

**SOUTH TEXAS SPECIALIZED CRIMES & NARCOTICS TASK FORCE**

**CHAPTER 59 DONATION APPLICATION**

- 1. Applicant Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Donation Amount: \$ \_\_\_\_\_

- 2. Narrative: Please explain what your organization intends to do with the contribution and how many citizens it will support in our community. Please attach any event or program information in support of your request. The Kleberg South Texas Specialized Crimes and Narcotics Task Force must ensure compliance with the disposition of forfeited property under Chapter 59 of the Texas Code of Criminal Procedure and may only donate to drug-free programs and/or events. Once completed, please email to: [tfadmin@southtexasataskforce.com](mailto:tfadmin@southtexasataskforce.com) for processing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**FOR OFFICE USE ONLY**

---

DATE RECEIVED: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_

JEREMY LOFTIN, COMMANDER

\_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_  
KIRA TALIP, DIRECTOR/KLEBERG COUNTY ATTORNEY