

Standard Applicant Information

Funding Opportunity

Federal Agency Name

Bureau of Justice Assistance

Funding Opportunity Number

O-BJA-2025-172612

Funding Opportunity Title

BJA FY25 State Criminal Alien Assistance Program (SCAAP)

Grants.gov Competition ID

Competition Identification Title

Due Date

June 30, 2026 8:59:00 PM EDT

CFDA Information

CFDA Number

16.606

CFDA Program Title

State Criminal Alien Assistance Program

Project Information

Project Title

Hall County, Georgia Federal Department of Justice BJA FY25 State Criminal Alien Assistance Program July 1, 2023 - June 30, 2024.

Proposed Project Start Date

7/1/23

Proposed Project End Date

6/30/24

Federal Estimated Funding (Federal Share)

250556.0

Applicant Estimated Funding (Non-Federal Share)

0.0

Program Income Estimated Funding

0.0

Total Estimated Funding

250556.0

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

Georgia

Hall County

Gainesville

Flowery Branch

Oakwood

Lula

Gillsville

Braselton

Clermont

Authorized Representative

Authorized Representative Information

Prefix Name

Mr.

First Name Middle Name Last Name Suffix Name

Taylor — Samples —

Title

Finance Director

Verify Legal Name, Doing Business As, and Legal Address

Legal Name

HALL COUNTY GEORGIA

Doing Business As**UEI**

USZBJ4CMC7B6

Legal Address**Street 1**

2859 BROWNS BRIDGE RD

Street 2**City**

GAINESVILLE

State

GA

Zip/Postal Code

30504

Congressional District

07

Country

USA

Certification

The legal name + Doing Business As (DBA) and legal address define a unique entity in the system as represented in its entity profile. The profile legal name and address is applicable to ALL applications and awards associated to this fiscal agent.

1. If this information is correct confirm/acknowledge to continue with completion of this application.

True I confirm this is the correct entity.

Signer Name

Sommer Green

Certification Date / Time

06/25/2026 09:30 AM

2. If the information displayed does not accurately represent the legal entity applying for federal assistance:
 - a. Contact your Entity Administrator.
 - b. Contact the System for Award Management (SAM.gov) to update the entity legal name/address.
3. If the above information is not the entity for which this application is being submitted, Withdraw/Delete this application. Please initiate a new application in Grants.gov with using the correct UEI/SAM profile.

Application Type

Application Type

Initial

Date Received

6/16/26

Application Submitter Contact Information

Application POC Prefix Name

Mrs.

Application POC First Name

Sommer

Application POC Middle Name

Jones

Application POC Last Name

Green

Application POC Suffix Name

Organizational Affiliation

Hall County Georgia Board of Commissioners

Title

Grants Manager

Email ID

sgreen@hallcounty.org

Phone Number

770-297-5503

Fax Number

ORINumber

Type of Applicant

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):

Executive Order and Delinquent Debt Information

Is Application Subject to Review by State Under Executive Order 12372? *

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

Is the Applicant Delinquent on Federal Debt?

No

▼ SF424 Attachments (4)

	Name manifest.txt	Date Added 6/16/26
	Name Form SF424_4_0-V4.0.pdf	Date Added 6/16/26
	Name SF424_4_0-1234-Hall County Georgia Map.pdf	Date Added 6/16/26
	Name GrantApplication.xml	Date Added 6/16/26

SCAAP Applicant Information
Required Information on "Eligible Inmates"

Reporting Period: July 1, 2023 - June 30, 2024

Details	Count
Accepted Inmate Records	585
Rejected Inmate Records	0
Total Inmates	585
Total Inmates Saved	585

Required Information on "Eligible Inmates"

Nar	Categori	Comm	Uploaded	Date
FY23-24 SCAAP Inmate Record Data.txt	SCAAP Inmate File	FY23-24 SCAAP Inmate Record Data	Sommer Green	6/25/26 9:29 AM

Inmate records containing errors:

A-Number	Last Name	First Name	Middle Name	Date of Birth	Inmate ID	Country	Date Incarcerated	Date Released	FBI Number	LESC IAQ	Errors
No items											

Required Information on "Correctional Officers"

Reporting Period: July 1, 2023 - June 30, 2024

Total number of full-time "correctional officers" employed by the applicant government, during the reporting period:	296
Total number (reported as FTEs) of part time correctional officers employed by the applicant government, during the reporting period:	0
Total Number of full-time correctional officers providing services to the applicant government as employees of "contract correctional facilities" during reporting period:	2
Total Number of part-time correctional officers providing services to the applicant government as employees of "contract correctional facilities" during reporting period:	0
Sum of lines 1 through 4: "correctional officer" FTEs (during reporting period):	298
Actual salary expenditure for "correctional officers" during the reporting period. (Enter in dollars; do not use commas)	\$11,450,806.00

"Correctional Officer" salary expenditures detail (for the reporting period)

Salary File Attachments

Name	Category	Comment	Uploaded By	Date
SCAAP FY24 Correction Officer Salary Expenditure Detail Report.xls	Correctional Officers	CorrectionalOfficers	Sommer Green	6/19/26 2:39 PM

Required Information on "Correctional Facilities"

Reporting Period: July 1, 2023 - June 30, 2024

"Maximum bed count" for the reporting period	1,134
"Total all inmate days" for the reporting period	26,644

"All inmate days, by reporting day" detail (for the reporting period)

Name	Category	Comment	Uploaded By	Date
SCAAP Headcount 23-24.pdf	Correctional Facilities	CorrectionalFacilities	Sommer Green	6/19/26 2:39 PM

Disclosures and Assurances

Applicant Government and Submitting Government Official

*

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.

Please Acknowledge *

Signed

SignerID

sgreen@hallcounty.org

Signing Date / Time

6/25/26 9:30 AM

Information on Eligible Inmates

*

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."

Please Acknowledge *

Signed

SignerID

sgreen@hallcounty.org

Signing Date / Time

6/25/26 9:30 AM

Information on Correctional Officers and Facilities

*

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."

Please Acknowledge *

Signed

SignerID

sgreen@hallcounty.org

Signing Date / Time

Other Disclosures and Assurances

Applicant Disclosure and Justification - DOJ High Risk Grantees (if applicable)

No documents have been uploaded for Application Disclosure and Justification - DOJ High Risk Grantees

No documents have been uploaded for Other Disclosures and Assurances

Certified