

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

**FY 2020 Coverdell Forensic Science Improvement
Grants Program**

Certification as to Forensic Science Laboratory System Accreditation

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:

Before receiving any funds under this grant, any forensic science laboratory system in the State, including any laboratory operated by a unit of local government within the State, that will receive any portion of the grant amount (except with regard to any medical examiner's office in the State) either—

a) is accredited by an accrediting body that is a signatory to an internationally recognized arrangement and that offers accreditation to forensic science conformity assessment bodies using an accreditation standard that is recognized by that internationally recognized arrangement, **or**,

b) is not so accredited, but will (or will be required in a legally binding and enforceable writing to) use a portion of the grant amount to prepare and apply for such accreditation not more than 2 years after the date on which a grant is awarded under the FY 2020 Paul Coverdell Forensic Science Improvement Grants Program.

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