

STOP Grant Community Partners Approval for FY 2017

Organization Name: _____

Geographic Service Area: _____

- Victim Service agencies are required to collaborate with local law enforcement and prosecution (Community Partners) in the development of the services to be offered through the STOP Grants.
- Please complete the chart below. Signatures do not have to all be on one page. Use as many pages as needed. One representative from victim services, law enforcement, and prosecution **from each county** in your geographic service area must either sign this form or submit a letter with their original signature. Letters must be on the STOP Community Partner’s letterhead and indicate that the Community Partner has participated in the service planning process, reviewed and agree to the Community STOP Plan for FY 2017 and has read/understands/will comply with federal requirements. If a letter is attached, please write “Letter attached” in the signature line.

Briefly summarize changes to your STOP plan:

By signing below, I am certifying that I participated in the STOP Grant planning process and agree to the distribution of STOP Grant funds and I have read, understand and agree to comply with the following which can be found in the STOP grantee contract:

- STOP allowable/unallowable costs
- Federal Guidelines for Use of Federal Funds

Name	Title	Agency	Signature	County	Date

