Appendix C

Statewide Intelligence System Control Group
Sample Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into between the [HEAD] of the [NAME OF LEAD AGENCY] and the members of the Statewide Intelligence System (SIS) Control Group to govern the formation, participation, and related cooperation of the members of the SIS Control Group.

Objectives

The overall objective of the SIS Control Group is to assist the [HEAD] of the [LEAD AGENCY], or his or her designee, in establishing policies and developing guidelines for the implementation and operation of the SIS to demonstrate the effectiveness of shared management decisionmaking in the collection, storage, and dissemination of criminal intelligence information on a statewide basis.

Furthermore, members of the SIS Control Group shall assist the [HEAD] of the [LEAD AGENCY], or his or her designee, in planning, developing, implementing, and promoting the SIS. The SIS Control Group shall assist the [HEAD] of the [NAME OF LEAD AGENCY] in developing policies, procedures, and practices for the implementation and operation of the SIS. In order to meet these objectives, the SIS Control Group will address the following issues:

- Eligibility of Participating Agencies
- Information Submission Criteria
- Information Inquiry/Access/Dissemination Criteria
- Information Retention/Deletion Criteria
- Security of Information
- Audit Trails

Composition of the SIS Control Group

The [HEAD] of the [NAME OF LEAD AGENCY] will automatically serve as Chair of the SIS Control Group.

The SIS Control Group is comprised of representatives from the following agencies as voting members: [LIST NAMES OF AGENCIES]

The SIS Control Group is also comprised of representatives from the following agencies as nonvoting members: [LIST NAMES OF AGENCIES]

Each voting member agency of the SIS Control Group shall have an equal vote; the SIS Control Group shall strive to achieve unanimous consent for all major decisions. Nonvoting members will provide input but not participate in the voting of the SIS Control Group. The SIS Control Group member will be the [HEAD] of the [NAME OF PARTICIPATING AGENCY]. The [HEAD] of the [NAME OF PARTICIPATING AGENCY] may designate an alternate to represent the [NAME OF PARTICIPATING AGENCY]. The alternate shall have the authority to represent the [HEAD] of the [NAME OF PARTICIPATING AGENCY] in every capacity including voting.
Applicability
As a member of the SIS Control Group, the undersigned agrees to comply with the provisions of the U.S. Department of Justice Criminal Intelligence Systems Operating Policies, 28 CFR Part 23 (September 16, 1993), and will not implement policies or procedures that conflict with the Regional Information Sharing Systems (RISS) Program Guidelines.

Implementation of MOU
Members of the SIS Control Group will serve as a working group, which will meet on a regular basis. The working group may, as appropriate, establish subcommittees comprised of other staff within the participating agencies to address special issues.

Authority
This MOU shall be carried out within the authority of the signing agencies.

Amendments
This MOU may be modified or amended by written agreement between the [HEAD] of the [NAME OF LEAD AGENCY] and the members of the SIS Control Group.

Termination
This MOU may be terminated by mutual agreement of the [HEAD] of the [NAME OF LEAD AGENCY] and the members of the SIS Control Group. If a member of the SIS Control Group chooses to terminate his or her participation in the MOU, he or she can do so by providing a 30-day written notice to the Chair of the SIS Control Group.

As a member of the SIS Control Group, the undersigned agrees to abide by and uphold the conditions set forth in this MOU.

Executed this _____ day of __________, 19__.  
________________________________________  
[CONTROL GROUP MEMBER NAME]  
[TITLE]  
[AGENCY NAME]  
[AGENCY ADDRESS]

As the designated alternate member of the SIS Control Group, the undersigned agrees to abide by and uphold the conditions set forth in this MOU.

Executed this ___ day of ____________, 19__.  
________________________________________________________  
[ALTERNATE NAME]  
[TITLE]  
[NAME OF AGENCY]  
Executed this _____ day of ____________, 19__.  
________________________________________  
[NAME OF LEAD AGENCY HEAD]  
[TITLE]  
[NAME OF LEAD AGENCY]  
[ADDRESS OF LEAD AGENCY]  
Executed this _____ day of ____________, 19__.