



Annual CART Recertification Form

To be completed each February by the CART Coordinator

Name of CART Program	
Name of CART Coordinator	
Date Initial Certification Was Received (date on AATTAP/US-DOJ award letter)	
Total number of members comprising the team	
Total number of agencies represented on the team	

At least one activation and/or field scenario or tabletop must be completed each year to maintain certification with the individuals and agencies represented above.

Have you had any CART activations (full or partial) within the last 12 months? Y/N	
Summarize each activation to include: <ul style="list-style-type: none"> • Date • Circumstances of incident • Number of CART Members and agencies activated through CART • Outcome and lessons learned • Any changes made to policy, practice, use of resources or personnel deployment, or other significant changes to CART • If an after action report is available, please include as an attachment to this application 	Yes No

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Have you conducted any tabletop or field scenarios within the last 12 months? Y/N

<p>Summarize each event to include:</p> <ul style="list-style-type: none"> • Date • Circumstances of mock incident • Number of CART Members and agencies activated through CART • Outcome and lessons learned from the exercise • Any changes made to policy, practice, use of resources or personnel deployment, or other significant changes to CART as a result of exercise • If an after action report for the exercise is available, please include as an attachment to this application 	<p>Yes No</p>
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Have there been any personnel changes on your CART during the past 12 months? Y/N

<p>Summarize changes to include:</p> <ul style="list-style-type: none"> • Who and in what role he/she/they served • For any changes, please include first and last name, email, agency name, business number • Include any information on why the change(s) occurred 	<p>Yes No</p>
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Have any of your CART's participating agencies changed during the past 12 months? Y/N

Summarize to Provide:

- Name(s) of agency(ies) which left CART
- Name(s) of agency(ies) which newly joined the CART

Yes No

Has your CART's resource inventory changed during the past 12 months? Y/N

Summarize to Provide:

- Any additions
- Any deletions

Yes No



Have other significant changes impact your CART program occurred during the past 12 months? Y/N

<p>Summarize to Provide:</p> <ul style="list-style-type: none"> • Type of change • Approximate time frame of change • How the change was handled / any resulting actions taken 	<p>Yes No</p>
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Is your CART still in compliance with all applicable CART certification standards and proof requirements? Y/N

<p>If no, summarize to provide:</p> <ul style="list-style-type: none"> • Area(s) no longer in compliance and the cause • Planned action to resolve the compliance issue(s) 	<p>Yes No</p>
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Has the leadership of your CART changed during the past 12 months? Y/N	
<p>If yes, summarize to provide the following items for each leadership position change:</p> <ul style="list-style-type: none"> • First and last name • Email • Agency name • Business number • Position experiencing the change (i.e. CART Coordinator, CART Commander, agency CEO) 	<p>Yes No</p>

Do you wish to continue the certification of your CART program? Y/N	
<p>If no, please explain the reasons for no longer pursuing annual certification.</p>	<p>Yes No</p>



Attestation and Signatures

The parties indicated below acknowledge and represent the agreement that all information contained in this annual report is true and accurate.

Name of CART Coordinator	
Name and Title of CEO for the CART's Lead Agency	Agency Name:
	CEO Name:
	CEO Title:
Lead Agency Name	
Lead Agency Address	
<p>If your CART program is comprised of more than one lead agency, please provide information for all other CEO's, to include title and agency.</p>	
Name and Title of CEO for the CART's ADDITIONAL Lead Agency	Agency Name:
	CEO Name:
	CEO Title:
Name and Title of CEO for the CART's ADDITIONAL Lead Agency	Agency Name:
	CEO Name:
	CEO Title:
Name and Title of CEO for the CART's ADDITIONAL Lead Agency	Agency Name:
	CEO Name:
	CEO Title:

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TO BE SIGNED BY AGENTS AUTHORIZED TO LEGALLY BIND THE AGENCY:

In consideration of the request for continued CART Certification and to the extent allowable by law, the agency agrees to indemnify, hold harmless and defend Fox Valley Technical College, the United States Department of Justice, its agents, servants, and employees from any and all lawsuits, claims, demands, liabilities, losses, and expenses; including court costs and attorney's fees for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this project.

Affix signatures to a hardcopy/printout of this form and mail the original to:

AMBER Alert Training & Technical Assistance Program
 c/o National Criminal Justice Training Center at Fox Valley Technical College
 1825 N. Bluemound Dr.
 Appleton, WI 54912

Retain a copy for your files.

Signature of CART Commander or Coordinator	Signature
	Title:
	Date:
Signature of additional authorizing agent (e.g., CART Coordinator, CART Commander, or Lead Agency CEO)	Signature:
	Title:
	Date: