

## Standard Applicant Information

### Funding Opportunity

**Federal Agency Name**

Bureau of Justice Assistance

**Funding Opportunity Number**

O-BJA-2023-171698

**Funding Opportunity Title**

BJA FY 23 State Criminal Alien Assistance Program

**Grants.gov Competition ID**

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**Competition Identification Title**

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**Due Date**

May 31, 2023 8:59:00 PM EDT

### CFDA Information

**CFDA Number**

16.606

**CFDA Program Title**

State Criminal Alien Assistance Program

### Project Information

**Project Title**

State Criminal Alien Assistance Program

**Proposed Project Start Date**

7/1/21

**Proposed Project End Date**

6/30/22

**Federal Estimated Funding (Federal Share)**

1.0

**Applicant Estimated Funding (Non-Federal Share)**

1.0

**Program Income Estimated Funding**

1.0

**Total Estimated Funding**

6.0

**Areas Affected by Project (Cities, Counties, States, etc.)**

No items

## Authorized Representative

**Authorized Representative Information****Prefix Name**

Mr.

**First Name Middle Name Last Name Suffix Name**

KYLE

—

GEORGE

—

**Title**

County Judge

## Verify Legal Name, Doing Business As, and Legal Address

### Legal Name

FORT BEND COUNTY

### UEI

MJG8N8EPN2L3

### Legal Address

#### Street 1

301 JACKSON ST

#### Street 2

#### City

RICHMOND

#### State

TX

#### Zip/Postal Code

77469

#### Congressional District

22

#### Country

USA

### Doing Business As

### Certification

The legal name + Doing Business As (DBA) and legal address define a unique entity in the system as represented in its entity profile. The profile legal name and address is 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.

True I confirm this is the correct entity.

#### Signer Name

Elizabeth Signorotti

#### Certification Date / Time

04/12/2023 10:16 AM

2. If the information displayed does not accurately represent the legal entity applying for federal assistance:

- Contact your Entity Administrator.
- 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 initiate a new application in Grants.gov with using the correct UEI/SAM profile.

### Application Type

#### Application Type

Initial

#### Date Received

4/11/23

## Application Submitter Contact Information

Application POC Prefix Name  
—

Application POC First Name

Elizabeth

Application POC Middle Name  
—

Application POC Last Name

Signorotti

Application POC Suffix Name  
—

Organizational Affiliation

Fort Bend County Sheriff's Office

Title

Grant Coordinator

Email ID

elizabeth.signorotti@fortbendcountytx.gov

Phone Number

2813418573

Fax Number  
—

ORINumber  
—

## Type of Applicant

Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:  
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Type of Applicant 3: Select Applicant Type:  
—

Other (specify):  
—

## 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

### ✓ SF424 Attachments (3)



Name

manifest.txt

Date Added

4/11/23



Name

Form SF424\_4\_0-V4.0.pdf

Date Added

4/11/23

Name

Date Added



GrantApplication.xml

4/11/23

### SCAAP Applicant Information

#### Required Information on "Eligible Inmates"

Reporting Period: July 1, 2021 - June 30, 2022

#### Required Information on "Eligible Inmates"

Name | Category | Comments | Uploaded | Date

No attachments

#### Inmate records containing errors:

A-Number	Last Name	First Name	Middle Name	Date of Birth	Inmate ID	Country	Date Incarcerated	Date Released	FBI Number	LESC IAQ	Errors
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No items

#### Required Information on "Correctional Officers"

Reporting Period: July 1, 2021 - June 30, 2022

Total number of full-time "correctional officers" employed by the applicant government, during the reporting period:	379
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Total number (reported as FTEs) of part time correctional officers employed by the applicant government, during the reporting period:	0
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Total Number of full-time correctional officers providing services to the applicant government as employees of "contract correctional facilities" during reporting period:	0
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Total Number of part-time correctional officers providing services to the applicant government as employees of "contract correctional facilities"	0
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during reporting period:

Sum of lines 1 through 4: "correctional officer" FTEs (during reporting period): 379

Actual salary expenditure for "correctional officers" during the reporting period. (Enter in dollars; do not use commas) \$14,306,934.18

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

**Salary File Attachments**

Name	Category	Comment:	Uploaded By	Date
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No attachments

**Required Information on "Correctional Facilities"**

Reporting Period: July 1, 2021 - June 30, 2022

"Maximum bed count" for the reporting period \_\_\_\_\_

"Total all inmate days" for the reporting period \_\_\_\_\_

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

<b>Name</b>	<b>Category</b>	<b>Comment:</b>	<b>Uploaded By</b>	<b>Date</b>
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No attachments				
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## Disclosures and Assurances

### Applicant Government and 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 SCAAP 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 SCAAP 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 "SCAAP 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 DOJ, including by OJP and the DOJ's Office of the Inspector General.

Please Acknowledge \*

Not Signed

**SignerID**

\_\_\_\_\_

**Signing Date / Time**

\_\_\_\_\_

### Information on Eligible Inmates \*

#### Information on "Eligible Inmates"

On behalf of myself and the applicant government, and in support of this application to the SCAAP 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 SCAAP program (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the SCAAP 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 to the applicant government in response to this application and that this certification is subject to review by DOJ. 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."

Please Acknowledge \*

Not Signed

**SignerID**

**SignerID**

—

**Signing Date / Time**

—

## Information on Correctional Officers and Facilities



### Information on "Correctional Officers" and "Facilities"

On behalf of myself and the applicant government, and in support of this application to the SCAAP 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 SCAAP program (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the "SCAAP 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 to the applicant government in response to this application, and that this certification is subject to review by DOJ. 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."

Please Acknowledge

Not Signed

**SignerID**

—

**Signing Date / Time**

—

## Other Disclosures and Assurances

No documents have been uploaded for Other Disclosures and Assurances

Not Certified