

## ATTACHMENT B: USE OF FUNDS

FY2025 Use of Funds	
<p><b><u>Allowable Expenses</u></b> Supporting documents are required for all allowable expenses. See what's required under each spending category. <i>Not an exhaustive list</i></p>	<p><b><u>Unallowable Expenses</u></b> The list of unallowable expenses is <u>not exhaustive</u>. If you are unsure whether your expense is allowable, please contact your AOC BH Program Manager for clarification before making a purchase.</p>
<p><b><u>Personnel Costs</u></b> Personnel salaries and benefits for staff while working on therapeutic court duties or procedures</p> <p>Court Staff including:</p> <ul style="list-style-type: none"> <li>• Coordinator</li> <li>• Case Manager</li> <li>• Peer Support</li> <li>• Prosecution</li> <li>• Defense</li> <li>• Probation</li> <li>• Judicial Officers <ul style="list-style-type: none"> <li>○ Judges</li> <li>○ Pro Tem Judges</li> <li>○ Commissioners</li> </ul> </li> </ul> <p><u>Supporting documents</u> must list staff member name, staff member title, pay period <i>*DO NOT bill employees as contractors</i></p> <ul style="list-style-type: none"> <li>• Payroll Ledgers or</li> <li>• Pay Stubs</li> <li>• Invoices are for Contractors/Non-employees only</li> </ul> <p>Please highlight/write amount charged to AOC funding on supporting documentation and ensure it matches amount listed on A19.</p>	<p><b><u>Personnel Costs</u></b></p> <ul style="list-style-type: none"> <li>• Salaries and Benefits for Security Personnel</li> <li>• Supporting the salary/benefits of any staff member not related to the therapeutic court</li> <li>• Indirect Costs</li> </ul>
<p><b><u>Staff Equipment &amp; Technology</u></b> Includes equipment, supplies, software, and IT maintenance for staff that support the program</p> <ul style="list-style-type: none"> <li>• Computers</li> </ul>	<p><b><u>Staff Equipment &amp; Technology</u></b></p> <ul style="list-style-type: none"> <li>• Furniture <ul style="list-style-type: none"> <li>○ Couches</li> <li>○ Beds</li> <li>○ Armoire</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Cell Phones</li> <li>• Copiers/Printers/Fax Machines</li> <li>• Staff Desk equipment and supplies <ul style="list-style-type: none"> <li>○ Office Chairs for Staff</li> <li>○ Office Desk for Staff</li> <li>○ Desk Phone</li> <li>○ Keyboard/Mouse</li> <li>○ Monitor(s)</li> <li>○ Headsets</li> <li>○ Computer Webcams</li> <li>○ Desk Organizers/Storage</li> <li>○ Pens/Pencils</li> <li>○ Paper/Notebooks</li> <li>○ Paper Clips/Binders/Stapler</li> <li>○ A/V equipment for courtroom</li> <li>○ Other Office supplies</li> <li>○ Translation Services (program materials)</li> </ul> </li> <li>• IT Maintenance and Tech Support</li> <li>• Software Subscriptions</li> <li>• Supplies for community meetings and staff retreats</li> </ul> <p>Supporting documents must list name of vendor, purchase date, amount paid, and method of payment</p> <ul style="list-style-type: none"> <li>• Receipts or</li> <li>• Invoices</li> </ul> <p>Please highlight/write amount charged to AOC funding on supporting documentation and ensure it matches amount listed on A19.</p>	<ul style="list-style-type: none"> <li>○ Chaise longue</li> <li>○ Chifforobe</li> <li>○ Dresser</li> <li>○ TV Stands</li> <li>○ Bookcases</li> <li>○ Accent Chairs</li> <li>○ Conference Table</li> <li>○ Conference Room Chairs</li> <li>○ Fridge/Freezer</li> </ul> <ul style="list-style-type: none"> <li>• Software <ul style="list-style-type: none"> <li>○ New subscriptions for case management software</li> <li>○ OCourt Subscriptions</li> </ul> </li> <li>• Other Technology <ul style="list-style-type: none"> <li>○ A/V equipment for conference rooms</li> </ul> </li> </ul>
<p><b><u>Team Training/Travel</u></b></p> <p>Training for program staff on the use of Risk-Needs-Responsivity (RNR) assessments and evidence-based treatment modalities.</p>	<p><b><u>Team Training/Travel</u></b></p> <ul style="list-style-type: none"> <li>• Training and travel expenses not pre-approved by AOC staff</li> <li>• Attendance by anyone not related to the therapeutic court</li> <li>• Alcoholic Beverages</li> <li>• Staff mileage to/from work site</li> <li>• Purchase of vehicles</li> </ul>

Exceptions for trainings can be submitted for preapproval to your AOC BH Program Manager

Prioritized Trainings

- WSADCP trainings/conferences
- All Rise trainings/conferences

Other Eligible Training Suggestions upon approval of your AOC BH Program Manager

- NADCP trainings/conferences
- Center for Justice Innovation (CJI) trainings/conferences
- MRT Trainings

Travel expenses related to training

- Meals (per diem rate)
- Air travel – travel insurance/refundable tickets recommended
- Lodging (per diem rate) – the AOC will not reimburse until after checkout
- Transportation
  - Mileage
  - Car rental
  - Parking
  - Other Transport
    - Ferries
    - Taxis
    - Uber/Lyft
    - Bus fare
    - Shuttle fare
    - Subway/Link/Railway fare

\*Tips must not be over 15% of purchase total

Expenses related to team/community partner events or meetings

- Meals

<ul style="list-style-type: none"> <li>• Snacks</li> <li>• Non-alcoholic beverages</li> </ul> <p>Follow AOC's <a href="#">Meals with Meetings policy</a> or your court's policy</p> <p><u>Supporting documents</u> must list names and titles of therapeutic court staff attending, name of vendor, purchase date, amount paid, and method of payment</p> <ul style="list-style-type: none"> <li>• Receipts (receipts not required for meals, the AOC reimburses at the per diem rate)</li> <li>• For meals with meetings, include receipts for meals along with attendee list or sign-up sheet</li> </ul> <p>Please highlight/write amount charged to AOC funding on supporting documentation and ensure it matches amount listed on A19.</p>	
<p><b><u>Treatment Services</u></b></p> <p>Treatment services not covered by participants' insurance or co-insurance, costs that are deemed unaffordable to the participants, and compliance monitoring. Participants are encouraged to apply for Apple Care.</p> <ul style="list-style-type: none"> <li>• Participant Medical Insurance Deductibles and Spend Downs</li> <li>• Therapeutic Services not covered by participant insurance but recommended by treatment or therapeutic court staff (i.e. DV treatment)</li> <li>• Lab &amp; Toxicology Testing</li> <li>• Treatment Staff/Peer Support contracted by the court <ul style="list-style-type: none"> <li>○ Mental Health Services</li> <li>○ Peer Support Services</li> </ul> </li> </ul>	<p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• Professional Licensing Fees</li> <li>• Services that are eligible and covered via participants medical insurance (i.e. Ongoing treatment for a participant with Medicaid/private insurance in lieu of local BHA)</li> </ul>

<ul style="list-style-type: none"> <li>○ SUDP</li> <li>○ Veteran's Support Services</li> </ul> <p><u>Supporting documents</u> must list name of vendor, purchase date, amount paid, and method of payment</p> <ul style="list-style-type: none"> <li>• Receipts or</li> <li>• Invoices</li> </ul> <p>Please highlight/write amount charged to AOC funding on supporting documentation and ensure it matches amount listed on A19.</p>	
<p><b><u>Recovery Supports</u></b> Other services for participants that are not accessible through other local, state, or federal programs, services meant to ensure participants' success in program. <i>Not an exhaustive list</i></p> <ul style="list-style-type: none"> <li>• Participant Transportation <ul style="list-style-type: none"> <li>○ Bus Passes</li> <li>○ Uber/Lyft Rides</li> <li>○ Car Services</li> <li>○ Other Transit Services</li> </ul> </li> <li>• Food &amp; Beverages -  <b>*Participants</b> <ul style="list-style-type: none"> <li>○ Meals (*Graduation or other pre-approved event; must have agenda &amp; sign in sheet, or other approved documentation – no more than \$20.00 per person)</li> <li>○ Snacks</li> <li>○ Water</li> <li>○ Non-alcoholic Beverages (*no mocktails allowed)</li> </ul> </li> <li>• Food &amp; Beverages <b>*Staff</b> <ul style="list-style-type: none"> <li>○ Meals (*<u>Must</u> follow your agency policy on meal purchases for meetings.</li> </ul> </li> </ul>	<p><b><u>Recovery Supports</u></b></p> <ul style="list-style-type: none"> <li>• Gas cards</li> <li>• Gift Cards</li> <li>• Gifts</li> <li>• Logoed apparel</li> <li>• Driver Educational Courses</li> <li>• WA Driver's License Reinstatement/</li> <li>• WA Driver's License Renewal Late fees</li> <li>• WA Enhanced License Renewals/Replacements</li> <li>• Advertising on radio stations, newspapers, billboards, etc.</li> </ul>

<p>Agenda and sign in sheet required.)</p> <ul style="list-style-type: none"> <li>○ Non-alcoholic Beverages (*no mocktails allowed)</li> <li>• Cell Phones through a checkout program</li> <li>• Cell Minutes</li> <li>• Hygiene Products</li> <li>• Recovery Housing- when all other supports have been exhausted</li> <li>• Education <ul style="list-style-type: none"> <li>○ Parenting Classes</li> <li>○ Financial Literacy</li> </ul> </li> <li>• Graduation supplies</li> <li>• WA State ID Replacement Fees</li> <li>• WA Driver's License Renewals/Replacement fee (up to \$55, or 6-years, or \$9 per year)</li> <li>• Driver's Testing Fees</li> </ul> <p><u>Supporting documents</u> must list name of vendor, purchase date, amount paid, and method of payment</p> <ul style="list-style-type: none"> <li>• Receipts or</li> <li>• Invoices</li> </ul> <p>Please highlight/write amount charged to AOC funding on supporting documentation and ensure it matches amount listed on A19.</p>	
<p><b><u>Other Direct Costs</u></b></p> <p>Miscellaneous expenses directly related to program delivery. Requires pre-approval. Submit to your AOC BH Program Manager</p>	

Last updated November 25, 2024