



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 11/07/2023

* = Mandatory, information must be provided

or Procurement Director Award:

***Contractor/Vendor Name/Grantor (DBA):**

Department of Justice

***Project Title/Description:**

BJA FY2022 State Criminal Alien Assistance Program (SCAAP)

***Purpose:**

The purpose is to approve the acceptance of the SCAAP funding. Under the statutorily required State Criminal Assistance Program (SCAAP) the Office of Justice Programs makes payments to eligible "states" and "units of local governments" that incur certain types of costs due to the "incarceration" of "undocumented criminal aliens" during a particular 12 month reporting period. The reporting period for the FY2022 program is July 01, 2020 – June 30, 2021. In accepting this award, the payment made must be used for correctional purposes as required by the DOJ. The Correctional Purposes will be used towards Salaries for Corrections Officers in FY2024.

***Procurement Method:**

Not Applicable

***Program Goals/Predicted Outcomes:**

To offset the expenses of incarceration costs for detainees meeting SCAAP eligibility requirements.

***Public Benefit:**

To mitigate expenses associated with incarceration costs for eligible detainees.

***Metrics Available to Measure Performance:**

Application submitted to Department of Justice.

***Retroactive:**

Yes. The funding period opened 01/30/2023 and Pima County submitted the application for reimbursement of expenses on 02/10/2023. Funding notification of award was received on 09/07/2023 and had to be accepted by GMI no later than 09/30/2023 thus before the next available Board meeting on 10/03/2023. Due to a communication error, the next available Board meeting is 11/07/2023. If the Board declines the award, the funding will be returned to the Department of Justice.

GMI Approves
AF 10/12/23

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
Expense Amount \$ _____ Revenue Amount: \$ _____

*Funding Source(s) required: General Fund

Funding from General Fund? Yes No If Yes \$ _____ % _____
Contract is fully or partially funded with Federal Funds? Yes No
If Yes, is the Contract to a vendor or subrecipient? _____
Were insurance or indemnity clauses modified? Yes No
If Yes, attach Risk's approval.
Vendor is using a Social Security Number? Yes No
If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____
Expense Revenue Increase Decrease
Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: _____

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

Award Amendment

Document Type: GTAW Department Code: SD Grant Number (i.e., 15-123): 24*032
Commencement Date: 01/30/2023 Termination Date: 09/30/2023 Amendment Number: _____
Match Amount: \$ _____ Revenue Amount: \$ 153,166

*All Funding Source(s) required: General Fund

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Direct Award from the Federal Government

Contact: Julia Gates

Department: SD

Telephone: 520-351-4734

Department Director Signature: _____ Date: 10/4/2023
Deputy County Administrator Signature: _____ Date: 10-13-2023
County Administrator Signature: _____ Date: 10/13/2023



Department of Justice (DOJ)

Office of Justice Programs

Bureau of Justice Assistance

Washington, D.C. 20531

Name and Address of Recipient:	PIMA COUNTY 115 N CHURCH AVE 2ND FLOOR, SUITE 231 TUCSON, AZ 85701
City, State and Zip:	TUCSON, AZ 85701
Recipient UEI:	JBMBVGUK5LF1
Project Title: State Criminal Alien Assistance Program - Pima County	Award Number: 15PBJA-22-RR-05257-SCAA
Solicitation Title: BJA FY 2022 State Criminal Alien Assistance Program	
Federal Award Amount: \$153,166.00	Federal Award Date: 8/30/23
Awarding Agency:	Office of Justice Programs Bureau of Justice Assistance
Funding Instrument Type:	Reimbursement
Opportunity Category: O	
Assistance Listing: 16.606 - State Criminal Alien Assistance Program	
Project Period Start Date: 7/1/20	Project Period End Date: 9/30/24
Budget Period Start Date: 7/1/20	Budget Period End Date: 9/30/24
Project Description:	

Award Letter

August 30, 2023

Dear Dorothee Harmon,

On behalf of Attorney General Merrick B. Garland, it is my pleasure to inform you that the Office of Justice Programs (OJP) has approved the application submitted by PIMA COUNTY for a Payment Award (non-grant) under the funding opportunity entitled 2022 BJA FY 2022 State Criminal Alien Assistance Program. The approved payment amount is \$153,166.

Review the award instrument below carefully and familiarize yourself with all requirements before accepting your payment award. The award instrument includes the payment award offer and award acceptance. In connection with this payment award, references to the term "award" should be understood as this payment award.

Prior to accepting the award, your Entity Administrator must assign a Financial Manager, Grant Award Administrator, and Authorized Representative(s) in the Justice Grants System (JustGrants). The Entity Administrator will need to ensure the assigned Authorized Representative(s) is current and has the legal authority to accept awards and bind the entity to the award terms and conditions. To accept the award, the Authorized Representative(s) must accept all parts of the award offer in the Justice Grants System (JustGrants), including by executing the required declaration and certification, within 45 days from the award date.

To access your funds, you will need to enroll in the Automated Standard Application for Payments (ASAP) system, if you haven't already completed the enrollment process in ASAP. The Entity Administrator should have already received an email from ASAP to initiate this process.

Congratulations on your payment award.

Maureen Henneberg
Deputy Assistant Attorney General

Award Information

This award is offered subject to the conditions or limitations set forth in the award instrument.

Recipient Information

Recipient Name

PIMA COUNTY

UEI

JBMBVGUK5LF1

Street 1

115 N CHURCH AVE

Street 2

2ND FLOOR, SUITE 231

City

TUCSON

State/U.S. Territory

Arizona

Zip/Postal Code

85701

Country

United States

County/Parish

Province

Award Details

Payment Award Date

8/30/23

Award Type

Initial

Award Number

15PBJA-22-RR-05257-SCAA

Supplement Number

00

Payment Award Amount

\$153,166.00

Funding Instrument Type

Reimbursement

**Assistance Listing
Number**

16.606

Assistance Listings Program Title

State Criminal Alien Assistance Program

Statutory Authority

8 U.S.C. 1231(i); Department of Justice Appropriations Act, 2022 (Pub. L. No. 117-103, 136 Stat. 49, 125)

I have read and understand the information presented in this section of the award instrument.

Award Conditions

This award is offered subject to the conditions or limitations set forth in the award instrument.

1

In accepting this award, the recipient declares and certifies, among other things, that it has current information in the System for Award Management, as indicated in 2 C.F.R. Part 25.

2

In accepting this award, the recipient declares and certifies, among other things, that any payment made will be used only for "correctional purposes," as required by 8 U.S.C. § 1231(i)(6).

I have read and understand the information presented in this section of the award instrument.

SCAAP Certifications

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.

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."

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."

[X]

I have read and understand the information presented in this section of the award instrument.

SCAAP Use Of Funds

In accepting this award, the recipient declares and certifies, among other things, that any payment made will be used only for "correctional purposes," as required by 8 U.S.C. § 1231(i)(6). Please select at least one of the options below to indicate that payment will be used for one of the following allowable "correctional purposes."

Salaries for corrections officers

Overtime costs

Corrections work force
recruitment and retention
Construction of corrections
facilities
Training/education for offenders

Training for corrections officers
related to offender population
management
Consultants involved with
offender population
Medical and mental health
services
Vehicle rental/purchase for
transport of offenders
Prison industries

Pre-release/reentry programs

Technology involving offender
management/inter-agency
information sharing
Disaster preparedness
continuity of operations for
corrections facility

I have read and understand the information presented in this section of the award instrument.

Award Acceptance

Declaration and Certification to the U.S. Department of Justice as to Acceptance

By checking the declaration and certification box below, I--

- A. Declare to the U.S. Department of Justice (DOJ), under penalty of perjury, that I have authority to make this declaration and certification on behalf of the applicant.
- B. Certify to DOJ, under penalty of perjury, on behalf of myself and the applicant, to the best of my knowledge and belief, that the following are true as of the date of this award acceptance: (1) I have conducted or there was conducted (including by applicant's legal counsel as appropriate and made available to me) a diligent review of all terms and conditions of, and all supporting materials submitted in connection with, this award, including any assurances and certifications (including anything submitted in connection therewith by a person on behalf of the applicant before, after, or at the time of the application submission and any materials that accompany this acceptance and certification); and (2) I have the legal authority to accept this award on behalf of the applicant.
- C. Accept this award on behalf of the applicant.
- D. Declare the following to DOJ, under penalty of perjury, on behalf of myself and the applicant: (1) I understand

that, in taking (or not taking) any action pursuant to this declaration and certification, DOJ will rely upon this declaration and certification as a material representation; and (2) I understand that any materially false, fictitious, or fraudulent information or statement in this declaration and certification (or concealment or omission of a material fact as to either) 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 to civil penalties and administrative remedies under the federal False Claims Act (including under 31 U.S.C. §§ 3729-3730 and/or §§ 3801-3812) or otherwise.

Agency Approval

Title of Approving Official	Name of Approving Official	Signed Date And Time
Deputy Assistant Attorney General	Maureen Henneberg	8/28/23 11:31 AM

Authorized Representative

Declaration and Certification

Entity Acceptance

Title of Authorized Entity Official
Division Manager

Name of Authorized Entity Official
Dorothee Harmon

Signed Date And Time
9/8/2023 11:10 AM

