

**FY 2024 Coverdell Forensic Science  
Improvement Grants Program**

**Attachment: External Investigations**

The “Certification as to External Investigations” that is submitted on behalf of the applicant agency as part of this application certifies that—

A government entity exists and an appropriate process is in place to conduct independent external investigations into allegations of serious negligence or misconduct substantially affecting the integrity of the forensic results committed by employees or contractors of any forensic laboratory system, medical examiner’s office, coroner’s office, law enforcement storage facility, or medical facility in the State that will receive a portion of the grant amount.

Prior to receiving funds, the applicant agency (that is, the agency applying directing to the Bureau of Justice Assistance) must provide — for each forensic laboratory system, medical examiner’s office, coroner’s office, law enforcement storage facility, or medical facility that will receive a portion of the grant amount — the name of the “government entity” (or entities) that forms the basis for the certification. Please use the template below to provide this information. (Applicants may adapt this template if necessary, but should ensure that the adapted document provides all required information.)

**IMPORTANT NOTE:** If necessary for accuracy, list more than one entity with respect to each intended recipient of a portion of the grant amount. For example, if no single entity has an appropriate process in place with respect to allegations of serious negligence as well as serious misconduct, it will be necessary to list more than one entity. Similarly, if no single entity has an appropriate process in place with respect to allegations concerning contractors as well as employees, it will be necessary to list more than one entity.

Additional guidance regarding the “Certification as to External Investigations” appears in the Eligibility Information section of the program solicitation for the FY 2024 Coverdell Program.

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**Name of Applicant Agency (including Name of State):**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of any forensic laboratory system, medical examiner’s office, coroner’s office, law enforcement storage facility, or medical facility that will receive a portion of the grant amount**

**Existing government entity (entities) with an appropriate process in place to conduct independent external investigations**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**FY 2024 External Investigations Attachment (continued)**

Name of Applicant Agency: \_\_\_\_\_

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