



State Court Administrative Office

Building an SCAO Budget

August 2019

INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY



This document has been developed to assist Problem-Solving Court Programs and Swift Sure and Sanction Probation Programs with building a State Court Administrative (SCAO) grant budget. This document breaks the budget down by section and includes items that must appear in each section of the budget. The document also includes shortcuts and tips for building the budget, example budget sections, and instructs what required documentation is needed for claims.

This document is a template for building budgets and is not inclusive of all scenarios that programs may encounter. If there are any questions on how to build a budget please submit them to trialcourtservices@courts.mi.gov. Please include the grant type (i.e., MDCGP, OHSP, Byrne JAG, MMHCP, VTC, SSSPP, etc.) when you submit your question.

When building the budget consider the necessity of an item/service, the reasonableness of the cost and whether the cost falls within fair market value for the area of the program. Also consider the actual number of participants that are in need of the service to streamline the request to be more in line with actual prior spending or a more streamlined proposed spending.

Medication Assisted Treatment (MAT) expenses will continued to be tracked by the SCAO office. MAT funds are part of the general allowable expense list beginning fiscal year 2020 and are to be utilized to fill gaps in services that insurance and local funding lack. Build only two lines for MAT expenses in the contractual section. One should be labeled *MAT Treatment/Counseling* and the other line should be labeled *MAT Medical Services and Medications*. Please review the contractual section of this document for more detail on how to build line items related to MAT expenses.

PERSONNEL

Must include the following:

- The name of each individual charged to the grant.
- Identify whether the personnel charged to the grant is a full-time employee (fte) or part-time employee (pte) with the court.
- Identify whether the personnel charged to the grant is 100% funded by the grant or split between different funding sources.
- Computation for hours and hourly rate.
- Only court employees funded by the grant should appear in this line (no contractual individuals).
- Specify any unusual or less common expenses like longevity, payouts in lieu of health insurance, payouts of unused leave, etc. that may be offered to the employee. It can be listed in personnel or fringe but must be included in the budget in order to claim the expenses.
- Include all personnel who work on the program (no contractual individuals) that are funded by other source(s) to show the full cost of operations.
- In the justification section, provide a description for the need of personnel charged to the grant.

Shortcuts:

- Combine all personnel costs in one line and indicate in the narrative justification section the name of each employee, the hourly rate, and hours worked toward the grant.
- Use ranges for hourly rates that include pay increases during the fiscal year (if applicable).

Personnel								Mark as Complete Go to Application Forms Add
Name	Position	Computation	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total	
Jane Doe/Sam Summer/Chris Pole/Susan Horn	Coordinator/Prob Officer/Case Manager/Drug Tester	see below	\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36	
			\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36	

OR

Personnel								Mark as Complete Go to Application Forms Add
Name	Position	Computation	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total	
Jane Doe	Coordinator	390 hours X hourly rate of \$20.15-\$23.25	\$8,765.25	\$35,061.00	\$0.00	\$0.00	\$43,826.25	
Sam Summer	Probation Officer	1950 hours x \$15.85-\$16.65	\$31,906.31	\$0.00	\$0.00	\$0.00	\$31,906.31	
Chris Pole	Case Manager	1040 hours X \$12.35-\$13.03	\$13,374.40	\$0.00	\$0.00	\$0.00	\$13,374.40	
Susan Horn	Drug Tester	520 hours X \$10.15-\$11.03	\$5,666.70	\$5,666.70	\$0.00	\$0.00	\$11,333.40	
			\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36	

Personnel Justification

Personnel Justification*

Justify personnel (i.e., wages) associated with the proposed project.

Staff is being charged to the grant in order to maintain operations of the program. While the county can support some of the personnel costs, they cannot assume all personnel costs. Without grant funds, downsizing would occur in both personnel and in the program operations.

Jane Doe: Coordinator, FTE (37.5 hours per week), 7.5 hours per week will be spent working on the grant while 30 hours per week will be spent on court related activities and duties, hourly rate is \$20.15 -\$23.25 (ranges include estimated rate increases an employee may be eligible for during the grant year). Total: \$8,765.25

Sam Summer: Probation Officer, FTE (37.5 hours per week), 37.5 hours per week will be spent working on the grant, hourly rate is \$15.85-\$16.65 (ranges include estimated rate increases an employee may be eligible for during the grant year). Total: \$31,906.31

Chris Pole: Case Manager, PTE (20 hours per week), 20 hours per week will be spent working on the grant, hourly rate will be \$12.35-\$13.03 (ranges include estimated rate increases an employee may be eligible for during the grant year). Total: \$13,374.40

Susan Horn: Drug Tester, PTE (20 hours per week), 10 hours per week will be spent working on the grant and the other 10 hours per week will be dedicated to VTC, hourly rate is \$10.50-\$11.03 (ranges include estimated rate increases an employee may be eligible for during the grant year). Total: \$5,666.70

INFORMATION NEEDED FOR CLAIMS

****Backup documentation should be uploaded in the same order as it appears on the "request summary."****

- General ledger (GL), payroll report (PR), and/or financial report (FR) to support the amount claimed. Reports must be generated from an accounting or payroll software.
- Timesheets for individuals who have their time split between two or more funding sources. Timesheets must show all hours worked toward the grant and other duties
- related to the other funding source(s).

TIP

- Show your work (handwrite on the GL, PR, FR) if the amount for reimbursement needs explanation/detail.
- Timesheet hours X rate should match the amount being requested for each person.
- Review that the hourly rate for each employee matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Fringe

Must include the following:

- Specify any unusual or less common expenses like longevity, payouts in lieu of health insurance, payouts of unused leave, etc. that may be offered to the employee. It can be listed in personnel or fringe but must be included in the budget in order to claim the expenses.
- Personnel fringe of those who work on the program (no contractual individuals) but are funded by other source(s) to show the full cost of operations.
- A description, in the justification section, describing the need for the personnel fringes that are charged to the grant.

Shortcuts:

- Combine benefits (as listed in the example), especially if it is a small percentage.

Fringe Benefits						
Row	Percentage	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Employer FICA	7.65%	\$4,568.00		\$5,850.00	\$0.00	\$10,418.00
Retirement	53.0%	\$31,647.00	\$30,005.00	\$0.00	\$0.00	\$61,652.00
Hospital Insurance	0%	\$0.00		\$0.00	\$0.00	\$0.00
Dental Insurance	0%	\$0.00		\$0.00	\$0.00	\$0.00
Vision Insurance	0%	\$0.00		\$0.00	\$0.00	\$0.00
Unemployment	0%	\$0.00		\$0.00	\$0.00	\$0.00
Workers Compensation	0%	\$0.00		\$0.00	\$0.00	\$0.00
Life Insurance	0%	\$0.00		\$0.00	\$0.00	\$0.00
Other	65.0%	\$38,813.00	\$40,000.00	\$0.00	\$0.00	\$78,813.00
Other	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals		\$75,028.00	\$75,855.00	\$0.00	\$0.00	\$150,883.00

Fringe Benefits Justification
<p>Fringe Benefits Justification*</p> <p><i>Describe in detail each fringe benefit amount. If you are requesting funds in the "Other" category, include a detailed description of those expenses</i></p> <p>Fringe is being charged to the grant in order to cover costs that the county is not able to fully assume.</p> <p>Other insurance is cumulative for all insurance coverage for all staff charged to grant, based on time worked toward grant.</p> <p>Other insurance includes longevity payment one time per year, in the third quarter.</p>

INFORMATION NEEDED FOR CLAIM

*****Backup documentation should be uploaded in the same order as it appears on the "request summary."*****

- General ledger, payroll report, and/or financial report to support breakdown of fringe. Reports must be generated from an accounting or payroll software.

TIP

- Show your work (handwrite on the GL, PR, FR) if the amount for reimbursement needs explanation/detail.

Contractual

Must include the following:

- The name of each subrecipient or contractor/vendor that provides a service.
- Rate X unit of service. (A list of services and rates is preferred over a narrative list. Flat rates are prohibited.)
- Rates should be calculated by the hour for individual services (i.e., treatment, defense attorney) or by the day for multiple days for the same service (i.e., residential treatment).
- Identify whether the provider/agency is a subrecipient or a contractor/vendor.
- All additional contractual providers that provide services to participants that are funded by other source(s) to show the full cost of operations.
- A description, in the justification section, describing the need for the contractual providers and services that are charged to the grant.
- Mark each provider as a subrecipient or as a contractor/vendor. Each provider must have a yes and a no in each line.

Medication Assisted Treatment (MAT) Services:

- Each provider and the service(s) being provided.
- The provider as a subrecipient or contractor/vendor. Each provider must have a yes and a no in each line. (If a line has multiple providers and if at least one provider is a subrecipient, mark yes to subrecipient and no to contractor/vendor. In the narrative section next to the providers names, identify (subrecipient) or (contractor)).
- Rate X unit of service. (A list of services and rates is preferred over a narrative list. Flat rates are prohibited.)
- Rates should be calculated by the hour for individual services (i.e., treatment) or by the day for multiple days for the same service (i.e., residential treatment).

Shortcuts:

- Generally lump subrecipients and/or contractor/vendors that perform the same service into one line item. But note: this may not always be possible to do based on some subrecipients and contractor/vendors who perform multiple services.
- Use ranges for services when possible.
- Review old invoices from subrecipients and contractor/vendors to develop the budget that reflects the structure for services, and make sure to include updated rates and services.

Contractual									Add
Service to be Provided	Contractor(s)	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contributions	Total	Subrecipient	Contractor/Vendor
Substance Use Disorder Treatment	ABC Treatment/Treatment Agency/HOPE	See Narrative Justification	\$50,000.00	\$20,000.00	\$0.00	\$0.00	\$70,000.00	No	Yes
Community Monitoring - devices	123 Watch You/XYZ Monitoring/ABC Eyes	See Narrative Justification	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	No	Yes
Drug Testing	UP Testing/Drug Solutions/Testing Agency	See Narrative Justification	\$75,000.00	\$25,000.00	\$0.00	\$0.00	\$100,000.00	No	Yes
Drug testing and GPS monitoring	Do It All Testing and Monitoring Services	drug tests up to \$15 per test, daily monitoring up to \$7.50	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	No	Yes
Mental Health Services	Mental Health Agency	See Narrative Justification	\$10,000.00	\$30,000.00	\$0.00	\$0.00	\$40,000.00	No	Yes
Peer Support	Adam Smith, Lindsey Jones, Kelly Thomas	300 hours X 15.00 per hour, mileage at the county rate X 100 miles per month	\$5,150.00	\$0.00	\$0.00	\$0.00	\$5,150.00	No	Yes
SUD treatment/drug testing	Can Do Agency	See Narrative Justification	\$12,000.00	\$50,000.00	\$0.00	\$0.00	\$62,000.00	Yes	No
MAT Treatment/Counseling	LMC Agency	See Narrative Justification	\$30,000.00	\$0.00	\$1,000.00	\$0.00	\$31,000.00	No	Yes
MAT Medical Services and Medication	LMC Agency, 123 Pharmacy, XYZ Corner Pharmacy, Hometown Pharmacy	See Narrative Justification	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$30,000.00	No	Yes
			\$222,150.00	\$140,000.00	\$1,000.00	\$0.00	\$363,150.00		

Contractual Justification

Contractual Justification*

Justify contractual costs associated with the proposed project.

Contractual services are being charged to the grant for participants who are not insured or underinsured to cover gaps in insurance. Participants will be covered by the grant after all other forms of funding are exhausted. Grant funds are need for the treatment services to assist in maintaining continuity of care and assist in a participant's recovery.

ABC Treatment/Treatment Agency/HOPE: These agencies will provide substance abuse counseling to program participants. It is anticipated that 20 participants will require various services by one of the agencies. 20 X \$2,500 = \$50,000. The services they provide will include:

Individual session \$95 - \$120

Group session \$25 - \$35 per group, per participant

Assessment \$150

123 Watch You/XYZ Monitoring/ABC Eyes: These agencies will provide community monitoring through electronic monitoring. All participants are required to be on electronic monitoring for the orientation phase and electronic monitoring may be used when someone is noncompliant and needs extra supervision. It is estimated that 50 participants will require grant funding for this service due to being unemployed or indigent.

Enrollment fee: \$50-\$100

Daily rate \$7.50 -\$10.00

Upload \$1.00 -\$3.00

UP Testing/Drug Solutions/Testing Agency: The testing agencies will provide urine screens, EtG, drug specific single drug testing (such as Kratom, synthetic drugs, etc.), comprehensive testing, and pbts. The testing agencies will provide confirmation testing on disputed tests but only those that are returned negative will be paid for by the grant.

Urine and EtG \$25 - \$35

Specific drug testing \$50 - \$75

Comprehensive panels \$80 - \$110

Confirmation \$25 - \$50

PBT \$5 - \$10

Do It All Testing and Monitoring: The agency will provide drug testing and electronic monitoring for approximately 10 participants. Services include:

Enrollment fee for electronic monitoring \$25 -\$40

Electronic monitoring \$5.50 -\$8.50 per day

Downloads \$1 - \$3

Enrollment fee for drug testing \$100

UA \$10-\$20

EtG \$20-\$35

Confirmation for disputed tests that are returned negative \$35-\$50

Mental Health Agency: mental health services will be provided to up to 10 participants that have co-occurring disorder of mental health and substance use disorders. Services for indigent participants will be paid for by SCAO grant funds and supplemented by the funding unit. Services and rates include:

90791	Adult	Assessment	\$ 300.30
90832	Adult	Mental Health Outpatient care 30 minutes	\$ 79.80
90834	Adult	Mental Health Outpatient care 45 minutes	\$ 137.55
90837	Adult	Mental Health Outpatient Care 60 minutes	\$ 204.75
H0018	Adult	Crisis Residential Services	\$ 371.70
H0038	Adult	SA Recovery Supports Services – TF	\$ 4.20

Peer Support: The program will fund 3 peer supports who will work with participants in overcoming obstacles. The peer support specialists will not work more than 100 hours combined per fiscal year at a rate of \$15.00 per hour. Peer support specialists will also assist participants who struggle with transportation. Mileage for travel will be provided by each peer support specialist, will based on the county rate but not to exceed the state rate:

County rate X 100 miles per month = \$650

Can Do Agency: This agency will provide both substance abuse counseling and drug testing for participants who are indigent. Approximately 6 participants will receive services. A licensed therapist will attend team meetings and court review session. Services will include:

Assessment	99019	\$100 -\$150
Individual	99204	\$50-\$65
Group	99302	\$25-\$35
Med Review	88816	\$75-\$95
Urine Drop		\$25-\$50
Specific Drug		\$50-\$120
Comprehensive Test		\$75-\$125

Licensed therapist to attend team meetings and court review sessions: \$50 per hour.

MAT Treatment/Counseling: This agency will provide SUD therapy services for MAT participants. Services will be provided by the grant for those who are uninsured or underinsured to include copays for indigent participants. The county will provide local cash to supplement grant funds. Services include:

Residential		\$115 - \$150 per day
Detoxification		\$135 - \$175 per day
Individual Counseling Session	99204	\$50 - \$100
Group Counseling Session	99302	\$20 - \$75
Cognitive Therapy Session		\$20 - \$35

MAT Medical Services and Medication: LMC Agency, 123 Pharmacy, XYZ Corner Pharmacy, Hometown Pharmacy: Local providers and pharmacies will provide MAT services and medication to participants. Grant will cover cost for those individuals who do not have insurance, are underinsured, and copays for indigent participants. Services and medications include:

Initial Office Visit/Assessment	99214	\$150 - \$200
Follow up Office Visit	99213	\$90 - \$145
Presumptive Drug Screening	99012	\$15 - \$55
Vivitrol	J2315	\$1,000 -\$1,450 per dose
Injection Fee	96372	\$20 - \$50
X-Rays	99651	\$50 - \$150
Methadone		\$100 - \$1,300 per prescription
Suboxone		\$50 - \$75 per prescription

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- Invoices must include the date of service, service provided, rate for the service, and total amount.
- Receipts must show the date, item purchased, number of units purchased, cost per unit, and total amount.
- Upload subrecipient subcontracts before submitting the claim. SCAO can only reimburse subrecipients when the subcontract is uploaded.
- MAT invoices/receipts must be uploaded in the MAT expense lines, even if this means the same invoice will be uploaded in another expense line.

******Programs that that have services charged for MAT participants and non-MAT participants on the same invoice must indicate the total expenses for the MAT participants and the non-MAT participants on the invoice.******

TIP

- Submit invoices by one subrecipient or contractor/vendor in monthly order, then another subrecipient or contractor/vendor, and so on.
- Review invoices to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Supplies

*General office supplies are items that are purchased and stored for use throughout the fiscal grant year. They must be items that can be used up within the fiscal grant year (pens, paper, toner, business cards). Items that cannot be used up within the fiscal grant year are not allowed (staplers, computer mouse, file holders, printers, laptops, etc.).

Must include the following:

- Rate X unit.
- Identify what supplies are being purchased for graduation refreshments and office supplies.
- Additional supplies that are funded by other source(s) to show the full cost of operating the program.
- A description, in the justification section, describing the need for the supplies that are charged to the grant.

Shortcut:

- Use the highest rate for a service if there are multiple rates.

Supplies						Add
Type of Supply	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Incentives (includes graduation award)	Max up to \$25 per incentive	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
General Office Supplies	Not to exceed \$500 per year	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
Graduation Refreshment	Not to exceed \$75 per graduation x 2	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00
Graduation Refreshment 2nd example	4 graduations per year X \$50	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00
Bus Tokens	up to \$5.00 per token	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Drug Testing Supplies	testing cups/stick up to \$25, gloves up to \$50 and wipes up to \$5	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$6,000.00
Gas Card	\$5 gas card X 260	\$1,300.00	\$0.00	\$0.00	\$0.00	\$1,300.00
		\$7,250.00	\$3,000.00	\$0.00	\$0.00	\$10,250.00

Supplies Justification

Supplies Justification *

Justify supply costs associated with the proposed project.

Grant funds are being utilized to assist in covering incentives and transportation services that county cannot fully assume.

Incentives (graduation awards) are provided to the participant at the transition of one phase to the next, provided for achieving small milestones within in the program, at times when addressing difficult situations appropriately. Incentives can be gift cards, tokens, inspirational posters, or something that is of interest to the participant. Incentives/graduation awards will not exceed the \$25 maximum award per participant per incentive.

General Office supplies will include, pens (not to exceed \$2 per pack of 5), copy paper (not to exceed \$20 per ream of paper), note pads (not to exceed \$1 per pad), toner (not to exceed \$30 per cartridge), post it notes (not to exceed \$2 per pack of 5 pads), folders (not to exceed \$50 per box of 20), business cards (not to exceed \$10 for box of 1000), and other items that can be used within the grant year, not to exceed \$500 in purchases for the year.

Graduation Refreshment: the program will host two graduations with approximately 50 graduates, family members, court team and staff, and other stakeholders of the program. The graduation refreshments will include the purchase of food (pizza, subs, take out), beverages (pop, punch), and supplies such as napkins, paper plates, and plastic ware. The grant will cover up to \$75 per graduation and the court will cover the balance.

Graduation Refreshment 2nd example: the program will provide a graduation celebration for each participant. The refreshment will include cake, cupcakes, pizza, donuts (participant's choice) and pop or punch, not to exceed \$50 per graduation. Paper products will be supplied by the court. It is anticipated that the court will host up to four graduations per year.

Bus tokens: The program will provide bus tokens to participants who lack appropriate transportation to get to court, and program requirements. Bus tokens vary in cost but will not exceed \$5.00 per token.

Drug testing supplies will include testing cups/sticks that have various ranges but do not exceed \$25 per testing cup/stick. Additionally, the purchase of gloves and wipes are needed to perform the tests conducted by the case managers. Two boxes of gloves not to exceed \$50 per box and 5 boxes of wipes not to exceed \$5. The court will provide equal funding for the drug testing supplies.

Gas Cards: the purchase of gas cards in the amount of \$5 to assist participants in getting to all requirements. It is expected that 5 gas cards will be given each week to indigent individuals.

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the "request summary."*****

- Invoices and receipts must show the date of purchase, item purchased, number of units purchased, cost per unit, and total amount.

TIP

- Review invoices/receipts to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Travel

Must include the following:

- Rate X unit for each line.
- Court staff, participant, or participant family mileage (subrecipient or contractor/vendor mileage should *NOT* appear in this section). Note: Reimbursement cannot exceed the lesser of the Grantee's published travel rates or allowable State of Michigan travel rates. Exceptions to this for unusual situations require prior approval by the SCAO before incurring the expense.

- Additional travel costs that are funded by other source(s) to show the full cost of operating the program.
- A description, in the justification section, describing the need for the travel costs that are charged to the grant.

Shortcuts:

- Use the term “state rate, county rate, or city rate” as the value for the mileage the court uses. All invoices/backup documentation for the travel must contain the actual rate charged.

Travel							Add
Type of Travel	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total	
MATCP conference	3 X\$305	\$915.00	\$3,004.00	\$0.00	\$0.00	\$3,919.00	
Case manager home check/random drug testing	100 miles X 12 months =1200 at the county rate	\$694.00	\$0.00	\$0.00	\$0.00	\$694.00	
Participant/family of participant	county rate X1000 miles	\$580.00	\$0.00	\$0.00	\$0.00	\$580.00	
		\$2,189.00	\$3,004.00	\$0.00	\$0.00	\$5,193.00	

Travel Justification

Travel Justification*
Justify travel costs associated with the proposed project.

Travel expenses are being charged to the grant for the costs that the county cannot assume in their budget.

Registration for three team members at \$305 per person, \$915. The court will cover the cost of the hotel, meals, and mileage.

Case Manager travel is required to do home checks to monitor curfew compliance and random drug testing. It is estimated that 100 miles will be traveled each month. The mileage rate will be reimbursed at the county rate.

Participant or family members of participants who provide transportation for a participant to attend court requirements. It is expected that 1000 miles will be reimbursed for those who are on limited income or indigent. Mileage reimbursement will be at the county rate.

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- Invoices and receipts must show the date of purchase, item purchased, number of units purchased, cost per unit, and total amount.
- Travel logs must include the date of travel, the reason for travel, the number of miles traveled, rate per mile, and total cost.

TIP

- MATCP: the registration confirmation is the document needed to support the request for reimbursement for each person charged to the grant for attending MATCP. Each individual registration confirmation which includes the name of the person who attended must be uploaded at the time of requesting reimbursement. Note: mileage, lodging, and food to attend trainings is not reimbursed by the grant, unless the training is mandatory per SCAO.
- Review invoices to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.