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| Image depicting the DPS agency seal | **MULTI-COUNTY DRUG TASK FORCE APPLICATION** |

**Cover Sheet**

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| **Task Force Name:** | |  | | | | | | | | | | | | | | | | |
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| **Project Director** | | | | | | | | | | | | | | | | | | |
| Name: |  | | |  | |  | | | | | |  |  | |  | Title: |  | |
|  | *Last* | | |  | | *First* | | | | | |  | *MI* | |  |  |  | |
| Address: |  | | | | | | | | | | | | | | | | | |
|  | *Street Address* | | | | | | | | | | | | | | | | | |
|  |  | |  | | Texas | | | |  |  | | | |  | | | | |
|  | *City* | |  | | *State* | | | |  | *ZIP Code* | | | |  | | | | |
| Phone: | (       )       -       Ext. | | | | | |  | Fax: | | | (       )       -       Ext. | | | | | | |  |
| Email: |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Task Force Commander** | | | | | | | | | | | | | | | | | | |
| Name: |  | | |  | |  | | | | | |  |  | |  | Title: |  | |
|  | *Last* | | |  | | *First* | | | | | |  | *MI* | |  |  |  | |
| Address: |  | | | | | | | | | | | | | | | | | |
|  | *Street Address* | | | | | | | | | | | | | | | | | |
|  |  | |  | | Texas | | | |  |  | | | |  | | | | |
|  | *City* | |  | | *State* | | | |  | *ZIP Code* | | | |  | | | | |
| Phone: | (       )       -       Ext. | | | | | |  | Fax: | | | (       )       -       Ext. | | | | | | |  |
| Email: |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **List of Cities and Counties Within Impacted Area** | | | | | | | | | | | | | | | | | | |
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**Project Narrative Form**

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| **Problem Statement** |
| *Provide a statement of the specific problem or problems, i.e., the strategic need this project is designed to address. This narrative should include information that defines the drug threat and explains the strategic need for the task force in the particular impact area.* |
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| **Supporting Data** |
| *Provide data that supports the problem. Use only data that is verifiable and relevant to your impact area. The data should be derived from baseline statistics. In addition, provide citations for the sources of your data.* |
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| **Goal Statement** |
| *Based on your problem statement, provide a goal statement. It should address the intended impact that your project seeks to attain.* ***DO NOT LIST ACTIVITIES.*** |
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| **Problem Summary** |
| *Briefly summarize the application, including the project’s problem statement, supporting data, goal, activities, and objectives. Be sure that the summary is easy to understand by a person not familiar with your project and that you are confident and comfortable with the information if it were to be released under a public information request. A separate document should be attached to this application that fully describes the composition of the task force, including the names of the participating agencies and the names, training records, and experience of the individual officers to be assigned to the task force.* |
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**Certifications**

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| 1. *Each task force shall have a current Project Director at all times. If the Project Director changes, the current Project Director shall provide written notification to the DPS Director within five calendar days after the change.* 2. *If any task force personnel change, then the current Project Director shall provide written notification to the DPS Director within five calendar days after the change.* 3. *At least twenty-five percent of personnel assigned to the task force shall be randomly tested at least quarterly for drugs by an independent scientific laboratory that meets federal Department of Health and Human Services guidelines for drug/metabolite testing. The Project Director shall provide the DPS Director with a copy of the task force’s written drug testing policy, if requested. The Project Director shall maintain documentation on file evidencing that the above drug testing was conducted. The Project Director shall provide written notification to the DPS Director of the identity of any employee with a positive drug test and shall take appropriate action as outlined in the applicant agency’s policy on providing a drug-free workplace.* 4. *The Project Director shall notify the DPS Director in writing, within five calendar days of the arrest, of the identity of any task force personnel who has been arrested, the reason for the arrest, and any resulting action taken by the task force.* 5. *The Project Director shall notify the DPS Director in writing of any lawsuit or pending litigation involving the task force or its personnel no later than five calendar days after receiving notice of that lawsuit or pending litigation.* 6. *Applicant agrees that any aspect of the task force operation, including all records related to the operations of the task force, may be inspected by DPS to ensure compliance with applicable laws and regulations, state and federal requirements, and policies and procedures established by DPS. Applicant agrees that the task force shall timely, accurately, and completely respond to any request for information, data, or reports by the DPS Director.* 7. *If a person is required or allowed to make a notification, report, or other communication to the DPS Director, the person must make the communication in writing to the DPS Director through the DPS Criminal Investigations Division, Organized Crime Section, at:*    * *Telephone Number: 512-424-7722*    * *Fax Number: 512-424-5717*    * *Mailing Address: PO Box 4087, Austin, TX 78773-0430*    * *Physical Address: 6100 Guadalupe Street, Austin, TX 78752*   *The signature of the Project Director certifies that the applicant task force and any personnel assigned to the task force shall comply with all requirements contained in this application in addition to all applicable laws and regulations, state and federal requirements, and policies and procedures established by DPS.* | | | | | |
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| **Project Director:** |  |  |  | | |
|  | *Printed Name* |  | *Position Title* | | |
|  |  | | |  |  |
|  | *Signature* | | |  | *Date* |