



## Department of Justice (DOJ)

### Office of Justice Programs

#### Bureau of Justice Assistance

Washington, D.C. 20531

|                                                                                |                                                            |                                          |  |
|--------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--|
| <b>Name and Address of Recipient:</b>                                          | GASTON COUNTY<br>P.O. BOX 1578                             |                                          |  |
| <b>City, State and Zip:</b>                                                    | GASTONIA, NC 28053                                         |                                          |  |
| <b>Recipient UEI:</b>                                                          | QKY9R8A8D5J6                                               |                                          |  |
| <b>Project Title:</b> FY24 Gaston County Sheriff's Office SCAAP                | <b>Award Number:</b> 15PBJA-24-RR-05774-SCAA               |                                          |  |
| <b>Solicitation Title:</b> BJA FY24 State Criminal Alien Assistance Program    |                                                            |                                          |  |
| <b>Federal Award Amount:</b> \$67,850.00                                       |                                                            | <b>Federal Award Date:</b> 1/16/25       |  |
| <b>Awarding Agency:</b>                                                        | Office of Justice Programs<br>Bureau of Justice Assistance |                                          |  |
| <b>Funding Instrument Type:</b>                                                | Reimbursement                                              |                                          |  |
| <b>Opportunity Category:</b> O                                                 |                                                            |                                          |  |
| <b>Assistance Listing:</b><br>16.606 - State Criminal Alien Assistance Program |                                                            |                                          |  |
| <b>Project Period Start Date:</b> 7/1/22                                       |                                                            | <b>Project Period End Date:</b> 12/31/25 |  |
| <b>Budget Period Start Date:</b> 7/1/22                                        |                                                            | <b>Budget Period End Date:</b> 12/31/25  |  |
| <b>Project Description:</b>                                                    |                                                            |                                          |  |

**Award Letter**

January 16, 2025

Dear Kim Eagle,

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 GASTON COUNTY for a Payment Award (non-grant) under the funding opportunity entitled 2024 BJA FY24 State Criminal Alien Assistance Program. The approved payment amount is \$67,850.

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**  
GASTON COUNTY

**UEI**  
QKY9R8A8D5J6

**Street 1**  
P.O. BOX 1578

**Street 2**

**City**  
GASTONIA

**State/U.S. Territory**  
North Carolina

**Zip/Postal Code**  
28053

**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-05774-SCAA

Supplement Number  
00

Payment Award Amount  
\$67,850.00

Funding Instrument Type  
Reimbursement

| Assistance Listing Number | Assistance Listings Program Title       |
|---------------------------|-----------------------------------------|
| 16.606                    | 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)

[X] 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).

[X] 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."

[X] *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**

|                                    |                                   |                             |
|------------------------------------|-----------------------------------|-----------------------------|
| <b>Title of Approving Official</b> | <b>Name of Approving Official</b> | <b>Signed Date And Time</b> |
| Acting Assistant Attorney General  | Brent J. Cohen                    | 1/13/25 6:35 PM             |

**Authorized Representative**

[X]

**Entity Acceptance**

**Title of Authorized Entity Official**  
County Manager

**Name of Authorized Entity Official**  
Matthew Rhoten

**Signed Date And Time**  
1/24/2025 4:09 PM

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