

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE

**FY 2021 Coverdell Forensic Science Improvement
Grants Program**

Certification as to Plan for Forensic Science Laboratories—
Application from a **State**

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:

The State has developed a plan for forensic science laboratories under a program intended to improve the quality and timeliness of forensic science or medical examiner services in the State, including such services provided by the laboratories operated by the State and those operated by units of local government within the State.

I acknowledge that a false statement in this certification or in the grant application that it supports may be the subject of criminal prosecution, including under 18 U.S.C. § 1001 and/or 1621 and/or 34 U.S.C. §§ 10271-10273. I also acknowledge that Office of Justice Programs grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant agency (that is, the agency applying directly to the Bureau of Justice Assistance).

Signature of Certifying Official

Printed Name of Certifying Official

Title of Certifying Official

Name of Applicant Agency (Including Name of State)

Date

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**FY 2021 Coverdell Forensic Science Improvement
Grants Program**

Certification as to Plan for Forensic Science Laboratories—
Application from a **Unit of Local Government**

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:

This unit of local government has developed a plan for forensic science laboratories under a program intended to improve the quality and timeliness of forensic science or medical examiner services provided by the laboratories operated by the applicant unit of local government and any other government-operated laboratories within the State that will receive a portion of the grant amount.

I acknowledge that a false statement in this certification or in the grant application that it supports may be the subject of criminal prosecution, including under 18 U.S.C. § 1001 and/or 1621 and 34 U.S.C. §§ 10271-10273. I also acknowledge that Office of Justice Programs grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant agency (that is, the agency applying directly to the Bureau of Justice Assistance).

Signature of Certifying Official

Printed Name of Certifying Official

Title of Certifying Official

Name of Applicant Agency (Including Name of Unit of Local Government)

Date