

APR 25 2016

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Rexann Knowles

TODAY'S DATE: 04-18-16

DEPARTMENT:

COUNTY JUDGE

SIGNATURE OF DEPARTMENT HEAD:

X _____

REQUESTED AGENDA DATE:

April 25, 2016

SPECIFIC AGENDA WORDING: Consideration of the Submission of the 2016 SCAAP (State Criminal Alien Assistance Program) Grant Application #2016-H1417-TX-AP

PERSON(S) TO PRESENT ITEM:

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 2 minutes

ACTION ITEM: X

WORKSHOP: _____

(Anticipated number of minutes needed to discuss item)

CONSENT: _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: XX

IT DEPARTMENT: _____

AUDITOR: X

PURCHASING DEPARTMENT: _____

PERSONNEL: _____

PUBLIC WORKS: _____

BUDGET COORDINATOR: _____

OTHER: _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____

Date _____



FY 2016 State Criminal Alien Assistance Program 2016
EXTERNAL



Application

Correspondence

Switch to ... ▼

Application Handbook

OMB Number: 1121-0243
Expires: 02/29/2004

Applicant

Applicant Information

Contact

ACH Bank

Application Number: **2016-H1417-TX-AP**

Inmate

Welcome to the SCAAP on-line application process for Fiscal Year 2016.

Facility

Applicant/Organization Information

Submit

* Employer Identification Number: 75 - 6001030

*Type of Applicant: County ▼

*Organizational Unit: Johnson County

*Legal Name (Legal Jurisdiction Name): County of Johnson

* Vendor Address 1: 2 North Main St.

Vendor Address 2: 2 N Main St

* Vendor City: Cleburne

Vendor County: Johnson

* Vendor State: Texas ▼

* Vendor ZIP: 76033 5500 Zip+4 Lookup

SCAAP Help

GMS Home

Log Off

Please enter the CEO information for your jurisdiction below. Remember, this is the CEO of the level of government, not the implementing agency. (Note: Hit the TAB key to move between fields)

CEO Of Your Jurisdiction: Governor, Cabinet-level State Official, County Administrator, County Judge, County Commissioner, Mayor, or City Manager

*Prefix: The Honorable ▼

Other Prefix:

*First Name: Roger

Middle Initial:

*Last Name: Hamon

Suffix: Select a Suffix ▼

Other Suffix:

*Title: County Judge

*Phone: (817) 556 - 6360

Phone Ext:

Fax: (817) 556 - 6359

*Email: countyjudge@johnsoncounty [Email Help](#)

*Address 1: 2 North Main St.

Address 2: 2 N Main St

*City: Cleburne

County: Johnson

*State: Texas ▼

*Zip Code: 76033 - 5500 Zip+4
[Lookup](#)

*- Indicates required field

[Save Information](#)

File Upload Successful

Your file has been successfully uploaded! The file you uploaded is **Inmates-Upload This File- TX Johnson FY 2016.txt**.

	Count
Accepted Inmate Records	114
Rejected Inmate Records	0
Total Inmates	114

Print

Close



FY 2016 State Criminal Alien Assistance Program 2016-
H1417-TX-AP



[Application](#)

[Correspondence](#)

Switch to ... ▾

Application Handbook

OMB Number: 1121-0243
Expires: 02/29/2004

[Applicant](#)

Facility Information

[Contact](#)

The following problems were found:

[ACH Bank](#)

- The permanent part-time officers for this year deviates by more than 15.0% compared to last year.

[Inmate](#)

[Facility](#)

Application Number: **2016-H1417-TX-AP**

[Submit](#)

Please enter a comment to explain the discrepancies reported above:
(Note: The facility data you entered on the previous page will not be saved until you enter a comment below and click the Save Information button. If you would like to change your information, please click the Cancel button.)

[SCAAP Help](#)

[GMS Home](#)

[Log Off](#)

Our PT FTE's decreased due to our part time employees working fewer hours this year.

Save Information

Cancel



FY 2016 State Criminal Alien Assistance Program 2016-
H1417-TX-AP



Application

Correspondence

Switch to ... ▾

Application Handbook

OMB Number: 1121-0243
Expires: 02/29/2004

Applicant

Application Submittal Information

Contact

ACH Bank

Application Number: **2016-H1417-TX-AP**

Inmate

Use the status chart below to determine when all of your SCAAP application requirements have been met. Any part of the application that is not complete will be indicated, including a list of the missing or invalid information. Once all requirements show a "Complete" in the status column, a "Submit Application" button will appear at the bottom of this form. When you are completely satisfied with your application and all requirements have been met, please submit your application. Once submitted, your application will no longer be available for editing or additional inmate data uploads.

Facility

Submit

SCAAP Help

GMS Home

Log Off

Status	Requirement
Complete	GMS/SCAAP User Id Approval - BJA is responsible for approving the User ID
Complete	Applicant
Complete	Contact
Complete	ACH Bank
Complete	Inmate
Complete	Facility
<u>Incomplete</u>	Submit <ul style="list-style-type: none"> You need to sign your application by checking the box below.

To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Your typed name, in lieu of your signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the applicant and the applicant will comply with the following:

Assurances

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.

SCAAP Program Designee

(Note: Hit the TAB key to move between fields)

*Prefix: The Honorable ▼

Prefix Other:

*First Name: Roger

Middle Initial:

*Last Name: Harmon

Suffix: Select a Suffix ▼

Other Suffix:

*Title: County Judge

*Phone: (817) 556 - 6360

Phone Ext:

Fax: (817) 556 - 6359

*Email: countyjudge@johnsoncountytexas.org

*Address 1: 2North Main St.

Address 2: 2 N Main St

*City: Cleburne

*State: Texas ▼

*Zip: 76031 - 5773

- In submitting this application, I acknowledge that BJA reserves the right to take appropriate administrative action, including intensive monitoring, repayment action, or adjustment to future payments, to resolve any data or application discrepancies discovered now or in the future. Any award resulting from this application will be sent to my jurisdiction's bank account of record, as verified through the on-line registration process and in accordance with applicable E-Government rules and regulations.

Formal acceptance of an award through this online Grants Management System is necessary for the electronic transfer of funds to occur. I understand that I will have 45 calendar days to accept any award, once notice is provided. [See Office of Justice Programs Financial Guide, Part II, Chapter 2 at 22 (requiring acceptance/drawdown of awards within 45 days of notice of award) and Part IV, Chapter 2, Sec. 16.606 State Criminal Alien Assistance Program (SCAAP) (requiring expeditious draw-down of payments.)]

Certification Affecting the Use of FY 2016 SCAAP Funds

As the CEO or authorized designee of this jurisdiction, I understand that the Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, Title XI) included a requirement, stipulating that all FY 2016 SCAAP funds must be used for correctional purposes only. I acknowledge that my jurisdiction will be required, during the award acceptance process, to provide basic information on how the FY 2016 SCAAP funds will be expended for correctional purposes.

As the CEO or authorized designee of this jurisdiction, I understand the

rules and requirements associated with the aforementioned statements and agree to abide by them in all matters dealing with the FY 2016 State Criminal Alien Assistance Program.

Save Information

Clear