

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95814-4037
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DATE: January 28, 2013 PSN Letter No. 13-01

TO: ALL PARTICIPATING PAROLEE SERVICE NETWORK COUNTIES

SUBJECT: FISCAL YEAR (FY) 2012-13 PAROLEE SERVICES NETWORK FUNDING

This letter is to inform counties that action is required to ensure that PSN funds are appropriately and fully expended by June 30, 2013. PSN funds are administered pursuant to the requirements established by the California Department of Corrections and Rehabilitation (CDCR), Office of Offender Services (OS), through an Interagency Agreement with the California Department of Alcohol and Drug Programs (ADP).

ADP has the authority to redirect funds from one county to another and will monitor PSN county expenditures to determine that funds will be fully expended. If ADP finds that a county is not reasonably expected to expend the allocated amount, funds may be re-allocated to other counties and used during the current fiscal year. In addition counties may chose to relinquish some or all of their FY 2012 -2013 PSN funds that they do not anticipate to fully expend by June 30, 2013. Those counties must submit the attached Voluntary Relinquishment of Funds Form (Enclosure 1) to their ADP PSN county liaison by Friday, February 8, 2013. Counties that voluntarily relinquish funds will receive their full allocation in the next fiscal year.

In order to be considered for additional FY 2012-13 PSN funds, your county must submit the attached Request for Additional PSN Funding Form (Enclosure 2) to ADP by Friday, February 15, 2013, detailing the primary services or activities the additional funds will support.

ADP will make a determination and notify counties of the results by early March. Please contact your PSN county liaison, Marilee Moon-Vanni at (916) 327-9532, or Marisa Rey at (916) 324-2388 if you have any questions.



All Parolee Services Network Counties
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Sincerely,

A handwritten signature in black ink, appearing to read "Marlies Perez", written in a cursive style.

MARLIES PEREZ
Staff Services Manager II
Office of Criminal Justice Collaboration

Enclosure 1 -
Voluntary Relinquishment of Funds Form

Enclosure 2 -
Request for Additional PSN Funding Form



PAROLEE SERVICE NETWORK
Voluntary Relinquishment of Funds
Fiscal Year 2012-2013

County

This county is voluntarily relinquishing the amount of funds indicated in the box below.

Lead Agency Designee Signature

Amount Voluntarily Relinquished

Date

Print name

Title

Phone number

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Parolee Services Network
1700 K Street
Sacramento, California 95811



PAROLEE SERVICE NETWORK (PSN)
Request for Additional PSN Funding
Fiscal Year 2012-2013

_____ County

Amount of additional funding requested: _____

Please specify how the additional funds will be used:

Lead Agency Designee Signature Print name Date

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Parolee Services Network
1700 K Street
Sacramento, California 95811