

PROGRAM BUDGET

Fiscal Year _____

FUNDING SOURCE:

AB29 Funding

General Fund Funding

Grantee: <hr/> (Name of Program) <hr/> (Address) <hr/> (Phone Number) (Fax Number) <hr/> Name of individual submitting budget revision summary Date	Effective Date: (AOC Use Only) <hr/>
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PROGRAM BUDGET

Specialty Court Revenue Received	Original Budget
Supreme Court/AOC Revenue	
Total Specialty Court Allocation	

Expenditures Paid by the Program	Original Budget
Professional Services	
- Counseling	
- Residential/Housing (Mental Health Courts Only)	
- In-Patient Residential (28-day. Must have a contract with a provider.)	
Drug Testing Supplies	
Drug Testing Equipment	
Drug Testing Confirmation	
Electronic Monitoring	
Salary & Benefits - Treatment (exclude city & county paid positions)	
- Drug Court Coordinator	
- Case Manager	
- Testers	
- Case Worker	
Operating Expenses, office supplies, copying, etc. (Maximum 1,200 per year.)	
Bus Passes and/or Taxi vouchers (Maximum 5,000 per year)	
Incentives, gift certificate 5-15 value, tokens, books, cookies, cake, pizza, and haircuts (Maximum 2,500 per year)	
Housing with a case manager (Maximum 20,000 per year)	
Housing (Motel, Apartment, etc.) (Maximum 10,000 per year)	
Acquiring necessary capital goods, or using appropriate technology	
Studying the management and operation of the program	
Other (describe)	
Total Expenditures	

PROGRAM BUDGET (Continued)

OTHER REVENUE THE PROGRAM RECEIVES	Original Budget
Client/participant payments made to the court (include court ordered and voluntary participant payments)	
Appropriations received from cities or counties	
Federal or other grants	
Other (describe)	
Total Other Revenue the Program Receives	
OTHER EXPENDITURES (List expense in column. Attach additional page if necessary.)	Original Budget
Total Other Expenditures	

The above grantee is hereby submitting the above Program Budget as the original budget for the above referenced program.

By signing below you agree with the intent of the program budget and will provide a quarterly financial status report and receipts as outlined in the award letter. A copy of this program budget will be returned to the grantee.

APPROVED BY:

_____	_____	_____	_____
Specialty Court Judge/Chief Judge	Date	AOC Specialty Court Program Analyst	Date