MAR - 8 2021

# **Approved**

REQUEST FOR AGENDA PLACEMENT FORM Submission Deadline - Tuesday, 12:00 PM before Court Dates				
SUBMITTED BY: Rexann Knowles	TODAY'S DATE: 02/26/2021			
<u>DEPARTMENT</u> :	COUNTY JUDGE			
SIGNATURE OF DEPARTMENT HEA	<u>AD</u> : X			
REQUESTED AGENDA DATE:	March 8, 2021			
SPECIFIC AGENDA WORDING: Consideration of the Submission of the 2020 SCAAP (State Criminal Alien Assistance Program) Grant Application #O-BJA-2020-62002				
PERSON(S) TO PRESENT ITEM: Rexa	ann Knowles			
SUPPORT MATERIAL: (Must enclose	supporting documentation)			
TIME: 2 minutes	ACTION ITEM: X WORKSHOP:			
(Anticipated number of minutes needed to discus	4			
STAFF NOTICE:				
COUNTY ATTORNEY: XX	T DEPARTMENT:			
AUDITOR: X	PURCHASING DEPARTMENT:			
	PUBLIC WORKS:			
BUDGET COORDINATOR:	OTHER:			
*********This Section to be Completed by County Judge's Office********				
ASSIGNED A	AGENDA DATE:			
REQUEST RECEIVED BY COUNT	TY JUDGE'S OFFICE			
COURT MEMBER APPROVAL	Date			



Home (a) Entity Profile 🚁 Entity Users Entity Documents Information Audit Grant Package Applications → Standard Applicant Information Monitoring **Funding Opportunity** ☐ Federal Forms Federal Agency Name Funding Opportunity Number Funding Opportunity Title Bureau of Justice Assistance O-BJA-2020-62002 BJA FY 2020 State Criminal Alien Assistance Program Program Requirements and Application Instructions Competition Identification Number Competition identification Title Due Date March 15, 2021 11:59:00 PM EDT

## Standard Applicant Information

### Ρ

Project Information		
Project Title	Proposed Project Start Date	Proposed
BJA FY 2020 State Criminal Alien Assistance Program	7/1/18	6/30/19
Federal Estimated Funding (Federal Share) 55000.00	Applicant Estimated Funding (Non-Federal Share) 0.00	Program I 0.00
<b>Total Estimated Funding</b> 55000.00		
Areas Affected by Project (Cities, Counties, States,	etc.)	
No items		
Type Of Applicant		
Type of Applicant 1: Select Applicant Type: B: County Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
Other (specify):		
Application Submitter Contact Information		
Application POC Prefix Name	en e	** **
Application POC First Name Roger	Application POC Middle Name	Applicatio Harmon
Application POC Suffix Name		

Organizational Affiliation **Phone Number** 

817-556-6360

Title County Judge

**Email ID** countyjudge@

Fax Number

## **Standard Applicant Information**

#### **Project Information**

**Project Title Proposed Project Start Date Proposed** BJA FY 2020 State Criminal Alien Assistance Program 7/1/18 6/30/19 Federal Estimated Funding (Federal Share) Applicant Estimated Funding (Non-Federal Share) Program I 55000.00 0.00 **Total Estimated Funding** 55000.00 Areas Affected by Project (Cities, Counties, States, etc.) No items Type Of Applicant Type of Applicant 1: Select Applicant Type:

**B:** County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

## **Application Submitter Contact Information**

**Application POC Prefix Name** 

**Application POC First Name** 

Roger

**Application POC Suffix Name** 

**Application POC Middle Name** 

**Applicatio** 

Harmon

**Organizational Affiliation** 

Title

County Judge

**Email ID** 

**Phone Number** 

Fax Number

817-556-6360

countyjudge@

## **ORINumber**

## **Executive Order and Delinquent Debt Information**

Is Application Subject to Review by State Under Executive Order 12372? \*

b. Program is subject to E.O. 12372 but has not been selected by the State for review

Is the Applicant Delinquent on Federal Debt?

No



 Name
manifest.

.txt



Form SF424\_3\_0-V3.0.pdf

Name GrantApplication.xml **Date Added** 

1/29/21

**Date Added** 

1/29/21

**Date Added** 

1/29/21

## **Authorized Representative**

# **Authorized Representative Information Prefix Name**

First Name Middle Name Last Name Suffix Name Rexann Knowles

Title

**Budget Coordinator** 

The legal name + Doing Business As (DBA) and legal address define a unique entity in the system as represented in its entity profit applicable to ALL applications and awards associated to this fiscal agent.

- 1. If this information is correct confirm/acknowledge to continue with completion of this application.
- 2. If the information displayed does not accurately represent the legal entity applying for federal assistance:
  - a. Contact the individual designated to manage your organization's entity profile: [if possible, show ENTITY Org Administrator-
  - b. Contact the System for Award Management (SAM.gov) to update the entity legal name/address.
- 3. If the above information is not the entity for which this application is being submitted, Withdraw/Delete this application. Please init using the correct DUNS/SAM profile.

I confirm this is the correct entity.

#### Signer Name

Roger Harmon

#### **Certification Date / Time**

02/26/2021 11:06 AM

# SCAAP Applicant Information Required Information on "Eligible Inmates"

Reporting Period: July 1, 2018 - June 30, 2019

Details	Count		
Accepted Inmate Records	140		
Rejected Inmate Records	0		
Total Inmates	140		
Total Inmates Saved	140		

## Required Information on "Eligible Inmates"

Name		Category	Comment
İ	Inmates-Upload This File- TX Johnson FY 2020.txt	SCAAP Inmate File	Inmates-Upload This File- TX Johnson FY 2020

## Inmate records containing errors:

	A-Number	Last Name	First Name	Middle Name	Date of Birth	Inmate ID	Country	Date Incarcerated	Date Rel
[									

## Required Information on "Correctional Officers"

Reporting Period: July 1, 2018 - June 30, 2019

Total number of full-time "correctional officers" employed by the applicant government, during the reporting period:	196
Total number (reported as FTEs) of part time correctional officers employed by the applicant government, during the reporting period:	5
Total Number of full-time correctional officers providing services to the applicant government as employees of "contract correctional facilities" during reporting period:	0
Total Number of part-time correctional officers providing services to the applicant government as employees of "contract correctional facilities" during reporting period:	0
Sum of lines 1 through 4: "correctional officer" FTEs (during reporting period):	201
Actual salary expenditure for "correctional officers" during the reporting period. (Enter in dollars; do not use commas)	\$9,213,506.00

# "Correctional Officer" salary expenditures detail (for the reporting period)

## **Salary File Attachments**

Name	Category	Comment
Johnson County TX FY2020 SCAAP Payroll.pdf	Correctional Officers	CorrectionalOfficers

## Required Information on "Correctional Facilities"

Reporting Period: July 1, 2018 - June 30, 2019

"Maximum bed count" for the reporting period	1,101
"Total all inmate days" for the reporting period	320,069

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

Name	Category	Comment
TX Johnson FY 2020 Nightly Head Count.pdf	Correctional Facilities	CorrectionalFacilities

### Certified