

# APPLICATION

## 2020/2021 - 2021/2022 Reduce Impaired Driving Everywhere (RIDE) Grant

PLEASE COMPLETE THE APPLICATION (ALL GREY FIELDS BELOW) AND SUBMIT BY E-MAIL  
(completed Excel Application and Scanned Signed PDF) TO THE ATTENTION OF:

Yoko Iwasaki, Community Safety Analyst  
Program Development Section, Public Safety Division, Ministry of the Solicitor General  
25 Grosvenor Street, 12th Floor, Toronto ON M7A 2H3  
Tel: (416) 314-3085, E-mail: yoko.iwasaki@ontario.ca

### SECTION A: POLICE SERVICE INFORMATION

<b>SELECT POLICE SERVICE NAME FROM DROP DOWN MENU:</b>	
--	--

#### POLICE SERVICE CONTACT INFORMATION: (PRIMARY CONTACT FOR THE RIDE GRANT)

Salutation:		Title:	
First Name:		Last Name:	
Address:			
		Postal Code:	
Tel #:	Ext.:	Fax #:	E-mail:

#### CHIEF OF POLICE/DETACHMENT COMMANDER CONTACT INFORMATION:

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

### SECTION B: GRANTEE INFORMATION (POLICE SERVICE BOARD/COMMISSION OR BAND COUNCIL):

<b>NAME OF POLICE SERVICE BOARD/COMMISSION OR BAND COUNCIL:</b>	
---	--

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

### SECTION C: POLICE SERVICE PROFILE

<b>1. Please outline the geographic description of the area served by your Police Service (please reference townships, urban areas, etc.):</b>			
Geographic Area (i.e. size):			
Townships/Municipalities included:			
<b>2. Describe any special circumstances (i.e., seasonal events, festivals, other, etc.) that affect the area served by your Police Service:</b>			
<b>3. Is this a new RIDE Grant application for this area (No previous funding received)? (Yes/No)</b>		<b>4. Has this area been affected by an amalgamation since April 2019? (Yes/No)</b>	
<b>4. a) If Yes, please list the Police Services/Municipalities affected by amalgamation since April 2019:</b>			<b>4. b) Date of Amalgamation:</b>
<b>5. Are additional resources dedicated by your Police Service to other regular RIDE activities (i.e. outside those funded by the RIDE Grant)? (Yes/No)</b>		<b>6. If Yes, is there a written contractual agreement with the municipality? (Yes/No)</b>	
<b>7. Number of Sworn Officers:</b>		<b>8. Population Served by your police service (i.e., 100,000):</b>	
<u>Municipal/FN Police Service</u> - Identify the # assigned to your Police Service. <u>OPP</u> - Identify the # of full-time equivalents (FTEs) per contract/location.			

**SECTION D: PROPOSAL INFORMATION FOR R.I.D.E GRANT PROGRAM ONLY (2020/2021 - 2021/2022)**

REGULAR RIDE ACTIVITIES MUST NOT BE REFLECTED ON THIS APPLICATION. INCLUDE ONLY OVERTIME OR PAID DUTY ASSIGNMENT COSTS FROM: APRIL 1, 2020, TO MARCH 17, 2021. ALL BOXES MUST BE COMPLETED. ENTER 0 FOR THE MONTHS WHERE RIDE IS NOT PROPOSED.

Month	Shifts (Estimate the # of RIDE shifts that will be conducted in the identified month)	Total Cost
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		
December 2020		
January 2021		
February 2021		
March 2021		
<b>TOTAL</b>	0.00	\$0.00

REGULAR RIDE ACTIVITIES MUST NOT BE REFLECTED ON THIS APPLICATION. INCLUDE ONLY OVERTIME OR PAID DUTY ASSIGNMENT COSTS FROM: APRIL 1, 2021, TO MARCH 17, 2022. ALL BOXES MUST BE COMPLETED. ENTER 0 FOR THE MONTHS WHERE RIDE IS NOT PROPOSED.

Month	Shifts (Estimate the # of RIDE shifts that will be conducted in the identified month)	Total Cost
April 2021		
May 2021		
June 2021		
July 2021		
August 2021		
September 2021		
October 2021		
November 2021		
December 2021		
January 2022		
February 2022		
March 2022		
<b>TOTAL</b>	0.00	\$0.00

**SECTION E: SIGNATURE OF AUTHORIZED OFFICIAL**

**MUST BE SIGNED BY AN AUTHORIZED SIGNATORY FOR THE GRANTEE (Police Service Board/Commission or Band Council)**

I certify that the information provided to the Ministry of the Solicitor General is true and correct. I understand that grant funding is dependant upon the Ministry receiving the necessary appropriation from the Ontario Legislature and is subject to funding availability.

<b>Print Name of Authorized Official</b>	<b>Title/Position (Authorized Signing Official)</b>
<b>Signature of Authorized Official</b>	<b>Dated</b>
<b>Print Name of Grantee (Police Service Board/Commission or Band Council)</b>	