OMB Number 1123-0011
Expires November 30,2018

Equitable Sharing Agreement and Certification

NCIC/ORI/Tracking Number: GA0470000
Agency Name: Dougherty County Sheriff's Office **Type:** Sheriff's Office
Mailing Address: P O Box 1827
Albany GA 31701

Finance Contact
Name: Hendley, Martha
Phone: (229)431-2120 **Email:** mhendley@dougherty.ga.us

ESAC Preparer
Name: Hendley, Martha
Phone: (229)431-2120 **Email:** mhendley@dougherty.ga.us

Last FY End Date: 6/30/2016 **Agency Current FY Budget:** $3,504,870.00

Annual Certification Report

	Summary of Equitable Sharing Activity	Justice Funds [1]	Treasury Funds [2]
1	Begining Equitable Sharing Fund Balance (Must match Ending Balance from prior FY)	$0.00	$0.00
2	Equitable Sharing Funds Received	$0.00	$0.00
3	Equitable Sharing Funds Received from Other Law Enforcement Agencies and Task Force (Complete Table B)	$0.00	$0.00
4	Other Income	$0.00	$0.00
5	Interest Income	$0.00	$0.00
6	Total Equitable Sharing Funds Received (total of lines 1-5)	$0.00	$0.00
7	Equitable Sharing Funds Spent (total of lines a - n below)	$0.00	$0.00
8	Ending Equitable Sharing Funds Balance (difference between line 7 and line 6)	$0.00	$0.00

[1]Department of Justice Asset Forfeiture Program participants are: FBI, DEA, ATF, USPIS, USDA, DCSIS, DSS and FDA
[2]Department of the Treasury Asset Forfeiture Program participants are: IRS, ICE, CBP and USSS.

	Summary of Shared Funds Spent	Justice Funds	Treasury Funds
a	Law enforcement operations and investigations	$0.00	$0.00
b	Training and education	$0.00	$0.00
c	Law enforcement, public safety and detention facilities	$0.00	$0.00
d	Law enforcement equipment	$0.00	$0.00
e	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
l	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	$0.00	$0.00

Table B: Equitable Sharing Funds Received From Other 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 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 Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Asset Forfeiture and Money Laundering Section: 1400 New York Avenue, N.W., Washington, DC 20005.

Did your agency purchase any controlled equipment? ☐ **YES** ☒ **NO**

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** ☒ **No**

Agency Head

Name: Sproul, Kevin
Title: Sheriff
Email: ksproul@dougherty.ga.us

Governing Body Head

Name: Crowdis, Richard
Title: County Administrator
Email: rcrowdis@dougherty.ga.us

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.