



BJA FY 17 State Criminal Alien Assistance Program
2018-H0131-CA-AP



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Application:

[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 2017 PROGRAM

["Eligible Inmates"](#)

Welcome to the online application for the FY 2017 State Criminal Alien Assistance Program (the "FY 2017 program").

[Correctional Officers & Facilities](#)

The FY 2017 program will make SCAAP payments to eligible applicant "States" and "units of local government" from the FY 2017 appropriation to the Office of Justice Programs ("OJP") for SCAAP. Should OJP receive an FY 2018 appropriation for SCAAP, OJP will post a **separate** application for the FY 2018 program later in the fiscal year.

[Sign and Submit](#)

[Program Requirements & Instructions](#)

IMPORTANT NOTE: Both this online application for the FY 2017 program and the associated program requirements and application instructions differ *significantly* from those of prior years. 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 2017 Program Requirements and Application Instructions](#), posted on the OJP website at https://www.bja.gov/Funding/17SCAAP_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.

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The definitions, detailed instructions, and requirements set out in the [State Criminal Alien Assistance Program: FY 2017 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 [State Criminal Alien Assistance Program: FY 2017 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 2017 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: **2018-H0131-CA-AP**

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 2017 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 2017 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: 94 - 6000543
 - Type of Applicant: County
 - *Organizational Unit: Sheriffs Department
- *Legal Name (Legal Jurisdiction Name): County of Tehama
- * Applicant Address 1: P.O. Box 729
- Applicant Address 2: 22840 Antelope Blvd
 - * Applicant City: Red Bluff
 - Applicant County: Tehama
 - * Applicant State: California
 - * Applicant ZIP: 96080 - 8874

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: Mr.
- Prefix Other:
- *First Name: Williams
- Middle Initial:
- *Last Name: Goodwin
 - *Title: Chief Administrator
 - *Phone: (530) 527 - 4655
 - Phone Ext: 3049
 - Fax: (530) 528 - 2015

*Email: Bgoodwin@co.tehama.ca.us
*Address 1: 727 Oak Street
Address 2:
*City: Red Bluff
County: Tehama
*State: California
*Zip Code: 96080 - 3755

*- Indicates required field

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ONLINE APPLICATION TO THE FY 2017 PROGRAM -- Continued

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

[Correctional
Officers & Facilities](#)

Application Number: **2018-H0131-CA-AP**

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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2017 Program Requirements and Application Instructions](#), including Part II.

[Program
Requirements &
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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 2017 Program Requirements and Application Instructions](#).

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

*Prefix: Mrs.
Prefix Other:
*First Name: Lisa
Middle Initial: A
*Last Name: Callaway
Suffix:
Other Suffix:
*Title: Sheriff's Service Officer III/Grants Manager
*Phone: (530) 528 - 8979
Phone Ext: 3049
Fax: (530) 529 - 7933
*Email: lcallaway@tehamaso.org
*Address 1: P.O. Box 729
Address 2: 22840 Antelope Blvd
*City: Red Bluff
*County: Tehama
*State: California

*Zip Code: 96080 - 8744

**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 2017 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 2017 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 2017 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

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

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STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2017 PROGRAM -- Continued

"Eligible Inmates"

Correctional
Officers & Facilities

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

Sign and Submit

Application Number: **2018-H0131-CA-AP**

Program
Requirements &
Instructions

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 2017 Program Requirements and Application Instructions, including Part III.

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* Name of Institution: U.S. Bank of California

* Address Line 1: 801 Main Street

Address Line 2:

* City: Red Bluff

* State: California

* Zip 96080

* Bank Phone: 530-527-1212

* Ach Coordinator Name: Randi Mendonsa

* Routing Number: 121122676

* Account Title: Tehama County

* Account Number: 153401776668

* Account Type: Checking

* Is this account Interest Bearing: **N**

* Is this information different from the information provided to OJP in the applicant government's most recent drawdown of a SCAAP payment?

**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 2017 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 2017 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 2017 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 2017 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

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["Eligible Inmates"](#)

Section 4. Information on "Eligible Inmates"

[Correctional
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Application Number: **2018-H0131-CA-AP**

[Sign and Submit](#)

For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2017 Program Requirements and Application Instructions](#), including Part IV and Appendix B

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Required Information on "Eligible Inmates"

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"Eligible Inmate" ASCII File:

[Attachment
OK](#)

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Reader® is available
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**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 2017 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 2017 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 2017 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 2017

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

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**Section 5. Information on "Correctional Officers" and "Correctional
Facilities"
-- for the Reporting Period of July 1, 2015, through June 30, 2016**

[Sign and Submit](#)

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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2017 Program Requirements and Application Instructions](#), including Part V.

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Notes:

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here.*

Use the TAB key to move from field to field.
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, 2015, through June 30, 2016**

* Maximum number of *full-time* "correctional officers" *employed by the applicant government*, during the reporting period: 38

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

* 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: 0

* Maximum number (reported as FTEs) of *part-time* "correctional officers" providing services to the applicant: 0

government as employees of "contract correctional facilities" or as contractors, during the reporting period:

Sum of lines 1 through 4: "Correctional officer" FTEs (during reporting period): 38

* "Actual salary expenditures for correctional officers," during the reporting period. (Enter in dollars; do not use commas.): \$1897793

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

SCAAP 15-16 Salary Wages.xls

**Required Information on "Correctional Facilities"
Reporting Period: July 1, 2015, through June 30, 2016**

* "Maximum bed count" for the reporting period: 227

* "Total all inmate days" for the reporting period: 74737

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

Inmate Day Detail SCAAPFY17 (002).xlsx

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

* On behalf of myself and the applicant government, and in support of this application to the FY 2017 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 2017 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 2017 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 2017 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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