FORENSIC INTERVIEW PROGRAM

104 Marietta Street Suite 440 Atlanta, GA 30303 fice (404) 657-2222 x (404) 463-7652 II Free (800) 547-0060 Y (404) 463-7650

Forensic Interviewer Funding Certification Document (FIFCD)

To receive payment from the Forensic Interview Program for conducting a forensic interview, the Executive Director must certify the following:

- **1** The Forensic Interview Program is the payor of last resort and as such any other funds received by your Agency/Organization for the expressed purpose of conducting forensic interviews where the results of the interview will be used for the identification of the interviewee's need must be exhausted before the CVCP funds can be paid.
- 2 The monies paid by the Forensic Interview Program cannot supplant other funds, and as such the forensic interviewer cannot be paid by any other means, including donations or other grant funding (local, state, or federal) for the same purpose.

Based on the information above, I certify that the Forensic Interviewer(s) listed on this form does/do not receive any other funding or payment for conducting forensic interviews for the expressed purpose of recommending services for the victim interviewed. With my signature, I declare and affirm under penalty of perjury, pursuant to O.C.G.A. § 17-15-11, that the information provided on this form is true and correct.

| Print name(s) of Forensic Interviewer below | | |
|--|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Please Note: If you have more than five Forensic Interviewers, please complete an additional form. | | |

| Agency Name (Print): | | | |
|---------------------------------|-------|--|--|
| Telephone Number: | Ext.: | | |
| Executive Director's Signature: | Date: | | |

Please Note: This form must be submitted before payment can be disbursed and this certification will be required annually. If you should have any questions regarding the completion of this form, please contact Juanisha Lawson at (404) 657-1969.