



# CALEA Agency Support Program

## Application

*Instructions: Please complete this form in its entirety. Incomplete applications may be rejected. Use additional pages if necessary.*

GENERAL INFORMATION		
Agency Name (in full):		
Street Address:		P.O. Box:
City:	County:	
State/Province:	ZIP/Postal Code:	Country:
If a P.O. Box is preferred, check here: <input type="checkbox"/> (Please include street address for UPS deliveries.)		
Telephone:		Fax:
AGENCY CEO		
Name:		Title:
Telephone:	Extension:	Email:
AGENCY ACCREDITATION MANAGER (if any)		
Name:		Title:
Telephone:	Extension:	Email:
FINANCIAL OFFICER:		
Name:		Title:
Telephone:	Extension:	Email:
GOVERNMENTAL CEO		
Name:		Title:
Telephone:	Extension:	Email:

## **STATEMENT OF INTEREST**

Explain the reason(s) the agency seeks to become accredited by CALEA. Explain the agency's and governing board's commitment to working with the Commission toward accreditation.

## AGENCY INFORMATION

**Service Population:** Please provide a description of the agency's jurisdiction, including the size of the service population, if applicable. Describe any temporal or seasonal fluctuations in service population.

**Legal Authorization:** Please provide a description and/or documentation of the agency's legal authorization to function as a public safety / law enforcement agency and the authority for sworn personnel to effect full custodial arrest. This may include state statute, local ordinance, etc.

**Agency Personnel:** Provide numerical data for categories given. Only include the number of authorized full-time sworn and non-sworn positions (i.e. those included in your agency budget) assigned to the law enforcement function. Exclude part-time positions, volunteers, or employees assigned to corrections, fire services, or other non-law enforcement related functions.

Definitions:

- Supervisory: Direct authority over line or non-supervisory positions
- Command/Managerial: Direct authority over supervisors
- Executive(s): CEO and direct reports, except as noted in Command

Sworn Personnel	Male				Female			
	White non-Hispanic	Black non-Hispanic	Hispanic-Latino any race	Other	White non-Hispanic	Black non-Hispanic	Hispanic-Latino any race	Other
Line Function								
Supervisory								
Command								
Executives								
Subtotal								
Non-sworn Personnel	Male				Female			
	White non-Hispanic	Black non-Hispanic	Hispanic-Latino any race	Other	White non-Hispanic	Black non-Hispanic	Hispanic-Latino any race	Other
Line Function								
Supervisory								
Managerial and Professional								
Executive								
Subtotal								
<b>TOTAL</b>								

Notes/Explanation:

## BUDGET INFORMATION

**Agency Expenditures:** Please provide budgetary data for the agency, including the following:

- Personnel: Expenditures for all agency personnel, including wages and fringe benefits.
- Operations: Expenditures for vehicle operation/maintenance, facility operation/maintenance, training, etc. (do not include personnel costs).
- Capital: Expenditures for facility construction or the purchase major equipment (computers, vehicles, etc.).

Agency Budget	Budgeted Last Year	Actual Last Year	Budgeted Current Year
Personnel Costs			
Operational Costs			
Capital			
<b>Total</b>			

*Budget Period:* \_\_\_\_\_

**Corporate Expenditures:** Please provide budgetary data for the agency's governing body (state/province, county, township, city, etc.), including the following:

- Operations: Expenditures for vehicle operation/maintenance, facility operation/maintenance, training, etc. (minus personnel costs) for all organizational components.
- Capital: Expenditures for building facilities or the purchase major equipment (computers, vehicles, etc.) for all organizational components.

Corporate Budget	Budgeted Last Year	Actual Last Year	Budgeted Current Year
Operations			
Capital			
<b>Total</b>			

*Budget Period:* \_\_\_\_\_

**Federal Grants:** Please provide information regarding Federal grants received and the balances of these funds as of the last fiscal year.

**Asset Forfeiture:** List any asset forfeiture funds received during the past 12 months and provide the current balance of unencumbered asset forfeiture funds.

**Budget Narrative:** Explain the agency and governing body's budgetary information. Describe the agency's need for financial assistance, including why funds are not available for accreditation and what funds will be available to meet any costs incurred in order for the agency to comply with accreditation standards).

## PLAN OF ACTION

Describe the agency's plan to complete the initial accreditation process within the initial time period allotted (2 or 3 years depending on program). Identify internal and external resource that will be utilized. Name the agency's contact person and/or accreditation manager.

## **ORGANIZATIONAL CAPABILITY**

Describe the agency's experience in conducting major projects of a similar nature.



## **COMMITMENT TO CONTINUATION**

Document both the agency's and the governing body's long-term commitment to continuing in the accreditation process after achieving initial accreditation.

## AUTHORIZING SIGNATURES

**AGENCY CEO:** Please read and acknowledge the following statements by providing your initials after each statement and provide your signature at the bottom of the page. The Notary Public section is provided IF your jurisdiction requires agreements to be notarized.

	Initials
I attest that our agency is committed to working with the Commission and its staff towards achieving accreditation.	
I attest we are prepared to promptly provide information concerning our agency as required by the Commission in making its determination for awarding a CALEA Agency Support Program – Initial Accreditation Fee Waiver.	
I attest our agency has received approval from its governing authority to apply for the CALEA Agency Support Program and to subsequently enroll in a CALEA accreditation program.	
I understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver during the Commission’s spring meeting, our agency must enroll in a CALEA accreditation program prior to the end of that calendar year in order to finalize the award process. Failure to do so negates the IAFW award.	
I understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver, our agency is responsible for the payment of 50% of the Estimated Onsite Costs and payment for third party software upon enrollment in a CALEA accreditation program.	
I understand that upon enrollment in a CALEA accreditation program, our agency will have 24-26 months (depending on program) in which to successfully complete its initial assessment by the Commission.	
I understand that our agency is responsible for the payment of the remaining 50% of the Estimated Onsite Costs at the time the agency requests the scheduling of its initial assessment by the Commission.	
I attest that the agency’s governing authority has approved the expenditures necessary to enroll in a CALEA Accreditation program, if our agency is selected as a recipient of an Initial Accreditation Fee Waiver, including payment of the Estimated Onsite Costs and third party software.	
I understand that our agency will be responsible for the payment of Annual Continuation Fees (vary based on program and agency size) upon receiving its first accreditation award and annually after that date.	

<p><b>NOTARY PUBLIC</b></p> <p>City/County of: _____</p> <p>State/Province of: _____</p> <p>The forgoing instrument was acknowledged Before me, this _____ day of _____ 20____ by:  _____</p> <p style="text-align: center;">(name of person seeking acknowledgement)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Notary Public Signature)</p> <p>My commission expires: _____</p>
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CEO Name (Written):
CEO Signature:
Date:

## AUTHORIZING SIGNATURES

**FINANCIAL AUTHORITY:** Please read and acknowledge the following statements on behalf of the financial authority by providing your initials after each statement and provide your signature at the bottom of the page. The Notary Public section is provided IF your jurisdiction requires agreements to be notarized.

	Initials
I attest the governing authority of the applicant public safety agency has approved the expenditures necessary to enroll in a CALEA Accreditation program, if our agency is selected as a recipient of an Initial Accreditation Fee Waiver, including payment of the Estimated Onsite Costs and third party software.	
I understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver during the Commission's spring meeting, the applicant public safety agency must enroll in a CALEA accreditation program prior to the end of that calendar year in order to finalize the award process. Failure to do so negates the IAFW award.	
I understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver, the applicant public safety agency is responsible for the payment of 50% of the Estimated Onsite Costs and payment for third party software upon enrollment in a CALEA accreditation program.	
I understand that upon enrollment in a CALEA accreditation program, the applicant public safety agency will have 24-26 months (depending on program) in which to successfully complete its initial assessment by the Commission.	
I understand that the applicant public safety agency is responsible for the payment of the remaining 50% of the Estimated Onsite Costs at the time the agency requests the scheduling of its initial assessment by the Commission.	
We understand that the applicant public safety agency will be responsible for the payment of Annual Continuation Fees (vary based on program and agency size) upon receiving its first accreditation award and annually after that date.	

<p><b>NOTARY PUBLIC</b></p> <p>City/County of: _____</p> <p>State/Province of: _____</p> <p>The forgoing instrument was acknowledged</p> <p>Before me, this _____ day of _____</p> <p>20____ by:</p> <p>_____</p> <p style="text-align: center;">(name of person seeking acknowledgement)</p> <p>_____</p> <p style="text-align: center;">(Notary Public Signature)</p> <p>My commission expires: _____</p>
---

CEO Name (Written):
CEO Signature:
Date:

## AUTHORIZING SIGNATURES

**GOVERNING AUTHORITY:** Please read and acknowledge the following statements on behalf of the governing authority by providing your initials after each statement and provide your signature at the bottom of the page. The Notary Public section is provided IF your jurisdiction requires agreements to be notarized.

	Initials
We attest the applicant public safety agency is committed to working with the Commission and its staff towards accreditation.	
We attest the applicant public safety agency is prepared to promptly provide information concerning the agency as required by the Commission in making its determination for awarding a CALEA Agency Support Program – Initial Accreditation Fee Waiver.	
We attest the applicant public safety agency has received approval from its governing authority to apply for the CALEA Agency Support Program and to subsequently enroll in a CALEA accreditation program.	
We understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver during the Commission’s spring meeting, the applicant public safety agency must enroll in a CALEA accreditation program prior to the end of that calendar year in order to finalize the award process. Failure to do so negates the IAFW award.	
We understand that if selected by the Commission to receive an Initial Accreditation Fee Waiver, the applicant public safety agency is responsible for the payment of 50% of the Estimated Onsite Costs and payment for third party software upon enrollment in a CALEA accreditation program.	
We understand that upon enrollment in a CALEA accreditation program, the applicant public safety agency will have 24-26 months (depending on program) in which to successfully complete its initial assessment by the Commission.	
We understand that the applicant public safety agency is responsible for the payment of the remaining 50% of the Estimated Onsite Costs at the time the agency requests the scheduling of its initial assessment by the Commission.	
We attest the governing authority of the applicant public safety agency has approved the expenditures necessary to enroll in a CALEA Accreditation program, if our agency is selected as a recipient of an Initial Accreditation Fee Waiver, including payment of the Estimated Onsite Costs and third party software.	
We understand that the applicant public safety agency will be responsible for the payment of Annual Continuation Fees (vary based on program and agency size) upon receiving its first accreditation award and annually after that date.	

<b>NOTARY PUBLIC</b>
City/County of: _____
State/Province of: _____
The forgoing instrument was acknowledged
Before me, this _____ day of _____
20_____ by:
_____
(name of person seeking acknowledgement)
_____
(Notary Public Signature)
My commission expires: _____

CEO Name (Written):
CEO Signature:
Date: