

**PLEASE PUT ON YOUR DEPARTMENT'S LETTER HEAD**

DATE

Indiana Criminal Justice Institute  
Traffic Safety Division  
Indiana Government Center South  
402 W. Washington Street, Room W469  
Indianapolis, IN 46204

To Whom It May Concern:

The Personnel Detail reports(s) documenting each officer's enforcement hours during **(name the enforcement period reported)** is included. The officers' hours of enforcement contained within this report are true and accurate. The fiscal report being submitted is for additional hours above and beyond regular duty hours worked the stated timeframe.

These miles certified by each officer on their individual officer activity sheet. Per the grant agreement, our agency is submitting mileage and/or FICA/Medicare costs as match for this award.

My signature below certifies that any funds reported on the attached fiscal report during **(name the reporting period reported)** , as matching funds, are not being used as match for any other Federal Award. If you have questions, please feel free to contact my agency at .

contact information.

Respectfully submitted,

**Title**