



County of Santa Cruz

SHERIFF -CORONER

701 OCEAN STREET, SUITE 340, SANTA CRUZ, CA 95060

(831) 454-2985 FAX: (831) 454-2353

MARK TRACY
SHERIFF - CORONER

April 27, 1999

Agenda: May 4, 1999

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

STATE CRIMINAL ALIEN ASSISTANCE PROGRAM

Dear Members of the Board:

The U.S. Department of Justice, through the Bureau of Justice Assistance (BJA), recently announced the availability of funding through the State Criminal Alien Assistance Program (SCAAP) for Fiscal Year 1999. As you are aware from past applications to this program by the Sheriffs Office, these federal funds are available to states and localities for costs associated with the incarceration of certain criminal aliens who have been convicted of a felony or two misdemeanor offenses.

It is **difficult** at this time to estimate the amount of FY 1999 reimbursements from this program due to an unknown number of inmates deemed eligible by the Justice Department. Last year's reimbursement to Santa Cruz County was \$464,341. The application for FY 1999 must be postmarked no later than May 15, 1999. The application requires the Sheriff be designated as the direct applicant by the local governing body through the County Administrative Officer as has been done in past years. Prior SCAAP reimbursements have been used for various budget items for the Sheriffs Office, including baseline revenue, needed facility equipment, and allotted positions to allow opening of the second portion of the Medium Security jail.

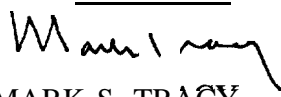
Since the Sheriffs Office has been a past applicant for these funds, we are required to submit only the attached one-page application form.

It is therefore RECOMMENDED that your Board:

1. APPROVE the application to the Bureau of Justice Assistance from the Sheriff-Coroner for the State Criminal Alien Assistance Program; and,

2. AUTHORIZE the County Administrative Officer to designate Sheriff-Coroner Mark S. Tracy as the "authorized applicant" for the SCAAP funds.

Sincerely,


 MARK S. TRACY
 Sheriff - Coroner

RECOMMENDED:


 SUSAN A. MAURIELLO
 County Administrative Officer

MST:sr

cc: CAO
 Auditor-Controller
 Sheriff- Coroner

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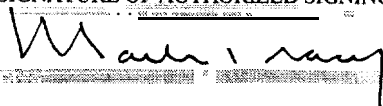
BUREAU OF JUSTICE ASSISTANCE APPLICATION FORM

STATE CRIMINAL ALIEN ASSISTANCE PROGRAM

1. CFDA NO.	2. GOVT.
16.606	COUNTY

3. APPLICANT IDENTIFIER CODE 051044043		4. NAME OF JURISDICTION COUNTY OF SANTA CRUZ		5. NAME OF APPLICANT ORGANIZATION SANTA CRUZ COUNTY SHERIFF'S OFFICE	
6. AUTHORIZED SIGNING OFFICIAL TITLE Sheriff-Coroner		7. PHONE NUMBER (831)454-2985		8. FAX NUMBER (831) 454-2353	
9. PREFIX Mr.	10. AUTHORIZED SIGNING OFFICIAL FIRST Mark	11. INITIAL S.	12. AUTHORIZED SIGNING OFFICIAL LAST NAME Tracy		
13. AUTHORIZED SIGNING OFFICIAL STREET ADDRESS OR P.O. 701 Ocean Street, Rm. 340		14. CITY Santa Cruz	15. STATE CALIFORNIA	16. ZIP CODE 95060	
17. NAME OF CONTACT ORGANIZATION (If Applicable) Santa Cruz County Sheriff's Office			18. CONTACT TITLE Lieutenant		
19. PREFIX Mr.	20. CONTACT FIRST NAME Kenneth	21. INITIAL E.	22. CONTACT LAST NAME Oakes		
23. CONTACT STREET ADDRESS OR P.O. BOX 90 Rountree Lane		24. CITY Watsonville	25. STATE Ca.	26. ZIP CODE 95076	
27. PHONE NUMBER (831) 763-4410		28. FAX NUMBER (831) 763-4415	29. PAPRS ACCOUNT (YES or NO) Yes		30. DATE SENT TO SPOC
31. NUMBER OF INMATES ON DISK 925		32. AVERAGE INMATE LENGTH OF STAY IN 79.75 days		33. AVERAGE DAILY INMATE POPULATION 627	
34. INMATE DISK OPTION A	35. OFFENSE CODING C	36. BASE YEAR FOR COST PER INMATE A. START DATE 1997/07/01 B. END DATE 1998/06/30		37. AVERAGE INMATE COST PER YEAR \$19,101	
38. FEDERAL FUNDS REQUESTED \$17,688,425		39. WRITTEN DELEGATION SUBMISSION B		40. DESIGNATING OFFICIAL TITLE (If Applicable) County Administrative Officer	
41. PREFIX Ms.	42. DESIGNATING OFFICIAL FIRST NAME Susan	43. INITIAL A.	44. DESIGNATING OFFICIAL LAST NAME Mauriello		
45. DESIGNATING OFFICIAL STREET ADDRESS OR P.O. BOX 701 Ocean Street, Rm 520		46. CITY Santa Cruz	47. STATE CALIFORNIA	48. ZIP 95060	

CERTIFICATION: Your signature represents your legally binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The application has been duly authorized by the governing body of the applicant and the applicant attests by this signature that it will comply with the Assurances and the Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements, which are included in the guidance document.

49. SIGNATURE OF AUTHORIZED SIGNING OFFICIAL 	50. DATE April 23, 1999
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Paperwork Reduction Act Statement: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 30 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to: Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Desk Officer, Washington, D.C. 20503. Additionally, comments may be submitted to OMB via facsimile to 202-395-7285.