SRO Adequate Coverage Verification Form

Instruction for Grantees: This form shall be completed by law enforcement agency grantees only. Please include this finalized document with your reimbursement submission and email it directly to the MCSS Grants Unit at mcss.mcss@maryland.gov.

Law Enforcement (LE) agency: _____

Local Education Agency (LEA): _____

Total Approved Grant Funding: $_____

I. REIMBURSEMENT CLAIM DETAILS

Reimbursement Period: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4 | **Request Date:** _____

Grant #: _____

Expense Breakdown:

Overtime/Salaries (Officers): $_____ | Overtime/Salaries (SRO Supervisors): $_____

Equipment: $_____ Training: $_____

Total Reimbursement Amount Claimed: $_____

II. LAW ENFORCEMENT AGENCY CERTIFICATION & SIGN-OFF

By signing below, I certify that the reimbursement requested above represents actual, allowable, and allocable costs incurred under the FY2027 SRO Adequate Coverage Grant, that the underlying activities were performed in accordance with grant requirements, and that all supporting documentation is true, accurate, and on file.

Authorized Official: _____ **Title:** _____

Agency: _____

Signature: _____

III. LOCAL EDUCATION AGENCY (LEA) WRITTEN ASSURANCE & VERIFICATION

Effective FY2027 per OLA recommendations, LE grantees must obtain written assurance from the LEA official (or designee) overseeing the active adequate coverage MOU between both agencies.

Certification: By signing below, I certify that: **(1)** I hold direct authority/oversight for the active MOU between _____ and _____; **(2)** SRO adequate coverage was provided per the terms of the MOU; and **(3)** This verification serves as the required written assurance for this reimbursement request.

Authorized Official: _____ **Title:** _____

Local Education Agency: _____

Signature: _____