AGENCY LETTERHEAD

Date

Executive Office of Public Safety and Security

Attn: Mike Bishop, Shannon Program Coordinator

10 Park Plaza, Suite 3720

Boston, MA 02116

Dear Mr. Bishop:

As the Authorized Official for the (INSERT POLICE DEPARTMENT NAME), I certify by my signature below, that we are in compliance with submitting crime reporting data and juvenile lockup data **through August 31, 2017**.

**Part I – Crime Reporting**

Check only one box below before ***the appropriate option*** that applies to crime reporting for this department.

* Submission of timely and satisfactory monthly National Incident-Based Reporting System (NIBRS) reports to the Massachusetts State Police Crime Reporting Unit.
* Submission of timely and satisfactory monthly NIBRS reports to the Massachusetts State Police Crime Reporting Unit AND proxy data to the Research and Policy Analysis Division within the Executive Office of Public Safety & Security, Office of Grants and Research.

**Part II – Juvenile Lockup Reporting**

Check only one box below before ***the appropriate option*** that applies to juvenile lockup data reporting for this department.

* Submission of timely and satisfactory monthly juvenile lockup data to the Department of Criminal Justice Information Services via CJIS/LEAPS.
* My agency does not maintain a juvenile lockup facility and as such we are not required to report this data.

I understand that if my department is not in compliance with the applicable reporting requirements outlined above, I’m required to provide a brief explanation (as an attachment to this) as to how my department plans to submit the data no later than December 1, 2017. I also understand that the issuance of an award and/or contract will be delayed if my department has not complied with this reporting requirement by the December 1st deadline.

As the Authorizing Official for the above sub-recipient, I have read and am fully cognizant of our duties and responsibilities in regards to reporting this data.

Sincerely,

Authorizing Official Signature

Authorizing Official (Print Name)

Title