**Must be on LEA letter-head**

TO: Georgia Department of Public Safety – Excess Property

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chief, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sheriff/Police Department

DATE:

SUBJECT: REQUEST FOR REINSTATEMENT into the LESO Program

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For your review and approval, the following is a Correction Action Plan to permit the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department/Sheriff Department, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, to apply for application and reinstatement to the Law Enforcement Support Office (LESO) Program.

**Background:**

Following the conclusion of an investigation conducted by the U.S. Department of Defense, Inspector General’s Office, (or Illinois LESO Office) a directive was issued by the State Coordinator’s Office for the termination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD. In \_\_\_\_\_(date), \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD was terminated from the Illinois LESO program due to its failure to comply with the DoD/Defense Logistics Agency’s Memorandum of Agreement. The report detailed (insert missing property; reasons for termination, etc.). The termination required the transfer (or return) of remaining equipment including from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department (or DLA site).

**Community:**

*(Insert description of community, population/size, census data, poverty levels, miles of territory patrolled, list of police agency’s equipment needs…. and other relevant information to demonstrate need of reinstatement to this Federal financial assistance program)*.

**Corrective Action Plan (CAP) for \_\_\_\_\_\_\_\_\_\_\_\_ Department:**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department has implemented improved accountability measures from the point of allocation to security and utilization of the DLA/1033 equipment.

* Application/Screeners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall submit an application to Georgia Department of Public Safety – Excess Property Office identifying full-time/part-time sworn officers who shall serve as screeners, and one full-time officer (or Chief) shall be appointed as the weapons POC.
* Inventory & Storage: All DLA/1033 personal property issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD will be responsibly stored, monitored, and accounted each month by two (2) law enforcement personnel reporting to the Chief of Police. By requiring multiple checks, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is creating systematic checks/balances to ensure no one individual has complete control of DLA issued equipment. ALL DLA equipment will be stored in a security locker (armory).
* Accountability of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD will issue the DLA LESO “custody cards”, or create a custody card that meets the minimum acceptable criteria that has been established by the DLA LESO, that will be maintained and signed by officers in possession of DLA LESO property. A monthly physical inventory will be completed and reconciled to the DLA inventory system, and such monthly inventories shall be reviewed and certified by shift commanders and/or Chief. Inventory shall include a record of all serial numbers of any assigned equipment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD shall comply with all requirements for annual inventory, provide descriptions, photographs, as requested or required by the Georgia Department of Public Safety – Excess Property Office and DLA/1033 Program.
* Utilization & Accessibility to Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD shall utilize all property acquired through the DLA 1033 Program for required utilization periods. Any equipment not placed into service shall be returned to DLA or transferred to another eligible LEA in Georgia. DLA weapons and other equipment issued to the agency shall include “legacy planning” to ensure accessibility and security of all DLA weapons and equipment, at all times. The agency shall create a custody and equipment transfer policy to ensure reasonable access to equipment in the event of officer terminations, employee leaves, vacations, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD will maintain accountability, accessibility, and control of all DLA weapons, at all times.
* Handling/Security/Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall ensure secured storage of weapons issued to officers utilizing vehicle storage lockers, vehicle tufbox, or other vehicle rifle locks. Any weapons stored at the police agency shall be secured in locked storage accessible only by the Weapons POC and Chief/Sheriff.
* Accountability of all Files: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD shall maintain all copies of pertinent files including any distribution documents, 1348s, ATF forms, inventory of assets, etc., and comply with current records retention policies as required or established by DLA.
* Maintenance and Disposal of Demil Equipment: All equipment issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD with “Demil” assigned codes shall be maintained, transferred, and disposed only as approved by the State Coordinator’s Office and DLA.
* Progress Reports & Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD shall demonstrate a full and complete understanding of AMPs, RBI, and FEMPIS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD shall conference or meet with the Georgia State Coordinator’s Office not less than every 60 days for a period up to six months to ensure full compliance with this Corrective Action Plan (CAP), or until such time as the Illinois State Coordinator deems appropriate that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD can reasonable demonstrate sufficient knowledge and experience of all web-based systems utilized for compliance with requesting and inventory of all LESO equipment allocated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that I shall adhere to the terms and conditions of the Corrective Action Plan above and respectfully request reinstatement as an eligible law enforcement agency.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department