**Instructions:** Please submit this certification letter, **on County or City letterhead**, to the Statewide 9-1-1 Board at grants@in911.net or 10 West Market Street, Suite 2420, Indianapolis, IN 46204.

**Certification of Compliance**

Statewide 9-1-1 Board

10 West Market St. Ste 2420

Indianapolis, IN 46204

On behalf of [County Commissioner/City Council], I, [print name], hereby certify that as a sub-grantee of the Federal 9-1-1 Grant Program, [County/City] has completed the NG9-1-1 improvement project as approved by the Indiana Statewide 9-1-1 Board. [County/City’s] project was implemented within the guidelines of our grant application.

[County/City’s] NG9-1-1 application, award, and implementation project includes: (please check one or more)

* NG911 Capable Call Processing Equipment (CPE)
* Development and maintenance of Geographic information system (GIS) data for NG9-1-1 services.
* Computer Aided Dispatch (CAD).
* Session Initiation Protocol (SIP)-enabled Recorders

We acknowledge that as part of our request for reimbursement, we shall provide:

1. Certification of Compliance
2. Copy of project invoice from vendor
3. Copy of approved Claim
4. Copy of payment method (check)

President, County Commissioners Date