



## IOWA LAW ENFORCEMENT ACCREDITATION PROGRAM

### **ILEAP ACCREDITATION APPLICATION**

---

#### **AGENCY PROFILE**

Agency Name:

Agency Address:

City:

Zip:

County:

Agency Website:

Chief Executive Officer (CEO) Name:

CEO Telephone:

CEO Email:

Accreditation Manager (AM) Name:

AM Telephone:

AM Email:

#### **CALEA ACCREDITATION STATUS**

Is department currently accredited by CALEA?

Yes    No    If yes, what year(s):

#### **AGENCY SIZE**

Authorized Sworn Officers

Full Time:

Part Time:

Authorized Non-Sworn Personnel (e.g., communications, crossing guards, etc.):

Full Time:

Part Time:

Does agency utilize Auxiliary Police Officers?    Yes    No Briefly describe Auxiliary Police Officers' duties:

Does agency utilize volunteers (e.g., interns, CERT, VIPs, etc.)?    Yes    No

Briefly describe volunteer duties:

**GEOGRAPHIC AREA OF RESPONSIBILITY**

Indicate political subdivisions or municipalities where your agency provides law enforcement services. County, state, or regional agencies should indicate all political subdivisions that rely on the agency for law enforcement or communications services.

Square mileage of service area:                      Population (latest Census):

Indicate any property located within the confines of another political subdivision for which your agency has law enforcement responsibility (e.g., airports, storage facilities, garages, schools, colleges, etc.):

If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the services provided and the name(s) of recipient entities:

**PERSONNEL FUNCTIONS**

Which department handles the agency personnel function?

Department Name:

Department Address:

Contact Name:

Contact Telephone:

Contact Email:

**WORKFORCE**

Indicate the number of employees for each category:

	<u>Administration</u>	<u>Patrol</u>	<u>Investigations</u>
Ranks above Captain			
Captain			
Lieutenant			
Sergeant			
Other Supervisory Rank			
Officer/Detective			
Other Sworn (SLEO, Aux., etc.)			
Civilian			
Adult School Crossing Guards			
Other			

Provide additional comments on above workforce (if any):

**PATROL ALLOCATION**

Describe your method of allocating officers to the patrol function. List any fixed shifts, walking beats, overlapping shifts, power shifts, etc.:

**CRIMINAL INVESTIGATIONS**

Does the agency routinely use uniformed patrol officers to conduct follow-up investigations of criminal cases?    Yes            No

If yes, describe under what circumstances (e.g., crimes, offenses only, non-criminal matters, etc.):

List any current multi-jurisdictional task force participation (include the agencies involved):

Do you process (photograph, fingerprint) arrestees at your facility?    Yes    No

Do you use a central booking facility for processing, detention and/or transporting to jail facilities (e.g. county or state facility)?    Yes            No

If yes, which booking facility do you use (please include name and address):

**VEHICLES**

Please list the type and number of vehicles utilized by your agency (e.g., including bicycles, motorcycles, ATVs, helicopters, etc.):

**COMMENTS**

Please provide any additional information you would like us to know about the operations of your agency:

**AUTHORIZED BY:**

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

**ACCREDITATION FEE SCHEDULE**

Level	Full Time Sworn LE Personnel	Initial Accreditation Fee		Annual Continuation Fee*	
		Not Nationally Accredited	Nationally Accredited	Not Nationally Accredited	Nationally Accredited
A	1-10	\$1,500	\$600	\$600	\$300
B	11-25	\$1,800	\$600	\$700	\$400
C	26-99	\$2,700	\$600	\$1,000	\$500
D	100-or More	\$3,900	\$600	\$1,300	\$600

\*The first Annual Continuation Fee is due on the anniversary date, which is one year following the date initial accreditation is granted and every year thereafter. Fees are subject to change.

Note: ILEAP policy states that agencies that withdraw during the accreditation process will not receive a refund of program fees.

**Application Submission**

Return the completed application to:

**Iowa Police Chiefs Association**  
**Iowa Law Enforcement Accreditation Program**  
 ILEAP@iowapolicechiefs.com

Payment is required only if the agency does not wish to apply for the ILEAP grant.

**METHOD OF PAYMENT**

Check payable to Iowa Police Chiefs Association is enclosed.

Visa    Master Card    Amex    ( If paying by credit card, be sure to complete all sections )

Card #:

Name on Card:

Expiration Date:

CVC#

Phone Number:

Signature of Cardholder: \_\_\_\_\_

Email for receipt:

**ILEAP GRANT REQUEST.** Our agency requests to be considered for the ILEAP Grant. We understand the grant will cover the initial accreditation fee and the first-year software costs if accepted. We understand that, if accredited, the annual continuation fee will be due one year following the initial accreditation.

\_\_\_\_\_  
 Chief Executive Officer

\_\_\_\_\_  
 Date