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**FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM**

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 4/28/09	Submitted By: Kathleen Barnes
Court Agenda Date: 5/5/09	Department: Sheriff's Office
	Phone Number: 281 341-4703

SUMMARY OF ITEM: Application for SCAAP

RENEWAL AGREEMENT/APPOINTMENT YES NO X
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO X

Documents: SCAAP application

FINANCIAL SUMMARY: Take all appropriate action on request to apply for State Criminal Alien Assistance Program through Department of Justice, with no required match from Fort Bend County

BUDGETED ITEM: YES NO X

FUNDNG SOURCE: Accounting Unit: 100512100 Account Number: 52150
Activity (If Applicable):

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: Incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:
Original Form Submitted with back up to County Judge's Office X (✓ when completed)
If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

X Auditor (281-341-3774)	X Comm. Pct. 1 (281-342-0587)
X Budget Officer (281-344-3954)	X Comm. Pct. 2 (281-403-8009)
X Facilities/Planning (281-633-7022)	X Comm. Pct. 3 (281-242-9060)
X Purchasing Agent (281-341-8642)	X Comm. Pct. 4 (281-980-9077)
X Information Technology (281-341-4526)	X County Clerk (281-341-8897)
<input type="checkbox"/> Other:	X County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify): Please return signed application to Kathleen Barnes at the Sheriff's Office.

State Criminal Alien Assistance Program



State Criminal Alien Assistance Program 2009-G5582-TX-AP



[Application](#)

[Correspondence](#)

Switch to ...



Application Handbook

OMB Number: 1121-0243

Expires: 02/29/2004

[Applicant](#)

Application Submittal Information

[Contact](#)

[ACH Bank](#)

Application Number: **2009-G5582-TX-AP**

[Inmate](#)

Use the status chart below to determine when all of your SCAAP application requirements have been met. Any part of the application that is not complete will be indicated, including a list of the missing or invalid information. Once all requirements show a "Complete" in the status column, a "Submit Application" button will appear at the bottom of this form. When you are completely satisfied with your application and all requirements have been met, please submit your application. Once submitted, your application will no longer be available for editing or additional inmate data uploads.

[Facility](#)

[Submit](#)

[SCAAP Help](#)

[GMS Home](#)

[Log Off](#)

Status	Requirement
Complete	GMS/SCAAP User Id Approval - BJA is responsible for approving the User ID
Complete	Applicant
Complete	Contact
Complete	ACH Bank
Complete	Inmate
Complete	Facility
<u>Incomplete</u>	<p>Submit</p> <ul style="list-style-type: none"> You need to read and accept all assurances. You need to read and accept all certifications. You need to sign your application by checking the box below.

To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Your typed name, in lieu of your signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the applicant and the applicant will comply with the following:

Assurances

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.

State Criminal Alien Assistance Program

SCAAP Program Designee

(Note: HIT the TAB key to move between fields)

*Prefix: Mr.

Prefix Other:

*First Name: Robert

Middle Initial:

*Last Name: Hebert

Suffix: Select a Suffix

Other Suffix:

*Title: County Judge

*Phone: (281) 342 - 3411

Phone Ext:

Fax: (281) 341 - 8609

*Email: heberrob@co.fort-bend.tx.us

*Address 1: 301 Jackson

Address 2: Ste 533

*City: Richmond

*State: Texas

*Zip: 77489 - 3108

- In submitting this application, I acknowledge that BJA reserves the right to take appropriate administrative action, including intensive monitoring, repayment action, or adjustment to future payments, to resolve any data or application discrepancies discovered now or in the future. Any award resulting from this application will be sent to my jurisdiction's bank account of record, as verified through the on-line registration process and in accordance with applicable E-Government rules and regulations.

Formal acceptance of an award through this online Grants Management System is necessary for the electronic transfer of funds to occur. I understand that I will have 45 calendar days to accept any award, once notice is provided. [See Office of Justice Programs Financial Guide, Part II, Chapter 2 at 22 (requiring acceptance/drawdown of awards within 45 days of notice of award) and Part IV, Chapter 2, Sec. 16.606 State Criminal Alien Assistance Program (SCAAP) (requiring expeditious draw-down of payments.)]

Certification Affecting the Use of FY 2009 SCAAP Funds

As the CEO or authorized designee of this jurisdiction, I understand that the Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, Title XI) included a requirement, stipulating that all FY 2009 SCAAP funds must be used for correctional purposes only. I acknowledge that my jurisdiction will be required, during the award acceptance process, to provide basic information on how the FY 2009 SCAAP funds will be expended for correctional purposes.

As the CEO or authorized designee of this jurisdiction, I understand the rules and requirements associated with the aforementioned statements and agree to abide by them in all matters dealing with the FY 2009 State Criminal Alien Assistance Program.