

Officer: _____

District: _____

Site(s): _____



**School Safety Program
FY 2014 Cooperative Agreement**

DUE October 15, 2013

We, the undersigned, acknowledge we will coordinate and cooperate in the School Safety Program if funds are awarded. By signing this agreement we also give our assurance of the following items:

- We are in agreement with the statement of officer salary and benefits
- We will uphold the intent of the grant, which includes but is not limited to:
 - Provide for 90 hours of law-related education
 - Ensure presence of a full-time officer on campus during school hours consistent with grant requirements
 - Maintain weekly activity logs completed by the officer that are monitored by the school administrator and agency supervisor
- We will enter into a Service Agreement (or IGA)
- We understand each party's responsibility under the program
- We understand that this assignment is for the remainder of the 2013-2014 school year only

Print Name: _____
School Principal(s)

Signature: _____

Print Name: _____
District Superintendent

Signature: _____

Print Name: _____ Title: _____
Authorized Local Law Enforcement Agent/ Authorized County Juvenile Probation Agent

Signature: _____

Agency: _____