



# Policing Partnership Award

Sponsored by the Private Sector Liaison Committee (CACP)  
**NOMINATION FORM**



Submission Date: \_\_\_\_\_

## **Nominator Information**

Nominator: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

## **Nominee Information**

Police Officer Being Recognized: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Police Service: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Police Chief or Designate: \_\_\_\_\_

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

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

## **Criteria for Award (Must meet one or more of these points to qualify)**

- Participation in a partnership with the Private Sector that has strengthened the overall effectiveness of initiatives and has yielded successful results.
- Development and maintenance of this partnership as part of an on-going effort.
- Improvement of public security and safety as a result of the partnership.

## **Partnership Details (250 Words)**

- Please describe in detail the partnership that was developed and the actions taken to develop and foster the relationship. Include why there was a need to create the partnership to improve public safety. Document to be submitted in word.

## **Results Information (250 Words)**

- Please describe in detail the results that the partnership yielded. Describe how this partnership improved public safety or created efficiencies. What was the overall benefit to the partnership? Document to be submitted in word.

## **Chief or Designate Sign off**

- Please ensure to have this document filled out with all pertinent fields completed. Submissions will not be considered without the signature of the corresponding Chief or designate to validate the nomination.
- Please submit this form with the two word documents, as referenced above.

Nominator Signature: \_\_\_\_\_ Chief or Designate Sign Off: \_\_\_\_\_

Nominator Name: \_\_\_\_\_ Chief or Designate Name: \_\_\_\_\_

**Nominations are to be submitted by February 28, 2017**