



## Canadian Association of Chiefs of Police

Safety and security for all Canadians through innovative police leadership

### NOMINATION FORM: CACP Policing Partnership Award

#### Information About the Nominator(s)

Agency/Force/Department	
Name(s)	
Title or Position	
Address	
City	
Province	
Postal Code	
Phone	
Fax	
Email	

#### Information About the Nominee(s)

Name(s) of individual or group	
Name of Initiative/Project/Program	
Address	
City	
Province	
Postal Code	
Phone	
Fax	
Email	

#### Signature of the Chief of Police or Senior Executive-in-Charge of the Nominee(s)

I state and attest that:

1. I have reviewed the information provided by my organization in support of this nomination.
2. To the best of my knowledge,
  - a. No untrue statement of a material fact is contained in this nomination package, and
  - b. No omission of a material fact that I am legally permitted to disclose and that affects my organization's ethical and legal practices has been made.

Name (please print)	
Signature	

## Information About the Policing Partnership Initiative

### Synopsis of the Initiative

*Limit: 200 words*

### Details of the Meritorious Activity and Related Accomplishments

*Limit: 500 words*

**Save and email this document as an attachment to: [cacp@cacp.ca](mailto:cacp@cacp.ca).**

For additional information or inquiries, please call: (613) 595-1101

Please mail any material in support of this nomination (e.g. videos, CDs or promotional documents) to:  
**Canadian Association of Chiefs of Police, 300 Terry Fox Drive, Suite 100, Ottawa, Ontario, K2K 0E3**