



## Certification/Re-Certification 2020-2025

The Illinois State Crime Stoppers Association is dedicated to upholding the high standards of all the local programs in Illinois. To that end, we have adopted a process in which each program can assure they are operating in accordance with the Crime Stoppers concept and be recognized by the state association for doing so.

Every five years our local programs can submit specific documents already in their possession for review, leading them to be certified. This designation lasts for the next five years, starting July 1<sup>st</sup>, 2020. The certification entitles each program to have two votes, one from a board member delegate, the other from a police coordinator, on any matters brought to the State Board at the annual meeting during the state training conference. There is no fee to become certified.

If your program was certified during the 2015-2020 period, the following documents must be completed and submitted.

1. Program Certificate Agreement
2. Application for Certification/Re-Certification
3. Program Contact Information
4. Quarterly Statistics Form
5. Website Enrollment Form
6. Minutes from two consecutive meetings within the last 6 months
7. Most recent audit, internal or external recorded in minutes
8. Application for State Board of Directors (**optional – the state board needs a few dedicated crime stoppers who wish to work with our association for the benefit of all programs in Illinois**)

Please note that if your program was **not previously certified** in addition to the above documents the following three documents must be copied and submitted.

1. Articles of Incorporation - 2. Proof of Not-For-Profit Status - 3. Bylaws

The above noted forms, 1, 2, 3, 4, 5, and 8 can be accessed at [www.illinoiscrimestoppers.org](http://www.illinoiscrimestoppers.org) under the Certification tab. Please retain copies of all the forms and documents you submit for certification. **We prefer you scan and email your completed certification application to [statistician@illinoiscrimestoppers.org](mailto:statistician@illinoiscrimestoppers.org)** or you mail to the address below.

Thank you,  
Certification Committee  
Illinois State Crime Stoppers Association  
P.O. Box 5276  
Peoria, IL 61601-5276



## ILLINOIS STATE CRIME STOPPERS ASSOCIATION PROGRAM CERTIFICATE AGREEMENT

### ITEM 1: CERTIFICATION

We, the \_\_\_\_\_ (program name), are seeking certification or re-certification to the ILLINOIS STATE CRIME STOPPERS ASSOCIATION (ISCSA) and agree to abide by the rules and policies of the ISCSA as defined in Article XIII of the associations by-laws concerning certification. Viewable on the state web site [www.illinoiscrimestoppers.org](http://www.illinoiscrimestoppers.org) By doing so, you verify that your program:

1. Is comprised of a voluntary Board of Directors.
2. Is registered in the State of Illinois as a non-profit organization.
3. Is a 501 [c]3 organization.
4. Has an affiliation with a law enforcement agency that provides a sworn officer or other designee in their employment as a Coordinator and provides a dedicated phone number for receiving anonymous Crime Stopper tips.
5. Has developed a set of By-Laws defining the purpose of the program and the role of the Board of Directors that is consistent with the Crime Stopper's concept.
6. Has developed procedures for receiving and disseminating anonymous information from tipsters and destroying tip sheet timely.
7. Offers anonymity to the tipster and cash rewards that do not greatly exceed the recommended guidelines of \$1,000.00 for information that leads to the arrest and indictment of a suspect or for the recovery of stolen property or illicit drugs.
8. Records completed minutes of all regular and special meeting of the Board of Directors.
9. Agrees to submit program statistics on a quarterly basis to the ISCSA.
10. Makes an annual audit of its business transactions.
11. Promotes Crime Stoppers and its partnership with the Community, the Media and Law Enforcement; all working together to solve and prevent crime.
12. Recognizes that any program that fails or refuses to comply with the standards set forth in Article XIII will be subject to a review with possible cancellation of their membership in the Illinois State Crime Stoppers Association.
13. Recognizes that although not required, it is to the program's advantage to maintain Liability and Directors'/Officers insurance.



## ITEM II: APPLICATION FOR CERTIFICATION/RE-CERTIFICATION

NEW  (never certified)

RENEWAL  (if your program was certified for 2015-2020)

We have read Article XIII of the Illinois State Crime Stoppers Association and agree with the standard as set forth therein. In accordance with our desire to be certified/re-certified for a period extending from July 1, 2020 to July 1, 2025, we submit with this application the following documents for review by the Illinois State Crime Stoppers Association: (programs applying for re-certification may omit items 1,2 and 3)

1. Articles of Incorporation
2. Proof of Not for Profit Status
3. By-Laws
4. Program Tip Sheet
5. Meeting Minutes from two (2) consecutive meetings within 6 months of application submission
6. Most recent audit, (internal or external) within 12 months of application submission. (Minutes of meeting showing approved audit is sufficient)
7. Most recent Quarterly Statistics form (included)

Program Name \_\_\_\_\_

Website Address \_\_\_\_\_

Programs Mailing Address \_\_\_\_\_

Signature of Board President \_\_\_\_\_ Date \_\_\_\_\_

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Our program would like to be considered to host a state meeting and training conference

YES

NOT NOW, THANK YOU



Illinois State Crime  
Stoppers Association  
PO Box 5276  
Peoria, IL 61601-5276

## PROGRAM CONTACT INFORMATION

### ILLINOIS STATE CRIME STOPPERS ASSOCIATION

Please update Program Contact Information.

This information can be **mailed** to the above address or **email** to [statistician@illinoiscrimestoppers.org](mailto:statistician@illinoiscrimestoppers.org)

PROGRAM NAME \_\_\_\_\_ INCEPTION DATE \_\_\_\_\_

PROGRAM TIP PHONE NUMBER \_\_\_\_\_ FAX (    ) \_\_\_\_\_

BOARD CHAIR/PRESIDENT \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BOARD VICE-PRESIDENT \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BOARD SECRETARY \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BOARD TREASURER \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COORDINATOR \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COORDINATOR \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



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 Stoppers Association  
 PO Box 5276  
 Peoria, IL 61601-5276

# QUARTERLY STATISTICS FORM

## ILLINOIS STATE CRIME STOPPERS ASSOCIATION

Coordinators are requested to submit this quarterly report by the 5th day of January, April, July and October, to Statistician via e-mail to [statistician@illinoiscrimestoppers.org](mailto:statistician@illinoiscrimestoppers.org) or by mail to the address above or post direct to [www.illinoiscrimestoppers.org](http://www.illinoiscrimestoppers.org). Thank you for your cooperation.

### QUARTERLY REPORT

PROGRAM NAME \_\_\_\_\_ INCEPTION DATE \_\_\_\_\_  
 COORDINATOR \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PROGRAM TIP PHONE \_\_\_\_\_ FAX (    ) \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

BOARD CHAIRPERSON/PRESIDENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_ FAX (    ) \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

	JAN. FEB. MAR. 1ST QUARTER DUE APRIL 5	APR. MAY JUN. 2ND QUARTER DUE JULY 5	JUL. AUG. SEPT. 3RD QUARTER DUE OCT. 5	OCT. NOV. DEC. 4TH QUARTER DUE JAN. 5	TOTAL SINCE INCEPTION
Code #'s Issued	_____	_____	_____	_____	_____
Solved Cases	_____	_____	_____	_____	_____
Arrests Made	_____	_____	_____	_____	_____
Drugs & Merchandise Recovered (\$ Amount)	_____	_____	_____	_____	_____
Rewards Paid (\$ Amount)	_____	_____	_____	_____	_____

THE PURPOSE OF GATHERING STATE-WIDE STATISTICS IS TO PROMOTE THE CRIME STOPPER CONCEPT AND SHOW THE IMPACT WE'VE MADE THROUGHOUT THE STATE. AT NO TIME WILL YOUR LOCAL STATISTICS BE RELEASED OR PUBLISHED BY THE STATE ASSOCIATION.



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## WEBSITE ENROLLMENT REQUIRED FOR CERTIFICATION

PLEASE PRINT LEGIBLY WHEN COMPLETING THIS DOCUMENT.  
ONCE COMPLETED, YOU MAY SCAN OR TAKE A FULL FRAME PHOTO AND SUBMIT  
BY EMAIL TO STATISTICIAN@ILLINOISCRIMESTOPPERS.ORG

	REQUIRED
PROGRAM _____	<input checked="" type="checkbox"/>
YOUR NAME _____	<input checked="" type="checkbox"/>
YOUR TITLE _____	<input checked="" type="checkbox"/>
YOUR PHONE _____ <input checked="" type="checkbox"/> PROGRAM PHONE _____	<input checked="" type="checkbox"/>
YOUR E-MAIL _____	<input checked="" type="checkbox"/>
PRESIDENT'S PHONE _____ <input checked="" type="checkbox"/> COORDINATOR'S PHONE _____	<input checked="" type="checkbox"/>
EDITABLE ACCESS FOR RECORD KEEPER	VIEWABLE ACCESS FOR BOARD MEMBERS
ID _____	ID _____
PASSWORD _____	PASSWORD _____

Our Web Host has updated security for all their accounts recently. **All passwords associated with the Illinois Crime Stopper Association website and each local program section must now contain at least 8 letters including at least one number or more and at least one letter character.** For example CS1next2.

Once your password(s) is established, you will receive an e-mail confirmation. Data entered into a program area can only be viewed by your program members and the state website administrators. This information will not be given to anyone by the administrators. The data in your program is designed to be a tool for your program to communicate with your board members. It will also allow the state to send the state newsletter to all of your board members who have e-mail addresses.

We encourage you to utilize the archiving and communication capabilities in your local program site.

Once you have received your access ID and Password and log in to the states web site <http://www.illinoiscrimestoppers.org> You will see a tutorial under Program Quick Links entitled Using Programs Site Features. Click on this tab to learn the benefits of this site in storing program information and communication with your board members. Questions on the use of the program can be sent to [statistician@illinoiscrimestoppers.org](mailto:statistician@illinoiscrimestoppers.org)



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APPLICATION  
FOR BOARD  
OF DIRECTORS

GENERAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

I am a member of \_\_\_\_\_ Crime Stoppers program.

Is it a program that is certified by the Illinois State Crime Stoppers Association? \_\_\_Y\_\_\_N

I will be willing to attend 5 board meetings (one day every other month) and a three-day state conference every year. \_\_\_Y\_\_\_N.

Comments:

Please describe the skills you will bring to the ISCSA board.

Would you be willing to make occasional (one or two per month) speaking engagements for the board?

Would you be willing to help with fund raising?

You may be asked to attend a State Board meeting prior to your application being acted upon.

\*Please feel free to use an additional sheet for more information\*