



**BJA FY 19 State Criminal Alien Assistance Program**  
2019-H0940-CA-AP



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Application:

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

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

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**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  
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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. Should OJP receive an FY 2019 appropriation for SCAAP, OJP will post a **separate** application for the FY 2019 program later in the fiscal year.

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Requirements &  
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**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](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.

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Reader® is available  
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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 [State Criminal Alien Assistance Program: 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-H0940-CA-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: 94 - 6000512  
Type of Applicant: County  
\*Organizational Unit: Fresno County Sheriffs Department  
\*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

### **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: Nathan  
Middle Initial:  
\*Last Name: Magsig  
\*Title: Chairman  
\*Phone: (559) 600 - 5000  
Phone Ext:  
Fax: (559) 600 - 1609

\*Email: nmagsig@fresnocountyca.gov  
\*Address 1: 2281 Tulare Street  
Address 2:  
\*City: Fresno  
County: Fresno  
\*State: California  
\*Zip Code: 93721 - 1753

\*- Indicates required field

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

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

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**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

\*Phone: (559) 600 - 8036

Phone Ext:

Fax: (559) 488 - 3378

\*Email: Baldomero.Berber@fresnosheriff.org

\*Address 1: 2200 Fresno Street

Address 2:

\*City: Fresno

\*County: Fresno

\*State: California

\*Zip Code: 93721 - 1753

**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

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

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For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2019 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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- \* Name of Institution: Bank of the West
- \* Address Line 1: 2035 Fresno Street
- Address Line 2:
  - \* City: Fresno
  - \* State: California
  - \* Zip: 93721
- \* Bank Phone: 800-676-4549
- \* Ach Coordinator Name: Christine Pineda
- \* Routing Number: 121100782
- \* Account Title: County of Fresno Treasurer
- \* Account Number: 097000970
- \* Account Type: Checking
- \* Is this account Interest Bearing: **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 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

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**Section 4. Information on "Eligible Inmates"**

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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

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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 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."

\* - Indicates required field

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**Section 5. Information on "Correctional Officers" and "Correctional Facilities"**

**-- for the Reporting Period of July 1, 2017, through June 30, 2018**

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

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**Notes:**

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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, 2017, through June 30, 2018**

\* Total number of *full-time* "correctional officers" *employed by the applicant government*, during the reporting period: 617

\* 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: 0

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

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

Sum of lines 1 through 4: "Correctional officer" FTEs (during  
reporting period): 617

\* "Actual salary expenditures for correctional officers," during  
the reporting period. (Enter in dollars; do not use commas.): \$36170276

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

[SCAAP FY 2017-18 Corr Officers salary expend details.pdf](#)

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

\* "Maximum bed count" for the reporting period: 3030

\* "Total all inmate days" for the reporting period: 1106018

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

[SCAAP POPCOUNT 2019.xlsx](#)

**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

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

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

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

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Reader® is available  
[here.](#)

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

\* - Indicates required field