



## State Criminal Alien Assistance Program 2010-H3881-TX-AP

[Application](#)[Correspondence](#)[Switch to ...](#)**Application Handbook**OMB Number: 1121-0243  
Expires: 02/29/2004[Applicant](#)**Facility Information**[Contact](#)[ACH Bank](#)Application Number: **2010-H3881-TX-AP**[Inmate](#)[Facility](#)[Submit](#)

BJA strongly recommends that you read the Facility and Correctional Officer Reporting Requirements section of the FY 2010 SCAAP Guidelines prior to beginning this portion of the application. Instructions and definitions here are general in nature and do not address all the statutory or programmatic requirements and restrictions that are covered in the Guidelines.

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**Correctional Officers** include employees, officers, and contractual staff whose primary responsibility is the control, custody, or supervision of persons detained (pretrial detention) and incarcerated (convicted and sentenced inmates). Employees, officers, and contractual staff whose primary responsibility is providing noncustody services to the facility or its inmate population are not eligible for inclusion in the SCAAP salary calculation.

**CO Salary costs** must reflect the total actual salaries and wages paid to correctional officers during the reporting period, July 1, 2008 to June 30, 2009.

**FTEs (Full Time Equivalents)** is calculated by taking the sum of all work hours during the reporting period for qualifying part-time correctional officers and dividing that total by 1,980. The result is the FTE.

**Total Bed Count** is the total number of the jurisdiction's inmate beds in all facilities, including temporary, non-traditional and/or overflow accommodations (e.g. gymnasiums, open bays, etc). If the number varied during the reporting period, select and report the number that best reflected your jurisdiction's most typical operating conditions.

**Total Number of Days for ALL Inmates** is the cumulative number of incarceration and detention days attributable to all inmates housed in the jurisdiction's qualifying facilities during the reporting period. It includes all inmates, regardless of their inmate status, citizenship, disposition, or length of stay. It does not refer to the cumulative total daily capacity of the jurisdiction's facilities, or to the total number of days only attributable to undocumented criminal aliens. If the Total All Inmate Days exceeds the maximum capacity (Total Bed Count X 365), your jurisdiction will be required to provide an explanation.

Please access the SCAAP Help section for a complete discussion of Facility and Correctional Officer information, definitions, requirements and restrictions.

The following information for Fiscal Year 2010 SCAAP must reflect your correctional facility (ies) information for the reporting period of **July 01, 2008 through June 30, 2009**.

**Correctional Officer Information:**

(Use decimal values if needed to express full or partial full-time equivalents (FTE))

\* Please report the maximum number of *full-time* correctional officers your facility(ies) employed during the reporting period:

\* Please report the maximum number of *part-time* correctional officers your facility(ies) employed during the reporting period: (Please report as FTE's)

\* Please report the maximum number of *contracted full-time* correctional officers your facility(ies) employed during the reporting period:

\* Please report the maximum number of *contracted part-time* correctional officers your facility(ies) employed during the reporting period: (Please report as FTE's) ;

Total number of correctional officers your facility(ies) employed during the reporting period: (calculated from above)

\* Please enter the total salary costs paid to all correctional officers during the reporting period. Do not use commas:

**Facility(ies) Information**

\* Total bed count for correctional facility(ies):

\* Total number of days for ALL inmates (legal aliens, illegal aliens, unknowns and U.S. citizens) housed in your facility(ies) for the reporting period (Do not report your capacity. BJA Requires an actual count of inmates housed during the reporting period):

\* - Indicates required field

☐ I certify that the facility and correctional officer data provided in this SCAAP application are in keeping with all SCAAP program and statutory requirements included in the SCAAP 2010 Guidelines. I further understand that inaccurate, misleading, or fraudulent information provided on this form may result in various sanctions or corrective actions, including the application being disapproved, the award amount being recalculated, or awarded funds being returned to DOJ.

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