

2023 CALIFORNIA COVERDELL PROGRAM

Certification as to External Investigations

On behalf of the applicant agency named below, I certify the following to the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice and to the California Governor's Office of Emergency Services (Cal OES):

A government entity exists and an appropriate process is in place to conduct independent external investigations into allegations of serious negligence or misconduct substantially affecting the integrity of the forensic results committed by employees or contractors of any forensic laboratory system, medical examiner's office, coroner's office, law enforcement storage facility, or medical facility in the State that will receive a portion of the Grant Subaward.

I agree to notify Cal OES Coverdell Program Staff regarding any and all complaints and/or allegations of serious negligence and/or misconduct substantially affecting the integrity of forensic results committed by employees or contractors of the forensic laboratory system.

At the *initiation, duration of, and at the conclusion* of the investigative review process and all appropriate action has been fulfilled, I will notify Cal OES Coverdell Program Staff as to the resolution and that the matter has been resolved.

I have read and reviewed the section entitled "Eligibility" in the FY 2023-24 in California Paul Coverdell Program announcement.

I acknowledge that a false statement in this certification, or in the application that it supports, may be subject to criminal prosecution under 18 U.S.C. §1001.

I also acknowledge that the Office of Justice Programs and/or Cal OES Grant Subawards, including certifications provided in connection with such Grant Subawards, are subject to review by the Office of Justice Programs, Department of Justice, Office of the Inspector General, and Cal OES.

Signature of Certifying Official

Name of External Investigative Agency

Title of Certifying Official

Contact at External Investigative Agency

Name of Applicant Agency

Title

Date

Phone #