

Please complete (type or print) all sections in blue of this form.
Please refer to guidelines.

Section A: POLICE SERVICE/GRANTEE INFORMATION

Name of Police Service:

Chief of Police/Detachment Commander Information:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Police Service Contact Information:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Chair of Municipality or Regional Municipality or Band Council:

Name of Municipality or Regional Municipality or Band Council:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Contact information for Municipality or Regional Municipality or Band Council:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Chair of Police Services Board or First Nation Commission:

Name of Police Services Board or First Nations Commission:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Contact information for Police Services Board or First Nation Commission:

Salutation: _____ Title: _____ First Name: _____
 Last Name: _____ E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ Postal Code: _____
 Tel #: _____ Ext: _____ Fax #: _____

Section B:

Number of Sworn Officers as of Today:

Reporting period covering from April 1 to March 31 for the fiscal year of 2014-2015

Total Amount Requested for CPP interim payment (From April 1 to September 30):	\$0
Total Amount Requested for CPP final payment (October 1, March 31):	\$0
Total Amount Requested for CPP (From April 1 to March 31):	\$0

Section C:

Chief of Police: (Please Print Name) _____ Name of Police Service: _____

Signature: _____ Date: _____