

**TEXAS CRIME STOPPERS COUNCIL
PROBATION FEE AND REPAYMENT REPORT
ATTACHMENT B: PROGRAM DESCRIPTION**

DUE JANUARY 31, 2010.

PROGRAM NAME: _____

ADDRESS: _____ **CITY/ZIP:** _____

PHONE: _____ **HOTLINE:** _____

FAX: _____

PROGRAM EMAIL: _____

PROGRAM WEBSITE: _____

DID THIS PROGRAM CHANGE NAMES IN THE PAST YEAR?

IF YES, NAME OF PREVIOUS PROGRAM: _____

DID THIS PROGRAM MERGE WITH ANY OTHER CRIME STOPPERS PROGRAM IN THE PAST YEAR?

IF YES, NAME(S) OF CRIME STOPPER PROGRAMS MERGED:

WERE ANY FUNDS ACQUIRED FROM A MERGER? YES / NO

(IF YES, PLEASE STATE AMOUNT: \$ _____)

DATE OF MOST RECENT PROGRAM CERTIFICATION _____

LIST OF COUNTIES/CITIES PROGRAM COVERS: _____

DATA ON ALL COURTS THAT PROVIDE FUNDS TO THE CRIME STOPPERS PROGRAM (LIST ALL):

NAME OF COURT (S)	ADDRESS
_____	_____
_____	_____
_____	_____

NAME OF AGENCY THAT SENDS RESTRICTED FUNDS CHECK TO YOUR PROGRAM?

(COMMUNITY SUPERVISION, CORRECTION DEPT., OR DISTRICT CLERK, ETC.)

NAME OF AGENCY (S)	ADDRESS
_____	_____
_____	_____
_____	_____

Name & Signature of Chair

Name & Signature of Financial Officer

Attach this form to the PFRR and mail to:
**Texas Crime Stoppers
Office of the Governor
PO Box 12428
Austin, Texas 78711**