

Attachment A

Click to Enter Date

Mr. Karhlton Moore
Office of Criminal Justice Services
1970 West Broad Street
Columbus, OH 43223

Dear Director Moore:

The Type Name of Implementing Agency Here is submitting an application under the FY 2017 Services, Training, Officers, and Prosecutors (S.T.O.P.) Violence Against Women Act Grant Program solicitation. Our agency is aware of the following requirement: 'State and/or local prosecution entities, law enforcement entities, and courts must consult with state or local victim service programs during the course of developing their grant applications in order to ensure that proposed services, activities and equipment acquisitions are designed to promote the safety, confidentiality and economic independence of victims of domestic violence, sexual assault, stalking and dating violence.'

Please see the attached signed letter that documents our compliance with this requirement.

Sincerely,

Type Name of Authorized Signatory Here
Type Signatory Title Here

Attachment

Victim Service Consultation

I, Type Name of the Implementing Agency Authorized Official, certify that the Type Name of Implementing Agency is in compliance with the aforementioned requirement regarding consultation with a state or local victim service provider during the course of the grant application process. I understand that this requirement is part of the Violence Against Women and Department of Justice Reauthorization Act of 2005 and as reauthorized in 2013.

Signature of the implementing agency's authorized official: _____

I, Type Name of the Implementing Agency Authorized Official, certify that the Type Name of Implementing Agency did meet the aforementioned requirement regarding consultation with a state or local victim service provider during the course of the grant application process. I understand that this requirement is part of the Violence Against Women and Department of Justice Reauthorization Act of 2005 and as reauthorized in 2013.

Signature of the victim service provider's authorized official: _____