



Kansas Law Enforcement Accreditation Program KLEAP



Agency Participation Agreement

SECTION A: Agency Information

Agency Name:

Street Address:

City:

State:

Zip Code:

Chief Executive Law Enforcement Officer (CLEO) Name & Title:

Office Phone:

Extension:

Cell Phone:

Fax:

Email:

Agency's Website Address:

Agency Accreditation Manager Name & Title:

Office Phone:

Extension:

Email:

SECTION B: Agency Demographics

Agency Type:

- | | |
|---|---|
| <input type="checkbox"/> County Agency (Sheriff's Office) | <input type="checkbox"/> University/College/School Police |
| <input type="checkbox"/> Municipal Law Enforcement Agency | <input type="checkbox"/> Airport Police |
| <input type="checkbox"/> Regional Law Enforcement Agency | <input type="checkbox"/> Railroad Police |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Tribal Police |
| <input type="checkbox"/> Other | |

Total Authorized Sworn Members:

Total Authorized Civilian Members:

Is your Agency CALEA Accredited?

☐ Yes

☐ No

Does your Agency have Adobe Acrobat Pro DC?

☐ Yes

☐ No

Return Completed form to: KLEAP | 11009 S Hornet | Hutchinson, KS 67501 or Email to KLEAP@kletc.org
Contact the KLEAP Manager: (620) 694-1549



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SECTION C: Training

The Kansas Law Enforcement Accreditation Program offers the following training classes for **free**. Please indicate your Agency's interest in attending training.

	TRAINING	
	Accreditation Manager	Assessor
Chief Executive Law Enforcement Officer	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation Manager	<input type="checkbox"/>	<input type="checkbox"/>
Other Agency Member(s)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Desire to Participate

This agreement is entered into between
(Hereafter referred to as the "Candidate Agency") and the **Kansas Law Enforcement Accreditation Program (KLEAP)**. The Agency hereby expresses its desire to voluntarily participate in the State of Kansas Law Enforcement Accreditation Program and affirms that it is committed to earning Accredited status in accordance with the requirements set forth by the KLEAP.

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SECTION E: Purpose and Limitations of This Agreement

The Candidate Agency and the KLEAP agree to the provisions and terms outlined in this Agency Participation Agreement and to be bound by them in the execution of the Agreement. Each party agrees as follows:

- A. The purpose of this Agreement is to establish the terms of the relationship between the Candidate Agency, The Kansas Law Enforcement Training Center (KLETC), The Kansas Law Enforcement Accreditation Program (KLEAP), and the Kansas Accreditation Council (KAC). It also serves to establish their mutual responsibilities in the Accreditation process.
- B. It is understood that the Candidate Agency is not legally bound to participate in the KLEAP and that any responsibilities incurred pursuant to this Agreement have been assumed voluntarily.
- C. It is further understood that the Candidate Agency's participation in the KLEAP is contingent upon the continued approval of the Chief Law Enforcement Executive Officer or of the governing body where there is not a CLEO. *(Not applicable to Sheriff's Offices.)*
- D. The Candidate Agency should achieve KLEAP initial accreditation within 24 months of the execution of this agreement. Candidate Agencies unable to meet the 24-month requirement may request up to two (2) 90-day extensions. Please refer to the KLEAP Program Manual for extension request requirements.
- E. The KLEAP shall publish on their website a listing of all agencies in the self-assessment phase which will show the initial start date, and the date of any extensions granted.
- F. In cases where the Candidate Agency CLEO has changed during the self-assessment phase, the new CLEO must submit a new Agency Participation Agreement (minus the fee) to fill out the remainder of the 24-month phase or previously granted extension. A change in the Candidate Agency's CLEO does not alter or amend the Candidate Agency's obligations or commitments initiated under the original agreement. If the new CLEO decides not to pursue accreditation via the KLEAP, the Candidate Agency may withdraw from the self-assessment phase and any fees paid are forfeited.

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SECTION F: Candidate Agency Responsibilities

The **Candidate Agency** agrees to:

- A. Provide all information requested by the KLEAP in good faith and to the best of the Candidate Agency's knowledge and honest judgment. Such information should include comments, files, records, and data required by the KLEAP insofar as they may be provided in accordance with laws and regulations of the State of Kansas and the municipality of which the Candidate Agency is a part.
- B. Cooperate fully with the KLEAP Manager and Assessors during the on-site assessment of the Candidate Agency's compliance with program standards. The Candidate Agency further agrees to provide all necessary files, records, and facilities requested by the Assessors.
- C. Use the KLEAP logo and other indicators of the KLEAP accredited status in accordance with the rules governing as set forth by the KLEAP. In the event that the Candidate Agency's accredited status expires the Candidate Agency agrees to immediately discontinue its use of these indicators.
- D. The Candidate Agency is not responsible for any expenses related to the use of Apprentice Assessors.

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SECTION G: The Kansas Law Enforcement Accreditation Program Responsibilities

The **KLEAP** agrees to:

- A. Provide all publications, documentation, forms, instructions, access, and technical assistance as necessary for the Candidate Agency to participate in the Accreditation process at no additional cost to the Candidate Agency.
- B. Provide Assessors for the purpose of conducting an on-site assessment of the Candidate Agency's compliance with applicable standards.
- C. Review and evaluate all information and findings obtained from the on-site assessment and advise the Candidate Agency of the results thereof.
- D. Provide a formal certificate and other necessary materials to the Candidate Agency in recognition of their KLEAP accredited status.
- E. If accreditation is not granted by the Kansas Accreditation Council (KAC), the KAC will provide in writing to the Candidate Agency the reason(s) therefore and the necessary steps needed to gain accredited status.

SECTION H: Confidentiality

- A. Insofar as it is permissible by law to do so, the KLEAP shall observe a strict policy of confidentiality on all information received from Candidate Agencies during and after accreditation. All reports, files, records, and related materials prepared by Assessors or program staff regarding the Candidate Agency's participation in the KLEAP shall be held in confidence in the same manner. No materials or contents thereof shall be disclosed, distributed, or released to any person or organization except as authorized by this agreement, by law, or in compliance with a court order. The KLEAP reserves the right to disseminate previous on-site assessment documents and materials to incoming assessment team members.
- B. It is the policy of the KLEAP to speak about the State Accreditation Program in general rather than about specific Candidate Agencies. In response to any inquiries regarding the Candidate Agency's status with respect to accreditation, the KLEAP will only reply that the Candidate Agency has applied for accreditation or that the Candidate Agency has been accredited. All other inquiries will be directed to the Candidate Agency's Chief Law Enforcement Executive Officer.
- C. The Candidate Agency acknowledges that the KLEAP has the right to identify Candidate Agencies in news releases and other public information materials once the Candidate Agency has agreed to participate in the Kansas Law Enforcement Accreditation Program.

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SECTION I: Length of Accreditation

Accreditation shall be for four (4) years. Candidate agencies wishing to be reaccredited at the end of this term will be expected to follow a procedure similar to the initial accreditation process and to comply with all guidelines then in effect.

SECTION K: Accreditation Maintenance

- A. Upon certification by the Kansas Accreditation Council (KAC), the Candidate Agency shall maintain compliance with the KLEAP standards.
- B. The Candidate Agency agrees to submit an Annual Report of Compliance testifying to its continued compliance with all applicable standards. The Candidate Agency will notify the KLEAP Manager, in writing as soon as possible, if the Candidate Agency cannot maintain compliance with any standard(s).

SECTION L: Terms

- A. This Agreement shall take effect upon execution by the KLEAP Manager.
- B. The Candidate Agency agrees to pay its annual fees in accordance with the KLEAP fee schedule.
- C. The Candidate Agency retains the right to terminate this Agreement for any reason by submitting written notice to the KLEAP Manager that the Candidate Agency intends to withdraw from the KLEAP process.
- D. The KAC retains the right to terminate this Agreement if it determines that the Candidate Agency is not acting in good faith to honor the terms of this Agreement. KAC will submit written notice to the Candidate Agency if it chooses to exercise this right.
- E. This document constitutes the full agreement of both parties. The parties on this Agreement acknowledge that there are no provisions, terms, or obligations other than those set forth herein.

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SECTION J: Approval

The parties signed this Agreement on the day and year appearing opposite their respective signatures.

Agency CLEO:

Printed Name:

Title:

Signature:

Date:

KLEAP Manager:

Printed Name:

Signature:

Date:

IMPORTANT – PLEASE READ BELOW

**Upon receipt of the signed Agency Participation Agreement
an invoice will be sent, please follow payment instructions as provided on the invoice.
Once payment is received the KLEAP Manager will contact the Candidate Agency.**

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Form W-9
Rev. October 2018
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
State of Kansas

2 Business name/disregarded entity name, if different from above
University of Kansas

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
☐ Individual sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **P**
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
☒ Other (see instructions) **P**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1246 W Campus Rd

6 City, state, and ZIP code
Lawrence, KS 66045

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[] [] [] - [] [] - [] [] [] []
or
Employer identification number
4 8 - 1 1 2 4 8 3 9

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person **W. F. Alexander**
Date **February 12, 2020**

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X
Form W-9 (Rev. 10-2018)