



# Federal Annual Certification Report

This Annual Certification Report must be submitted within 60 days after the close of your fiscal year to both agencies:



U.S. Department of Justice/ACA Program  
10th and Constitution Avenues, NW  
Criminal Division/AFMLS  
Bond Building, Tenth Floor  
Washington, DC 20530  
Fax: (202) 616-1344

U.S. Department of the Treasury  
Executive Office for Asset Forfeiture  
740 15th Street, NW, Suite 700  
Washington, D.C. 20220  
E-mail address: [treas.aca@teoaf.treas.gov](mailto:treas.aca@teoaf.treas.gov)  
Fax: (202) 622-9610

Law Enforcement Agency: \_\_\_\_\_

- Police Department     Sheriff's Office/Department     Task Force<sup>1</sup>     Prosecutor's Office     Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Agency Fiscal Year Ends on: \_\_\_\_\_ NCIC/ORI/Tracking No.: \_\_\_\_\_  
(Month/Day/Year)

### Summary of Equitable Sharing Activity (Fiscal Year Ending \_\_\_\_\_)

	Justice Funds	Treasury Funds
1. Beginning Equitable Sharing Fund Balance	\$ _____	\$ _____
2. Federal Sharing Funds Received	\$ _____	\$ _____
3. Transfers From Other Law Enforcement Agencies (attach list)	\$ _____	\$ _____
4. Other Income	\$ _____	\$ _____
5. Interest Income Accrued ( <input type="checkbox"/> check if non-interest-bearing account)	\$ _____	\$ _____
6. Total Equitable Sharing Funds (total of lines 1 - 5)	\$ _____	\$ _____
7. Federal Sharing Funds Spent (total of lines a - m)	\$ (_____) _____	\$ (_____) _____
8. Equitable Sharing Fund Balance (subtract line 7 from line 6)	\$ _____	\$ _____
9. Appraised Value of Other Assets Received	\$ _____	\$ _____

### Summary of Shared Monies Spent

a. Total spent on salaries for new, temporary, not to exceed 1-year employees	\$ _____	\$ _____
b. Overtime	\$ _____	\$ _____
c. Total spent on informant and "buy money"	\$ _____	\$ _____
d. Total spent on travel and training	\$ _____	\$ _____
e. Total spent on communications and computers	\$ _____	\$ _____
f. Total spent on firearms and weapons	\$ _____	\$ _____
g. Total spent on body armor and protective gear	\$ _____	\$ _____
h. Total spent on electronic surveillance equipment	\$ _____	\$ _____
i. Total spent on building and improvements	\$ _____	\$ _____
j. Total spent on other law enforcement expenses (attach list)	\$ _____	\$ _____
k. Total transfers to other law enforcement agencies (attach list of recipients)	\$ _____	\$ _____
l. Total permissible use transfers (attach list of recipients)	\$ _____	\$ _____
m. Total spent on matching grants (attach list)	\$ _____	\$ _____

Under the penalty of perjury, the undersigned hereby certify that the information in this report is an accurate accounting of funds received and spent by the law enforcement agency under the federal equitable sharing program during this reporting period.

Name (Print or Type) Law Enforcement Agency Head or Authorized Representative	Date	Name (Print or Type) Governing Body Head or Authorized Representative	Date
_____ (Signature)	_____	_____ (Signature)	_____
_____ Title (Print or Type)	_____	_____ Title (Print or Type)	_____

<sup>1</sup> Attach list of member agencies with their addresses and indicate lead agency.

# Federal Annual Certification Report Instructions

*(Please retain these instructions for your records.)*

**Law Enforcement Agency:** Enter the complete name of your state or local law enforcement agency. Check the appropriate box to indicate type of agency. Acronyms should be spelled out. If a task force, provide a list of member agencies, addresses, and amounts transferred.

**Contact Person:** Enter the name of the person who can provide additional information on the certification report.

**E-mail Address:** Enter the e-mail address of the contact person or the e-mail address of the agency.

**Mailing Address:** Enter your agency's complete mailing address (number, street, city/town, state, and zip code).

**Telephone Number:** Enter the phone number of the contact person, including area code and extension, if any.

**Fax Number:** Enter your agency's fax number including area code.

**Agency Fiscal Year Ends on:** Enter the ending date (month/day/year) of your agency's fiscal year, *e.g.*, 6/30/02.

**NCIC/ORI/Tracking No.:** Enter your valid FBI-issued National Crime Information Center (NCIC)/ORI code—*e.g.*, CA0000000—or tracking number assigned by AFMLS.

**Beginning Sharing Fund Balance:** Enter on line 1 the amount in *your* federal forfeiture fund account at the beginning of *your* fiscal year. Separate Justice from Treasury fund balances. *Include under Justice fund:* shared cash and/or proceeds received from: DEA, FBI, INS, U.S. Attorney's Office, U.S. Postal Inspection Service, FDA, and USDA. *Include under Treasury fund:* shared cash and/or proceeds received from: the IRS, ATF, U.S. Secret Service, and U.S. Customs Service.

**Federal Sharing Funds Received:** Enter on line 2 the total amount of shared cash and/or proceeds received from the federal equitable sharing programs. For example, if your fiscal year ends 6/30/02, include all sharing funds received from 7/1/01 through 6/30/02. Separate Justice funds from Treasury funds.

**Transfers From Other Law Enforcement Agencies:** Enter on line 3 amounts received from other law enforcement agencies. If your agency received \$10,000 from a task force, enter this amount on line 3. Attach a list of law enforcement agencies.

**Other Income:** Enter on line 4 the proceeds from the sale of shared property or any amounts returned to your forfeiture fund account, *e.g.*, received \$10,000 for the sale of a car placed in official use.

**Interest Income Accrued:** Enter on line 5 the interest earned on *your* federal forfeiture fund account during *your* fiscal year. Account for Justice and Treasury interest income separately. Check box if the funds are in a non-interest-bearing account.

**Total Equitable Sharing Funds:** Add the beginning sharing fund balance (line 1), the sharing funds received (line 2), sharing funds received from other law enforcement agencies (line 3), other income (line 4), and interest income (line 5). Enter on line 6 the total amount.

**Federal Sharing Funds Spent:** Add items a through m. Enter the total amount on line 7.

**Equitable Sharing Fund Balance:** Subtract the sharing funds spent (line 7) from the total of equitable sharing fund (line 6). Enter on line 8 the ending balance.

**Appraised Value of Other Assets:** Enter on line 8 the fair market value of any property received, *e.g.*, if the fair market value of a car is \$10,000, then enter \$10,000 on line 8. *Note:* When the car is sold, the proceeds of the sale must be entered on line 4 (other income) in the year sold.

**Summary of Shared Monies Spent:** Enter on lines a-m the total amount spent for each item listed.

**Total Spent on Other Law Enforcement Expenses:** Enter on line j the total amount of expenses not listed in items a through i. Attach list of expenditures.

**Total Transfer to Law Enforcement Agencies:** Enter on line k the amounts transferred to other state and local law enforcement agencies. Attach list of recipients with their addresses and include amount of cash, property, and proceeds transferred. Verify that the recipients have submitted a Federal Equitable Sharing Agreement to both the Departments of Justice and the Treasury.

**Total Permissible Use Transfers:** Enter on line l the total of the amounts transferred to eligible non-law enforcement agencies and private groups. Attach list of recipients with their addresses, and direct expenditures made on behalf of the eligible agencies and groups.

**Total Spent on Matching Grants:** Enter on line m amounts your agency spent to match grants.

**Law Enforcement Agency Head or Authorized Representative:** The head of your law enforcement agency (or the authorized representative) must sign and date the form. (Examples of law enforcement agency head or authorized representative include the following: police chief, district attorney, sheriff, undersheriff, deputy chief, etc.) Name and title of the signatory must be printed or typed. By signing the agreement, the head of the law enforcement agency (or the authorized representative) certifies that this report is an accurate accounting of funds received and spent by the law enforcement agency under the federal equitable sharing program during this reporting period.

**Governing Body Head or Representative:** The head of your governing body (or the authorized representative) must sign and date the form. (Examples of governing body head or authorized representative include the following: city manager, county executive, mayor, county judge, etc.) Name and title of the signatory must be printed or typed. By signing the certification, the head of the governing body (or the authorized representative) certifies that this report is an accurate accounting of funds received and spent by the law enforcement agency under the federal equitable sharing program during this reporting period. For purposes of this form, a governing body is an institution or organization that has appropriations authority—that is, the agency that gives your agency its budget—over the state or local law enforcement agency. A law enforcement official should not sign for the governing body unless he/she has appropriations authority.

**Mail the Federal Annual Certification Report to:**

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740 15th Street, NW, Suite 700  
Washington, D.C. 20220  
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Fax: (202) 622-9610

A copy of the report must also be sent to the U.S. Attorney in the district in which the recipient agency is located.