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

[Submitting
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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
Officers & Facilities](#)

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.

[Sign and Submit](#)[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 2019 Program Requirements and Application Instructions](#), posted on the OJP website at 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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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-H1435-FL-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: 59 - 6000531
Type of Applicant: County
*Organizational Unit: Broward County Sheriff's Office
*Legal Name (Legal Jurisdiction Name): Broward County
* Applicant Address 1: 115 S. Andrews Avenue
Applicant Address 2:
* Applicant City: Ft. Lauderdale
Applicant County: Florida
* Applicant State: Florida
* Applicant ZIP: 33301 - 1308

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: Mrs.
Prefix Other:
*First Name: Bertha
Middle Initial: M
*Last Name: Henry
*Title: County Administrator
*Phone: (954) 357 - 7000
Phone Ext:
Fax: () -
*Email: bhenry@broward.org
*Address 1: 2601 W. Broward Blvd
Address 2:
*City: Ft. Lauderdale
County:
*State: Florida
*Zip Code: 33311 - 1308

*- Indicates required field

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STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2019 PROGRAM – Continued

"Eligible Inmates"

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

Correctional
Officers & Facilities

Application Number: **2019-H1435-FL-AP**

Sign and Submit

For instructions and pertinent definitions, refer to State Criminal Alien Assistance Program: FY 201-9 Program Requirements and AQQlication Instructions, including Part II.

Program
Requirements &
Instructions

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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 AQQlication Instructions.

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here.

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

*Prefix: Mrs.
Prefix Other:
*First Name: Norma
Middle Initial:
*Last Name: McGraw
Suffix:
Other Suffix:
*Title: Grants Manager
*Phone: (954) 321 - 4473
Phone Ext:
Fax: () -
*Email: Norma_McGraw@sheriff.org
*Address 1: 2601 W. Broward Blvd
Address 2:
*City: Ft. Lauderdale
*County:
*State: Florida
*Zip Code: 33311 - 1308

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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Expires: 08/31/2019**[Financial
Institution](#)**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")****ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**["Eligible Inmates"](#)[Correctional
Officers & Facilities](#)**Section 3. Financial Institution Information for Payment to the Applicant
Government**[Sign and Submit](#)Application Number: **2019-H1435-FL-AP**[Program
Requirements &
Instructions](#)For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions](#), including Part III.[GMS Home](#)**Note:** Use the TAB key to move from field to field.[Log Off](#)[Adobe Acrobat
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* Name of Institution: Suntrust Bank

* Address Line 1: Mail Code FL-Orlando-2041

Address Line 2: PO Box 3833

* City: Orlando

* State: Florida

* Zip: 32802

* Bank Phone: 866-448-6394

* Ach Coordinator Name: Carmen Crespo

* Routing Number: 061000104

* Account Title: Sheriff of Broward County-Grant Revenue

* Account Number: 0417006222638

* 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."

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STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued

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Section 4. Information on "Eligible Inmates"

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 Application Number: **2019-H1435-FL-AP**
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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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84 Inmates Entered

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Unique Inmate ID	Name (Last, First)	"Date Incarcerated"	"Date Released"
221700504	Aguilar-Garcia, Adolfo	07/01/2017	08/31/2017
211703709	Alfaro, Victor	09/04/2017	01/02/2018
551700713	Arizmendi, Armando	10/17/2017	04/12/2018
511700671	Arriaga Villanueva, Aben	07/27/2017	08/01/2017
111700156	Arturo, Joel	07/01/2017	07/20/2017
231800024	Bain, Andres	01/04/2018	03/12/2018
381700823	Beltranen, Rodrigo	07/01/2017	09/14/2017
501704280	Bizarro Cermeno, Jose	10/31/2017	06/30/2018
501705028	Blair, Denis	12/24/2017	01/13/2018
211703071	Bueno, Aldo	07/01/2017	07/24/2017
501704192	Buezo Fajardo, Osmin	10/25/2017	11/01/2017
571801888	Cabrera, Alberto	04/30/2018	06/28/2018
591700458	Canay, Rolando	10/19/2017	04/14/2018
501704806	Canino, Raul	12/07/2017	01/10/2018
211804365	Castro, Leslie	05/29/2018	06/30/2018

<u>511700669</u>	Chevelon, James	07/27/2017	09/20/2017
<u>501704962</u>	Cruz, Andy	12/18/2017	05/10/2018
<u>501800783</u>	Dasilva, Ricardo	02/21/2018	03/02/2018
<u>381701573</u>	Davis, Peter	10/23/2017	06/30/2018
<u>110601152</u>	Delancy, Andre	07/01/2017	06/30/2018
<u>251800146</u>	Diaz, Fernando	02/12/2018	02/25/2018
<u>251800247</u>	Diaz, Heberto	03/12/2018	05/08/2018
<u>541800004</u>	Docilma, Esther	01/03/2018	06/30/2018
<u>501400261</u>	Dyer, Dwayne	07/01/2017	04/03/2018
<u>501208649</u>	Enamorado-Dubon, Gustavo	07/01/2017	06/14/2018
<u>121701207</u>	Figueroa, Ramon	12/18/2017	01/01/2018
<u>110601153</u>	Forbes, Bernard	07/01/2017	06/30/2018
<u>131801269</u>	Fuentes Alvarado, Carlos	06/22/2018	06/30/2018
<u>111700592</u>	Garay, Antonio	12/26/2017	12/31/2017
<u>501703606</u>	Garcia, Maximino	09/16/2017	12/06/2017
<u>231800641</u>	Garnier, Harlem	03/28/2018	06/30/2018
<u>531800497</u>	Green, Dimitri	04/20/2018	06/30/2018
<u>231700898</u>	Gregorio Hernandez, Manuel	07/01/2017	04/10/2018
<u>501701680</u>	Gutierrez, Mario	05/14/2017	06/20/2018
<u>211700172</u>	Hall Aynde, Khalil	11/01/2017	11/06/2017
<u>501800459</u>	Hernandez, Antony	01/31/2018	04/13/2018
<u>591700361</u>	Jean-Baptiste, Joseph	08/13/2017	09/27/2017
<u>501802065</u>	Jean-Bart, Peterson	05/18/2018	06/02/2018
<u>501801270</u>	Joseph, Ana	03/23/2018	05/31/2018
<u>501601802</u>	Julsaint, Nelson	07/01/2017	10/14/2017
<u>501801534</u>	Lavalle Aguilar, Bernardin	04/11/2018	06/30/2018
<u>221701107</u>	Lezama, Jayro	12/11/2017	01/10/2018
<u>501800227</u>	Lopez, Carlos	01/17/2018	01/22/2018
<u>251300322</u>	Lopez, Marcos	07/01/2017	03/22/2018
<u>181800063</u>	Lopez, Samuel	02/18/2018	06/30/2018
<u>571802096</u>	Lopez-Hernandez, Maynor	05/12/2018	06/30/2018
<u>571703701</u>	Lozano, Brayan	09/27/2017	06/30/2018
<u>221301207</u>	Machin, Juan	07/01/2017	06/30/2018

<u>571702845</u>	Mahabier, Peter	07/21/2017	06/30/2018
<u>501701556</u>	Manor, Tsur	04/27/2017	12/29/2017
<u>501701045</u>	Marcellus, Mike	07/01/2017	12/28/2017
<u>501801067</u>	Mareus, Henrites	03/09/2018	06/30/2018
<u>501703465</u>	Martinez, Pedro	08/31/2017	06/30/2018
<u>550901206</u>	Martinez, Sibia	07/01/2017	03/03/2018
<u>501800095</u>	Medina, Josue	01/08/2018	01/31/2018
<u>541700189</u>	Mendonca, Clayton	07/01/2017	08/27/2017
<u>631700004</u>	Mendoza, Ronmel	07/01/2017	07/13/2017
<u>501704223</u>	Mendoza-Velasquez, Erick	10/26/2017	11/09/2017
<u>501702145</u>	Meras, Jose	07/01/2017	08/16/2017
<u>501800576</u>	Montalvo, Rafael	02/07/2018	02/13/2018
<u>541800074</u>	Perez, Angel	02/11/2018	02/17/2018
<u>501701161</u>	Perez, Sander	03/29/2017	07/06/2017
<u>501800896</u>	Ramos, Isaias	02/27/2018	05/03/2018
<u>501702801</u>	Rawlins, Carlos	07/19/2017	07/26/2017
<u>571307701</u>	Rodas, Jose	07/01/2017	09/20/2017
<u>171400052</u>	Rodriguez, Alberto	08/01/2017	10/12/2017
<u>121800444</u>	Rodriguez Ardon, Gerber	05/02/2018	05/06/2018
<u>501703879</u>	Rodriquez, Alfredo	10/03/2017	10/12/2017
<u>381700531</u>	Rose, Cameo	07/01/2017	11/09/2017
<u>131800179</u>	Said-Ahmed, Mustafa	01/26/2018	02/02/2018
<u>501800029</u>	Savinon, Napoleon	01/03/2018	06/30/2018
<u>161800090</u>	Skelly, Alexander	02/22/2018	06/30/2018
<u>501703433</u>	Sosa-Perez, Orlando	08/30/2017	12/08/2017
<u>381800775</u>	Suarez Avilez, Tomas	05/30/2018	06/28/2018
<u>501704170</u>	Thurston, Omar	10/23/2017	06/30/2018
<u>221701112</u>	Tinoco, Alvaro	12/12/2017	06/30/2018
<u>221700243</u>	Torres, Victor	07/01/2017	08/23/2017
<u>551700628</u>	Torres Riveron, Carlos	09/14/2017	12/19/2017
<u>251800260</u>	Varona, Antonio	03/15/2018	05/14/2018
<u>501704660</u>	Vega Corezo, Luis	11/26/2017	01/26/2018
<u>251700437</u>	Vivas Matute, Sharon	07/01/2017	08/08/2017
<u>131602372</u>	Williams, Gary	07/01/2017	01/18/2018

<u>231701897</u>	Williams, Henry	10/10/2017	06/30/2018
<u>501205325</u>	Williams, Omar	07/01/2017	07/19/2017

**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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Expires: 08/31/2019**[Financial
Institution](#)**STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")****ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued**["Eligible Inmates"](#)[Correctional
Officers & Facilities](#)**Section 5. Information on "Correctional Officers" and "Correctional Facilities"****-- for the Reporting Period of July 1, 2017, through June 30, 2018**[Sign and Submit](#)Application Number: **2019-H1435-FL-AP**[Program
Requirements &
Instructions](#)For instructions and pertinent definitions, refer to [State Criminal Alien Assistance Program: FY 2019 Program Requirements and Application Instructions](#), including Part V.[GMS Home](#)[Log Off](#)[Adobe Acrobat
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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 <i>full-time</i> "correctional officers" employed by the applicant government, during the reporting period:	1171
---	------

* Total number (reported as FTEs) of <i>part-time</i> "correctional officers" employed by the applicant government, during the reporting period:	0
--	---

* Total number of <i>full-time</i> "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 <i>part-time</i> "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):	1171
--	------

* "Actual salary expenditures for correctional officers," during the	\$85653216
--	------------

reporting period. (Enter in dollars; do not use commas.):

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

2019 SCAAP DOD EXPENSES INFO.msg

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

* "Maximum bed count" for the reporting period:	5144
* "Total all inmate days" for the reporting period:	1329482

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

2019 SCAAP IN-CUSTODY DATA.xls

**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."

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STATE CRIMINAL ALIEN ASSISTANCE PROGRAM ("SCAAP")

ONLINE APPLICATION TO THE FY 2019 PROGRAM -- Continued

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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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* ✓ 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: Mrs.
Prefix Other:
*First Name: Norma
Middle Initial:
*Last Name: McGraw
Suffix:
Other Suffix:
*Title: Grants Manager

* - Indicates required field