

COMMONWEALTH OF MASSACHUSETTS – PLYMOUTH DISTRICT  
OFFICE OF THE DISTRICT ATTORNEY



TIMOTHY J. CRUZ  
DISTRICT ATTORNEY

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**COMMUNITY REINVESTMENT PROGRAM  
FUNDING REQUEST APPLICATION**

Name of Organization: \_\_\_\_\_ TAX ID #: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Please provide a description of your mission statement, or an explanation of your program:**

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**Please specify the reason for your request, and how the requested funding furthers an appropriate law enforcement purpose.**

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*Per G.L. c. 94C, § 47(d), any program seeking to be an eligible recipient of said funds shall file an annual audit report with the local district attorney and attorney general. Such report shall include, but not be limited to, a listing of the assets, liabilities, itemized expenditures, and board of directors of such program. **Please attach report to this application for consideration.***

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE