**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).

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LCC President Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LCC Coordinator Name (Printed)

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President Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Signature & Date

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