

OJJDP FY 2024 Title II
CERTIFICATION REGARDING STATE POLICY
REQUIRING TRAINING AND CERTIFICATION TO WORK WITH JUVENILES
(Submit in the [OJJDP Compliance Monitoring Tool](#))

On behalf of the applicant, _____ [Designated State Agency] and in support of the state/territory of _____ application for a Title II, Part B, Formula Grants Program award under the Juvenile Justice and Delinquency Prevention Act, I certify under penalty of perjury to the U.S. Department of Justice (Department), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention, (OJJDP) that all of the following are true and correct:

(1) I have the authority to make the following representations on behalf of myself and the applicant. I understand that these representations will be relied upon as material in any OJP decision to make an award to the applicant based on its application.

(2) The State/Territory of _____ has in effect a policy that requires individuals who work with juveniles¹ and adult inmates² to have training and certification to work with juveniles.

I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the applicant to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729–3730 and 3801–3812). I also acknowledge that OJP awards, including certifications provided in connection with such awards, are subject to review by the Department, including by OJP and by the Department’s Office of the Inspector General.

Signature of Certifying Official (Head of Designated State Agency or Management Official Designee)

Printed Name of Certifying Official

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¹ A “juvenile” is an individual who is subject to a state’s juvenile court jurisdiction.

² “Adult inmate” is defined at 34 U.S.C. § 11103(26).

Page 2 - Certification Regarding State Policy Requiring Training and Certification To Work With Juveniles

Name of State/Territory

Name of Designated State Agency

Date