



APPLICATION FOR PARTICIPATION IN THE MICHIGAN 1122 PROGRAM

Please complete the application and data sheet and return to the attention of:

Genevieve Hayes, SPOC
Department of Technology, Management and Budget
Purchasing Operations, 2nd Floor
P.O. Box 30026
Lansing, MI 48909

This information is required so we may provide the appropriate justification to the Department of Defense that the equipment procured through this program is being used specifically for counter-drug, emergency response, and homeland security purposes.

- How large is the population you serve?

- Describe the geographic area in your jurisdiction. Is it rural, urban, etc?

- How many sworn, certified officers (part/full time) are in your organization?
Does this number include your police chief and/or county sheriff?



1122 PROGRAM



- Identify the discipline for which you are requesting application: Counter Drug, Homeland Security, or Emergency Response. Describe the problem within your jurisdiction and the strategy to be undertaken to confront the problem. Include information on the extent that your agency participates, contributes, or supports any type of task force(s) related to the above specified discipline(s). Also state **how** the 1122 Program can help you resolve your problem(s).

- Provide a statement that your organization will ensure the capability to properly operate, maintain and secure the equipment and/or supplies procured.



This application must be signed by the head of the requesting organization and may be cosigned by additional parties as deemed necessary. This individual will be responsible for notifying the State Point of Contact (SPOC) should there be a change in personnel responsible for the program.

Name	Date
Title	
Name	Date
Title	
Name	Date
Title	

Please note we will maintain this application in your organization's file so you will not be required to resubmit it for repeat purchases. A copy of the approved application will be returned. **THANK YOU!**

To request approval to purchase specific items, please complete a "Procurement Request Form."

SPOC APPROVAL	DATE
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**LAW ENFORCEMENT AGENCY
DATA SHEET**

*Please type information

DATE

LEA	Purchasing Contact
Address	City/State/Zip
Phone	Fax
E-mail Address	Number of Sworn Officers

Authorized Personnel #1	Must be Sworn Officer, Provided Rank & Name
Authorized Personnel #2	Must be Sworn Officer, Provided Rank & Name
Authorized Personnel #3	Must be Sworn Officer, Provided Rank & Name
Authorized Personnel #4	Must be Sworn Officer, Provided Rank & Name

Head of Agency Signature	Must be Sheriff/Chief
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State Coordinator Signature	
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NOTE: THIS FORM MUST BE COMPLETED ANNUALLY OR AS CHANGES OCCUR BY THE LEA AND SUBMITTED THROUGH THE STATE POINT OF CONTACT (SPOC)