Sample SCAAP Application External Screen Shots

Application Handbook

Applicant

Contact

ACH Bank

Inmate

Facility

Submit

SCAAP Help

GMS Home

Log Off

OMB Number: 1121-0243
Expires: 02/29/2004

Contact Information

Application Number: **2007-F0193-NY-AP**

Please enter the alternate contact information below. (Note: Hit the TAB key to move between fields)

*Prefix:	Justice
Prefix Other:	
*First Name:	John
Middle Initial:	
*Last Name:	Smith
Suffix:	Select a Suffix
Other Suffix:	
*Title:	Honorable
*Phone:	(456) 644 - 6545
Phone Ext:	
Fax:	( ) -
*Email:	h@r.com
*Address 1:	1 test
Address 2:	
*City:	Buffalo
County:	
*State:	New York
*Zip Code:	20009 - 4444

Done   Local intranet

State Criminal Alien Assistance Program 2007-F0193-NY-AP

Application	Correspondence	Switch to ...

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Log Off

Financial Institution Information

Please provide the following financial institution information. All of this information is required to transfer funds to your jurisdiction's account electronically.

* Name of Institution:	
* Address Line 1:	
Address Line 2:	
* City:	
* State:	Select a state:
* Zip:	
* Bank Phone:	- -
* ACH Coordinator Name:	
* Routing Number:	
* Account Title:	
* Account Number:	
* Account Type:	
* Is this account Interest Bearing:	N

* - Indicates required field

Save and Continue   Cancel

Done   Local intranet

State Criminal Alien Assistance Program 2007-F0193-NY-AP

Application   Correspondence   Switch to ...

Application Handbook

OMB Number: 1121-0243
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Inmate Information

Application Number: **2007-F0193-NY-AP**

☐

Inmate Information

How will inmate information be entered?   ● Enter Data   ○ Upload File

Select All   Deselect All   0 Inmates Entered

X	Unique Inmate ID	Name (Last, First)	Date Incarcerated	Date Released
		No Inmates		

Add   Delete Selected

Save Information

Facility Information Screen

Submit

SCAAP Help

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Log Off

Correctional Officer Information:
(Use decimal values if needed to express full or partial full-time equivalents (FTE))

* Please report the maximum number of *full-time* correctional officers your facility(ies) employed during the reporting period:

* Please report the maximum number of *part-time* correctional officers your facility(ies) employed during the reporting period: (Please report as FTE's)

* Please report the maximum number of *contracted full-time* correctional officers your facility(ies) employed during the reporting period:

* Please report the maximum number of *contracted part-time* correctional officers your facility(ies) employed during the reporting period:(Please report as FTE's) ;

Total number of correctional officers your facility(ies) employed during the reporting period: (calculated from above)

* Please enter the total salary costs paid to all correctional officers during the reporting period. Do not use commas: $

Facility(ies) Information

* Total bed count for correctional facility(ies):

* Total number of days for ALL inmates (legal aliens, illegal aliens, unknowns and U.S. citizens) housed in your facility(ies) for the reporting period (Do not report your capacity. BJA Requires an actual count of inmates housed during the reporting period):

* - Indicates required field

☐

Save Information   Clear

Done   Local intranet