

**TEXAS CRIME STOPPERS COUNCIL**  
**Application for Acquisition of Geographic Territories or Jurisdictions**

**SECTION 1: CURRENT ORGANIZATION INFORMATION**

**ORGANIZATION NAME:** \_\_\_\_\_

Tip Line Number: (\_\_\_\_\_) \_\_\_\_\_ Administrative Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: http://www.\_\_\_\_\_

Email: \_\_\_\_\_

Current Certification Period: \_\_\_\_\_

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

Population of current service area: \_\_\_\_\_

**SECTION 2: CHANGES TO ORGANIZATION INFORMATION**

*(If there are no changes, mark as N/A)*

Name of New Organization: \_\_\_\_\_

Tip Line Number: (\_\_\_\_\_) \_\_\_\_\_ Administrative Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

**SECTION 3: TRAINING REQUIREMENTS**

*(16-hours of Texas Crime Stoppers training must have been completed within the 12 months prior to application for acquisition of new territory or jurisdiction; Executive Director training requirement must be included, if applicable)*

**BOARD MEMBER NAME:** \_\_\_\_\_

Course(s) Attended: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

**COORDINATOR NAME:** \_\_\_\_\_

Course(s) Attended: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

**EXECUTIVE DIRECTOR NAME:** \_\_\_\_\_

Course(s) Attended: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

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**SECTION 4: PROPOSED ADDED TERRITORY INFORMATION**

Proposed geographic area to be added (include city(s), county(s), or zip code(s)): \_\_\_\_\_  
\_\_\_\_\_

Does the proposed additional geographical area share contiguous borders with the certified Crime Stoppers organization?  
Yes    No

Population of proposed additional geographic area: \_\_\_\_\_

**SECTION 5: ATTACHMENTS**

Y N **Accurately filed Probation Fee and Repayment Reports (PFRR) for the previous two years?**  
*(Please contact Texas Crime Stoppers, Office of the Governor at (512) 475-4832 to verify.)*

Y N **Accurately filed quarterly statistics report?**  
*(Please contact Texas A&M University, Public Policy & Research Institute (PPRI) at (979) 845-8800 to verify.)*

Y N **Annual bookkeeping review for each of the two previous years.** *The report must conform to accounting standards as identified in the Business Organization Code and must include a statement of support, revenue, and expenses; a statement of changes in fund balances; a statement of functional expenses; and a balance sheet for each fund. Refer to Section 22.352 of the Business Organization Code.*

Y N **Copy of meeting minutes which approve the expansion of territory or jurisdiction.**

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 organization's board of directors and law enforcement coordinator(s).)*

Y N **Letter(s) of endorsement from the head of law enforcement agency of the added territories or jurisdictions.**

Y N **Copies of all Memorandums of Understanding between the organization and supporting law enforcement agencies.**

N/A Y N Documentation from the Internal Revenue Service (IRS) granting the organization name change.

N/A Y N Secretary of State (SOS) Amended Certificate of Formation.

\_\_\_\_\_  
Signature of Chair/President

\_\_\_\_\_  
Signature of Financial Officer/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
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