

MAY 10 2019

Approved

REQUEST FOR AGENDA PLACEMENT FORM

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

SUBMITTED BY: Rexann Knowles

TODAY'S DATE: April 24, 2019

DEPARTMENT:

COUNTY JUDGE

SIGNATURE OF DEPARTMENT HEAD:

X _____

REQUESTED AGENDA DATE:

May 10, 2019

SPECIFIC AGENDA WORDING: Consideration of the Submission of the 2019 SCAAP (State Criminal Alien Assistance Program) Grant Application #2019-H1246-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 _____



Application

Correspondence

Application: Switch to ...

Applicant
Government

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

Submitting
Government
Official

**OMB Number 1121-0243
Expires: 08/31/2019**

Financial
Institution

**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")
ONLINE APPLICATION TO THE FY 2019 PROGRAM**

"Eligible Inmates"

Welcome to the online application for the FY 2019 State Criminal Alien Assistance Program (the "FY 2019 program").

Correctional
Officers & Facilities

The FY 2019 program will make SCAAP payments to eligible applicant "States" and "units of local government" from the FY 2019 appropriation to the Office of Justice Programs ("OJP") for SCAAP.

Sign and Submit

Program Requirements
& Instructions

IMPORTANT NOTE: Before entering any information into this online application, the government official who will complete and submit the application on behalf of an applicant government **MUST** carefully review the OJP document entitled State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions, posted on the OJP website at https://www.bja.gov/Funding/19SCAAP_Program_Requirements.pdf. That OJP document sets out critical information -- including on **eligibility requirements** and **definitions of terms** used in this online application, as well as the **detailed instructions** for the various sections of this online application.

GMS Home

Log Off

Adobe Acrobat
Reader® is available
here.

The definitions, detailed instructions, and requirements set out in the State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions are specifically incorporated by reference here. To assist applicants, this online application uses quotation marks to highlight terms or phrases that are defined in the FY 2019 Program Requirements and Application Instructions (e.g., "State," "unit of local government," "eligible inmate," "correctional purposes").

Note that as part of this online application, the submitting government official will be required to make a number of specific certifications to OJP -- a component of the U.S. Department of Justice ("USDOJ") -- including formal certifications regarding the accuracy of the information being provided, its conformity with OJP's State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions (including all pertinent definitions), and the legal authority of the submitting government official to execute the certifications and to submit the application on behalf of the applicant government.

Section 1: Information on the Applicant Government

Application Number: **2019-H1246-TX-AP**

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions, including Part I.

IMPORTANT: The "submitting government official" must review ALL entries that are "prepopulated" below and make all necessary corrections. The "prepopulated" information may be inaccurate or otherwise NOT consistent with SCAAP application requirements and instructions. Refer to the State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions.

Information on the Applicant "State" or "Unit of Local Government"

Note: Use the TAB key to move from field to field.

* Employer Identification Number: 75 - 6001030
*Type of Applicant: County ▼
*Organizational Unit: Johnson County
*Legal Name (Legal Jurisdiction Name): County of Johnson
* Applicant Address 1: 2 North Main St.
Applicant Address 2:
* Applicant City: Cleburne
Applicant County: Johnson
* Applicant State: Texas ▼
* Applicant ZIP: 76031 5500 [Zip+4 Lookup](#)

Information on the "Chief Executive" of the Applicant "State" or "Unit of Local Government"

Note: Use the TAB key to move from field to field.

*Prefix: The Honorable ▼
Other Prefix:
*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@johnsoncounty [Email Help](#)
*Address 1: 2 North Main St.
Address 2:
*City: Cleburne
County: Johnson
*State: Texas ▼
*Zip Code: 76031 - 5500 [Zip+4 Lookup](#)

*- Indicates required field

[Save Information](#)



Application

Correspondence

Application: Switch to ...



Applicant
Government

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

Submitting
Government
Official

**OMB Number 1121-0243
Expires: 08/31/2019**

Financial
Institution

**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")
ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**

"Eligible Inmates"

Correctional
Officers & Facilities

**Section 2. Contact Information for the Government Official Submitting this
Application on behalf of the Applicant Government**

Sign and Submit

Application Number: **2019-H1246-TX-AP**

Program Requirements
& Instructions

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY
2019 Program Requirements and Application Instructions, including Part II.

GMS Home

Log Off

*Adobe Acrobat
Reader® is available
here.*

IMPORTANT: The "submitting government official" must review ALL entries that are
"prepopulated" below and make all necessary corrections. The "prepopulated" information may
be inaccurate or otherwise NOT consistent with SCAAP application requirements and
instructions. Refer to the State Criminal Alien Assistance Program: FY 2019 Program
Requirements and Application Instructions.

Note: Use the TAB key to move from field to field.

*Prefix: The Honorable ▾

Prefix Other:

*First Name: J.R.

Middle Initial:

*Last Name: Kirkpatrick

Suffix: Jr. ▾

Other Suffix:

*Title: County Auditor

*Phone: (817) 556 - 6306

Phone Ext:

Fax: (817) 556 - 6807

*Email: Kirk@johnsoncountytexas.org

Email Help

*Address 1: 2 North Main St.

Address 2:

*City: Cleburne

County: Johnson

*State: Texas ▾

*Zip Code: 76031 - 5500 Zip+4 Lookup

**Required Certification to OJP by the Submitting Government Official:
Applicant Government and Submitting Government Official**

* ✓ On behalf of myself and the applicant government, and in support of this application to the FY 2019 program, I certify to OJP, under penalty of perjury, that the information on the applicant government and the submitting government official entered above as part of this online application to the FY 2019 program is true and correct to the best of my knowledge and belief, based upon diligent inquiry and review, and is provided in accordance with the requirements, definitions, and instructions set out in the OJP document entitled State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions. I further certify that I have the legal authority to make this certification to OJP, including from the chief executive of the applicant government.

I understand and acknowledge that OJP will rely upon this and all other certifications in this online application as material representations in any decision to make a SCAAP payment to the applicant government in response to this application.

I understand and acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621, and/or 34 U.S.C. §§ 10271-10273), and also may subject me and the applicant "State" or "unit of local government" to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729-3730 and §§ 3801-3812). I also understand and acknowledge that payments under OJP programs such as SCAAP, including certifications provided in connections with such payments, are subject to review by USDOJ, including by OJP and the USDOJ Office of the Inspector General.

*- Indicates required field

Save Information



Application

Correspondence

Application: Switch to ...

Applicant Government

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

Submitting Government Official

**OMB Number 1121-0243
Expires: 08/31/2019**

Financial Institution

**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")
ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**

"Eligible Inmates"

Correctional Officers & Facilities

Section 3. Financial Institution Information for Payment to the Applicant Government

Sign and Submit

Application Number: **2019-H1246-TX-AP**

Program Requirements & Instructions

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions, including Part III.

GMS Home

Note: Use the TAB key to move from field to field.

Log Off

* Name of Institution: First Financial Bank

* Address Line 1: PO Box 537

Address Line 2:

* City: Cleburne

* State: Texas

* Zip: 76033

* Bank Phone: 817 -556 -5010

* ACH Coordinator Name: Millie McManaway

* Routing Number: 111301122

* Account Title: General Funds

* Account Number: 0176198

* Account Type: checking

* Is this account Interest Bearing:

Adobe Acrobat Reader® is available [here](#).

**Required Certification to OJP by the Submitting Government Official:
Financial Institution Information**

* On behalf of myself and the applicant government, and in support of this application to the FY 2019 program, I certify to OJP, under penalty of perjury, that the financial institution information entered above as part of this online application to the FY 2019 program is true and correct to the best of my knowledge and belief, based upon diligent inquiry and review, and is provided in accordance with the requirements, definitions, and instructions set out in the OJP document entitled State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions. I further certify that I have the legal authority to make this certification to OJP, including from the chief executive of the applicant government.

I understand and acknowledge that OJP will rely upon this certification as a material representation in making any SCAAP payment under the FY 2019 program, and that this certification is subject to review by USDOJ. I also understand that, if this certification is false or otherwise inaccurate or misleading (including because of omission of a material fact), both

I and the applicant government may be subject to criminal prosecution, civil penalties, and/or administrative remedies, including as described in the certification in this online application as to the "Applicant Government and Submitting Government Official."

* - Indicates required field

File Upload Successful

Your file has been successfully uploaded! The file you uploaded is **Inmates-Upload This File- TX Johnson FY 2019.txt**.

	Count
Accepted Inmate Records	134
Rejected Inmate Records	0
Total Inmates	134

[Print](#)

[Close](#)



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[Applicant Government](#)

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

[Submitting Government Official](#)

**OMB Number 1121-0243
Expires: 08/31/2019**

[Financial Institution](#)

STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued

["Eligible Inmates"](#)

Section 4. Information on "Eligible Inmates"

[Correctional Officers & Facilities](#)

Application Number: **2019-H1246-TX-AP**

[Sign and Submit](#)

For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions](#), including Part IV and Appendix B

[Program Requirements & Instructions](#)

[GMS Home](#)

Required Information on "Eligible Inmates"

[Log Off](#)

How is the information on "eligible inmates" being provided?

Adobe Acrobat Reader® is available [here](#).

Enter data directly (below)

Upload ASCII fixed-field file

"Eligible Inmate" ASCII File:

[Attachment](#)
[OK](#)
[Upload](#)

**Required Certification to OJP by the Submitting Government Official:
Information on "Eligible Inmates"**

* On behalf of myself and the applicant government, and in support of this application to the FY 2019 program, I certify to OJP, under penalty of perjury, that the information on "eligible inmates" entered or uploaded as part of this online application to the FY 2019 program-- (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the OJP document entitled [State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions](#), and (2) is true and correct to the best of my knowledge and belief, based upon diligent inquiry and review. I further certify that I have the legal authority to make this certification to OJP, including from the chief executive of the applicant government.

I understand and acknowledge that OJP will rely upon this certification as a material representation in making any SCAAP payment under the FY 2019 program, and that this certification is subject to review by USDOJ. I also understand that, if this certification is false or otherwise inaccurate or misleading (including because of omission of a material fact), both I and the applicant government may be subject to criminal prosecution, civil penalties, and/or administrative remedies, including as described in the certification in this online application as to the "Applicant Government and Submitting Government Official."



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Application: Switch to ...



[Applicant Government](#)

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

[Submitting Government Official](#)

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[Financial Institution](#)

**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")
ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**

["Eligible Inmates"](#)

[Correctional Officers & Facilities](#)

**Section 5. Information on "Correctional Officers" and "Correctional Facilities"
-- for the Reporting Period of July 1, 2017, through June 30, 2018**

[Sign and Submit](#)

Application Number: **2019-H1246-TX-AP**

[Program Requirements & Instructions](#)

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions, including Part V.

[GMS Home](#)

Notes:

[Log Off](#)

Use the TAB key to move from field to field.

Adobe Acrobat Reader® is available [here](#).

Report "correctional officer" figures as full-time equivalents (FTEs); use decimal values if necessary.

Do not use commas.

Do not leave any field blank; enter "0" if appropriate.

**Required Information on "Correctional Officers"
Reporting Period: July 1, 2017, through June 30, 2018**

* Total number of *full-time* "correctional officers" employed by the applicant government, during the reporting period: 0

* Total number (reported as FTEs) of *part-time* "correctional officers" employed by the applicant government, during the reporting period: 0

* Total number of *full-time* "correctional officers" providing services to the applicant government as employees of "contract correctional facilities" or as contractors, during the reporting period: 179.86

* Total number (reported as FTEs) of *part-time* "correctional officers" providing services to the applicant government as employees of "contract correctional facilities" or as contractors, during the reporting period: 4.79

Sum of lines 1 through 4: "Correctional officer" FTEs (during reporting period): 184.65

* "Actual salary expenditures for correctional officers," during the reporting period. (Enter in dollars; do not use commas.): \$7986777.02

"Correctional officer" salary expenditures detail (for the reporting period)

**Required Information on "Correctional Facilities"
Reporting Period: July 1, 2017, through June 30, 2018**

* "Maximum bed count" for the reporting period:	1101
* "Total all inmate days" for the reporting period:	259010

"All inmate days, by reporting day" detail (for the reporting period)

[TX Johnson FY2019 Nightly Head Count.pdf](#)

[Delete](#)

**Required Certification to OJP by the Submitting Government Official:
Information on "Correctional Officers" and "Facilities"**

* ✓ On behalf of myself and the applicant government, and in support of this application to the FY 2019 program, I certify to OJP, under penalty of perjury, that the information on "correctional officers" and "correctional facilities" entered or uploaded as part of this online application to the FY 2019 program-- (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the OJP document entitled State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions, and (2) is true and correct to the best of my knowledge and belief, based upon diligent inquiry and review. I further certify that I have the legal authority to make this certification to OJP, including from the chief executive of the applicant government.

I understand and acknowledge that OJP will rely upon this certification as a material representation in making any SCAAP payment under the FY 2019 program, and that this certification is subject to review by USDOJ. I also understand that, if this certification is false or otherwise inaccurate or misleading (including because of omission of a material fact), both I and the applicant government may be subject to criminal prosecution, civil penalties, and/or administrative remedies, including as described in the certification in this online application as to the "Applicant Government and Submitting Government Official."

* - Indicates required field

[Save Information](#)

[Clear data](#)



[Application](#)

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Application: Switch to ...

OMB Number: 1121-0243
Expires: 08/31/2019

[Applicant Government](#)

[Submitting Government Official](#)

[Financial Institution](#)

["Eligible Inmates"](#)

[Correctional Officers & Facilities](#)

[Sign and Submit](#)

[Program Requirements & Instructions](#)

[GMS Home](#)

[Log Off](#)

[Adobe Acrobat Reader® is available here.](#)

Information on "Correctional Officers" and "Correctional Facilities"

The following problems were found:

- The "Total number" (In FTEs) of part-time "correctional officers" who are employees of contract facilities/contractors deviates by more than 15.0% from similar data provided in the most recent application cycle
- The "Maximum bed count" deviates by more than 15.0% from similar data provided in the most recent application cycle

Application Number: **2019-H1246-TX-AP**

Please explain the discrepancies indicated above.

(Note: The Information on "Correctional Officers" and "Correctional Facilities" entered in section 5 of the application will not be saved until an explanation is entered below, and the "Save Information" is clicked. To correct information on "Correctional Officers" and/or "Correctional Facilities" previously entered in section 5, click "Cancel."

Our PT FTE's increased due to our part time employees working more hours this year. Our total capacity increased due to having more beds this year.



[Application](#)

[Correspondence](#)

Application: Switch to ...

[Applicant Government](#)

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

[Submitting Government Official](#)

**OMB Number 1121-0243
Expires: 08/31/2019**

[Financial Institution](#)

**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")
ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**

["Eligible Inmates"](#)

[Correctional Officers & Facilities](#)

Section 6. Additional Certifications and Acknowledgements; Application Signature and Submission

[Sign and Submit](#)

Application Number: **2019-H1246-TX-AP**

[Program Requirements & Instructions](#)

For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions](#), including Part VI.

[GMS Home](#)

The following problems were found:

[Log Off](#)

- As part of the application, the "submitting government official" must read and make the required acknowledgement
- As part of the application, the "submitting government official" must read and make the required certification and assurance

Adobe Acrobat Reader® is available [here](#).

Status	Requirement
Complete	GMS/SCAAP User Id
Complete	Applicant Government
Complete	Submitting Government Official
Complete	Financial Institution
Complete	"Eligible Inmates"
Complete	Correctional Officers & Facilities
Incomplete	Sign and Submit <ul style="list-style-type: none"> • As part of the application, the "submitting government official" must read and make the required acknowledgement • As part of the application, the "submitting government official" must read and make the required certification and assurance

Acknowledgement of USDOJ Intent to Modify SCAAP Program Requirements, Beginning with the FY 2020 Program

* I certify that I have read and reviewed carefully the "Notification: USDOJ Intent to Modify SCAAP Requirements for Future Application Cycles" in the [State Criminal Alien Assistance](#)

Program: FY 2019 Program Requirements and Application Instructions.

I further certify that I have advised appropriate officials of the applicant government, including its chief executive, of that Notification and its content, including the "reporting periods" that will be affected if the modifications described in the Notification are made.

I understand and acknowledge that this certification is subject to review by USDOJ. I also understand that, if this certification is false or otherwise inaccurate or misleading (including because of omission of a material fact), I may be subject to criminal prosecution, civil penalties, and/or administrative remedies, including as described in the certification in this online application as to the "Applicant Government and Submitting Government Official."

**Certification and Assurance regarding
Applicant Government's Use of SCAAP Payment under the FY 2019 Program**

* ✓ I understand and acknowledge that federal law (codified at 8 U.S.C. § 1231(i)(6)) requires the applicant government to use any payment it may receive under the State Criminal Alien Assistance Program "only for correctional purposes." I certify that I have advised appropriate officials of the applicant government, including its chief executive, of this legal requirement.

On behalf of the applicant government, I certify and assure that any payment made to the applicant government will, as required by federal statute, be used only for "correctional purposes." I further certify that I have the legal authority to make this certification and assurance to OJP, including from the chief executive of the applicant government.

I understand and acknowledge that OJP will rely upon this certification and assurance as a material representation in making any SCAAP payment under the FY 2019 program, and that this certification is subject to review by USDOJ. I also understand that, if this certification is false or otherwise inaccurate or misleading (including because of omission of a material fact), both I and the applicant government may be subject to criminal prosecution, civil penalties, and/or administrative remedies, including as described in the certification in this online application as to the "Applicant Government and Submitting Government Official."

Submitting Government Official

I am the "submitting government official" named in Section 2 of this online application to the FY 2019 State Criminal Alien Assistance Program. By confirming my name and title below (in lieu of a manual signature), and then clicking "Submit this Application to OJP," I submit this application to OJP on behalf of the applicant government identified in Section 1 of this online application.

Note: Use the TAB key to move from field to field.

*Prefix: The Honorable
Prefix Other:
*First Name: J.R.
Middle Initial:
*Last Name: Kirkpatrick
Suffix: Jr.
Other Suffix:
*Title: County Auditor

* - Indicates required field

**FY2019 SCAAP – Information Sheet for
Johnson County, Texas**

Please do not alter any of the information below or on the inmate file without calling
JBI at (800) 576-3518

Profile Information:

DUNS -	04-628-6787
Employer ID Number (EIN) -	75-6001030
Legal Name (Legal Jurisdiction) -	County of Johnson
Organizational Unit -	Johnson County
Type of Application -	County

Chief Elected Official (CEO)

Contact:

Name:	Roger Harmon	Name:	Rexann Knowles
Title:	County Judge	Title:	Budget Coordinator
Address 1:	2 North Main Street	Address 1:	2 North Main Street
Address 2:		Address 2:	
City:	Cleburne	City:	Cleburne
State:	TX	State:	TX
Zip:	76033-6500	Zip:	76033
Phone:	(817) 556-6360	Phone:	(817) 556-6386
Fax:	(817) 556-6359	Fax:	(817) 556-6359
Email:	countyjudge@johnsoncountytexas.org	Email:	rexann@johnsoncountytexas.org

Facility Screen:

(Per guidelines, officers are expressed as full or partial FTEs.)

Maximum number of full-time "correctional officers" employed by the applicant government, during the reporting period -	0.00
Maximum number (reported as FTEs) of part-time "correctional officers" employed by the applicant government, during the reporting period -	0.00
Maximum number of full-time "correctional officers" providing services to the applicant government as employees of "contract correctional facilities" or as contractors, during the reporting period -	179.66
Maximum number (reported as FTEs) of part-time "correctional officers" providing services to the applicant government as employees of "contract correctional facilities" or as contractors, during the reporting period -	4.79
Sum of lines 1 through 4: "Correctional officer" FTEs (during reporting period) -	184.45
"Actual salary expenditures for correctional officers," during the reporting period (enter dollars; do not use commas.) -	\$7,986,777.02
"Maximum bed count" for the reporting period -	1,101
"Total all inmate days" for the reporting period -	259,010

Discrepancy Responses:

Our PT FTE's increased due to our part time employees working more hours this year. Our total capacity increased due to having more beds this year.

For Reference Only:

Number of Records on Disk:	134
Average Correctional Officer Salary:	\$43,300
Average Daily Inmate Count:	710