

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:

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

*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