MEMORANDUM

To: Sheriffs and Regional Jail Superintendents
From: Robyn M. de Socio, Executive Secretary
RE: Federal Funding for FY10 Budgets

As you may know, Virginia expects to receive a substantial allocation of federal Byrne Justice Assistance Grant Program (JAG) funds as a result of the recently passed American Recovery and Reinvestment Act (ARRA). The General Assembly has directed that $23.3 million of those funds be awarded to the Compensation Board for distribution to Sheriffs’ offices and Regional Jails in order to offset reductions in state funds due to declining revenue. This funding equates to approximately 5.5% of total appropriations available for budgets set by the Compensation Board for Sheriffs’ offices and Regional Jails.

The Department of Criminal Justice Services (DCJS) is responsible for receiving and administering the JAG funds for which Virginia is eligible. To comply with the legislature’s directive, DCJS will make a single large grant to the Compensation Board of the funds that we will distribute to Sheriffs’ offices and Regional Jails as part of the FY10 budgets.

To comply with a federal requirement, we must document your local government or jail authority’s agreement that, although the grant was awarded to a state agency, the funds will directly benefit the locality (or participating localities in a regional jail). We must also ensure agreement to properly account for the federal funds received from the Compensation Board, and to comply with federal reporting requirements. The attached certification is intended to satisfy these requirements. Please return it to the Compensation Board, signed by your city manager, county administrator, or regional jail authority chairman as soon as possible, but no later than Friday, May 8, 2009.

In order for the Compensation Board to set a budget for your office for FY10 without reduction, we must receive a signed agreement from your locality. Budgets provided on May 1 pursuant to state law will be contingent upon receipt of the signed agreement.

If you have questions regarding this requirement, please contact me at robyn.desocio@scb.virginia.gov or 804-225-3439.

Attachment

C: Governing Bodies
Compensation Board Members
Charlene M. Rollins, Customer Service Manager
NiKeta’ (Nikki) Outlaw, Training and Development Coordinator
Regina B. Hill, Senior Fiscal Technician
VARIABLE PASS-THROUGH WAIVER
EDWARD BYRNE JUSTICE ASSISTANCE GRANT PROGRAM

Name of City or County: ___________________________________________

As city manager/county administrator of the jurisdiction above, I recognize that federal Byrne Justice Assistance Grant Program funds to be provided for the Sheriff’s office through the Compensation Board are set aside for local government use, and I believe that the funds so provided will directly benefit this locality. I also agree that awarding the funds to the Compensation Board so that the Board can provide them for the Sheriff’s office through its standard funding mechanism is in our best interests.

Signature: ________________________________________     Date:   ____________
(City Manager/County Administrator)

Return original signed form no later than Friday, May 8, 2009 to:
Compensation Board
Attention: NiKeta' Outlaw
P. O. Box 710
Richmond, VA 23218-0710

The signed version may be sent via fax to 804-371-0235, or via email to nikki.outlaw@scb.virginia.gov. Please follow faxed or emailed submissions with a mailed original to the address listed above.
VARIABLE PASS-THROUGH WAIVER
EDWARD BYRNE JUSTICE ASSISTANCE GRANT PROGRAM

Name of Regional Jail: ___________________________________________

As chairman of the authority governing the regional jail listed above, I recognize that federal Byrne Justice Assistance Grant Program funds to be provided for the Regional Jail through the Compensation Board are set aside for local government use, and I believe that the funds so provided will directly benefit the localities served by the regional jail/authority. I also agree that awarding the funds to the Compensation Board so that the Board can provide them for the Regional Jail through its standard funding mechanism is in our best interests.

The following localities are participants in this Regional Jail:

________________________________________________________________

________________________________________________________________

Signature: ________________________________________     Date:   ____________
(Chairman, Regional Jail Authority)

Return original signed form no later than Friday, May 8, 2009 to:

Compensation Board
Attention: NiKeta’ Outlaw
P. O. Box 710
Richmond, VA 23218-0710

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