



BJA FY 18 State Criminal Alien Assistance Program
2018-H4447-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**

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STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2018 PROGRAM

["Eligible Inmates"](#)

Welcome to the online application for the FY 2018 State Criminal Alien Assistance Program (the "FY 2018 program").

[Correctional
Officers & Facilities](#)

[Sign and Submit](#)

The FY 2018 program will make SCAAP payments to eligible applicant "States" and "units of local government" from the FY 2018 appropriation to the Office of Justice Programs ("OJP") for SCAAP.

[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 2018 Program Requirements and Application Instructions](#), posted on the OJP website at https://www.bja.gov/Funding/18SCAAP_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 2018 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 2018 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 2018 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-H4447-CA-AP**

For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 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 2018 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	-	6000512
*Type of Applicant:	County ▼		
*Organizational Unit:	Fresno County Sheriffs		
*Legal Name (Legal Jurisdiction Name):	County of Fresno		
* Applicant Address 1:	2281 Tulare Street		
Applicant Address 2:			
* Applicant City:	Fresno		
Applicant County:	Fresno		
* Applicant State:	California ▼		
* Applicant ZIP:	93721	1753	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:	Mr. ▼
Other Prefix:	
*First Name:	Sal
Middle Initial:	
*Last Name:	Quintero
Suffix:	Select a Suffix ▼
Other Suffix:	
*Title:	Chairman

*Phone:	(559)	600	-	3000	
Phone Ext:	<input type="text"/>						
Fax:	(559)	600	-	1609	
*Email:	salquintero@fresnocou						Email Help
*Address 1:	2281 Tulare Street						
Address 2:	<input type="text"/>						
*City:	Fresno						
County:	Fresno						
*State:	California						
*Zip Code:	93721	-	1753	Zip+4 Lookup			

*- Indicates required field

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

[Sign and Submit](#)

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[Program
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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 Program Requirements and Application Instructions](#), including Part II.

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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 2018 Program Requirements and Application Instructions](#).

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

*Prefix:
Prefix Other:
*First Name:
Middle Initial:
*Last Name:
Suffix:
Other Suffix:
*Title:
*Phone: () -
Phone Ext:
Fax: () -
*Email: [Email Help](#)
*Address 1:

	2200 Fresno Street	
Address 2:		
*City:	Fresno	
County:	Fresno	
*State:	California ▼	
*Zip Code:	93721	- 1753 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 2018 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 2018 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 2018 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 USDOD, including by OJP and the USDOD Office of the Inspector General.

*- Indicates required field

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ONLINE APPLICATION TO THE FY 2018 PROGRAM -- Continued

["Eligible Inmates"](#)

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

[Sign and Submit](#)

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[Program
Requirements &
Instructions](#)

For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 Program Requirements and Application Instructions](#), including Part III.

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

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Reader® is available
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* Name of Institution:	<input type="text" value="Bank of the West"/>
* Address Line 1:	<input type="text" value="2035 Fresno Street"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text" value="Fresno"/>
* State:	<input type="text" value="California"/>
* Zip:	<input type="text" value="93721"/>
* Bank Phone:	<input type="text" value="800"/> <input type="text" value="-676"/> <input type="text" value="-4549"/>
* ACH Coordinator Name:	<input type="text" value="Christine Pineda"/>
* Routing Number:	<input type="text" value="121100782"/>
* Account Title:	<input type="text" value="County of Fresno Treas"/>
* Account Number:	<input type="text" value="097000970"/>
* Account Type:	<input type="text" value="Checking"/>
* Is this account Interest Bearing:	<input type="text" value="N"/>

**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 2018 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 2018 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 2018 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 2018 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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Clear Data



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Section 4. Information on "Eligible Inmates"

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[Program
Requirements &
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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 Program Requirements and Application Instructions](#), including Part IV and Appendix B

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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](#)

**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 2018 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 2018 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 2018 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 2018 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, 2016, through June 30, 2017**

[Sign and Submit](#)

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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 Program Requirements and Application Instructions](#), including Part V.

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Notes:

Use the TAB key to move from field to field.

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[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, 2016, through June 30, 2017**

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

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

* 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:

* 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:

0

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

713

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

\$34000572

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

[SCAAP FY 2016-17 Corr Officers salary expend details.pdf](#)

Delete

Required Information on "Correctional Facilities"
Reporting Period: July 1, 2016, through June 30, 2017

* "Maximum bed count" for the reporting period:

2849

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

1039973

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

[PopCount2017.xlsx](#)

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 2018 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 2018 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 2018 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 2018 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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Clear data



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

[Sign and Submit](#)

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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2018 Program Requirements and Application Instructions](#), including Part VI.

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Status	Requirement
Complete	GMS/SCAAP User Id
Complete	Applicant Government
Complete	Submitting Government Official
Complete	Financial Institution
Complete	"Eligible Inmates"
Complete	Correctional Officers & Facilities
Complete	Sign and Submit
Incomplete	<input type="button" value="Submit Application to OJP"/>

The application to the FY 2018 Program is now ready to submit. To submit this application to OJP, click the "Submit Application to OJP" button above.

**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 2018 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 2018
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 2018 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 2018 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: Mr.
Prefix Other:
*First Name: Baldomero
Middle Initial:
*Last Name: Berber
Suffix:
Other Suffix:
*Title: Business Manager

* - Indicates required field

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Clear



BJA FY 18 State Criminal Alien Assistance Program

2018-H4447-CA-AP



[Help/Frequently
Asked Questions](#)

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Submit Application

Your application for the BJA FY 18 State Criminal Alien Assistance Program has been successfully submitted. You will no longer be able to edit any information submitted. However, you can log in any time to view the application information.

You will be contacted by the Program Office when your application is processed or any other action is required by you.