



CASE Model Site Application

Agency name _____

Agency Street/PO Box _____

City _____ State _____ Zip _____

Agency Lead name _____

Title _____ (Prosecutor, Sheriff, Chief of Police)

Project Coordinator's name: _____

Title _____

Coordinator's E-mail: _____

Direct Phone _____ Fax _____

Please state briefly:

1) Why is your agency qualified to be a CASE Model Site?

2) How will your agency specifically implement the project?

3) What resources you can commit to the project?

4) What connections does your agency have with faith communities?

Please feel free to submit reference letters and other supporting materials.

By signing this application, your agency is agreeing to:

1. Develop ongoing partnerships with faith communities to expand elder fraud prevention activities with a focus on telemarketing fraud.
2. Send monthly *Fraud Alerts* to faith Partners.
3. Conduct *Power Against Fraud* seminars for Partners.
4. Provide fraud prevention assistance and victim support.

Signature of Agency Lead
(Prosecutor, Sheriff, Chief of Police)

Date

Signature of Project Coordinator

Date

Send completed application by September 22, 2006 to:

Lisa Curtis, CASE Project Director
Denver District Attorney's Office
LLC@denverda.org, 720-913-9177 (Fax)
201 W. Colfax, Dept. 801, Denver, CO 80202