

Equitable Sharing Agreement and Certification

Type: Police Department



NCIC/ORI/Tracking Number: GA0605800 Agency Name: Johns Creek Police Department Mailing Address: 11445 Johns Creek Parkway

Johns Creek GA 30097

Finance Contact Name: Marmol, Brittany Phone: 6785123236

Email:Brittany.marmol@johnscreekga.gov

ESAC Preparer

Name: Smith, Dinetta Phone: 678-512-3236

Email: dinetta.smith@johnscreekga.gov

Last FY End Date: 9/30/2015 Agency Current FY Budget: \$10,256,280.00

Annual Certification Report

Justice Funds 1 **Treasury Funds Summary of Equitable Sharing Activity** Begining Equitable Sharing Fund Balance \$274,550.67 \$0.00 (Must match Ending Balance from prior FY) 2 Equitable Sharing Funds Received \$85,889.75 \$0.00 Equitable Sharing Funds Received from Other Law \$0.00 \$0.00 Enforcement Agencies and Task Force (Complete Table B) Other Income \$0.00 \$0.00 Interest Income \$498.55 \$0.00 Total Equitable Sharing Funds Received (total of lines 1-5) \$360,938.97 \$0.00 Equitable Sharing Funds Spent (total of lines a - n below) \$71,738.08 \$0.00 Ending Equitable Sharing Funds Balance \$289,200.89 \$0.00 (difference between line 7 and line 6)

²Department of the Treasury Asset Forfeiture Program participants are: IRS, ICE, CBP and USSS.

Summary of Shared Funds Spent		Justice Funds	Treasury Funds
а	Law enforcement operations and investigations	\$0.00	\$0.00
b	Training and education	\$43,806.50	\$0.00
С	Law enforcement, public safety and detention facilities	\$0.00	\$0.00
d	Law enforcement equipment	\$27,931.58	\$0.00
е	Joint law enforcement/public safety operations	\$0.00	\$0.00
f	Contracting for services	\$0.00	\$0.00
g	Law enforcement travel and per diem	\$0.00	\$0.00
h	Law enforcement awards and memorials	\$0.00	\$0.00
i	Drug, gang and other education or awareness programs	\$0.00	\$0.00
j	Matching grants (Complete Table C)	\$0.00	\$0.00
k	Transfers to other participating law enforcement agencies (Complete Table D)	\$0.00	\$0.00
Π	Support of community-based programs (Complete Table E)	\$0.00	
m	Non-categorized expenditures (Complete Table F)	\$0.00	\$0.00
n	Salaries (Complete Table G)	\$0.00	\$0.00
	Total	\$71,738.08	\$0.00

¹Department of Justice Asset Forfeiture Program participants are: FBI, DEA, ATF, USPIS, USDA, DCSIS, DSS and FDA

Table B: Equitable Sharing Funds Received From Other A	Agencies	
Transferring Agency Name	Justice Funds	Treasury Funds
Table C: Matching Grants		
Matching Grant Name	Justice Funds	Treasury Funds
Table D: Transfers to Other Participating Law Enforcement	nt Agencies	
Receiving Agency Name	Justice Funds	Treasury Funds
Table E: Support of Community-based Programs		
Recipient	Justice Funds	
Table F: Non-categorized expenditures in (a) - (n) Above		
Description	Justice Funds	Treasury Funds
Table G: Salaries		
Salary Type	Justice Funds	Treasury Funds
Paperwork Re	duction Act Notice	
Under the Paperwork Reduction Act, a person is not required OMB control number. We try to create accurate and easily ur complete. The estimated average time to complete this form estimate, or suggestions for making this form simpler, please 1400 New York Avenue, N.W., Washington, DC 20005.	nderstood forms that impose the least is 30 minutes. If you have comment	st possible burden on you to s regarding the accuracy of this

⋈ NO

Date Printed: 11/18/2016 Page 2 of 3 February 2016 Version 3.1

Affidavit

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations under the Equitable Sharing Agreement and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the Guide during the reporting period and that the recipient Agency is compliant with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient Agency is compliant with the applicable nondiscrimination requirements of the following laws and their implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

During the past fiscal year: (1) has any court or administrative agency issued any finding,
judgment, or determination that the Agency discriminated against any person or group in violation
of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any
settlement agreement with respect to any complaint filed with a court or administrative agency
alleging that the Agency discriminated against any person or group in violation of any of the
federal civil rights statutes listed above?
☐ Yes

Δα	en	CV	Н	ead
Ηu	EII	CΥ	116	zau

Name: Densmore, Reynolds

Title: Police Chief

Email: ed.densmore@johnscreekga.gov

Governing Body Head

Name: Hutmacher, Warren Title: City Manager

Email: warren.hutmacher@johnscreekga.gov

To the best of my knowledge and belief, the information provided on this form is true and accurate and has been duly reviewed and authorized by the Law Enforcement Agency Head and the Governing Body Head whose names appear above. Their typed names indicate their acceptance of and their agreement to abide by the policies and procedures set forth in the Guide to Equitable Sharing for State and Local Law Enforcement Agencies, this Equitable Sharing Agreement, and any policies or procedures issued by the Department of Justice or the Department of the Treasury related to the Asset Forfeiture or Equitable Sharing Programs.

I certify that I am authorized to submit this form on behalf of the Agency Head and the Governing Body Head.