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COUNTY OF GALVESTON

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GRANTS ADMINISTRATION

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**MEMORANDUM**

**To: Galveston County Commissioners Court**

**From: Grants Administration**

**Court Date: June 22, 2026**

**RE: Galveston County Sheriff's Office**

**FY 2025 State Criminal Alien Assistance Program (SCAAP)**

**BACKGROUND**

The State Criminal Alien Assistance Program (SCAAP) is administered by the U.S. Department of Justice, Bureau of Justice Assistance, and provides federal funding to eligible state and local governments that incur correctional costs associated with the incarceration of undocumented criminal aliens. The program assists jurisdictions in offsetting a portion of expenses related to housing eligible inmates who have been convicted of at least one felony or two misdemeanors and were incarcerated for a minimum of four consecutive days during the designated reporting period. Galveston County is eligible to apply for this funding opportunity as a unit of local government and may receive reimbursement for qualifying correctional costs incurred through operation of its detention facilities.

**SUMMARY**

Galveston County seeks Commissioners Court authorization to submit an application to the U.S. Department of Justice, Bureau of Justice Assistance, for the FY 2025 State Criminal Alien Assistance Program (SCAAP). The program provides reimbursement funding to eligible state and local governments for certain correctional costs associated with the incarceration of undocumented criminal aliens. As an eligible local government, Galveston County may receive reimbursement for qualifying correctional costs incurred through the operation of its detention facilities. There is no local cash match required for this funding opportunity. A resolution is also being presented for approval to designate the Director of Grants Administration as an Authorized Organization Representative (AOR) for Galveston County for the purpose of submitting federal grant applications on behalf of the County to U.S Department of Justice.

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### **FINANCIAL SUMMARY**

Grant Application: **\$80,000.00 Estimated**

County Contribution: **No Match Required**

Total Project Cost: **\$80,000.00 Estimated**

### **RECOMMENDATIONS**

Grants Administration recommends that Commissioners Court authorize the submission of an application for the FY 2025 State Criminal Alien Assistance Program (SCAAP) to the U.S. Department of Justice, Bureau of Justice Assistance

### **ATTACHEMENTS FOR WET SIGNATURE**

- Resolution authorizing the Director of Grants Administration as an Authorized Organization Representative.

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	O-BJA-2025-172612
Opportunity Title:	BJA FY25 State Criminal Alien Assistance Program (SCAAP)
Opportunity Package ID:	EKG00292764
Assistance Listing Number:	16.606
Assistance Listing Title:	State Criminal Alien Assistance Program
Competition ID:	
Competition Title:	
Opening Date:	05/12/2026
Closing Date:	06/23/2026
Agency:	Bureau of Justice Assistance
Contact Information:	SCAAP Help Desk

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01679561
Application Filing Name:	Galveston County
UEI:	DRP9KU1PVJN4
Organization:	COUNTY OF GALVESTON
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Jun 04, 2026 04:30:22 PM EDT
Form State:	<b>No Errors</b>

**FORM ACTIONS:**

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
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<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> Texas
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Galveston	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 74-6000908	<b>* c. UEI:</b> DRP9KU1PVJN4

**d. Address:**

<b>* Street1:</b>	722 Moody Ave
<b>Street2:</b>	_____
<b>* City:</b>	Galveston
<b>County/Parish:</b>	Galveston
<b>* State:</b>	TX: Texas
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	77550-2318

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> _____	<b>* First Name:</b> Sean
<b>Middle Name:</b> _____	
<b>* Last Name:</b> King	
<b>Suffix:</b> _____	
<b>Title:</b> Lieutenant	
<b>Organizational Affiliation:</b> Galveston County Sheriff's Office	
<b>* Telephone Number:</b> 4097637558	<b>Fax Number:</b> _____
<b>* Email:</b> sean.king@galvestoncountytx.gov	

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Bureau of Justice Assistance

**11. Assistance Listing Number:**

16.606

Assistance Listing Title:

State Criminal Alien Assistance Program

**\* 12. Funding Opportunity Number:**

O-BJA-2025-172612

\* Title:

BJA FY25 State Criminal Alien Assistance Program (SCAAP)

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

SCAAP-FY2025-Galveston

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="80,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="80,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

# RESOLUTION



County of Galveston  
State of Texas

A RESOLUTION OF THE COMMISSIONERS COURT OF GALVESTON COUNTY, TEXAS, DESIGNATING AUTHORIZED SIGNATORIES FOR CONTRACTUAL DOCUMENTS, REQUESTS FOR FUNDS AND REPORTING PERTAINING TO U.S. DEPARTMENT OF JUSTICE

WHEREAS, it is necessary to appoint persons to execute contractual documents and documents for requesting funds and reporting;

WHEREAS, Galveston County, Texas acknowledges that in the event that an authorized signatory of the County changes (elections, illness, resignations, etc.) the County must provide a resolution stating who the new authorized signatory is (not required if this original resolution names only the title and not the name of the signatory)

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSIONERS COURT OF GALVESTON COUTY, TEXAS AS FOLLOWS:

The County Judge is authorized to execute contractual documents associated to US DEPARTMENT OF JUSTICE.

The County Judge and Director of Grants Administration are authorized to execute documents and required reporting between the U.S. Department of Justice and the County.

SIGNED this on 22<sup>nd</sup> day of June, 2026.

A handwritten signature in blue ink, appearing to read "Mark Henry".

Mark Henry  
County Judge

