SECTION 1: ORGANIZATION INFORMATION

ORGANIZATION NAME: ________________________________________________________________

Tip Line Number: (_______)___________________

Administrative Number: (_______)___________________

Mailing Address: ________________________________________________________________

Website: http://www.________________________________________________________

Email: ________________________________________________________________

Geographic service area (include city(s), county(s), or zip code(s)):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Population of service area: ________________________

INTERNAL REVENUE SERVICE (IRS)

Organization Name as stated on IRS determination Letter:

________________________________________________________________________

IRS Employer Identification Number (EIN): ______________________________

Fiscal Year: ______________________________

Please indicate the date of most recent annual filing and select form submitted:

Date: ______________________________

☐ Form 990-N  ☐ Form 990-EZ  ☐ Form 990  ☐ Other (specify): ____________________
TEXAS SECRETARY OF STATE

Organization Name as stated in Certificate of Formation:


Texas Secretary of State Filing Number: _______________________________

Filing Date: _______________________________

Registered Agent Name: ____________________________________________

Registered Agent Mailing Address: __________________________________

Registered Agent Phone: (______) ____________________________

SECTION 2: PARTICIPATING LAW ENFORCEMENT AGENCY INFORMATION

Agency Name: _____________________________________________________

Mailing Address: ___________________________________________________

Agency Phone: (______) ____________________________

Name of Chief/Sheriff: ______________________________________________

Agency Name: _____________________________________________________

Mailing Address: ___________________________________________________

Agency Phone: (______) ____________________________

Name of Chief/Sheriff: ______________________________________________

Agency Name: _____________________________________________________

Mailing Address: ___________________________________________________

Agency Phone: (______) ____________________________

Name of Chief/Sheriff: ______________________________________________
SECTION 3: PARTICIPATING COURTS AND COMMUNITY SUPERVISION & CORRECTIONS DIVISIONS

Name: 
Address: 


SECTION 4: UMBRELLA CAMPUS CRIME STOPPERS PROGRAMS

School Name: 
School Address: 


SECTION 5: TRAINING REQUIREMENTS
(16-hours of Crime Stoppers Training for the following must have been completed within the 12 months prior to application; Executive Director training requirement must be included if applicable)

BOARD MEMBER NAME: ____________________________________________
Course(s) Attended: ________________________________________________
Course Date(s): ______________ Course Location(s): ____________________

COORDINATOR NAME: ____________________________________________
Course Name: ____________________________________________________
Course Date: ______________ Course Location: ________________________

EXECUTIVE DIRECTOR NAME: _____________________________________
Course Name: ____________________________________________________
Course Date: ______________ Course Location: ________________________
SECTION 6: OTHER REQUIREMENTS AND ATTACHMENTS

Y N  Current Board of Directors list is attached.
(Must include the name, phone number(s), mailing address, email address, occupation, and board position of each member of the board of directors and law enforcement coordinator(s).

Y N  Letter(s) of endorsement from the head of each supporting law enforcement agency.

Y N  Copies of all Memorandums of Understanding with supporting law enforcement agencies.

Y N  Copies of all Memorandums of Understanding for shared funds.

Y N  Documentation from the Internal Revenue Service (IRS) granting tax-exempt status.

Y N  Texas Secretary of State (SOS) Certificate of Formation.

OTHER ATTACHMENTS (please describe):

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

SECTION 6: SIGNATURES

Signature of Chair/President  Signature of Financial Officer/Treasurer

Date Signed  Date Signed

Email/Phone  Email/Phone

This form, along with all supporting documents may be submitted by mail, email or fax to:

Mail: Texas Crime Stoppers Council, P.O. Box 12428, Austin, TX 78711
Email: txcrimestoppers@gov.texas.gov
Fax: (512) 475-2440