



Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

March 11, 2025

Honorable Brian Scott, Chair
Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

RE: BUDGET AMENDMENT
SCAAP Grant Award #15PBJA-24-RR-05662-SCAA

Dear Commissioner Scott:

The U.S. Bureau of Justice Assistance (BJA) has awarded a grant to the Pinellas County Sheriff's Office in the amount of \$101,966 for the State Criminal Alien Assistance Program (SCAAP). We request these funds be added to our FY25 Budget with the breakdown as follows:

Personnel Services	\$ 101,970
Total	\$ 101,970

Upon review, please increase our budget allocation accordingly and forward these funds to my Fiscal Affairs Bureau.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Gualtieri", with a long horizontal stroke extending to the left.

Sheriff Bob Gualtieri
Pinellas County, Florida

BG: SEK/nmj

Enclosure

cc: Barry A. Burton, County Administrator
Jeanette Phillips, Chief Deputy Director, Clerk of the Circuit Court
Chris Rose, Director, Office of Management and Budget
Jim Abernathy, Budget Manager, Office of Management and Budget

BUDGET ADJUSTMENT REQUEST GRANTS CHECKLIST



Title:	State Criminal Alien Assistance Program
Issuing Agency:	DOJ
Grant #:	15PBJA-24-RR-05662-SCAA

1 Have funds from this grant source been received before?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If yes, last FY received:

2024-2025

If no, Federal or State?

Other info

2 What is the total term of the grant?

From	07/01/22
To	Until Expended

3 What is the total grant amount?

\$ 101,970

4 If the grant extends beyond the current fiscal year,
what is the amount anticipated to be received in this FY?

\$ 101,970

5 Are matching funds required?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If yes, amount of match:

Are matching funds budgeted?

Yes

No

If no, how will the match impact operations?

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6 Does the grant require additional personnel?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If yes, number of FT:

and PT:

7 Will expenditures for this program cease when the grant expires?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If no, estimate ongoing cost: and # of FT positions:

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8 Please attach a copy of the approved grant documentation.

Project Request Form
Grant Projects

A Project Information

1 Alpha Numeric Template Name	2 30 character limit Project Short Name	3 240 character limit Project Long Name	4 240 character limit Description	5 DD-MON-Year Start Date	6 DD-MON-Year End Date	7 Alpha Numeric Organization
T,GRT External & Internal Grant Proj w/ Ext & Int Costs	SCAAP	State Criminal Alien Assistance Program	Provides funding assistance for correctional facilities.	1-Jul-22	until expended	Sheriff's Office

8 Alpha Numeric Project Manager Name	9 Customer Name	10 Classifications Grant Phase
Veale, Matthew	Dept of Justice, Office of Justice Programs	Awarded

11 Project-Level Budget
101,970

B Task Information

1 Alpha Numeric Task Number	2 Alpha Numeric Task Name	2 Alpha Numeric Description	3 DD-MON-Year Start Date	4 DD-MON-Year End Date
1	External Costs	External Costs	7/1/2022	until expended

5 Alpha Numeric Subtask	6 Fund	7 Center	8 Descriptive Flexfields Program	9 Function	10 Activity Code	11 Funding Source
N	001	990001	9890	Public Safety	Law Enforcement	FG Federal Grants

12 Descriptive Flexfields Agreement Number
15PBJA-24-RR-05662-SCAA

Please add complete task information for each new task needed.

C Agreement Setup

1 Customer Number	2 Agreement Number	3 Agreement Type	4 Amount	5 Start Date	6 End Date	7 Administrator Name
1033	15PBJA-24-RR-05662-SCAA	Federal Grant	101,970	1-Jul-22	until expended	Veale, Matthew

If new customer, see D

8 Receivable Account	9 Revenue Account	10 CFDA Number	11 CSFA Number	12 Match for Grants	13 Originating Agency	14 Billing Frequency
1330011 Federal Grant	3312001 Fed Grant-Public Safety	16.606	N/A	No	Dept of Justice, Office of Justice Programs	N/A

15 Program Income (Y/N)	16 Program Income Desc.	17 Sub Recipient (Y/N)	18 Sub Recipient Names	19 Capital Acquisitions (Y/N)	20 Capital Acquisition Description
N	N/A	N/A	N/A	N/A	N/A

21 Task Number	22 Funding Amount	23 Funding Classification
1	101,970	Original

D New Customer Setup Only Please skip this step for existing customers

1 Alpha Numeric Customer Name	2 Alpha Numeric Customer Address	3 Alpha Numeric Bill to Site Address	4 Alpha Numeric Ship to Site Address



Department of Justice (DOJ)

Office of Justice Programs

Bureau of Justice Assistance

Washington, D.C. 20531

Name and Address of Recipient:

COUNTY OF PINELLAS
315 COURT ST
RM 601

City, State and Zip:

CLEARWATER, FL 33756

Recipient UEI:

R37RMC63XKG1

Project Title: 2024 SCAAP State Criminal
Alien Assistance Program

Award Number: 15PBJA-24-RR-05662-SCAA

Solicitation Title: BJA FY24 State Criminal Alien Assistance Program

Federal Award Amount: \$101,966.00

Federal Award Date: 1/16/25

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: 7/1/22

Project Period End Date: 12/31/25

Budget Period Start Date: 7/1/22

Budget Period End Date: 12/31/25

Project Description:

Award Letter

January 16, 2025

Dear Barry Burton,

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 COUNTY OF PINELLAS for a Payment Award (non-grant) under the funding opportunity entitled 2024 BJA FY24 State Criminal Alien Assistance Program. The approved payment amount is \$101,966.

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.

Brent J. Cohen
Acting 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

COUNTY OF PINELLAS

UEI

R37RMC63XKG1

Street 1

315 COURT ST

Street 2

RM 601

City

CLEARWATER

State/U.S. Territory

Florida

Zip/Postal Code

33756

Country

United States

County/Parish

no value

Province

no value

Award Details

Payment Award Date

1/16/25

Award Type

Initial

Award Number

15PBJA-24-RR-05662-SCAA

Supplement Number

00

Payment Award Amount

\$101,966.00

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) and 1365. Department of Justice Appropriations Act 2024 (Pub. L. No. 118-42, 138 Stat. 25, 147)

☒ 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.

Condition 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.

Condition 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 SCAAP application, 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 SCAAP application 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 solicitation under which this application is submitted for funding. 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 SCAAP application, I certify to OJP, under penalty of perjury, that the information on "eligible inmates" entered or uploaded as part of this online SCAAP application (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the SCAAP solicitation under which this application is submitted for funding, 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 SCAAP application, 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 SCAAP application (1) was determined and is reported here using due diligence, and in accordance with the requirements, definitions, and instructions set out in the SCAAP solicitation under which this application is submitted for funding, 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."

☒ *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

Acting Assistant Attorney General

Name of Approving Official

Brent J. Cohen

Signed Date And Time

1/13/25 4:41 PM

Authorized Representative

[X]

Entity Acceptance

Title of Authorized Entity Official

County Administrator

Name of Authorized Entity Official

Barry Burton

Signed Date And Time

2/10/2025 11:37 AM

