

Enter the name of the **Presiding Judge** for the Drug Court. If this has not been decided enter 'To Be Determined', or enter 'item does not apply'.

Enter the name of the **Drug Court Coordinator**. If this has not been decided enter 'To Be Determined', or enter 'N/A' if this apply.

**Note:** *The Drug Court Coordinator usually monitors the operation of the Drug Court, supervises Drug Court staff, participate: Court judicial staff meetings, prepares and oversees Drug Court contracts with service providers, maintains data on Drug Court and communicates with legal staff, government officials, social service agencies, and the public regarding matters of the Drug Court.*

Has the drug court ever applied for **federal funding**?

Select the appropriate response:

- Yes  
 No  
 N/A

Has the drug court ever received **federal funding**?

Select the appropriate response:

- Yes  
 No  
 N/A

If you selected **Yes** above, provide the federal award amount, grant period [mm/dd/yyyy to mm/dd/yyyy], and explain how be used to support or expand the project and not replace existing funds.

Enter the federal funding description:

### Civil Rights Liaison

A civil rights liaison who will serve as the grantee's civil rights point of contact and who will be responsible for ensuring that it meets all applicable civil rights requirements must be designated. The designee will act as the grantee's liaison in civil rights CJD and with the federal Office of Justice Programs.

Enter the Name of the Civil Rights Liaison:

Liza Reyes

Enter the Address for the Civil Rights Liaison:

500 E. San Antonio Suite 302 El Paso, TX 79901

Enter the Phone Number for the Civil Rights Liaison:  
9155462218

## Certification

Each applicant agency will certify to the specific criteria detailed above under **Program Requirements** to be eligible for funding either the Juvenile Accountability Block Grant (JABG) Local or Discretionary Solicitations.

**I certify to all of the above eligibility requirements.**

## Problem Statement:

Please provide a detailed account in the Problem Statement section of the existing issues your project will target.

Enter your problem statement:

The prevalence of mental health disorders among the adolescent population in the juvenile justice system continues to increase and there is an evident lack of quality community based treatment services in our region. Coordinating quality community mental health services in collaboration with the juvenile justice system has proven to be challenging. Communication between treatment providers and the judiciary is essential to the success of these complicated cases. These cases can be difficult to deal with because many of the behaviors these youth externalize may be a symptom of their mental health disorder rather than defiant adolescent behaviors. Clear and consistent communication between the professionals providing services to the youth and the juvenile probation staff, attorneys, and judges is essential to the proper handling of these cases in order to assure proper judicial responses to behaviors that violate the court orders. In an effort to assist youth, who have been diagnosed with a priority mental health diagnosis, comply with the terms of their probation, while receiving services within the community, and avoiding multiple psychiatric hospitalizations or costly residential treatment facility placements, the Juvenile Probation Department has established a collaborative mental health team with community based providers who are not limited to providing services within the confines of Medicaid service packages. These providers focus on therapeutic interventions and skills building for not only the youth but the entire family. Unfortunately, the funding to support this program has been dramatically reduced for FY11 and the imminent threat of the funding being completely eliminated exists due to the loss of Enhanced Title IVE reimbursement funding, which has funded this specialized program for the past two years.

## Supporting Data:

Provide as much supporting data, to include baseline statistics and the sources of your data, which are pertinent to where the grant project is located and/or targeted. Do not use statewide data for a local problem or national data for a statewide problem.

Enter your supporting data:

Prior to 2006, this population was serviced through the El Paso Mental Health Mental Retardation Center with funding made available by Texas Correctional Office on Offenders with Medical or Mental Impairments. After careful review of program outcomes for fiscal years 2004-2007, it was determined that the average successful completion rate for the program was 55.7% and the costs of additional services and out of home placement for this population was unacceptable. The review of the program showed that the program was not effective and changes need to be made. The program was restructured in 2007 and designed to incorporate TJPC state standards for the Special Needs Diversionary Program and was enhanced with the adoption of a mental health court design. The redesigned program was implemented in FY 08 and the average completion rate for FY 08-09 is 88%. It is apparent that through a coordinated and collaborative approach focusing on the clinical needs of adjudicated youth with severe mental health needs and effective and consistent communication between the judiciary, treatment providers, prosecuting attorneys, juvenile probation personnel and defense counsel, outcomes have dramatically improved.

## Community Plan:

For projects that have a local or regional impact target area, provide information regarding the community plan need(s) that your project will address.

Enter your community planning needs:

1. To provide parenting education and referrals to agencies to help parents in preventing crime and youth delinquency.
2. To provide youth with support services to prevent juvenile delinquency: a) Provide supportive counseling and guidance; and b) Instruct youths in discipline, self-control, self-esteem, goal setting, problem solving, communication, and other life skills.
3. To provide programs that addresses the disproportionate numbers of minority youths in the juvenile justice system: a) Instill appropriate social values and character in children by addressing family dysfunction, which correlates with youth crime. b) Increase funding for community based programs that aim to deter youths from criminal behaviors. c) Develop programs to protect the public from and give appropriate dispositions to mentally ill and retarded youths accused of committing crimes.

## Goal Statement:

Provide a brief description of the overall goals and objectives for this project.

Enter a description for the overall goals and objectives:

Project Hope's goal is to divert juveniles with serious mental health disorders from costly residential treatment facilities located hundreds of miles away from our community. This is accomplished by providing quality, consistent, and individualized services to the participants and their families, in their home environment, by a team of professionals comprised of a licensed therapist, case manager, probation officer, and a consulting psychiatrist. The wraparound approach with a mental health court philosophy, coupled with bi-weekly judicial supervision, will assist in not only monitoring the service delivery by the contractors but will provide the court with an opportunity to acknowledge the progress of the participants on a regular basis and hold them accountable when needed. The program will focus on the stabilization and education of the participants and their family regarding their diagnosis, provides symptom management skills, and assures that they are appropriately linked to providers in the community for the long term treatment and care of the individual.

### **Cooperative Working Agreement (CWA):**

When a grantee intends to carry out a grant project through cooperating or participating with one or more outside organizations, the grantee must obtain authorized approval signatures on the cooperative working agreement (CWA) from each participating organization. Grantees must maintain on file a signed copy of all cooperative working agreements, and they must submit to CJD a list of each participating organization and a description of the purpose of each **CWA**. Cooperative working agreements do not involve an exchange of funds.

For this project, provide the name of the participating organization(s) and a brief description of the purpose(s) for the **CWA (s)**. You should only provide information here that this project's successful operation is contingent on for the named service or participation from the outside organization.

Note: A **Sample CWA** is available [here](#) for your convenience.

Enter your cooperating working agreement(s):

1. Texas Juvenile Probation Commission - support of the program by providing oversight and guidance by their federal programs specialists who oversees the TCOOMI project in other sites throughout the state. Additionally, TJPC will continue to allow El Paso County access to the TCOOMI database. 2. County Attorney - responsible for the adjudication of cases within our county. 3. Public Defenders Office - responsible for assuring that the rights of the defendants are protected and that they receive the necessary services to address their delinquent behaviors. 4. Pinnacle Services - Community based mental health service provider. 5. Border Childrens Mental Health Collaborative - Community based mental health wraparound services. 8. 65th District Court - Judge Yahara Lisa Gutierrez, Childrens Court Judge and Chair of the El Paso County Juvenile Board 10. Border Children's Mental Health Collaborative - provides community based mental health services, case coordination, youth services, and mentoring for dually diagnosed juveniles in the juvenile justice system.

### **Continuation Projects:**

For continuation projects only, if your current or previous year's project is NOT on schedule in accomplishing the stated objectives, briefly describe the major obstacles preventing your organization from successfully reaching the project objectives as stated within your previous grant application. (Data may be calculated on a pro-rated basis depending on how long the current or previous year's project has been operating.)

Enter your current grant's progress:

N/A

### **Project Summary:**

Briefly summarize the entire application, including the project's problem statement, supporting data, goal, target group, activities, and objectives. Be sure that the summary is easy to understand by a person not familiar with your project and that you are confident and comfortable with the information if it were to be released under a public information request.

Enter your summary statement for this project:

The prevalence of mental health disorders among the adolescent population in the juvenile justice system continues to increase, accessing psychiatric services is challenging due to long waiting lists, limited funding, and a lack of providers in the community. Additionally, there is an evident lack of quality community based treatment services in our region to meet the high level of needs presented by this target population of the juvenile justice system in El Paso County. Coordinating quality community mental health services in collaboration with the judicial system has proven to be challenging. Communication between treatment providers and the judiciary is essential to the success of these complicated cases due to the fact that many of the behaviors youth externalize may be a symptom of their diagnosis rather than defiant adolescent behaviors. Clear and consistent communication between the professionals providing services to the youth and the juvenile probation staff, attorneys, and judges is essential to the proper handling of these cases in order to assure proper judicial responses for behaviors that violate the court orders. In an effort to assist youth who have been diagnosed with a priority mental health diagnosis comply with the terms of their probation, while receiving services within the community, and avoiding multiple psychiatric hospitalizations or costly residential treatment facility placements, the Juvenile Probation Department has established a collaborative mental health team with community based providers who are not limited to providing services within the confines of Medicaid service packages. These providers focus on therapeutic interventions and skills building for not only the youth but the entire family. Unfortunately, the funding to support this program has been dramatically reduced for FY11 and there is the imminent threat of the funding being completely eliminated due to the loss of Enhanced Title IVE reimbursement funding, which has funded this specialized program for the past two years. The majority of juveniles seen by a psychiatrist have co-occurring disorders, which present several challenges to the Juvenile Probation Department. First, court supervised probation interventions must be geared to appropriately address the presenting needs of the juveniles. This requires juvenile probation officers who have an understanding of the multitude of mental health

disorders, symptoms, and techniques on how to effectively work with this population. Second, identifying quality services and utilizing multi-modal evidenced based approaches in dealing with the individual needs of this population has been very difficult in the past. Finally, frequently our system is also confronted with dealing with the parent's mental health problems which are a contributing, aggravating factor linked to their child's delinquency. In an effort to minimize the removal of juveniles from their homes, this program will focus on also linking the parent(s) to the necessary mental health services in the community as we work to stabilize the juveniles and work with them in the community. Project Hope is designed as a 6 month, 4 phased program to address the needs of the priority mental health population (bi-polar, mood disorders, major depression, schizophrenia, intermittent explosive disorder, and others) involved in the juvenile justice system. The program will provide intensive in-home services to post-adjudicated juveniles between the ages of 10-17 and their families. During the first phase of the program (30 days), the focus will be on program orientation, needs assessments, treatment planning, and stabilization of the juvenile. The second phase of the program (months 2-4) will focus on intensive therapeutic services provided by an LPC or LMSW focusing on symptom management, family dynamics, and all other pertinent issues related to the juvenile's diagnosis and outlined individualized treatment goals and objectives. The third phase of the program (months 5-6) will focus on transition planning. Intensive in-home services will continue while the case management intensifies to provide community linkages for the juvenile and family to ensure that they are well connected with community based providers that will continue to address the juvenile's needs into adulthood. The fourth phase (months 7-9) begins once the juvenile has successfully completed the SNDP and is an aftercare phase. The goal of this phase is for the therapist and case manager to continue to provide services twice per month at a minimum to monitor the internalization of the services provided to the juvenile and family while in the program. By providing intensive in-home services, Project Hope diverts juveniles with serious mental health disorders from costly residential treatment facilities located hundreds of miles away from our community. This will be done by providing quality, consistent, and individualized services to the participants and their families in their home environment by a team of professionals comprised of a therapist, case manager, probation officer, and a consulting psychiatrist. The wraparound approach, coupled with bi-weekly judicial supervision, will assist in not only monitoring the service delivery by the contractors but will provide the court with an opportunity to acknowledge the progress of the participants on a regular basis and hold them accountable when needed. The program will focus on stabilizing the participants, educating the participants and their families regarding the juvenile's diagnosis, provides symptom management skills, medication management and assures that they are appropriately linked to providers in the community for the long term treatment and care of the individual. A multi-disciplinary team approach is taken and members represent the judiciary, prosecution, defense, probation, treatment, education, law enforcement, and administrative staff of the court, which are all essential to the success of this program. Effective monitoring and swift communication among team members allows the Judge to address compliance and noncompliance issues immediately and hold participants accountable for their actions in a more immediate timeframe. The Special Needs Diversionary Program is requesting funding to establish a coordinated collaborative strategy that will provide judicial oversight to treatment and other supportive services for youth and their families and will result in increased accountability. A juvenile court judge is responsible for closely monitoring the cases referred to this program on a bi-weekly basis. The cases will be staffed with the Judge by a team comprised of the clinician, case manager, and probation officer. The parent/guardian and participant will be required to report to court and update the judge with their progress, difficulties, and accomplishments during the two-week period prior to the hearing. The judicial contact component of the program is extremely important in that the Judge is able to acknowledge the participant for their accomplishments, while holding them accountable when they are not being cooperative or engaged in services.

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**Agency Name:** El Paso County

**Grant/App:** 2323201 **Start Date:** 9/1/2009 **End Date:** 8/31/2010

**Project Title:** Project Hope (SNRP) - Mental Health Court

**Status:** Application Pending Submission






## Project Activities Information

### Introduction

The **Project Activities** section of the application gathers information about the type of activities your project will incorporate. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

### Getting Started

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-  = a **pencil** icon - click on this icon to edit your selections.
-  = a **pencil** icon with a **red slash** through it - click on this icon to cancel your edits.
-  = a **red delete** icon - click on this icon to delete the item.
-  = a **diskette** icon - click on this icon to save your work. When this icon appears, it is your queue to save the item that you are working on; otherwise, your data will be lost.
-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

### Juvenile Justice Board Priorities

Select the Juvenile Justice Priority that best fits your project:

- Prevention and Early Intervention at First Offense
- Gang Prevention and Intervention
- Specialized Treatment Services
- Juvenile Justice System Impact

### Drug Courts

Does your project have a Steering Committee that helps direct and enhance your court's operations?

- Yes
- No
- N/A

List the members of your drug court team and describe their role in supporting the participants.

Provide the average caseload size for a full-time case manager/probation officer assigned to this project.

Provide your project's policy on drug testing participants.

Describe the process you will use to determine your project’s effectiveness.

Provide the total cost for operating your project during the previous fiscal year. (This should include all salaries, travel, court treatment services, office supplies, etc.)

0

List the sources and amounts of non-CJD funding used to support this project during the previous fiscal year. (This may include state funds and any other charges to participants.)

List the treatment resources used for this project (e.g., ATR, TAIP, in-house, etc.).

Fees collected by your County in accordance with Chapter 102.0178, Code of Criminal Procedure, for offenses found in Chapter Code (DWI) and Chapter 481, Health and Safety Code (controlled substances):

Provide the total collected in the previous fiscal year by your county. (The party responsible for collecting court assessed fees: county may be the treasurer, county clerk, or district clerk.)

0

Of the fees collected in your county, provide the amount that was directed to your project?

0

Describe how your project used those fees?

**Selected Project Activities:**

ACTIVITY	PERCENTAGE:	DESCRIPTION
Accountability	100.00	Provide intensive home based mental health services to include psychiatric services to a minimum of 24 juveniles and their families per year. Services will be provided by licensed therapist and a psychiatrist working collaboratively with the probation officers assigned to the program and the court. All participants and their families will be monitored closely by the court every other week. Linkages to community based services for continued care for the diagnosed mental health issues will occur as part of the transition planning of the program.

**Geographic Area:**

El Paso County which includes, the communities of El Paso, Ysleta, Canutillo, Anthony, Clint, Horizon City, Socorro, Fabens, Tornillo, and San Elizario

**Target Audience:**

Post-adjudicated youth who have been diagnosed with a mental health diagnosis with priority being given to those with the following diagnosis: Bi-Polar, mood disorders, major depression, schizophrenia, intermittent explosive disorder, etc...

**Gender:**

Male and Female

**Ages:**

10 -17 years of age

**Special Characteristics:**

Post-adjudicated youth who have been diagnosed with a mental health diagnosis with priority being given to those with the following diagnosis: Bi-Polar, mood disorders, major depression, schizophrenia, intermittent explosive disorder, etc... Demographic data based on the 2000 U.S. Census: Population: 721,598 Ethnicity: 80% Hispanic Race: 94% White, 4% African America, 1% Native American, 1% Asian Juvenile Population: 32% under the age of 18 of which 12% are between the ages of 10 and 17. Income and Poverty Rate: Per capita income is lower and the poverty rate is higher in El Paso County than the state average in Texas. Per capita income in the county was \$13,421. Approximately 26% of the population of El Paso County lives below the poverty level (compared to 16% statewide).

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

### Measures Information

#### Introduction

The **Project Measures** section of the application collects data to track the performance of your proposed project toward its stated objectives. Output measures demonstrate the level of activity of a project. Outcome measures demonstrate the impact of a project in a targeted area, reflecting the extent to which the goals and objectives of the project have been achieved. Output and outcome measures displayed on this page correspond to activities selected or created on the **Activities** page. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

#### Getting Started

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#### Progress Reporting Requirements

All programs will be required to report the output and outcome measures for this program to Texas A&M University, Public Policy Institute (PPRI).

##### Objective Output Measures

OUTPUT MEASURE	CURRENT DATA	TARGET LEVEL
Number of accountability program slots.	11	24
Number of eligible program youth served using Graduated Sanctions approaches.	11	24
Number of staff trained in accountability programming.	3	4

##### Custom Objective Output Measures

CUSTOM OUTPUT MEASURE	CURRENT DATA	TARGET LEVEL
-----------------------	--------------	--------------

Objective Outcome Measures

OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
Number of days of program participation per program youth.	0	180
Number of program youth completing program requirements.	5	20
Number of program youth who enter an accountability program.	11	24
Number of program youth who reoffend.	2	5

Custom Objective Outcome Measures

CUSTOM OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
------------------------	--------------	--------------

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**Status:** Pending OOG Review






**Budget Details Information**

**Introduction**

This **Budget** section of your application details budget line items for your proposed project. To create a new budget line item, click on the icon in the **New Budget Item** column. You will be directed to a different area on this page to make selections specific to the budget category. After making your selection, write a brief description of the line item in the **Expenditure Description** box and enter the amount of OOG funds, Cash Match, and if applicable, In Kind Match in the areas provided. In the percentage box, you can enter a percentage for Personnel or number of items to be purchased for Supplies and/or Equipment. When you have finished, click on the **Add New Budget Line Item** button. Repeat this process for each budget line item needed in each budget category. If you need to edit your entries, click on the '+' icon to expand the budget grid. You will notice that a *pencil* icon will display after expanding the grid. Click on the *pencil* icon to be directed to the editing section on this page and follow the instructions in this area to complete your edits. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

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-  = a **plus** icon – click on this icon to expand a list of items.
-  = a **minus** icon – click on this icon to collapse a list of items.
-  = a **new** icon – click on this icon to add a new item.
-  = a **pencil** icon - click on this icon to edit your selections.
-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

**Budget Information by Budget Line Item:**

CATEGORY	SUB CATEGORY	DESCRIPTION	CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/%
Travel and Training	In-State Incidentals and/or Mileage	Mileage reimbursement for drug court team home visits, school visits, and community contacts with drug court participants and families. Current	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0

		reimbursement rate is \$0.55/mile.							
Travel and Training	In-State Registration Fees, Training, and/or Travel	Travel to and from conferences within Texas that are related to mental health courts, co-occurring disorders, and/or juvenile justice. Program will comply with county travel requirements.	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	0	
Contractual and Professional Services	Non-Substance Abuse-Related Case Management, Forensic Interviews, Counseling, Outpatient, and/or Treatment Services	Intensive in-home therapeutic services will be provided to the program participants and family members. Services will consist of individual, group, and family therapeutic sessions. Psychiatric services will be provided by an adolescent child psychiatrist who will provide psychiatric evaluations, medication management and program consultation. Case management services to include rehab skills, linkages, and other services deemed necessary as per the individualized treatment plan for the participants. Aftercare services will also be provided upon completion of the Special Needs Diversionary Program for 3 months.	\$169,900.00	\$20,100.00	\$0.00	\$0.00	\$190,000.00	0	
Travel and Training	Out-of-State Registration Fees, Training, and/or Travel	Funds will be utilized for two program staff and/or team members to attend out of state conferences related to juvenile justice, mental health, co-occurring disorders and/or mental health court conferences.	\$3,500.00	\$0.00	\$0.00	\$0.00	\$3,500.00	0	

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## Source of Match Information

### Introduction

The **Source of Match** section of your application collects information regarding the source and amount of **Cash Match** and **In Kind Match**. Please enter the description and amounts of match in the spaces provided below and select whether the item is 'Cash Match' or 'In-Kind Match'. After entering an item click on the **Add New Item** button. When an item has been added, it will appear in the 'Edit the Source(s) of Match Reported' table. You may edit each of the items added to this table by clicking on the 'pencil' icon. If you edited an item in the table, click on the 'diskette' icon to save your edited entries. For further information regarding matching funds refer to *1 TAC*, §3.3; for program income refer to *1 TAC*, §3.73 and §3.87. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

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### Detail Source of Match/GPI:

DESCRIPTION	MATCH TYPE	AMOUNT
El Paso County Juvenile Probation Department General Fund	Cash Match	\$20,100.00

### Summary Source of Match/GPI:

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$20,100.00	\$20,100.00	\$0.00	\$0.00	\$0.00

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## Documents Information

### Introduction

The **Supporting Documentation** section of the application contains general grantee requirements. Please select or enter the appropriate responses in the areas below. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

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### Certification and Assurances

Each applicant must click on this link to review the standard [Certification and Assurances](#).

### Resolution from Governing Body

Except for state agencies, each applicant must provide information related to the [resolution](#) from its governing body, such as council, county commissioners' court, school board, or board of directors. Please ensure that the resolution approved by your body addresses items one through four below.

1. Authorization by your governing body for the submission of the application to CJD that clearly identifies the name of the entity which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, terminate a grant (Note: If a name is provided, you must update CJD should the official change during the grant period);
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to CJD.

Upon approval from your agency's governing body, upload the [approved](#) resolution to eGrants by clicking on the **Upload File** located in the **Summary** tab.

### Contract Compliance

Will CJD grant funds be used to support any contracts for professional services?  
Select the Appropriate Response:

Yes  
 No

For applicant agencies that selected **Yes** above, describe how you will monitor the activities of the sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

The juvenile probation department has a funded position through the accounting department that is responsible for conducting regular contract compliance monitoring. The program director will collaborate with this individual to monitor the contract provisions at a minimum of twice per contract period.

### Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will any person be paid for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of a member of Congress in connection with the awarding of any federal contract, the making of any grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the Appropriate Response:

Yes  
 No  
 N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid or will be paid 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 a member of Congress in connection with this federal contract, loan, or cooperative agreement?

Select the Appropriate Response:

Yes  
 No  
 N/A

### Fiscal Year

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx).

Enter the Begin Date [mm/dd/yyyy]:

10/1/2009

Enter the End Date [mm/dd/yyyy]:

9/30/2010

### Sources of Financial Support

Each applicant must provide the amount of grant funds expended during the most recently completed fiscal year for the following sources:

Enter the amount (\$) of Federal Grant Funds:

19089537

Enter the amount (\$) of State Grant Funds:

7014635

### Single Audit

Has the applicant agency expended federal grant funding of \$500,000 or more, or state grant funding of \$500,000 or more during the most recently completed fiscal year?

Select the Appropriate Response:

Yes  
 No

**Note:** Applicants who expend less than \$500,000 in federal grant funding or less than \$500,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. However, CJD may require a limited scope audit as defined in Circular A-133.

Applicant agencies that selected **Yes** above, provide the date of your organization's last annual single audit, performed by an auditor (in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133).

Enter the date of your last annual single audit:

9/30/2008

## Equal Employment Opportunity Plan (EEOP)

Type I Entity: Defined as an applicant that meets one or more of the following criteria:

- the applicant has less than 50 employees;
- the applicant is a non-profit organization;
- the applicant is a medical institution;
- the applicant is an Indian tribe;
- the applicant is an educational institution, or
- the applicant is receiving a single award of less than \$25,000.

Requirements for a Type I Entity:

- The applicant is not required to prepare an EEOP because it is a Type I Entity as defined above, pursuant to 28 CFR 42.30
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the deli services.

Type II Entity: Defined as an applicant that meets the following criteria:

- the applicant has 50 or more employees, and
- the applicant is receiving a single award of \$25,000 or more, but less than \$500,000.

Requirements for a Type II Entity: Federal law requires a Type II Entity to formulate an EEOP and keep it on file.

- The applicant agency is required to formulate an EEOP in accordance with 28 CFR 42.301, et seq., subpart E;
- the EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP is available for review by the public and employees or for review or audit by officials of CJD, CJD's designee, or the Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations;
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the deli services; and
- the EEOP is required to be on file in the office of (enter the name and address where the EEOP is filed below):

Enter the name of the person responsible for the EEOP and the address of the office where the EEOP is filed:

Type III Entity: Defined as an applicant that is NOT a Type I or Type II Entity.

Requirements for a Type III Entity: Federal law requires a Type III Entity to formulate an EEOP and submit it for approval to Civil Rights, Office of Justice Programs, U.S. Department of Justice.

- The EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP has been submitted to the Office of Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice or approved by the OCR, or it will be submitted to the OCR for approval upon award of the grant, as required by relevant laws and regulations; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the deli services.

Based on the definitions and requirements above, the applicant agency certifies to the following entity type:

Select the appropriate response:

- Type I Entity
- Type II Entity
- Type III Entity

## Debarment

Each applicant agency will certify that it and its principles:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefit by State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement.

theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or

- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) v commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this a one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

I Certify

Unable to Certify

If you selected **Unable to Certify** above, please provide an explanation as to why the applicant agency cannot certify the st  
Enter the debarment justification:

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