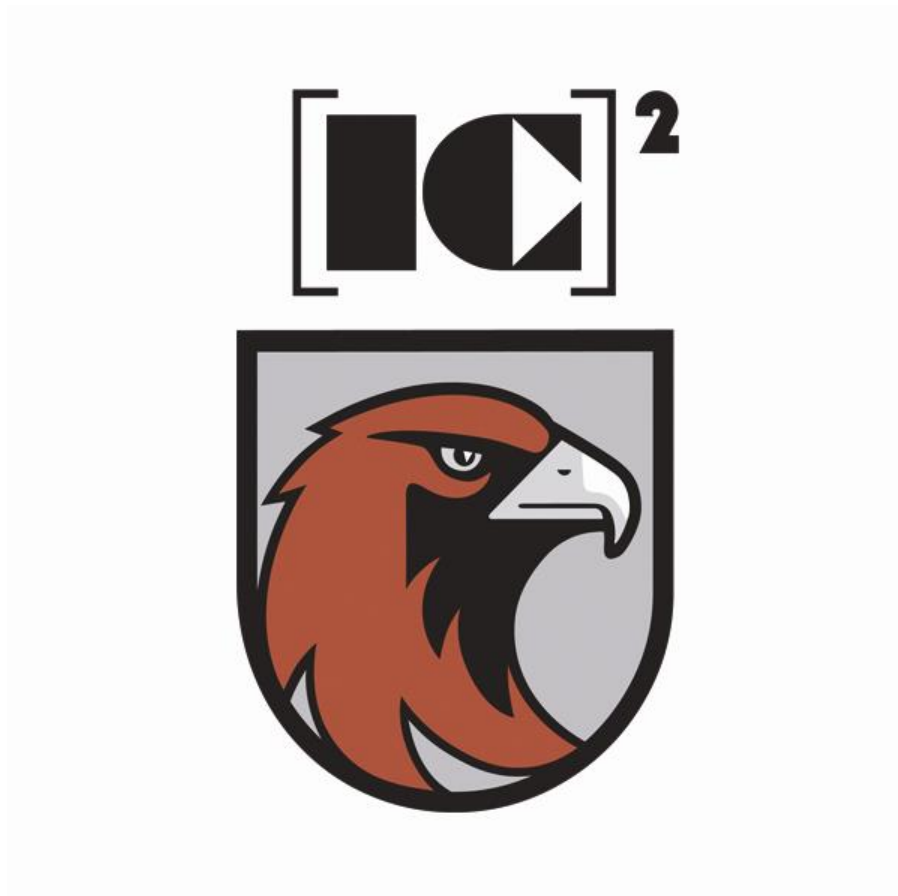


Idaho Criminal Intelligence Center



FLO Fusion Liaison Officer (FLO) Nomination and Application Package

PURPOSE

A Fusion Liaison Officer (FLO) is an individual (commissioned or non-commissioned) employed within law enforcement , an emergency management agency, or persons who are tasked with key resource or critical infrastructure protection who is responsible for reporting and disseminating suspicious activity to their local agency and to the Idaho Criminal Intelligence Center [IC]².

QUALIFICATIONS

Due to the sensitive nature of the information and involvement within the program it is vital that the [IC]² ensure the merit of each participant.

Applicants to the Fusion Liaison Officer (FLO) Program are required to:

- Maintain an agency recommendation to be a participant in the FLO program
- Sign the Roles and Responsibilities Contract and Non-Disclosure Agreement provided within the Nomination Package. The For Official Use Only (FOUO) Non-Disclosure Agreement is for non-Law Enforcement FLOs. The Law Enforcement Sensitive (LES) Non-Disclosure Agreement is for Law Enforcement FLOs only.

Questions should be addressed to the FLO Program Coordinator at:
icic@fusion.idaho.gov

Completed nomination and application packages are encouraged to be returned electronically to: icic@fusion.idaho.gov

Or can be printed, filled out, and sent by standard mail (which may result in delays) to:

Idaho Criminal Intelligence Center
700 South Stratford Drive
Meridian, Idaho 83642
Attn: FLO Program Coordinator

*****Incomplete applications will not be considered*****

Information provided in response to this application is for use of the [IC]² and will not be used for any purpose other than administration of the Fusion Liaison Officer Program.

Instructions for Completion:

The completed Fusion Liaison Officer (FLO) Program nomination and application package provides a written assessment of the nominee's current skills, abilities, and accomplishments. All sections should be typed or legibly printed.

Part I: Nomination

Each applicant must submit a signed Agency Nomination Letter. This letter must be signed by an Agency Leader or his/her designee, stating the applicant's merit and ability to follow the requirements, policies and procedures of the FLO Program.

Part II: Nominee Application

The nominee must provide information that is relevant to this program: personal information (for background purposes), education, training, and professional experience.

The email address you provide must be your official agency email address. No internet-based (i.e. jsmith@gmail.com or jsmith@ymail) will be accepted. As a secondary option: if your agency is a Rocky Mountain Information Network (RMIN) member, you are welcome to use the secure email account provided by your membership (contact Idaho RMIN representative Jeff Basterrechea for more information at jbasterrechea@rmin.riss.net).

Part III: Roles & Responsibilities

Each applicant must carefully read and understand the Roles & Responsibilities commitment. This outlines broadly FLO's roles and responsibilities. FLOs will receive further training on these topics in FLO Basic. An FLO not only represents their agency, but the FLO

program, and the Idaho Criminal Intelligence Center. The FLO nominee will also be required to sign a Non-Disclosure Agreement and Background Check Permission Form. The FOUO Non-Disclosure Agreement is for non-Law Enforcement FLOs. The LES Non-Disclosure Agreement is for Law Enforcement FLOs only.

[IC]² FLO APPLICATION

Part I: Agency Nomination

As an Agency supervisor, your selection an individual to become a Fusion Liaison Officer (FLO) with the Idaho Criminal Intelligence Center is greatly appreciated.

Your nomination of the individual and your commitment to the program of Agency time and resources are essential to [IC]²'s mission of enhancing the exchange of information between agencies and thereby assisting all Agency's collective mission of further protecting the citizens of Idaho.

"I understand my recommendation for this nominee to participate in the Idaho Criminal Intelligence Center's Fusion Liaison Officer Program includes my verification of the nominee's qualifications, commitment to the program, and the pledge of my full support for their participation."

Signature of Chief Executive

Date

Print Name

Title

Part II: Nominee Application

Personal Information:

Full Name: _____ DOB: _____

Job Title: _____

Agency: _____

Agency Address: _____

Office Telephone: _____ Cell/Mobile: _____

Email: _____

(this email address must be your official agency email address. No internet-based or non-agency domain addresses will be accepted)

Brief Description of Current Duties & Responsibilities in your current job:

Military Background (Please circle one): Yes No

Branch: _____ Rank: _____

Brief Description of Military Responsibilities:

Part III: Roles and Responsibilities:

FLO Roles and Responsibilities:

- Receive information from the [IC]² (i.e.: reports, alerts, and requests for information) and distribute to all supervisors and individuals qualified to receive such information within your home agency.
- Advise [IC]² of leads and relevant information that originate from within your agency/organization regarding suspicious activity that may be related to terrorism and/or criminal activity and forward the information to the [IC]².
- Serve as your agency's point of contact for the [IC]² and develop partnerships with neighboring FLOs
- Define Subject Matter Experts (SME) within your agency (e.g. HAZMAT, EOD, etc.) and advise [IC]² for the purpose of establishing a statewide contact list of SMEs. Advise [IC]² of newly acquired FLO SME status.
- Act as point of contact (POC), or advise [IC]² of an agency administrative designee POC, in the case of a critical incident in your Area of Responsibility (AOR) for more information.
- Abide by 28CFR Part 23, all [IC]² Privacy Policies, and the [IC]² Non-Disclosure Agreement.
- To maintain your status as an [IC]² FLO, you will be required to attend the following trainings at minimum once every three (3) years: FLO Basic (for new FLOs), FLO Intermediate (for experienced FLOs) or the Idaho Crime & Safety Conference (held annually in the Spring).
- Report to the [IC]², any changes in employment status within your home agency or change of agency.

Nominee Roles and Responsibilities

Statement of Commitment

The nominee must sign the following statement of commitment.

I, _____, understand that if I am selected to become a member of the Fusion Liaison Officer (FLO) program, I will adhere to the privacy policies, including all 28 CFR Part-23 requirements, [IC]² privacy policy, [IC]² Non-Disclosure agreement, and training/procedures of the FLO Program. I also understand that I will be held accountable to the roles and responsibilities of the program.

I will represent the [IC]² and the [IC]² FLO program in a positive and professional manner. Any inappropriate action or material released that may damage the reputation and purpose of the [IC]² and FLO program will result in my nomination being refused or FLO status being revoked.

If selected to participate in the FLO Program, I am willing to make this commitment to my home agency and to the [IC]².

Signature of Nominee

Date

Print Name

Agency

FLO Background Check Agreement

The FLO Program strives to accept candidates who are not only qualified but possess integrity. By submitting this application, the applicant agrees to submit to a background check. Applicants **will be disqualified** for the following reasons:

- ❖ A felony conviction of any kind
- ❖ A DUI conviction in the last 5 years
- ❖ Misdemeanor conviction involving moral character, false statements, perjury, or domestic violence
- ❖ A dishonorable discharge from the United States Armed Forces
- ❖ Untruthfulness on this application

NOTE: Other criminal history will be evaluated on a case by case basis.

Have you **ever** been convicted of any crime (Felony or Misdemeanor) or pled guilty to a criminal offense other than a minor traffic violation? All instances should be revealed even if you have been advised that your criminal record has been sealed or expunged as the criminal history search will reveal the occurrence. **NOTE: DUI is a crime and not a minor traffic violation.** ____ Yes ____ No

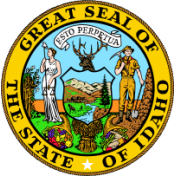
Do you currently have criminal charges pending against you?
____ Yes ____ No

I, _____, authorize [IC]² to obtain my criminal history for purposes of accessing and reviewing Idaho and national criminal history records that pertain to me. I understand that my acceptance as a FLO is contingent on my criminal background history.

Signature of Applicant

Date

Print Name



Idaho Criminal Intelligence Center [IC]² LES Non-Disclosure Agreement



Intending to be legally bound, I _____, hereby accept the obligation contained in this Agreement in consideration of my being granted access to “sensitive information.” The term, “sensitive information” includes:

Law Enforcement Sensitive (LES): information that could adversely affect ongoing investigations, create safety hazards for officers, divulge sources of information, and/or compromise their identities.

For Official Use Only (FOUO): information which warrants a degree of protection and administrative control that meets the criteria for exemption from public disclosure under the state statute and federal Freedom of Information Acts.

I agree to keep confidential all “sensitive information” provided by the Idaho Criminal Intelligence Center ([IC]²) and to protect its confidentiality and restrict its access based on a right and need to know. “Sensitive information” disseminated by the [IC]² shall not be disseminated by the recipient without permission from the [IC]² and shall only be disseminated via official government e-mail. It shall not be disseminated via commercial Internet Service Provider or webmail services, i.e. Yahoo or Gmail.

I understand that the unauthorized disclosure of “sensitive information” by me could cause damage or irreparable injury to future or ongoing investigations and operations. I understand that I am obligated to comply with the [IC]² standard operating procedures regarding the authorized disclosure of such information.

I hereby assign to the State of Idaho all royalties, remunerations, and emoluments that have resulted, will result, or may result from any disclosure, publication, or revelation of “sensitive information” not consistent with the terms of this Agreement.

I understand the State of Idaho may seek any remedy available to enforce this Agreement. Actions may include the termination of access to [IC]² information, criminal prosecution, and/or the application of a court order prohibiting disclosure of “sensitive information” in breach of this Agreement. I hereby waive any and all rights that I may have to object to the issuance of any such order.

I understand that all “sensitive information” to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the [IC]² unless and until otherwise determined by an authorized official or final ruling of a court of law.

I hereby acknowledge that I have read this Agreement in full concerning the nature and protection of “sensitive information.” This signed agreement shall be kept on file with the [IC]² until no longer required.

Print Name/Title

Signature

Date

Agency Name

Phone Number

Street Address

Official E-mail Address

City, State, Zip Code