

## **TEXAS CRIME STOPPERS COUNCIL**

## Application for Continued Certification

1)	ORGANIZATION NAME:
2)	INTERNAL REVENUE SERVICE (IRS): Employer Identification Number (EIN):
	Please indicate the date of most recent filing and select form submitted:
	Fiscal Year: Form 990-N Form 990-EZ Form 990 Other (specify):
3)	TEXAS SECRETARY OF STATE
	(Verify Secretary of State filing information, by calling (512) 463-5555 or email corpinfo@sos.texas.gov)
	Filing Number: Date of most recently filed nonprofit periodic report:
4)	TRAINING REQUIREMENTS
	(16-hours of Texas Crime Stoppers training must have been completed prior to continued certification; Executive Director training requirement must be included if applicable.)
	Board Member Name:
	Course Conference/City: Course Month/Year:
	Coordinator Name:
	Course Conference/City: Course Month/Year:
	Executive Director Name (if applicable):
	Course Conference/City: Course Month/Year:
5)	FINANCIAL STATEMENTS
	Please attach to the submitting email a copy of bank statements or other account statements showing – for all accounts used for Crime Stoppers purposes (e.g. rewards payments, administration, excess funds), the beginning and ending balance for the two last <u>complete</u> calendar years.
ОТ	HER CONDITIONS FOR RECERTIFICATION
the	kas Crime Stoppers Staff will internally review records to determine whether your organization has submitted required Probation Fee and Repayment Reports and statistical reports. Please contact staff if you believe you we missed a report at 512-463-7636.
Ву	e-signing this application, I acknowledge the board has discussed continued certification and wishes to apply.
E-s	ignature of Board Chair/President (type name): Date:

This form, along with all supporting documents must be submitted by email as an attachment to:

txcrimestoppers@gov.texas.gov