## Award Letter

June 15, 2022

Dear LINDA RIGGS,

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 COLLIN, COUNTY OF for a Payment Award (non-grant) under the funding opportunity entitled 2020 BJA FY 2020 State Criminal Alien Assistance Program Requirements and Application Instructions. The approved payment amount is \$253,121.

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.

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.

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**

COLLIN, COUNTY OF

## UEI

S1ETLA9BNCC5

Street 1

2300 BLOOMDALE RD.

City

MC KINNEY

Zip/Postal Code

75071

County/Parish

Street 2

STE. 3100

State/U.S. Territory

Texas

Country United States

Province

Award Details

**Payment Award Date** 

6/15/22

**Award Number** 

15PBJA-20-RR-00121-SCAA

**Payment Award Amount** 

\$253,121.00

Award Type

Initial

Supplement Number

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**Funding Instrument Type** 

Reimbursement

**Assistance Listing Number** 

**Assistance Listings Program Title** 

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#### **Statutory Authority**

The FY 2020 program is authorized by 8 U.S.C. § 1231(i) and Consolidated Appropriations Act, 2020, Pub. L. No. 116-93, 133 Stat 2317, 240. See also 28 U.S.C. § 530C(a).

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.



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).



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.

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

### SCAAP Certifications

## SCAAP Applicant Government and Submitting Government Official

On behalf of myself and the applicant government, and in support of this application to the FY 2020 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 2020 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 2020 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 administrive remedies for false daims 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.

## SCAAP Information on "Eligible Inmates"

On behalf of myself and the applicant government, and in support of this application to the FY 2020 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 2020 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 2020 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 2020 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."

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

On behalf of myself and the applicant government, and in support of this application to the FY 2020 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 2020 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 2020 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 2020 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."

| I have read and understand the information pre  | esented in this section of the award instrum   | ent.  |  |
|---|--|---|--|
| ∨ SCAAP Use Of Funds  |  |   |  |
| In accepting this award, the recipient declares and cert $\S$ 1231(i)(6). Please select at least one of the options by                                  |  |   |  |
| Salaries for corrections officers   |  |   |  |
| Overtime costs  |  |   |  |
| Corrections work force recruitment and retention  | า  |   |  |
| Construction of corrections facilities  |  |   |  |
| Training/education for offenders  |  |   |  |
| Training for corrections officers related to offend   | ler population management  |   |  |
| Consultants involved with offender population   |  |   |  |
| Medical and mental health services  |  |   |  |
| Vehicle rental/purchase for transport of offender   | s  |   |  |
| Prison industries   |  |   |  |
| Pre-release/reentry programs  |  |   |  |
| Technology involving offender management/inte   | er-agency information sharing  |   |  |
| Disaster preparedness continuity of operations f  | for corrections facility   |   |  |
| ∨ Award Acceptance  |  |   |  |
| Declaration and Certification to the U.S. D   | Department of Justice as to Acceptance   |   |  |
| By checking the declaration and certification   | box below, I   |   |  |
| A. Declare to the U.S. Department of Justic the applicant.  | ce (DOJ), under penalty of perjury, that I ha  | ve authority to make this declaration and certification o   | on behalf of                               |
| the date of this award acceptance: (1) I have<br>to me) a diligent review of all terms and conc<br>certifications (including anything submitted i       | conducted or there was conducted (includi<br>ditions of, and all supporting materials subm<br>n connection therewith by a person on beha   | e best of my knowledge and belief, that the following a<br>ng by applicant's legal counsel as appropriate and ma<br>itted in connection with, this award, including any assu<br>alf of the applicant before, after, or at the time of the ap<br>) I have the legal authority to accept this award on be | ide available<br>urances and<br>oplication |
| C. Accept this award on behalf of the appli   | cant.  |   |  |
| pursuant to this declaration and certification,<br>any materially false, fictitious, or fraudulent ir<br>to either) may be the subject of criminal pros | DOJ will rely upon this declaration and cert<br>formation or statement in this declaration a<br>ecution (including under 18 U.S.C. §§ 1001 | applicant: (1) I understand that, in taking (or not taking iffication as a material representation; and (2) I unders nd certification (or concealment or omission of a mate and/or 1621, and/or 34 U.S.C. §§ 10271-10273), and deral False Claims Act (including under 31 U.S.C. §§ 3                   | tand that<br>rial fact as<br>also may      |
| Agoney Approvel   |  |   |  |
| Agency Approval  Title of Approving Official  | Name of Approving Official   | Signed Date And Time  |  |
| Deputy Assistant Attorney General   | Maureen Henneberg  | 6/14/22 11:43 PM  |  |
| Authorized Representative   |  |   |  |

# **Entity Acceptance**

Title of Authorized Entity Official County Auditor

Signed Date And Time