

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

COMPREHENSIVE COMMUNITY PLAN CERTIFICATION

As a representative of the Local Coordinating Council for _____ County, I hereby certify that the information contained herein is true and accurate to the best of my knowledge and belief, and was prepared for the purpose of gaining access to the County Drug-Free Community Fund in accordance with Indiana Code 5-2-11. I also hereby certify that the Local Coordinating Council for _____ County has completed, reviewed, and approved the Comprehensive Community Plan as a collaborative body, acting within the interests of the community.

By submitting this Comprehensive Community Plan, I understand that the Indiana Criminal Justice Institute (ICJI) may, at its discretion, not approve of the Comprehensive Community Plan should it fail to meet any legal requirements and/or is not submitted to ICJI by the April 1st deadline. I further understand that should the Comprehensive Community Plan not be approved, ICJI will provide a reasonable time to cure any such defects that resulted in non-approval. Should any defects not be cured in a timely manner, I understand that an administrative hold may be placed on the County Drug-Free Community Fund pursuant to Indiana Code § 5-2-11-5-(d). Additionally, I understand and acknowledge that the Local Coordinating Council must submit quarterly progress reports to ICJI in order to maintain an active status and remain in compliance with its Comprehensive Community Plan.

LCC President Name (Printed)

President Signature & Date

Email

LCC Coordinator Name (Printed)

Coordinator Signature & Date

Email